Infection control guidance

HTM 01-05 guidance requires that every practice should be capable of meeting the essential quality requirements. Dental Tribune rounds up some important points.

Health Technical Memorandum 01-05 is intended to progressively raise the quality of decontamination work in primary care dental services by covering the decontamination of reusable instruments within dental facilities.

Patients deserve to be treated in a safe and clean environment with consistent standards of care every time they receive treatment. It is essential that the risk of person-to-person transmission of infections be minimised as much as possible.

Here are some ways this can be done.

Essential quality requirements

• Regardless of the technology used, the cleaned instruments, prior to sterilisation, should be free of visible contaminants when inspected. Instruments should be reprocessed using a validated decontamination cycle including cleaning/washing; a validated steam steriliser, and at the end of the reprocessing cycle they should be in a sterilised state.

• Reprocessed dental instruments should be stored in such a way as to ensure restraint of microbiological recolonisation. These measures should be backed by careful controls on the storage times to which instruments that are less frequently used are subject.

• Practices should audit their decontamination processes quarterly using an audit tool (the use of the Infection Prevention Society/DH audit tool that accompanies this document is strongly recommended).

• Practices should have in place a detailed plan on how the provision of decontamination services will move towards best practice.

Best practice

To demonstrate best practice, further improvements are required in three main areas:

• A cleaning process that should be carried out using a validated automated washer-disinfector.

• The environment in which decontamination is carried out should be such as to minimise the risk of recontamination of instruments and the possibility of generating aerosols, which may reach patients or unprotected staff. For best practice, the decontamination facilities should be clearly separate from the clinical treatment area. This implies the use of a separate room or rooms for the accommodation of clean (output) and dirty (input) work. In these facilities, the room(s) should be used for this purpose only and access should be restricted to those staff performing decontamination duties. However, plant and equipment not necessarily used for decontamination may be located in these rooms (but preferably in the dirty room) provided it can reasonably be shown that the devices do not conflict with the requirement for a clean environment.

• The storage of reprocessed dental instruments in a simple but carefully designed facility clearly separate from the clinical treatment area is an important best practice improvement. The facility should take account of the need to reduce recolonisation of sterilised instruments and also make the identification/selection of instruments easy. This storage facility will ordinarily be part of the clean area within the decontamination room(s).

For a full report on the guidance, visit the Department of Health website at www.dh.gov.uk.

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Contact Anne Duhig-Reader for further information, quoting reference code: C0908F3

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