



## THE STATE HOSPITALS BOARD FOR SCOTLAND

### CONTROL OF INFECTION IN DENTISTRY POLICY

Policy Reference Number	IC03	Issue: 8
Lead Author	Senior Nurse for Infection Control	
Contributing Authors	NHS Lanarkshire Dental Nurse	
	Senior Dental Officer, NHS Lanarkshire	
	Infection Prevention and Control Group	
Advisory Group	Infection Control Committee	
Approval Group	Policy Approval Group (PAG)	
Implementation Date	29 September 2023	
Next Review Date	29 September 2025	
Accountable Executive Director	Director of Nursing and Operations	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

**REVIEW SUMMARY SHEET**

**No changes required to policy** (evidence base checked)

**Changes required to policy** (evidence base checked)   
**Summary of changes within policy:**

<b>Contents</b>	<b>Page</b>
1. Introduction	4
2. Aim	4
3. Scope	4
4. Roles and Responsibilities	4
5. Principle Content	5
5.1. Infection Control Precautions	5
5.2. Transmission Based Precautions	5
5.3. Personal Protective Equipment	6
5.4. Skin Care	6
5.5. Management of Occupational Exposure	6
5.6. Surgery and Zoning	7
5.7. Surface Cleaning and Disinfection	7
5.8. Instrument Decontamination	7
5.9. Instrument Storage	7
6. Equality and Diversity	8
7. Stakeholder Engagement	8
8. Monitoring and Review	8
9. References	9
Appendix 1: A - Z Disinfection	10
Appendix 2: Procedure for the Management for Aerosol Generating Procedures	12

## 1. INTRODUCTION

Compliance with standard infection control precautions (SICPs) and transmission based precautions (TBPs) is an important aspect of clinical practice for all health care workers. It is recognised, however, that additional guidance is required to cover specific dentistry related issues. This policy specifies key areas specific to dental practices within the State Hospital and should be read in conjunction with [National Infection Prevention and Control Manual Chapters 1 and 2](#)

## 2. AIM

To ensure that patients receive appropriate care in line with current national guidelines and best practice.

To ensure that every effort is made to protect patients and staff from the risk of cross infection.

## 3. SCOPE

This policy is designed to safeguard patients and staff (including those on service level agreements) to the State Hospital. This policy is aimed at all staff within the State Hospital.

## 4. ROLES AND RESPONSIBILITIES

NHS Board	To implement this policy across the State Hospital
Infection Control Team	Engage with staff to support implementation of SICPs and TBPs described in this policy Review national guidance Provide education opportunities on this policy.
Skye Centre Manager/ Senior Charge Nurse	Support clinical staff in following this policy
Practice Nurse	<ul style="list-style-type: none"><li>To provide leadership within the clinical area and act as a role model in relation to IPC.</li><li>To ensure implementation and ongoing compliance with Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) and take appropriate action to address any area of non-compliance.</li><li>To report any difficulty in accessing or providing sufficient resource to adhere to this policy.</li><li>Recognise and report to the Infection Control Team (ICT) any incidences of suggestive of a problem</li></ul>
Dental staff	<ul style="list-style-type: none"><li>Under the existing Service Level agreement, dental staff will be compliant with NHS vaccination requirements. Dental staff will be offered all vaccinations the same as State Hospital staff.</li><li>Ensure that they are familiar with this policy and the operational working of the State Hospital Health Centre.</li><li>To ensure implementation and ongoing compliance with SICPs and TBPs.</li><li>Inform a member of the ICT and the clinical lead from the dental team if this policy cannot be followed</li></ul>
All staff	<ul style="list-style-type: none"><li>Must be adhere to standard infection control precautions (SICPs) and transmission based precautions (TBPs)</li><li>Responsible for implementing and following the information provided in this policy</li></ul>

Staff must inform the Skye Centre Senior Charge Nurse, Practice Nurse and the ICT immediately either by email or telephone if this policy cannot be followed.

## 5. PRINCIPLE CONTENT

### 5.1. Infection Control Precautions

#### Standard Infection Control Precautions

SICPs are to be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.

The [Hierarchy of Controls](#) should also be considered in controlling exposures to occupational hazards which include infection risks.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection.

Sources of (potential) infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes, any equipment or items in the care environment that could have become contaminated and even the environment itself if not cleaned and maintained appropriately.

The application of SICPs during care delivery is determined by an assessment of risk to and from individuals and includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

The [National Infection Control Manual Chapter 1](#) contains information on Standard Infection Control Precautions.

### 5.2. Transmission Based Precautions

SICPs may be insufficient to prevent cross transmission of specific infectious agents. Therefore additional precautions TBPs are required to be used by staff when caring for patients with a known or suspected infection or colonisation.

TBPs are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route): [Appendix 11](#) of the National Infection Control Manual provides details of the type of precautions, optimal patient placement, isolation requirements and any respiratory precautions required. Application of TBPs may differ depending on the setting and the known or suspected infectious agent.

During dental treatment infection may be transmitted through direct contact, droplets, aerosols or inoculation by contaminated instruments.

There is no evidence that aerosols can spread blood borne viruses, but they may be spread by blood spatter. The risk of transmission of infection by these routes will be reduced if:

- There is good surgery ventilation and efficient high-speed aspirators, which exhaust externally from the premises.
- Aspirators and tubing are regularly cleaned and disinfected (by the dental staff) in accordance with the manufacturer's instruction and flushed through daily with their recommended non-foaming disinfection agent.
- High velocity aspiration is used when working without rubber dam.
- Appropriate protective clothing/equipment is used.

There is evidence to support the transmission of COVID19 through aerosol generating procedures (AGP). There are dental activities which are classed as aerosol generating

procedures and therefore appropriate control measures are required (Appendix 2). Health Protection Scotland has national advice for dental practices. Dental staff will be face fit tested through NHS Lanarkshire.

### **5.3. Personal Protective Equipment**

#### **Eye Protection**

The following must be adhered to in order to protect the eyes and face:

- Patients' eyes must always be protected against possible injury and cleaned between patients.
- Operators and close support clinical staff must protect their eyes against foreign bodies, splatter and aerosols that may arise during operative procedures, especially during scaling [manual and (ultra)sonic], the use of rotary instruments, cutting and use of wires and the cleaning of instruments.
- Visors must be worn for all operative procedures to protect against splatter.
- Visors must be sanitised after every patient.

Dental staff will clean all equipment used within the dental clinic according to manufacturer's guidance (Appendix 1), adhering to the National Infection Control Manual.

#### **Uniform**

Surgical scrubs are the uniform of choice worn by the dental staff and are supplied by TSH. All uniforms are laundered centrally within The State Hospital. Uniforms visibly contaminated with blood/body fluids must be laundered centrally as per The State Hospital Standard Operating Procedure for the Safe Management of Linen. Staff should contact the Laundry department for replacements.

Disposable white plastic aprons should be worn when handling all body fluids and in all aspects of direct patient care including cleaning and disinfection procedures (where aerosols are generated, Appendix 2). The apron must be changed between patients and following cleaning tasks.

### **5.4. Skin care**

The following must be adhered to in order to protect the skin:

- Cover all cuts and abrasions with a waterproof plaster.
- Dentists and professions complimentary to dentistry should wear latex free clinical gloves during all clinical procedures.
- Gloves should be worn for as short a time as possible and must be changed after every patient.
- Used gloves should be disposed of as clinical waste (National Infection Control Manual chapter 1 - SICPS).
- Decontaminate hands before putting on and after removing gloves (National Infection Control Manual chapter 1 - SICPS).
- Hand creams can be used to counteract dryness (National Infection Control Manual chapter 1 - SICPS).

### **5.5. Management of Occupational Exposure**

An occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids. Occupational exposure risk can be reduced via application of other SICPs and TBPs outlined within the [NIPCM](#).

For information on what to do in the event of an Occupational Exposure refer to the Operational

Guidance on Immediate Action Following Blood and Body Fluid Exposure (Staff and Patients) (IC16). This document is located within TSH Infection Control Manual section on the intranet.

## **5.6. Surgery and Zoning**

To facilitate cleaning, the surgery should be kept simple and uncluttered. Surfaces should be smooth, impervious, washable and able to withstand chemical disinfectants. If contamination occurs the area should be decontaminated as described below. If disposable coverings are not used the controls on chair and light must be effectively decontaminated between patients as described below.

A zoning system should be utilised with clean and dirty areas being clearly defined. This will be determined by the dental staff within the clinic.

## **5.7. Surface Cleaning and Disinfection**

### During operative procedures

Work surfaces should be cleaned and disinfected between patients using a solution of general purpose neutral detergent wipes followed by an alcohol impregnated wipe.

### End of clinic

All work surfaces should be cleaned and disinfected between patients using a solution of general purpose neutral detergent wipes followed by an alcohol impregnated wipe.

All aspirators, drains and spittoons should be cleaned after every session with a non-foaming disinfectant.

For information regarding cleaning of blood and bodily fluids refer to the National Infection Control [Safe Management of Patient Care Equipment](#).

## **5.8. Instrument Decontamination**

### **Disposable equipment**

The following procedures must be adhered to in order to safely manage disposable products:

- Local anaesthetic needles must always be disposable single-patient use.
- Part-used local anaesthetic cartridges must be disposed of after each patient - they must never be used on a second patient.
- Single Use items, including burs, three-in-one tips, scalpel blades, aspirator tips, saliva ejectors, matrix bands, impression trays, polishing rubber cups/brushes and beakers and any other items deemed to be single use will be treated as such and disposed of via clinical waste route.

### **Reusable equipment**

All reusable instruments will be routinely decontaminated off site as per contract. For reusable items that can't be decontaminated off site refer to [appendix 7](#) of the National Infection Control Manual.

## **5.9. Instrument Storage**

On return from the Central Decontamination Unit (Falkirk) all clean dental instruments will be delivered in a sealed transportation box to the Health Centre and placed in the 'clean store within the dental suite'. The box will ONLY be opened by a member of the Dental Team. On opening the transportation box the instruments will be 'scanned in' by the dental staff using the

Satellite Tracking System and transferred to the 'dental cupboards' where they remain until required for patient use.

Following dental procedures, the instruments used will be 'scanned out (by the dental staff)' and the bar codes will be placed on the respective patients notes. The instruments will then be placed in the 'pigeonholes' (by the dental staff) in the contamination room within the health centre. After each session the instruments will be counted, 'scanned out' and placed in the blue transportation boxes (by health centre staff and the dental staff). At the end of the day these boxes will be sealed by health centre staff and the dental staff and left ready for uplift and transport to the CDU.

## 6. EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The Equality and Impact Assessment (EQIA) considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

## 7. STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
General Staff, Patients, TSH Board, Carers, Volunteers	N/A
Health Centre and Dental staff	Yes

## 8. COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all staff via the intranet and through the staff bulletin.

The policy will be implemented, monitored and reviewed, on an ongoing basis, by the policy lead author and Infection Control Committee as part of working practice.

Formal review of the policy will take place every two years.

## 9. REFERENCES

Please note these documents are regularly updated and subject to change so please check HPS website for the most up to date information.

- [Glennie Framework Report \(2001\)](#)
- [Scotland National Infection Control Manual](#)
- [Health and Safety \(Sharp Instruments in Healthcare\) Regulations 2013](#)
- [Scottish Dental Clinical Effectiveness Program](#)
- ARHAI Scotland Appendix 17 [Aerosol Generating Procedures \(AGPs\) and post AGP Fallow time \(PAGPFT\)](#)
- Moving towards a return to dental care Covid19 [Standard Operating Procedures for Dental Teams in Scotland \(January 2021\)](#)

## A – Z DISINFECTION

<b>ANAESTHETIC CARTRIDGES</b>	Single patient use only. Discard into sharps container.
<b>APPLIANCES PROSTHETIC/ ORTHODONTIC</b>	Treat as for impressions.
<b>BURS</b> Steel burs Tungsten Carbide, Diamond and Acrylic Trimming Burs	Disposable, discard into sharps container after single use. Single use or sent for central decontamination
<b>BRACKET TABLES</b>	<p>Wash daily before use with a solution of general purpose neutral detergent and hot water using a disposable wipe, or detergent wipe and dry thoroughly.</p> <p>For sequential use, if contamination has not occurred, wipe over with a detergent wipe between each case.</p> <p>In the event of contamination, clean with a solution of general purpose neutral detergent and hot water, dry thoroughly then wipe over with an alcohol impregnated wipe.</p>
<b>CAVITRON HANDPIECES</b>	Hand pieces will be sent to CDU for decontamination
<b>CURING LIGHT</b>	Where possible, use an autoclavable tip, if not, cover tip when in use with a transparent impervious polythene cover. Wipe over after use with a detergent then an alcohol impregnated wipe.
<b>ENDODONTIC FILES</b>	Should be disposed of as single use or after every treatment episode
<b>HANDPIECES</b>	Hand pieces will be sent to a Central Decontamination Unit for decontamination.
<b>HEADRESTS</b>	Use disposable cover and discard after each patient. Chair cleaned with a disposable detergent wipe. (National Infection Control Manual, Chapter 1 - SICPS).
<b>IMPRESSIONS</b>	<p><b>Impressions must be decontaminated before leaving the surgery.</b></p> <p>Immediately on removal from the mouth, rinse carefully under running water until visibly clean to remove saliva, blood and debris - avoid splashing.</p> <p>After cleaning as above: <b>Except for alginate or polyether impressions:</b></p> <ul style="list-style-type: none"> <li>• disinfect by immersion in chlorine releasing agent 10,000 ppm available chlorine for 10 minutes (National Infection Control Manual, Chapter 1 - SICPS).</li> <li>• rinse well again under running water.</li> </ul>

**Alginate or polyether impressions:**

- dip the rinsed impression in chlorine releasing agent 10,000 ppm available chlorine.
- rinse under running water.
- dip again in the chlorine releasing agent.
- cover with gauze dampened in above disinfectant solution, for 10 minutes.
- rinse well under running water.
- store for transport as per manufacturers' instructions

**MATRIX BANDS**

Disposable - discard into sharps box after single patient use.

**MOUTHWASH CUPS  
NEEDLES**

Disposable - discard after single patient use.  
Disposable - discard into sharps containers after single patient use (as directed by manufacture)

**OPERATING LIGHTS**

Clean daily before use, with a disposable detergent wipe

**SALIVA EJECTORS**

Use disposable.

**SCALER TIPS**

All tips must be sterilized between patient use. Sent to Central Decontamination Unit.

**SPITTOON**

After each patient wipe outside of bowl with a solution of general purpose neutral detergent and hot water followed by an alcohol impregnated wipe. After each session, flush with water and Orotol.

**SINKS**

Clean using a non-abrasive chlorine containing sanitizer once a day or as often as required

**SUCTION APPARATUS**

**Aspirators/Tubing/Drainage System** - Clean after every session or more often if required, according to manufacturer's instructions using cleaner recommended by the manufacturer e.g. Orotol. Where portable suction units are used in emergency situations, please clean as per manufacturers' guidance. These units should be fitted with a bacterial/viral hydrophobic filter to prevent unit contamination.

**3-IN-ONE SYRINGE**

Use disposable tips. Flush dental unit waterlines for 2 – 4 minutes at start and end of day and for 30seconds between patients.

**WORK SURFACES**

Clean/ dirty areas need to be cleaned using a disposable detergent wipe followed by an alcohol impregnated wipe, between patients.

### Procedure for the Management of Aerosol Generating Procedures

<b><u>Before patients arrives</u></b>	
Contact Estates to ensure ventilation system is working (they will check display)	
Clear all unnecessary equipment from surgery (Stools etc.)	
Cover the computers, X-Ray panel etc. with clear bags	
Wipe down clinic (as SOPs)	
Place appropriate signage on room door	
Ensure you have all PPE required on site (including HC staff)	
Ensure you have all cleaning materials and equipment sourced	
Place all personal items/patient records etc. in GP Room	
Ensure Healthcare waste bin is placed outside surgery door (in corridor) for FFP3 masks and Visors	
Take out instruments required (Remove packaging and place in LDU) Thursdays – place carry box on dirty side (in plastic bags) load contaminated instruments into box – remove bag and take instruments out of room and place in LDU at end of treatment	

#### **PPE – Putting on (donning) PPE**

PPE should be put on prior to patient entering area.

PPE should be donned in the following order:

1. Perform hand hygiene
2. Disposable, fluid repellent gown
3. FFP3 respirator (perform a fit check)
4. Eye/face protection i.e. goggles or full facial visor
5. Disposable gloves.

The order given is practical but the order for putting on is less critical than order of removal given below.

#### **Treatment**

Have out all necessary instruments you may need to mitigate the risk of cross contamination by entering drawers or cupboards during treatment – Remove packaging from instruments and place in LDU. Also ensure you have emergency drugs within the clinic whilst treating the patient.

#### **PPE – Removing PPE (Doffing)**

PPE should be removed in an order to minimise the risk of cross-contamination. This should preferably happen in an anti-room or lobby or if unavailable before leaving the room PPE should be removed in the order below:

1. Remove gloves according to guidance
2. Perform hand hygiene with alcohol gel
3. Unfasten gown \* from the ties and remove touching inside only.
4. Remove visor from the headband or earpieces, whichever the least potential area for contamination. **REMOVE VISOR ONLY AFTER LEAVING THE CLINICAL AREA (in bin outside clinic door in corridor)**
5. Remove respirator mask **ONLY AFTER LEAVING THE CLINICAL AREA (in bin outside clinic door in corridor)**
6. Perform hand hygiene with soap and water (in GP Room) door will be open

All of the above must be applied in that order and full guidance can be found on Health Protection Scotland website where regular updates can also be found.

\*Instruments to be placed on work surface (dirty area) so they are visible from viewing window during fallow time (except for Thursdays) see above

### **Environmental cleaning following an AGP**

When an AGP has been undertaken it is recommended that the room is left vacant with the door closed for 15 minutes prior to performing a terminal clean.

#### **Preparation**

Ensure you have appropriate cleaning equipment, detergent/disinfectant and have disposable cloths and mop heads prior to entering the room. Ensure hand hygiene is performed and don the appropriate PPE required for an environmental clean.

#### **On entering the room**

Once in the room ensure the window stays open to improve airflow and ventilation. Transport instruments to LDU for scanning etc.

#### **Cleaning process**

Wipe the outer surfaces with 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.).

Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room.

Floors to be mopped at end of session (twice daily) Mop heads to be sent to laundry.

Follow manufacturer's instructions on dilution at all times and ensure any cloths/mop heads used must be disposed of as single use items.

#### **Cleaning and disinfection of reusable equipment**

Clean all reusable equipment systematically from the top or furthest away point.

For any furnishings that cannot withstand chlorine releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with detergent cleaning.

#### **On leaving the room**

Discard detergent/disinfectant solutions safely at disposal point.

Dispose of all waste as clinical waste.

Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.

Remove and discard PPE as clinical waste as per local policy.

Perform hand hygiene.