



Shaping a healthier Warrington
Analysis Improvement Protection

INFECTION CONTROL NEWS FOR THE DENTAL TEAM

July 2016



Volume 2, Issue

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WASTE MANAGEMENT

Is your waste collection provider advising you correctly?

In England and Wales mixing waste in the healthcare setting is prohibited. Different waste streams should be adhered to. The Health Technical Memorandum (HTM) 07 01 is the guidance that dental practices should refer to. All waste streams carry an European Weight Coding (EWC).

Clinical waste sacks that are provided by your waste contractor should be of a robust quality and should be in accordance with UN 3291. It has come to light that some waste contractors provide healthcare settings with a less robust quality waste bag i.e. thinner material. Because of this, items such as 3 in 1 tips and suction tips could potentially tear the bag once the bag becomes fuller. Subsequently, some waste contractors are requesting that practices segregate them from the clinical waste stream. Some practices may be supplied with a specific 'hard waste' receptacle. Under the United Nations (UN) requirements for carriage of dangerous goods, clinical waste sacks need to comply. A 'drop test' developed by the UN specifies that "six clinical waste sacks from a batch must be dropped three times each from a height of 1.2m – and survive intact – to ensure they meet the Carriage of Dangerous Goods standard." Practices would be advised to review their waste collection contract if they have this in place; as it may come with a greater cost attached. All clinical waste generated can be disposed of in the orange/yellow waste stream .

Sharps receptacles under HTM 07 01 are required to be yellow lidded for sharps waste. In the dental sector. Other colours for example, orange lidded should not be used and waste contractors advising they can be used should be viewed with caution.

Yellow/ black striped waste sacks are designated for offensive/hygiene waste from dental care, for example 'saliva-contaminated items where no known infection risk is present' and 'hygiene waste from toilets'. However, how can we assume there is no known infection risk if a) the patient is say maybe not aware they have a potential pathogen or b) chooses to not disclose such information to the dentist . Within the dental setting, it is acceptable to use the clinical waste stream for all 'potentially infectious waste' and in addition practices supply sanitary waste receptacles for staff & patients to access.



St. Helens Council



"The dental practice has a statutory duty of care. This applies to everyone in the waste management chain from producer to disposer. It requires the dental practice to prevent the escape of the waste and to take all reasonable measures to ensure that the waste is dealt with appropriately from the point of production to the point of final disposal." (HTM 07 01)



BBV AND HEALTHCARE WORKERS IN DENTISTRY – NEW GUIDANCE PUBLISHED .

Some Facts about humans & bacteria.....

*10% of our body weight is made up of bacteria.

* There can be 1,458 unique forms of bacteria in the human belly button.

* There are approximately 10 times as many bacterial cells on human flora (mostly in the gut & on the skin) as there are human cells in the body.

Public Health England (PHE) have published new guidance regarding dental healthcare workers and patient exposure risk to blood borne-viruses.

The guidance discusses the Exposure Prone Procedures (EPP) carried out in dentistry and dental healthcare workers infected with BBV viruses.



What is emphasised in the guidance is that as long as infection prevention and control standards are adhered to scrupulously at all times, most dental procedures can be performed with the risk of transmission posing no risk to the patient.

PHE have devised a list of clinical procedures which fall into categories of risk. They are as follows level 0, and 1 to 3; level 1 being the highest risk . Zero risk is for non exposure procedures.

Guidance can be found on the following link:

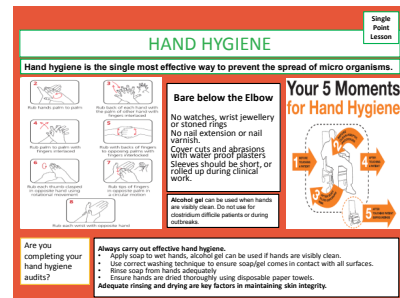
<https://www.gov.uk/government/publications/general-dentistry-exposure-prone-procedure-categorisation>



Single Point Lessons

What is a Single Point Lesson (SPL)?

It is visual presentation tool that provides specific information on a single topic. It can be displayed as a one page. It can include pictures, charts, graphs or diagrams.



A SPL is a quick and effective way of communicating a single area/topic and can benefit staff with keeping up to date with a specific topic in line with GDC requirements of registration.

For the dental sector a series of SPL's will be devised and will be distributed on a monthly basis. This month we will be circulating Personal Protective Equipment and hand hygiene. Practices will be able to share with staff.They can also be used as a training tool.

If anybody has a specific topic they would like to be published as a SPL please contact Karen Jones. Contact details on the back page.

All ideas welcome!

Also did you know

Studies have shown that the number of **Bacteria per square centimetre** on the human body are as follows:

- Scalp:** 1,000,000
- Forearm:**10,000
- Arm Pit:** 500,000
- Abdomen:** 40,000
- Hands of Medical personnel:** 40,000 to 500,000

VERIFIABLE CPD: DENTAL STUDY EVENINGS FOR INFECTION CONTROL LEADS: A DATE FOR YOUR DIARY....

We are pleased to announce following the success of last year's study evenings for the Infection Control leads; two dates have now been secured for 2016. The dates are as follows:

TUESDAY 11TH OCTOBER : 6pm-8.45pm at the Dental Academy, Daresbury, Warrington.

&

THURSDAY 3RD NOVEMBER : 6pm-8.45pm at the Dental Academy, Darebury, Warrington.

Guest speakers have been invited. So this year's sessions we envisage will be even more enjoyable! You will only need to attend ONE of the sessions. The sessions will be **FREE of charge**.

A flyer will be circulated shortly including details of how to book your place.



REMINDER FOR THOSE PRACTICES NOT SUBMITTED: ANNUAL INFECTION CONTROL STATEMENT AND UP TO DATE SELF-AUDITS



Your practice statement is due for the period April 2015– March 2016.

The Health and Social Care Act 2008 Code of Practice Criterion 1 requires:

'An annual statement ,for anyone who wishes to see it, including patients and regulatory authorities, should be prepared by the Infection Control Lead '.

All practices as part of their compliance with the Health & Social Care Act should produce an annual infection control statement . A template to assist can be obtained from Karen Jones if required.

As well as a copy being made available at the practice; it is requested that a copy be sent to Karen . An electronic version would be preferred but hard copies can also be sent.

Self-Audits

These should be completed at your practice every six months in line with HTM 01 05. Your most up to date self-audit is required. A letter endorsed by Public Health England (PHE) has recently been circulated to all practices requesting both self-audits & the annual infection control statement be provided to the infection control team. Data submitted is being shared with PHE including those practices that do not provide the information requested.

Once again, an electronic version would be preferred but hard copies including action plans can be posted to Karen. Contact details are on the back of this newsletter.

Your co-operation is very much appreciated.

STORAGE OF INSTRUMENTS AND DENTAL SUNDRIES

Dental Instruments

In 2013, the HTM 01 05 reviewed and changed guidance regarding the storage and expiry dates of dental instruments following decontamination.

To summarise, the guidance sets out the following regarding storage:

- ◆ The shelf life of wrapped instruments has extended to a maximum of **one year** irrespective of a non-vacuum or vacuum cycle.
- ◆ Unwrapped instruments in lidded containers can be stored away in the clinical area for **ONE** day. Ensuring they remain covered.
- ◆ Unwrapped instruments in a non-clinical area can be stored in lidded containers for **ONE** week. A 'non-clinical area' can be a designated clinical area not in current use or in a clean area separate to the decontamination room.
- ◆ If stored in areas used for clinical work, to meet **essential quality requirements**, this will require that the instruments be as far from the dental chair as reasonably practicable.
- ◆ The storage area should be appropriately designed to prevent damage to instruments and to allow for the strict rotation of stock.
- ◆ Cupboards should be capable of being easily cleaned and used in conjunction with sealed view-packs or covered/sealed trays.
- ◆ **Best practice** requires that instruments not scheduled for current use with the current patients be stored in a separate environment, ideally in a designated clean area separate to the decontamination room.



In conclusion, if storing instruments in the surgery then they should be stored within a lidded container and stored away in the surgery until ready for use. No instrument including mouth mirrors and hand pieces should be stored loosely in a drawer or cupboard. Ensuring good practice will minimise potential aerosol contamination when opening drawers and cupboards.

It is well evidenced that aerosols, splashes and contact contamination contribute to a microbial contaminated environment in the vicinity of the dental chair unit (Biofilm problems in dental unit water systems and its practical control: DC Coleman et al 2009). In HTM 01 05, it clearly states "It is essential that stored instruments are protected against the possibility of recontamination by pathogens. A barrier/ barriers should therefore be maintained between the instruments and the general practice environment".

Dental Sundries

Drawer systems are very good for keeping dental sundries in compartments and easy to access. However, it is important that consideration be given to how you store your dental sundries in the surgery. Items should not be removed from singular packaging until ready for use. For example, local anaesthetic cartridges; these are packaged as a sterile item and once opened are not deemed as sterile. It is advised items such as 3 in 1 tips, suction tips, prophylaxis brushes and cotton wool rolls be kept in the original packaging or alternatively stored in lidded storage. Like with dental instruments, your dental sundries will also be exposed to potential aerosol contamination.

INFECTION CONTROL LEAD NURSE FORUM GROUP MEETINGS – DATES FOR 2016

*Lowe House HCRC, Training Room, 2nd Floor, Crab Street, St Helens,
WA10 2DJ*

Thursday 15th September 2016 – 6 -7.30 pm

Thursday 1st December 2016 – 6 -7.30 pm

2017 Dates being arranged. Details to follow.

Warrington Wolves Stadium, Warrington, WA2 7NE

Tuesday 20th September 2016 – 6 -7.30 pm at Warrington Wolves,
Room F27

Tuesday 13th December 2016 - 6 -7.30 pm at Warrington Wolves,
Room F27

2017 Dates being arranged. Details to follow.

*You are welcome to attend either meeting as the
agenda is the same for both venues.*

If you are interested in attending and have not been before, please can you contact Karen in advance. Contact details on the back page.



Find us on:
facebook®

If you would like to join our dental forum group on Facebook please contact Karen (details on the back page.)

Contact details

Karen Jones

Infection Prevention and Control Practitioner

Infection Control Department

Lister Road

Astmoor West Estate

Runcorn

WA7 1TW

01928 593476



07771 339453

EMAIL COMMUNICATION WE NEED YOU !!!

Have you notified us of your most up to date email address for your practice?

If not , please can you get in touch so we can ensure you receive all our communication speedily.

Email : karen.jones9@bridgewater.nhs.uk

INFECTION CONTROL TRAINING

Would your practice like some infection control training?

If so please get in touch (see contact details above). I will come to your practice when suits you to deliver infection control training . It can be tailored to suit your training needs. It will also be verifiable CPD!



Are you thinking of refurbishing at your practice? Surgeries, general environment or installing a local decontamination unit (LDU) ? Then please get in touch and we can provide you with professional advice regarding infection control measures you will need to consider.