

Our

CROSS INFECTION CONTROL POLICY

Infection control is of prime importance in this practice. It is essential to the safety of our patients, our families and us. Every member of staff will receive training in all aspects of infection control and the following policy **must** be adhered to at all times. If there is any aspect, which is not clear, please ask! You might not be the only person who is unclear and it is useful to discuss the policy frequently to ensure that we all understand its implications.

Remember, any of our patients might ask you about the policy, so make sure you understand it.

- All staff must be immunised against diphtheria, hepatitis B (sero conversion should be checked), pertussis, poliomyelitis, rubella, TB and tetanus. For those who do not seroconvert, medical advice and counselling is required. This also applies to those who cannot be immunised because they are immuno-suppressed, for example, those taking steroids for asthma. In those cases it may be necessary to restrict clinical activities.
- The practice provides protective clothing, gloves, eyewear and masks that must be worn by dentists, nurses and hygienists during all operative procedures. Clothing worn in the surgery should not be worn outside the practice premises.
- Patients are provided with eye protection for all procedures.
- Before donning gloves, hands should be washed at the beginning of each session using antibacterial liquid soap. A new pair of gloves should be used for each patient and hands should be cleaned with an alcohol-based rub between patients.
- Dispose of gloves and any disposable items (e.g. aspirator tips, air/water tips/patient bibs etc) in the yellow sack with the rest of the clinical waste. At the end of the day ensure that the sack is securely fastened and stored in the designated area (away from public). The sack should never be more than 2/3 full.
- Always assume that the patient in the surgery is a cross infection risk. There is often no way that we can be certain of the degree of risk with each patient. We must therefore adopt a universally safe technique for all patients.
- It is the nurse's responsibility to ensure that all working areas used during treatment are kept clear. Surgery zones should be clearly identified, cleaned and disinfected after each patient. Protective coverings are used on light handles, curing light etc and changed between patients.
- At the start of the day, the hand piece outlet tube and triple syringe should be flushed over the sink for two minutes.
- At the end of the day, disinfect all work surfaces, sinks and equipment surfaces. Clean through the suction and spittoon units with the appropriate disinfectant solution.
- Heavy-duty gloves must be worn during cleaning up. All instruments, which have been potentially contaminated, must be sterilised - either autoclaved or disinfected. Instruments are cleaned using the ultrasonic bath or by hand and rinsed under running water before they are sterilised using an autoclave.
- All laboratory work is to be disinfected prior to sending. All lab work returned by the laboratory should (wherever practical) be disinfected before insertion in the mouth.
- Sterilised instruments must be stored in disposable trays in closed cupboards or in sealed sterilisation pouches.
- Needles should be re-sheathed using the device provided. All used 'sharps' including needles, scalpel blades, LA cartridges, burs etc shall be disposed of in the yellow sharps container, and they must never be reused. This must never be more than two-thirds full.
- In the event of 'sharps' injuries - (see separate protocol).
- Any accidental spillages involving blood or saliva or mercury must be reported to (dentist).
- Anyone developing a reaction to a chemical or the rubber gloves must inform (dentist).

ALL STAFF WILL OBSERVE TOTAL CONFIDENTIALITY IN ALL INFORMATION RELATING TO PATIENTS OF THE PRACTICE