CORE CPD: ONE HOUR

Infection prevention and control *in your practice*

By **Martha Walker**, a medical management consultant specialising in CQC registration and compliance.

Infection prevention and control

When it comes to Care Quality Commission (CQC) inspection and compliance, probably the one essential outcome that most dental practices say gives them greatest concern is Outcome 8: Cleanliness and infection control.

As a provider of dental care you want to ensure that you, your staff and your patients are not exposed to the risk of infection. The most effective way to achieve this is through a comprehensive infection control policy and process that forms part of your surgery's overall Health and Safety Policy.

Your infection prevention and control policy will be a mixture of processes that are national, such as following the decontamination steps as in HTM 01-05 (2013) and local to your practice such as how you arrange staff training and responsibilities. Your policy will use a variety of advice and guidelines available with careful planning and delegation of responsibilities, ensuring that your practice is infection free should not be all time-consuming and fraught.

There are four CPD questions based on this article. To take part, visit www.nature.com/bdjteamcpd.

Table 1 Criteria used by the CQC to assess compliance with Outcome 8

Criteria	The 10 Criterion in the Code of Practice that the CQC judge dental practice compliance by
01	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
02	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
03	Provide suitable accurate information on infections to service users and their visitors.
04	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.
05	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.
06	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
07	Provide or secure adequate isolation facilities. Note: this criteria would not normally be required in a dental setting.
08	Secure adequate access to laboratory support as appropriate.
09	Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections.
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

Table 2 Policy outline

Things to think about when writing your Infection Prevention Control Policy and Processes

An effective infection control policy should include a range of processes that cover all the areas within your practice that require a procedure.

Below are headings for the areas, but they are just that: you must populate them with relevant information to ensure the processes will work in your practice. The Code of Practice and HTM 01-05 (2013) will guide you as to what the processes are and how they can be achieved. You may consider using photographs to support the written processes.

Consider the following when writing each process:
Who will be responsible for this area?
Who will carry out the process (not always the same person)?
What will the process be?
How will the process be checked to ensure it is effective in delivering its objective?

Aim of this policy
The aim of this policy is to ensure that the risk of infection within this dental practice is reduced to a minimum. All members of staff will work to demonstrate compliance with Outcome 8 of the Essential Standards of Quality and Safety in accordance with the Code of Practice and HTM 01-05 (2013).

The processes by which this aim is achieved is through the following procedures:

Patients Whilst we would not refuse a patient on medical grounds we must take precautions to minimise risk of cross infection. Therefore a detailed medical history is taken at the first appointment. Because a patient may not disclose if they have an infectious disease we will ensure that universal precautions are taken with every patient. If a patient does disclose they have an infectious disease or we suspect they do it is advisable that we take specialist advice from our local health protection unit.

Staff Administration as well as clinical staff must be aware of the need to minimise infection within the practice:
- Induction
- Training
- Immunisation
- PPE (gloves, goggles, aprons etc)
- Uniform/dress/appearance (hair, makeup, jewellery etc)
- Hand hygiene
- Needle stick injury

(Tip: All of the above staff information could be incorporated into the staff hand-book.)

Infection Prevention and Control within the surgeries and decontamination room – this process will be supported by a comprehensive Check List (see Table 4). Create a Tick Box Check List for each surgery and decontamination room of what to do and by whom. These Check Lists will provide evidence that you are doing what you say you do and can be used in audit.
- Daily (At the start of the day and end of each day)
- Weekly
- Monthly.

Note: Similar checklists can also be drawn up for non-clinical cleaners to follow (this is particularly useful if these cleaners are from an agency or not on-site when you are).

Decontamination room Consider if you have the most effective layout in the decontamination room. Does the journey of 'dirty in' and 'clean out' flow without the two crossing over? (See Table 3) HTM 01-05 (2013 version) recommends that access to the decontamination room is restricted to relevant staff.

Instruments If you use *single use* instruments ensure they are clearly labelled and disposed of promptly in clinical waste.

Re-usable instruments go through a four stage process – each process needs guidance on how to complete and a designated area to carry out the task:
- Decontamination
- Sterilisation
- Packing
- Storing.

Transferring to the laboratory All impressions and appliances must be disinfected before being sent to the laboratory. Explain how they are to be handled and labelled.

X-ray films Ensure that X-rays are handled carefully using gloves.

Equipment Ensure all equipment is operated, sited, cleaned and serviced in accordance with the manufacturers' guidelines.

Dental unit waterlines Explain how infective agents are prevented from being introduced into the water supply.

Treatment areas Keep these areas clutter free (keep the whole surgery clutter free; it makes for easier cleaning). Decide which areas are at greatest risk of contamination; keep these areas to a minimum and ensure they are decontaminated after each patient. Keep the administrative/computer area separate from the clinical area.

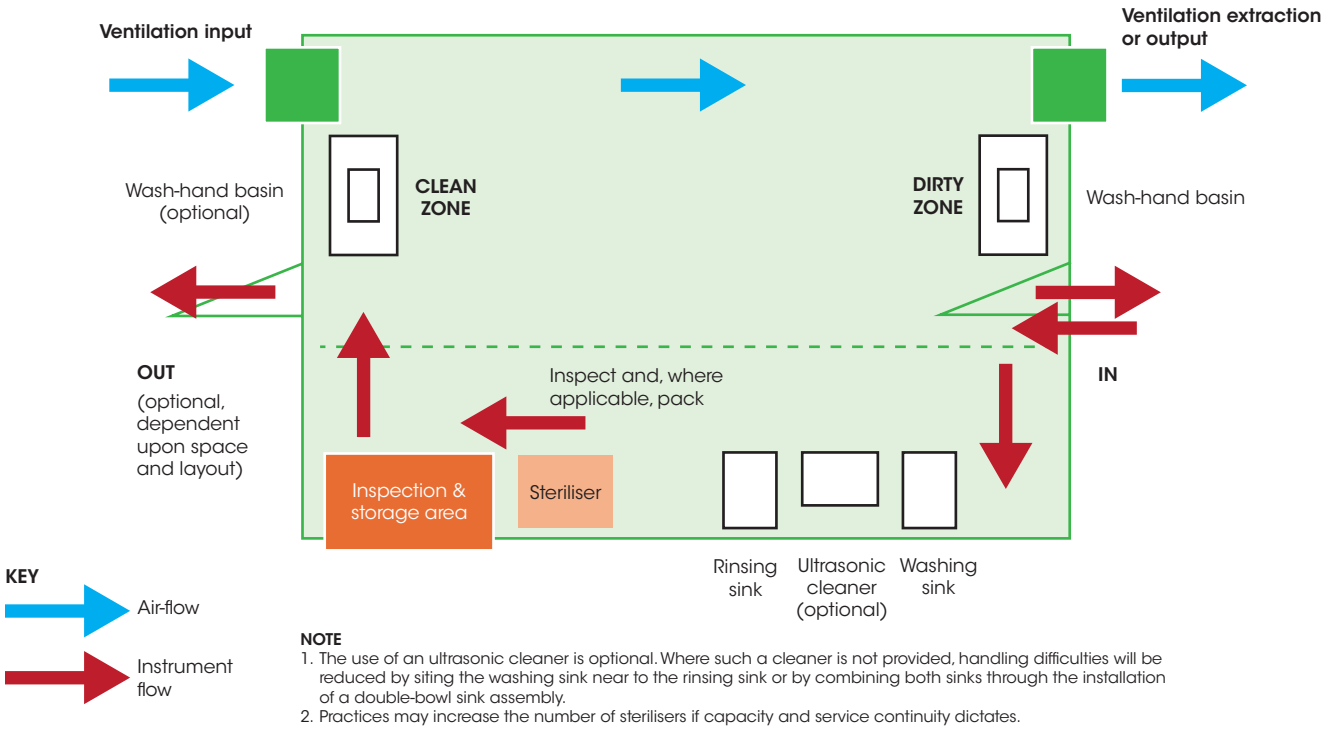
Ventilation Explain how the practice is ventilated; are there any special precautions to be observed?

Clinical waste Consider the following:
- Siting and labelling of clinical waste bins in surgery
- Removal of clinical waste from surgery and secure storage until collection
- Siting and labeling of sharps boxes in surgery
- Removal of sharps boxes from surgery and secure storage until collection.

The above list is not exhaustive and following discussion within the practice you may wish to add other procedures. Once you have written the policy and processes it must be distributed amongst the staff. The IPC lead may decide to introduce it during a staff training session or email it to everyone. However it is distributed, the IPC lead must be satisfied that it is understood by all staff.

Table 3 Plan for decontamination room

Example layout for essential quality requirements as recommended in HTM 01-05 (2013)



NOTE
1. The use of an ultrasonic cleaner is optional. Where such a cleaner is not provided, handling difficulties will be reduced by siting the washing sink near to the rinsing sink or by combining both sinks through the installation of a double-bowl sink assembly.
2. Practices may increase the number of sterilisers if capacity and service continuity dictates.

Getting started

Before you begin developing your infection prevention and control policy you must ensure that your dental practice has an effective infection control team in place. In a small practice the team may just be the lead dentist or dental nurse and one or two others; in larger establishments the workload can be shared across the whole team.

Appoint an Infection Prevention and Control Lead (IPC lead)

The IPC lead will report to the registered provider or registered manager.

The IPC lead will oversee and monitor staff as they carry out various tasks relating to infection control in different departments within the dental practice. Make your IPC lead responsible for the cleaning standards throughout the practice, including the non-clinical areas. The CQC inspect the whole establishment and your patients will give their opinion on what they see and understand. They won't know if the ultrasonic cleaner's surfaces or the aspirator is cleaned at the end of each day, but they will be able to say if the toilets are dirty or there are bags of rubbish in the corridor.

Allocate appropriate staff to be responsible for undertaking infection control cleaning in the various departments such as:

- Decontamination room(s)
- Hygienist room(s)
- Surgery(ies)
- Waiting/reception areas
- Administration areas
- Toilet and cloakroom facilities.

The role of the IPC lead

An effective IPC lead will be responsible for the management and structure of infection prevention and control in the practice and oversee the delivery of local policies and their implementation. The IPC lead will be report directly to the registered provider or registered manager.

> 'Does the journey of "dirty in" and "clean out" flow without the two crossing over?'

The IPC lead must:

- Have the authority to challenge, assess and make recommendations
- Be part of the practice governance team
- Produce an annual statement regarding compliance and make it available both internally and externally (eg CQC if required).

Allocate resources to infection control

Ensure a budget and time is allocated to allow sufficient resources to be made available for staff training, purchase of equipment or maintenance (of building and equipment) to be planned.

Adhere to regulations and essential standards of compliance

The CQC gives no guidance within the Essential Standards of Quality & Safety relating to Outcome 8, Cleanliness and Infection Control. They refer all providers (including dentists) to the Department of Health publication *The Code of Practice for health and adult social care on the prevention and control of infections and related guidance.*

The Code of Practice itself is comprehensive and easy to follow and its ten criterions are used by the CQC to assess compliance with Outcome 8 (Table 1).

Table 4 Check List template

Example of **Check List for a daily cleaning schedule in the decontamination room** (this is not exhaustive, but merely for guidance; go around the decontamination room to compile your list)

Week starting ...../...../.....		**Decontamination Room**			**Usually carried out by**			
✔	Item	Carried out at start/end each day by dental nurse initials					Monitored by IPC lead weekly following visual inspection	Comments
✔	Autoclave surfaces	*07/10/13 08hrs AB 17hrs AB*	*08/10/13*	*09/10/13*	*10/10/13*	*11/10/13*		
	Work surfaces							
	Sinks							
	Ultra sonic cleaner surfaces							
	Autoclave surfaces							
	Trolleys and boxes used for carrying dirty instruments							
	Stool							
	Computer equipment							
	Telephone							

Dental practices must adhere to the *Health Technical Memoranda (HTM) 01-05, 2013 edition*. When writing or reviewing your Infection Prevention and Control policy (Table 2) and processes use both The Code of Practice and HTM 01-05 (2013) as the main references. For example HTM 01-05 (2013) recommends a layout for a decontamination room to meet essential quality requirements (Table 3).

Build up a support network

Your practice does not have to work in isolation. There are some excellent resources available for dental practices to use in developing an effective infection control policy that will lead to best practice including:

- The local deanery
- The MHRA and local health protection agency
- The British Dental Association (BDA)
- The local CCG (clinical commissioning group)
- Equipment manufacturers
- Local colleagues to share ideas.

Don't forget that the Internet has many examples of helpful policies, guidelines and hints and tips on audit that have been posted by dental practices and health trusts to give you ideas on how others are delivering effective infection prevention and control.

Preparing your infection prevention and control policy

Once you have appointed the IPC lead, identified specific staff to be responsible for different areas in the practice and familiarised yourself with the requirements of the Code of Practice and HTM 01-05 (2013), you can now write your policy (together with the IPC lead).

The policy outline given here (Table 2) shows the different areas that need to have clear instructions explaining how infection will be minimised. A range of appendices showing how you will achieve its aims and objectives should support your policy. For example, the cleaning regime of the decontamination room and surgeries can be created and recorded on Check Lists (Table 4).

Once you have completed your infection prevention and control policy and processes, circulate it to all staff.

Ongoing compliance

An effective policy is one that can be used as a working tool. The policy should be available for reference. The successful delivery of a policy is demonstrated through observation:

- Does the practice look and smell clean?
- Are staff dressed appropriately (is there protective clothing available)?
- Do staff know what to do when asked, for example about a needlestick injury or clearing up body fluids?

Written evidence – results of audits

- Minutes from staff meetings
- Annual report from the IPC lead
- Completed Check Lists

> 'Once you have written the policy and processes it must be distributed amongst the staff. The IPC lead must be satisfied that it is understood by all staff.'

Staff training - training matrix

- Individual staff training records
- Appraisal records.

Patient input - questionnaires/feedbacks should include something about the cleanliness of the practice.

In summary

Appoint a competent IPC lead and support them to develop the infection prevention and control policy. Allow time and budget to train staff and implement changes and systems as required. Develop a network for support and advice. Allow staff to take responsibility for specific areas. Work through the IPC lead to monitor, assess and adjust the infection prevention and control processes put in place.

Working as a team will help develop and deliver an effective infection prevention and control culture within your dental practice.

Useful resources to help you achieve best practice in infection prevention and control in your practice

- Department of Health. The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance. 14 December 2010. Available at: www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance.
- Department of Health. Health Technical Memoranda 01-05: Decontamination in primary care dental practices. 2013 edition. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf.
- Health and Safety Executive. Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Available at: www.hse.gov.uk/pubns/hsis7.htm.

To contact Martha, email info@cqcconsultancy.co.uk or visit www.cqcconsultancy.co.uk

bdjteam201632