

## DECONTAMINATION IN DENTAL PRACTICE

Following Denplan's recent Decontamination Workshops, Chief Dental Officer, Dr Roger Matthews, reviews the impact of HTM01-05<sup>1</sup>, and how dentists can effectively deal with the changes it will continue to bring.

Whenever the topic of infection control in dentistry is discussed, there will inevitably be those who wonder whether the ever-increasing regulation and legislation directed at dentists is not some form of malign punishment aimed at the profession.

Maybe so, but consider that just 0.2% of all deaths in UK hospitals between 2002-2006 were due to MRSA - and look at the amount of newsprint that was generated as a result. The risk of transmission of prion disease, notably vCJD, may not become apparent for many years, due to the life-cycle of the agent involved and despite the current downturn in mortality. Experts at SEAC – the Spongiform Encephalopathies Advisory Committee - advise that there is a calculable risk of a self-generating spread due to dental surgery, which, however small, should be considered very carefully.

With HTM01-05 available online and publication likely in early November, it is not surprising that many dentists and practice managers are starting to worry about the complexity and detail of the document, not to mention the likely cost involved in adhering to the standards it will put in place. The information below is designed to give practices a summary of the work involved to comply with the HTM01-05 requirements and to de-mystify a topic of much confusion and argument.

### **Latest guidance**

The definitive version of HTM01-01-15, including its third part, covering engineering, technology and standards, was placed on the web in April 2009. Once published, however, it will have the force of law, since it is an Approved Code of Practice within the Health and Social Care Act 2006 and the Medical Devices Regulations 2002.

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<sup>1</sup> Health Technical Memorandum 01-05: Decontamination in primary care dental practice Gateway ref 10338, DH, London. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationspolicyandguidance/DH\\_089245](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationspolicyandguidance/DH_089245)

Additionally, compliance will be required for practices to register with the Care Quality Commission, expected to regulate all practices in England by 2011.

From the date of its publication in hard copy, the guidance requires all dental practices in England and Wales to have achieved 'Essential Quality Requirements' within 12 months<sup>2</sup>. It also expects practices to have a written policy indicating how, and by when, they will move to 'Best Practice' standards, although no time-scale is given at present for this progress.

### **Essential requirements and best practice**

Conformance to Essential Quality Requirements is summarised in Table 1. However, the guidance also states that where new premises are being commissioned or built, Best Practice principles should be utilised wherever practicable (see table 2). One can expect that Primary Care Trusts and Local Health Boards will be making these standards a pre-requisite for NHS contractor dentists wherever possible, and indeed some have already indicated this.

However, many practices will simply not have the space to accommodate 'Best Practice', either now or in the future. One cannot simply add on space in first-floor premises, and planning constraints may also come into play. The document acknowledges this, but offers no simple solution for whenever these standards are made mandatory at some future date.

### **Points to note**

There are some basic themes which run throughout this very complex guidance:

- **Written policies** - are basic requirements and these must include every detail of the decontamination process in its widest sense. Table 3 summarises the policies which every practice must have.
- **Validation** – is another key theme. All equipment, such as ultrasonic baths, sterilisers and washer-disinfectors must be validated and recorded by formal commissioning, servicing and maintenance. Moreover, daily checks are required in every case which must be documented by an authorised user.

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<sup>2</sup> Scotland has its own regulator and timetable while developments in Northern Ireland are awaited.

- **Training** – must also be full and appropriate and all those actively involved in the decontamination process must be demonstrably competent. Practices must nominate a decontamination ‘lead’, who is accountable for all processes and compliance with them.

### **Next steps**

It is clear that this document will fundamentally affect every dental practice. The implications for smaller practices are particularly significant, where the ‘process time’ required to recycle and re-process instruments will disrupt or slow the treatment that can be provided. Both capital and recurrent costs will be considerable too.

Although many of the requirements are couched in terms of ‘should’ or ‘ought’, the level of detail required in planning all processes is, at first sight, daunting. However, some payment plan specialists are offering support and guidance to dentists who are concerned about these changes. Denplan, for example, have set up a series of practical, regional Decontamination Workshops that explain everything in more detail. Denplan have additionally created a Decontamination Manual, available to member dentists online, to break down the document in to more manageable information.

Furthermore, not only will Denplan be revising the Denplan Quality Programme and Denplan Excel accreditation guidance, but it will also be looking into publishing template policies for members to download and customise their own requirements. Denplan’s team of Practice Advisors will be trained to provide appropriate and practical advice to dentists when carrying out Practice Assessments.

If you would like to know more about the Denplan Decontamination Workshops, or any of its other services, please contact the Denplan Quality Team on 0800 587 1097, or talk to your PSA or consultant.

**Table 1**

<b>ESSENTIAL QUALITY REQUIREMENTS</b>
<ul style="list-style-type: none"> <li>✓ A comprehensive infection control policy</li> <li>✓ Visibly Clean and inspected instruments before sterilisation               <ul style="list-style-type: none"> <li>✓ Validated decontamination cycle                   <ul style="list-style-type: none"> <li>✓ Validated steam autoclave</li> </ul> </li> <li>✓ Lead staff member designated</li> </ul> </li> <li>✓ Timed storage of all wrapped processed instruments (max 21 days*)               <ul style="list-style-type: none"> <li>✓ Dedicated hand-washing sink</li> </ul> </li> <li>✓ Separate sinks for manual cleaning and rinsing, if used               <ul style="list-style-type: none"> <li>✓ Full training records</li> </ul> </li> <li>✓ Designated decontamination area (may be in surgery)               <ul style="list-style-type: none"> <li>✓ Compliant waste disposal policy</li> <li>✓ Appropriate staff immunisation                   <ul style="list-style-type: none"> <li>✓ Audit of all procedures</li> </ul> </li> </ul> </li> <li>✓ A timed plan to move to 'Best Practice' standards</li> </ul> <p>* Wrapped processed instruments in a vacuum autoclave may be stored for up to 30 days before pre-processing</p>

**Table 2**

<b>BEST PRACTICE</b>
<ul style="list-style-type: none"> <li>✓ As in Essential Quality Requirements, plus:               <ul style="list-style-type: none"> <li>✓ Use of validated washer-disinfector</li> </ul> </li> <li>✓ Dedicated decontamination and storage room - separate from patient accessed or treatment areas               <ul style="list-style-type: none"> <li>✓ Controlled storage of processed instruments</li> </ul> </li> </ul>

**Table 3**

<b>PRACTICE DECONTAMINATION POLICIES</b>
<ul style="list-style-type: none"> <li>✓ Written policy on minimising blood-borne virus transmission               <ul style="list-style-type: none"> <li>• Needlestick injuries</li> </ul> </li> <li>✓ Cleaning, disinfection and storage of processed instruments               <ul style="list-style-type: none"> <li>✓ Single-use instruments</li> <li>✓ Disposal of clinical waste</li> </ul> </li> <li>✓ Hand hygiene (including posters over each sink)               <ul style="list-style-type: none"> <li>✓ Decontamination of new instruments</li> <li>✓ Use of Personal Protective Equipment</li> </ul> </li> <li>✓ Management of instruments in the decontamination context               <ul style="list-style-type: none"> <li>✓ Recommended disinfectants, use, storage and disposal</li> <li>✓ Spillage procedure (COSHH guidance)</li> </ul> </li> </ul>

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**Notes to Editors:**

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