



TOVEY LITTLE DENTAL CENTRE LTD INFECTION CONTROL POLICY

INTRODUCTION

High infection prevention & control standards are central to the safe running of this Practice, good/basic hygiene is the most powerful weapon against infections to help protect our patients, our families and our selves.

Any failure to implement and comply with this policy can jeopardize the health of ourselves, our families and our patients.

Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. **Any member of staff not complying with this Policy will be subject to disciplinary action!**

This policy has been constructed based on the Health Technical Memorandum 01-05 and the Health and Social Care Act 2008(Regulated activities) regulations 2014

All issues pertaining to cross infection will be discussed at the practice centre quality and risk group.

OBJECTIVE

The purpose of this policy is to confirm the practice arrangements for Infection Prevention and Control to protect both Patients and staff from the avoidable risks of the spread of infection.

To describe the ways in which the Practice will ensure its infection prevention and control systems, procedures and practices are fully compliant with the best practice standards defined by Regulation 12 of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance 2010.

Code of practice criteria which applies to dentistry

Criteria	What Dental Practices Needs to Demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
8	Secure adequate access to laboratory support as appropriate.

9	Have and adhere to policies, designed for the individual's care and provider organizations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

ORGANISATION RESPONSIBILITIES

The organisation is responsible for ensuring that all staff understand the importance of the hazards associated with dealing with Infection Prevention and Control.

The practice will ensure there are safe systems in place to reduce the risks present during work activities and provide necessary training.

STAFF RESPONSIBILITIES

Practice principal/ Registered Manager

Mr Colin Stephen Tovey has ultimate responsibility for ensuring infection prevention and control is a core part of the practice governance and patient safety and for appointment of the following staff

Practice Manager: Mrs Karen Fox is responsible for:

- Ensuring that the practice have a nominated, senior member of the staff with the authority and responsibility to manage the Infection Control & Decontamination;
- Ensuring that Healthcare Associated Infections(HCAI) is included in the practice's risk register;
- Ensuring that appropriate risk assessments for Infection prevention and control are completed and reviewed annually (or earlier if required) by the Infection Control Supervisor(ICS)
- Collaborating with the ICS to ensure the practice follows Infection Control standards and suitable evidence is available to demonstrate compliance.
- An Induction, Initial and on-going training schedule that all staff will receive.

Infection Control Supervisor (ICS): Mrs Jane Wood is responsible for:

- The day to day responsibility for the management of the decontamination equipment process
- Interfacing between the practice and support services including servicing, maintenance and testing
- Conducting a Risk Assessment and implementing steps to reduce risks to infection in the practice
- Development, implementation and update of infection control policies, procedures and protocols that include control measures to reduce the risks identified in the Infection Control Risk Assessments.
- Monitor cross infection procedures by carrying out spot checks, provide evidence to staff
- Annual review of all Infection Control policies, procedures, and protocols and if is necessary to develop new ones.
- An annual audit program to demonstrate adherence to policies and compliance with clinical procedures & protocols.
- Carry out an annual infection control statement

INFECTION CONTROL RESPONSIBILITIES RELATING TO STAFF MEMBERS

The responsibility of each member of staff for prevention and the control of infection:

- It is the staff member's responsibility to report immediately any unidentified risks or hazards
- All staff must attend suitable training as required to help them undertake assessments and perform their work related activities capably and safely.
- This practice will ensure all members of staff understand and comply with the need to prevent and control infections.

- This practice will ensure that clothing worn by staff when carrying out their duties will be clean and fit for purpose.
- This practice will ensure safe systems are in place to reduce the risks present during work activities. PPE is not a substitute for safe systems of work but is complementary to them and this practice have a responsibility to provide it and monitored its use,
- All staff has a responsibility to ensure PPE is worn and use correctly accordingly to their activities to minimize the spread of infection to patients and themselves.
- All clinical staff will ensure that their hands can be correctly decontaminated throughout the duration of clinical work.
- All clinical staff will ensure that waste is managed in an appropriate manner

Operators are: Mrs J Wood, Mrs S Clayton, Mrs L Parrish, Mrs L Brumby, Mrs A Broadhead, Mrs J Carroll, Miss K Hepworth, Miss K Watts, Miss K Danby, Mrs R Kirk, Miss E Longthorn, Mrs K Leach, Mrs S Goodyear, Miss LTowell, Mr G Moulson, Miss C Longthorn

OCCUPATION HEALTH RESPONSIBILITIES

This practice uses Wakefield Occupational Health Department (00924 543585)for their Occupational Health service. This service includes:

- Offer and Provides vaccinations to staff as necessary in line with Immunisation against infectious disease.
- Offers and provides advise on inoculation injuries

RISK ASSESSMENT

The ICS will assess the level of infection risks during clinical and decontamination activities, recognise situations where exposure might be likely and will provide standard operating procedures to avoid or minimize risks to patients, staff and others.

The ICS will assess the Infection Prevention Competency of all new clinical staff to ensure they apply essential knowledge, skills and abilities to prevent the transmission of pathogens during the provision of care.

INDUCTION AND TRAINING

The ICS is responsible for providing induction and training to all members of the staff involved in clinical activities, decontamination processes, who operates equipment/medical devices.

All members of staff will receive Infection Control training appropriate to their duties

No member of staff may carry out procedures or operate equipment unsupervised until full training has been completed and signed off by the ICS or other senior staff members.

All documents should be signed by both staff member and supervisor, which are to be kept at the practice in each individual staff record

AUDITS

The ICS will undertake Observational Audits from surgeries and from decontamination room, to identify any improvements required and to ensure safe procedures are always followed.

The ICS will also undertake Observational Audits to complete each Risk Assessment when this is required, to be able to implement the appropriate Control Measures.

The Audit Tool produced jointly by the Infection Control Society (IPS) and the Department of Health is used at the practice to Self-assess compliance with HTM01-05, this also generates reports and action plans to help us improve the quality of our decontamination process.

POLICIES AND PROTOCOLS WITHIN THE POLICY

The following topics are explained in depth in each related policy:

Blood Borne Viruses Exposure & Sharps Injury Prevention Policy

- Immunisation
- Safe management of sharps
- Safety devices
- Management of spillages
- Use of spillage kits protocol
- Management of Occupational Exposure Incidents Protocol
- Reporting sharp injuries/incidents
- Practice's Sharps Risk Assessment

Hand Hygiene Policy

- Levels of hand decontamination
- Hand decontamination technique
- Stages during Hand washing
- Stages during hand sanitizing
- Hand care and dermatitis
- Latex allergy
- Hand wash facilities
- Practice's Hand Hygiene Protocol
- Practices use of clinical gloves SOP
- Training in effective hand decontamination
- Monitoring & auditing hand decontamination

Personal Protective Equipment (PPE) Policy

- Practice's dress code & uniform
- Practices PPE Item
- Practice PPE risk assessment
- Practices PPE protocol
- Monitoring and auditing the use of PPE

Medical Devices Policy

- Medical device Definitions
- Single use medical devices
- Decontamination of medical devices
- Storage of medical devices
- Failures/Breakdowns/repairs
- Training

Environmental Policy

- Management of Medical Devices Policy
- Decontamination of Medical Devices Policy
- Management of Decontamination Equipment Policy
- Decontamination of Laboratory Work & Impressions Policy

Control of Substances Hazardous to Health (COSHH) Policy

Hazardous substances and chemicals

The Control of Substances Hazardous to Health Regulations 2002

COSHH Records

Material safety Data sheets (MSDS)

Classification, Labelling and Packaging (CLP)

Waste Management Policy

Waste Management

Classification of waste

Segregation of waste

Removal of waste from the premises

Amalgam waste

Mercury Spillage

Sharps waste

Electrical waste

Spillages

Water System Management Policy

Dental unit waterlines

Legionnaires Disease

Control of Legionella

Maintenance of water lines

Loss of Water supply to the building

Risk assessment

Water Supply(water fittings) Regulations 1999

Antimicrobial Resistance Policy

Good prescribing practice

Record keeping and prescribing

Prescribing safely

Antibiotic Resistance

Prescribing antimicrobials for oral and dental infections

Labelling of antibiotics

Storage of antibiotics

Controlled drugs

QUESTIONS

If you have any questions or comments regarding this policy, please contact the practice manager. If you do not have any questions, the organisation presumes that you understand and are aware of the requirements of the policy and will adhere to them.

The Practice Manager is responsible for enforcing, maintaining and auditing the policy. This includes an annual review.