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**Infection control**

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# Infection control

DD recognises that it is not a legislative body and does not produce guidelines or regulations that require adherence. These can only come from the regulatory bodies in England, Northern Ireland, Scotland and Wales. DD has therefore compiled information on the current guidance that is available for clinicians to review and make an informed assessment prior to practices reopening. With the rapidly evolving situation, official guidance is likely to change, and DD will inform customers as this occurs. In the meantime, DD has focused on summarising the current practices being used in Urgent Dental Care centres, which may inform emerging protocols for reopening of other practices. DD advises all clinicians to use the information as a guide to make an informed risk assessment as to what may or may not be required in order to protect patients, the dental team and the public.

### Cleaning of communal areas

* The reception area should be cleaned at regular intervals, especially following the patient coming into contact with the reception desk.
* If pens are used, clean after each use, contactless operation should be implemented where possible
* Door handles that patients come into contact with should be cleaned regularly.
* Should a patient with known or suspected COVID-19 utilise the toilet facilities or spend any amount of time in the waiting room, then these areas are to be cleaned and disinfected immediately.
* Either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.) is to be used for cleaning. Suitable detergents can be found at: <https://www.dental-directory.co.uk/infection-control/>.
* Disposable mop heads to be used where possible for AGPs, reusable mop heads must be cleaned/disinfected using suitable viricidal solution
* Reusable cleaning equipment to be cleaned/disinfected after use; mop handles, mop buckets, cleaning containers

### Setting up the surgery

* All equipment/instruments/materials that may be required for the appointment should be readily available, any items not used during the appointment must be classed as used items and processed accordingly.
* Surgery drawers/cupboards must not be opened during treatment, consider removing the contents of all drawers/cupboards and locating items outside of the surgery environment, only being passed into the surgery when required.
* Cleaning protocols to be adhered to in line with current guidance.
* Clearly defined ‘zoning’ of areas e.g. “clean” and “dirty”.
* All work tops should be clutter free and only items required for that appointment should be present.
* Keyboard and mouse to be covered with cling film which is classed as single use
* Radiographs should be placed in a clear plastic sleeve that can be disinfected or disposed of as infectious waste
* Paper notes to be completed in a separate room following the removal of PPE and the correct hand hygiene technique
* Remove all non-essential items e.g. magazines, paperwork, plants, children’s toys.
* Chaperone chairs should be made of a wipe clean material.
* Damaged upholstery to the dental chair, nurse’s and clinician’s chair should be repaired as soon as possible.
* Surgery floors should be cleaned at the start, middle and end of the day Non-AGPs
* Surgery floors should be cleaned after each AGP carried out, this can be using a reusable mop which is then cleaned with a detergent and then disinfected using a viricidal agent
* High volume aspiration to be used, which should be cleaned using appropriate cleaning fluids between patients.
* Single use items should be used where appropriate.
* Use barriers for common contact areas such as the dental light
* Four handed dentistry to be implemented
* Hand gel to be located directly outside the surgery for patient to utilise upon leaving the surgery
* Display a laminate sheet to the surgery door to record the entry and exit time

### Surgery Cleaning

* Where AGPs have been carried out, ensure adequate ventilation e.g. opening windows, using air purification systems,
* Vacate the surgery closing the door and leave for 1 hour before entering to carry out cleaning and disinfecting procedures
* Decontamination following treatment should follow HTM 01 05 (unless updated guidance is available).
* Decontamination should be carried out by staff who are adequately trained and wearing appropriate PPE in line with [Public Health England (PHE) guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf).
* Only one person should undertake surgery decontamination.
* Hand Hygiene at the correct intervals to be carried out
* Collect all cleaning items and other items such as waste bags that may be required when decontaminating the surgery

### In the surgery

* Door to remain closed, windows to remain open.
* Gather all disposable items and dispose in the correct receptacle in line with practice protocol
* Wipe all sharps containers that have been used with the correct cleaning solution, (either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.). Suitable detergents can be found at: <https://www.dental-directory.co.uk/infection-control/>
* Use disposable cloths/paper roll or wipes to clean and disinfect all hard surfaces, chairs, door handles and all reusable non-invasive equipment, using either of the cleaning solutions stated above.
* Always follow the manufacturer’s instructions for dilution and contact times.
* Clean all reusable equipment and surfaces systematically;
  + Dental chair Inc. base
  + Dental light and foot pedals
  + Dental stools
  + Material containers
  + Surfaces start from the furthest point
  + Wall cabinets, work surfaces, base cabinets
  + Handles on units
  + Computers
  + Taps, handwash basin, paper towel dispenser
  + Alcohol and soap dispensers

### On completion

* Leave the surgery and discard any waste, disposable cloths and mop heads.
* Clean any reusable cleaning items such as cleaning containers, mop handles, mop buckets (not forgetting the under part of the bucket) with the cleaning and disinfectant solutions described above.
* Correctly remove PPE as per PHE doffing guidelines and dispose in clinical waste.
* Perform hand hygiene

**Air filtration, Fallow Period**

* Lack of evidence currently available in relation to the amount time required following each procedure for the removal of infectious aerosols
* Air change and ventilation plays apart in the removal of infectious aerosols aswell as the use of High-Volume Suction, rubber dam, size and shape of room and procedure carried out
* Fallow period of 60mins currently recommended within a single room of 6 air changes per hour taking place for AGPs
* 60 mins from the cessation of aerosol generation
* Should the 60min Fallow period be adjusted then this must be supported by thorough evidence and risk assessment, all of which must be documented
* Open surgery windows will assist ventilation
* Single air conditioning units or air conditioning units can be utilised, but these must be in extraction mode only, recirculation mode must be turned off. Full service/maintenance must be carried out
* Avoid AGPs/High Risk AGEs in surgeries where windows are not present unless adequate additional mechanical extraction ventilation is present
* Non-AGPs are considered to generate a negligible level of aerosol; therefore, decontamination can be carried out without a fallow period being implemented

**External Contractors**

* Protocols to be implemented regarding external contractors attending site such as waste carriers, engineers, couriers/deliveries
* Obtain a copy of the proforma checklist from the contractor
* Ensure external contractors are aware of the practice procedures and protocols in place
* Liaise with licensed waste provider on the removal of waste and any new procedures implemented
* Consider deliveries being left externally to the practice where they can then be collected by a staff member to reduce the number of external contractors entering the building, ensure the contractor informs you of their arrival and remains at a safe distance until collected
* The ‘fallow time’ following AGPs also applies to engineers accessing the surgery to maintain/repair equipment
* Decontamination of equipment and the environment should be completed prior to external contractor attending
* Digital alternative should be in place for the signing of any paperwork, where this cannot be implemented always where gloves to sign
* Social distancing must be adhered to when external contractors are on site
* Contaminated instruments must not be exposed/present in the area in which the contractor is present

### Further information can be found at:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0575-dental-transition-to-recovery-sop-4-June.pdf>

<https://www.fgdp.org.uk/implications-covid-19-safe-management-general-dental-practice-practical-guide>

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0282-covid-19-urgent-dental-care-sop.pdf>

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control>

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf>

<https://www.nice.org.uk/guidance/cg139/chapter/1-Guidance#standard-principles>

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf>

<https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices>

<https://bda.org/advice/Coronavirus/Pages/returning-to-work.aspx>

<http://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/>

<https://bda.org/login?ReturnUrl=%2fadvice%2fba%2f_layouts%2f15%2fAuthenticate.aspx%3fSource%3d%252Fadvice%252Fba%252FDocuments%252Freturning%252Dto%252Dwork%252Dtoolkit%252Epdf&Source=%2Fadvice%2Fba%2FDocuments%2Freturning-to-work-toolkit.pdf>