Disinfection and decontamination

Dental Tribune looks at the issue of decontamination and cross infection control

One of the biggest topics for discussion at this year’s Showcase was the issue of decontamination and cross infection control. A quick look at the exhibitor’s list showed the sheer scale of the sector in market terms, and the number of products aimed at providing some form of disinfection and decontamination available is staggering. From the smallest detail of antibacterial plastic covers for door handles to whole room disinfectors designed to run overnight and clean every surface within a surgery environment.

But what does a dental practice actually need to ensure patient and team safety? Gone are the days when a quick dip in hot water and a shake would do for handpieces between patients (it is to be hoped I am exaggerating the point here, but you know what I mean). As science delves ever deeper into the study of the earth and all its inhabitants, so more is uncovered about the development of bacteria and blood-borne diseases, as well as the development of diseases in the oral cavity and their importance in systemic disease. In addition there is the development of Hospital Acquired Infections which are of relevance in the surgical setting of the dental practice. Where must practices go for guidance?

HTM 01-05

The main topic within the subject of disinfection and decontamination at the moment is HTM 01-05 and the various arguments for and against. The history of this now seems long and bloody; in reality the Memorandum document was only released in November 2009.

The document is positioned as aiming to ‘progressively raise the quality of decontamination work in primary care dental services by covering the decontamination of reusable instruments within dental facilities’.

The Foreword from Chief Dental Officer for England Dr Barry Cockcroft gives the Department of Health’s viewpoint as to why the Memorandum document is important:

‘Gone are the days when a quick dip in hot water and a shake would do for handpieces between patients (it is to be hoped I am exaggerating the point here, but you know what I mean).’

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.

This document has been produced after wide consultation and reflects our commitment to improving standards in dental practices.

We believe that – by building on existing good practice – this guidance can help us to deliver the standard of decontamination that our patients have a right to expect. The policy and guidance provided in this Health Technical Memorandum are aimed at...
establishing a programme of continuous improvement in de-contamination performance at a local level. The guidance suggests options to dental practices within which choices may be made and a simple progressive improvement programme established. It is expected that by the end of the first year of the implementation of this guidance, all primary care dental practices will be working at or above the essential quality requirements described in this guidance.

This guidance is intended to support and advance good practice throughout primary care dentistry including that delivered by general dental practices, salaried dental services and where primary care is delivered in acute settings.

Definition
The document discusses two levels of standards - essential quality requirements and best practice. Within HTM 01-05, the two levels are defined as:

Compliance - Essential quality requirements - This terminology is used within this Health Technical Memorandum to define a level of compliance expected as a result of its implementation. Guidance contained within this document will assist dental practices in maintaining these requirements and developing towards higher levels of achievement in this area over time. The use of an audit tool will assist dental practices in reaching the necessary standards.

In order to demonstrate compliance with essential quality requirements to external bodies (for example the CQC, PCTs and SHA’s), practices will be expected to provide a statement on plans for future improvement.

Compliance - Best practice - Best practice refers to the full level of compliance that may be achieved immediately or via a documented improvement from essential quality requirements.

For the Department of Health, dental practices should be maintaining the essential quality requirements by the end of this year, with a view to incorporating best practice wherever possible, especially when refurbishing or building a practice. Timescales are unclear for adherence to any higher standards as it seems to depend on the framework being used by the individual PCTs. The HTM 01-05 document highlights what the Department of Health considers as progress towards best practice:

Progress towards achieving best practice should include the following:

1. Install a modern validated washer-disinfector of adequate capacity to remove the need for manual washing.
2. Improve separation of de-contamination processes from other activities and enhance the distinction between clean and dirty workflows.
3. Provide suitable storage for instruments, which reduces exposure to air and a possible risk of pathogenic contamination. Best practice will include the development of a local quality system focused on safe and orderly storage of instruments. This will ensure that instrument storage is well protected in the appropriate clean room against the possibility of exposure of stored instruments to contaminated aerosols. In addition the management approach will ensure that commonly used instruments are dealt with on a first-in-first-out principle and less frequently used instruments are stored for clear identification and reprocessed if not used within the designated storage periods.

Sufficient Evidence
So, with all the talk of prions, MRSA, ultrasonics and washer/disinfectors, where does a practitioner stand? It is a very confusing environment where there are claims and counter claims about the validity of the evidence used as the basis for the HTM 01-05 guidance. Recent announcements by the British Dental Association as to the level of evidence in the HTM 01-05 and the position of the Department of Health having been that there is sufficient evidence for the recommendations show that there is clear disparity between the government and the profession.

Use of a washer disinfecter is recommended in the HTM01-05 document