Community and Salaried Primary Care Dental Service
Infection Prevention and Control Policy

Document Code	Date	Version Number	Planned Review Date
PtHB / DEN 004	Oct 2014 Dec 2011	Issue 2 – Updated Initial Issue	Oct 2017
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Clinical Dental Director		Clinical Effectiveness Committee	10/10/14
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Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys
Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board

PtHB acknowledge that this document is past the review date. The document requires minor amendments therefore an extension has been applied to this issue in the interim following discussion with the Document Owner.

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For Reviewed / Updated Policies Only:

Relevant Changes –	Date
Minor amendments in line with current version of WHTM 01-05	June 2014

VALIDATION FORM

To be completed by the Author – **no policy, procedure or guidance will be accepted without completion of this section which must remain part of the policy**

Title: Dental Infection Prevention and Control Policy
Author: Warren Tolley, Clinical Dental Director
Directorate: Medical
Reviewed/Updated by: Clinical Dental Director June 2014

Evidence Base

Are there national guidelines, policies, legislation or standards relating to this subject area?
If yes, please include below:

- Decontamination. Health Technical Memorandum 01-05: Decontamination in primary care dental practice. Welsh Edition 2011
- BDA A12 Advice Sheet. Infection Control in dentistry 2009
- Aerosols and Splatter in Dentistry- A neglected menace? Dental Update 2006;33:601-606
- Viral Infections of the Oral Mucosa and Perioral Region Dental Update 2001;28:181-188

If No, please provide information on the evidence/expert opinion upon which the policy has been based.

Consultation

Please list the groups, specialists or individuals involved in the development & consultation process:

Name	Date
Infection Prevention and Control Committee members	Oct 2011
Community Dental staff	Aug 2011

Implications

Please state any training implications as a result of implementing the policy / procedure.

- In house training

Please state any resource implications associated with the implementation.
To achieve best practice will require capital expenditure. Essential requirements will increase the consumption of disposables etc

Please state any other implications which may arise from the implementation of this policy/procedure.
Increased staff time to decontaminate dental instruments as outlined by essential requirements.

Equality Assessment Statement
Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the policy or that the policy will have no affect at all

Equality statement					
	No impact	**Adverse**	**Differential**	**Positive**	**Comments**
Age	X				
Disability	X				
Gender	X				
Race	X				
Religion/ Belief	X				
Sexual Orientation	X				
Welsh Language	X				
Human Rights	X				

Risk Assessment
Are there any new or additional risks arising from the implementation of this policy? • Future Cost Pressures
Do you believe that they are adequately controlled? • Cost pressures can be managed by ensuring best prices, but easier access to online purchasing would facilitate this.

Infection Prevention and Control Policy

Relevant to:

Dental Officers
Dental Therapists
Dental Hygienists
Dental Nurses
Designed to Smile Team
Visiting Consultants and Specialists operating within the dental environment

Purpose

The purpose of this policy is to provide dental specific cross infection control measures and to demonstrate that the community and salaried primary care dental service is working towards best practice as detailed in the Welsh Edition of Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
This policy is to be read in conjunction with Powys LHB Infection Prevention and Control Policies IC035, IC026, IC019, IC030, IC031, IC032 and IC033.

Definitions

For any words/phrases relating to the core purpose of the policy, procedure or which may be ambiguous or have a number of interpretations in common usage, to ensure the reader has clarity of understanding.

Responsibilities

Dental Officers, Dental Therapists, Dental Hygienists, Dental Nurses, administrative staff and visiting consultants will have a responsibility to ensure that correct cross infection control procedures are adhered to. Estates will have the responsibility of ensuring that the sterilizers and washer disinfectors are maintained and insured according to the manufacturer's advice in line with WHTM01-05. The detailed roles and responsibilities is described in appendix 5

Process

Introduction

Infection control is of prime importance, every member of staff will receive training in all aspects of cross infection control including decontamination of dental instruments and equipment, as part of their induction programme and

through regular update training. The frequency of the training is determined by Powys Teaching Health Board and the mandatory continued professional development core subject matter that is issued by the general dental council. The aim of this policy is to clarify specific dental issues of cross infection control; it is not intended to replace or substitute other Powys Teaching Health Board cross infection policies

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Minimising Blood-bourne virus transmission

All staff are to be immunised against Hepatitis B; records of seroconversion will be kept by Powys Teaching Health Board Occupational Health Department. For those that do not or cannot be immunised advice and guidance will be issued by the consultant in occupational health.

In the event of a need stick injury the policy on needle stick injury should be followed. The policy number is IC019

Daily Checks and Procedures

1. At the beginning of session, all work surfaces are wiped down including the chair, delivery unit and light using the agreed disinfectant
2. The dental unit water lines are flushed through and checked to ensure that the water solution in the water bottle is still in date (see dental unit water line policy)
3. The rubber door seal of the autoclave should be cleaned using a damp non-linting cloth
4. The autoclave reservoir is filled with new sterile water. The power is then turned on. A check cycle is performed and the results are kept in the log book. The autoclave check cycle should involve the dental nurse observing the full cycle and timing the procedure to ensure that a temperature of 134 °C to 137°C is maintained for a period of 3-3.5 minutes. If the autoclave fails to achieve this standard then it should be withdrawn from service and the dental officer, senior dental nurse and head of service notified. Steam penetration tests are also required for vacuum autoclaves

Decontamination of Instruments, Equipment and Laboratory Work

Instruments

Single use

All instruments labeled single use must be disposed of in a safe manner, instruments that pose a sharp risk should be disposed of in the sharps bin. The following single use items can be considered a sharps risk:

1. All dental needles
2. Used burs
3. Endodontic reamers and files
4. Matrix bands
5. Orthodontic wire and brackets
6. Pins and posts
7. Any other single use item that can cause an inoculation injury

Reusable Instruments

All instruments contaminated with oral and other body fluids must be thoroughly cleaned and sterilized after use. The decontamination process includes pre-sterilisation cleaning, disinfection, inspection, sterilization and storage.

Pre-sterilisation cleaning

During this phase personal protective clothing is to be worn, this is to protect the individual carrying out the task. The following protective items should be worn:

- Disposable plastic apron over uniform
- Eye protection (goggles or visor)
- Mask
- Marigold type gloves (these should be washed with detergent and hot water and left to dry after each use to remove visible soil. The gloves should be replaced weekly or more frequently if they are worn or torn. Glove integrity can be damaged by alcohol and hence should not be used to decontaminate gloves
- Footwear should be fully enclosed to protect from any dropped instruments etc.
- Watches, bracelets, dress rings etc should be removed
- Fingernails should be kept short and clean

Pre-sterilisation Process

Although all community dental clinics in Powys have an automated washer disinfector, this doesn't totally replace the need for manual cleaning. Examples where manual cleaning would need to be carried out include instruments that have cements stuck to them and in situations when the automated washer disinfector has broken down. The process for manual cleaning is detailed in appendix 1

Washer Disinfector

Washer-disinfectors offer the best option for control and reproducibility of cleaning with a process that can be validated. Washer disinfectors are part of best practice requirements as detailed in HTM01-05. The washer disinfector has five stages:

1. Flush- top remove gross contamination
2. Wash-removes remaining soil using detergents
3. Rinse
4. Thermal disinfection
5. Drying

Washer disinfectors must be loaded correctly according to the manufacturers' instructions to ensure effective cleaning. Upon completion of the cycle the instruments should be visually checked for visible soil before putting into the autoclave.
All staff on induction will receive training in the use of the washer disinfector and a training log will be kept. The washer disinfector log will keep details of routine testing, cycle parameters and maintenance

Hand pieces

Hand pieces due to their narrow lumen are particular difficult to decontaminate. In order to facilitate this process, before hand pieces are placed in the washer disinfector, they are to undergo a lubrication and disinfection cycle using the dedicated hand piece cleaning machine. The manufacturers' instructions should be followed

Sterilisation and storage

The cleaned instruments should be placed into the autoclave after visually inspecting (see appendix 2), taking care not to contaminate the door handle or over load the autoclave. A test indicator strip should be used for each cycle. If the cycle fails the instruments must not be used until they have completed a passed cycle. Before unloading the instruments hands must be washed and clean gloves worn. The instruments must be stored in clean sealed bags. The date at which the instruments were autoclaved should be written on the bags.

For non vacuum autoclaves instruments can be stored in sealed bags for a period of time determined by the clinical dental director, but within strict guidance of the current version of WHTM01-05

For vacuum autoclaves instruments can be stored for two calendar months or within the strict guidance of the current version of WHTM 01-05 as agreed by the clinical dental director

Once this date is exceeded, instruments need to be re sterilized. Instruments close to their expiry date should be used before newly processed instruments to ensure stock rotation. The nurse will check the dates of the bagged instruments at the start and end of the working day.

Before Each Patient

All work surfaces must be wiped down between patients using a suitable disinfectant. This includes the work top unit, delivery cart, light handles, motor, 3:1 handle, curing lights, couplings, X ray equipment (if used), chair (including arms and head rest), spittoons, automated scaling equipment handles, automated mixing units etc. The dental water unit lines should be flushed after each patient use for 30 seconds.

Disposable plastic coverings should then be placed using clean disposable gloves over the following:

- Head Rest
- Light Handles
- Air/electric motors
- Triple Syringe handles
- Automated scaling handles
- Chair buttons
- Light Curing Machines
- Automated mixing machines

These coverings should be removed and disposed of after every patient followed by disinfection.
The dental unit cart work surface should have a disposable covering placed on it prior to any instruments being placed upon the surface.

All single use items should be disposed of correctly including sharps before the next patient enters the surgery. The contaminated reusable instruments should be stored securely with no patient access if the instruments are not to be reprocessed immediately.

End of working day

All reusable instruments to be reprocessed and stored correctly.

All work surfaces to be wiped down including surgery door handles.

Dental cart to be cleaned including foot pedal, support arm, chrome support. The base of the chair is to be cleaned including all plastic trim.

Stored instruments dates are to be checked and bagged instruments approaching the expiry date are to be brought to the front.

The clinical waste bags are to be secured and any labels filled in

Aspirator should be cleaned and disinfected according to the manufacturers' instructions including the spittoon. The system should be flushed through at the end of each session with a suitable detergent and non foaming disinfecting agent.

Weekly

Full Instrument stock list to identify any instruments that need to be re sterilised

Autoclave seals to be wiped and visually checked

Autoclaves and washer disinfectors to be wiped over

All sinks and taps to be disinfected and cleaned, care should be taken not to cross infect any clean zones

Full stock take of all cross infection control products

Monthly

All cupboards and draws are to be cleaned inside; this will involve removing all contents and relining if appropriate. The cupboard and draw fronts will also need to be cleaned

Impressions and Laboratory Work

- Dental impressions should be rinsed until visibly clean removing blood, saliva and debris. They should be disinfected using a suitable CE marked disinfectant as recommended by the manufacturer. The impressions should be labelled disinfected before being sent to the laboratory.

- Technical work being received or sent to the laboratory must also be disinfected and labelled. Before the device is fitted it should be rinsed to remove all traces of the disinfectant

Faulty Hand pieces

Hand pieces that require to be sent for maintenance or repair need to be suitable decontaminated and labeled before being sent

New re-usable instruments

All new reusable instruments will be processed as per the protocol for contaminated instruments prior to patient use.

Hand hygiene

Please refer to policy number IC031: Hand Hygiene Policy Procedure for detailed guidance

Personal Protective Equipment

Please refer to policy number IC032: Personal Protective Equipment Policy Procedure for detailed guidance

Transporting Contaminated Instruments

Contaminated instruments should be transported in the blue clinipak plastic storage boxes. The lid should be tight fitting and correctly engaged in order that if the box is dropped the lid will remain sealed. The box should be clearly labeled “contaminated instruments”. This box should be used to transport contaminated instruments from the clinic to decontamination room. Instruments for decontamination should be transported as soon as possible after use to avoid drying. Water (distilled) immersion or the use of commercial gels and sprays may be used to prevent drying if a delay is anticipated. The box should also be used when the mobile dental clinic is used and in the domiciliary setting.

When instruments are transported outside the premises such as the domiciliary setting, the contaminated instruments will be regarded as a low biohazard, but records must be kept to allow each movement to be traced and audited if required. This information should include the date and vehicle used. The transporting vehicle should also have a notice placed in the window stating low biohazard and a suitable contact number.

Procedure for Dealing with Blood Spillages

Please refer to policy number IC033: Blood and Body Fluid Spillage Policy for detailed guidance

Aerosol and saliva/blood splatter

Dental treatment often generates aerosols which can be considered a potential risk. The following can reduce this risk:

Good surgery ventilation

High volume aspirators which exhaust externally from the premises.

The high volume aspirator should be turned on before the high speed hand piece is used

Aspirator cleaned and disinfected on a regular basis

Consider using rubber dam

Environmental Cleanliness Policy

Please refer to policy IC030: Environmental Cleanliness Policy for detailed guidance

Herpes Simplex

Herpes simplex virus type 1 (HSV1) commonly known as a cold sore is usually associated with infections of the lips, mouth and face. It is the most common virus. During the prodromal stage and active stage with open lesions it is highly infectious and easily transmitted. Manipulation of the skin can cause spread of the virus around the patients face, generation of splatter and aerosols can potentially infect the dental staff. Infection of the eyes is rare but a significantly serious complication

Patients that present with an active HSV1 should have routine non urgent dental treatment deferred until they are no longer infectious. Patients who require emergency treatment should not be denied treatment but the dental team should take care to prevent the spread of the virus. It should also be noted that extractions on patients with active HSV1 infection can develop post operative pain due to infection of the socket with HSV1 .

Testing and Maintenance Requirements

All decontamination equipment should be subjected to validation, maintenance and servicing as recommended by the manufacturers/suppliers. All records of these procedures will be retained for the purpose of audit. A validation and maintenance model is available at appendix 4

Audit

The community dental service will undergo a quarterly cross infection control audit using a recognized audit tool. The results of this audit will be presented to the head of the community dental service and discussed with the community dental service team at the next available staff meeting. The results of this audit will be kept in the audit log book.

HTM 01-05 Welsh Edition

Powys Community Dental Service will follow WHTM 01-05 ensuring that minimal standards are maintained at all times. The service will continually work towards best practice as defined by WHTM 01-05. The plan to work towards best practice will be in line with wider Powys HB cross infection control policies and through close working with HB colleagues such as estates etc

Essential Infection Prevention and Control Policies

Minimising the risk of blood-borne virus transmission, including needlestick injuries

Decontamination and storage of dental instruments

Cleaning, disinfection and sterilisation of dental instruments

Clinical waste policy

Hand Hygiene policy

Decontamination of new reusable instruments

Personal Protective Equipment Use

Management of dental instruments and equipment in infection control

The use storage and disposal of disinfectants within the practice

Spillage procedures (COSHH)

Environment cleaning and maintenance policy

Transfer of contaminated items from the treatment to decontamination area

A documented training scheme with individual training records for all staff engaged in decontamination

Best Practice Assessment

All new capital improvement plans should consider best practice when setting up or structurally altering CDS premises. Powys CDS currently has five clinics located across Powys. The clinics are based in YCH, Brecon Hospital, Llandrindod Wells Hospital, Newtown and Welshpool.

All clinics currently have washer disinfectors with varying standards of decontamination rooms. All of the community dental clinics are able to comply with the minimal standards set out in WHTM 01-05. Appendix 3 contains an assessment of needs to comply with WHTM01-05 best practice

Appendix 1

Process Prior to autoclaving Instruments

- **Wash Hands**
- **Wear Personal Protective clothing**
- **Prepare sinks (or bowels), equipment and setting down areas**
- **Dismantle and open the instruments, as applicable, ready for immersion**
- **Fill the sink/bowel with an appropriate amount of detergent and water**
- **Immerse one instrument at a time under the water and scrub clean using a long handled brush with soft plastic bristles**
- **Drain any excess solution**
- **Rinse in the second sink/bowel filled with purified water**
- **Drain the instrument**
- **Visually inspect the instrument under illuminated magnification**
- **Place in autoclave or washer disinfector**

Notes

Do not use chlorhexidine, washing up liquid, cleaning creams or soap. These can fix proteins to steel

The temperature of the cleaning water should be below 45°C to prevent protein coagulation. A thermometer should be used

Reusable brushes should be washed in hot water and detergent after each use

Appendix 2

Inspection and care of instruments before sterilizing

- Following cleaning all instruments should be visually checked for visible contamination before undergoing the sterilization cycle, this includes:

- The instrument should be in good condition, discard blunt, corroded instruments etc appropriately

- There should be free movement of parts

- Screws should be tight

- Any instruments found with residual contamination should undergo the decontamination cycle again

- Magnification and illumination should be available if deemed necessary

Appendix 3

Clinic Base	Decontamination Room	Modifications Required	Brief Description	Cost Implications
YCH	Yes	Yes	Extra sink	Low
Brecon	Two Rooms	Yes	Extra sink	Low
Llandrindod Wells	Yes	Yes	New lay out, extra sinks, identification of storage, minor works	Some cost implications
Newtown	Yes	Yes	New sinks	Low
Welshpool	Decontamination area	Yes	New sink, identification of new space or minor works/minor building work	Some cost implications

Appendix 4 Maintenance and Testing

Validation and testing of autoclaves

The sterilizer should be maintained and serviced in accordance with the manufacturer's instructions. However, in the absence of these instructions, the schedules outlined below should be followed.

Type of Sterilizer	**Validation Tests** *Validation must be performed by the manufacturer in accordance to EN1360 Validation is needed for new equipment at installation and annually thereafter. Validation should also occur after any major repairs have been carried out.*			
B S N	**Microbiological test (optional)**			
B S N	Dynamic chamber pressure			
B S N	Empty chamber			
B S	Air leakage			
S N	Residual air			
B S B N S	**Additional Tests performed by CP(D)/service engineer as per EN1360** Air leakage Empty chamber			
B	Double wrap	-	Double wrap	Hollow load A
N	Unwrapped	-	-	-
Test / Type	**Solid load dryness**	**Small porous item dryness**	**Small porous load dryness**	**Full porous load dryness**
S	Unwrapped Single wrap Double wrap	Single wrap Double wrap	Single wrap Double wrap	Single wrap Double wrap
B	Double wrap	-	-	Double wrap

PERIODIC TESTS *The following testing protocol is recommended. Additional tests defined by the manufacturer should also be performed. Note: Users and operators (when delegated) should receive the appropriate training before carrying out any of these tests. This training should be documented on personal training records. The practice should liaise with the equipment manufacturer with regard to training performed.*			
DAILY			
Test	**Type**	**Performed by**	**Reference**
Automatic control test	B N S	User or, by delegation, operator	Paragraphs 15.3–15.5
Steam penetration (Helix or Bowie Dick)	B S		MDA DB 2002(06)
WEEKLY Including daily tests plus			
Test	**Type**	**Performed by**	**Reference**
Residual air test	S N	User or, by delegation, Operator	MDA DB 2002(06)
Air leakage test	S B		
QUARTERLY Quarterly tests should be carried out by a CP(D)/service engineer to manufacturers' recommendations or those below, including weekly tests plus:			
Automatic control test	B N S	Paragraphs 15.3–15.5	
Thermometric tests	B N S	MDA DB 9804	
ANNUALLY Including quarterly tests plus			
Steam generator overheat cut-out test	B N S	MDA DB 9804	
Thermometric tests Small load Large load	B N S	EN 13060	
Dryness tests Small load Large load	B S	EN 13060	

Validation and Testing of Washer-Disinfectors

The washer-disinfector should be maintained and serviced in accordance with the manufacturer's instructions. However, in the absence of these instructions, the schedules outlined below should be followed.

Validation of WDs *The specification will include a protocol for validation. The following protocol is suggested. Tests not defined in the referred Standards are further defined in Chapter 16.*	
Test Performed by CP(D)/service engineer	**Description** Based on BS EN ISO 15883:1 and BS EN ISO 15883:2
Verification of calibration	The accuracy of indicating and recording instruments is checked against certificated source instruments
Automatic control test	The values of cycle time and temperature are noted at relevant stages of the cycle so that a fingerprint of the automatic cycle can be made.
Rinse water quality test	Indicates acceptable values for all critical chemical purity parameters
Pipe work	Ensures free-flowing drainage
Doors and door interlocks	Confirms safety to operator and exposure to complete cycle only
Fluid emission	Confirms door seal prevents contamination to surroundings
Detergent dosing test	Confirms repeatable detergent addition
Cleaning efficacy test	Using an artificial soil to a clean worst-case load, chamber wall and load carriers to confirm the exposure to cleaning parameters is sufficient to remove soil
Thermometric test	Thermocouples are attached to worst-case load, chamber walls and load carriers to confirm that disinfection parameters are acceptable
Load carriers	Confirms mechanical alignment of all load carriers

PERIODIC TESTS *Additionally any additional tests defined by the manufacturer should also be performed.*			
Test	**Description**	**Performed by**	**Reference**
DAILY			
Remove and clean strainers and filters	Ensures filters and strainers are clean	User or, by delegation, Operator	BS EN ISO 15883:1 and BS EN ISO 15883:2
Cleaning efficacy	Visual examination of all load items		
Additional tests	As defined		Manufacturer
WEEKLY			
Protein residue test	Confirms that cleaning process retains the capability of removing protein	User or, by delegation, Operator	BS EN ISO 15883:1 and BS EN ISO 15883:2
Safety checks	Check condition of door seal		Manufacturer
QUARTERLY			
Weekly tests		CP(D)/service engineer	
Safety checks	Check safe operation of door, door interlocks		Paragraphs 15.14–15.18
Automatic control test			BS EN ISO 15883:1 and BS EN ISO 15883:2
Cleaning efficacy test			
Chemical dosing	Confirm delivery of detergent (and any other additives) is repeatable and the machine reacts correctly to low levels of any additive		
Thermometric disinfection test	Use of thermocouples on worst-case load to confirm disinfection parameters are acceptable		
ANNUALLY			
Revalidate		CP(D)/service engineer	BS EN ISO 15883:1 and BS EN ISO 15883:2
Note: For the safety of the practice, there will be an additional requirement for all test reports to be routinely audited by			

an Authorising Engineer (Decontamination) in order to check that all necessary tests have been performed, the results are acceptable and the proper recommendation regarding continued use of the decontamination equipment provided to the User has been made

Validation and Testing of Ultrasonic cleaners

The ultrasonic cleaner/irrigator should be maintained and serviced in accordance with the manufacturer's instructions. However, in the absence of these instructions, the schedules outlined below should be followed.

Validation *The specification should include a protocol for validation. The following protocol is suggested. Tests not defined in the referred Standards are further defined in Chapter 15.* *Performed by CP (D)/service engineer in accordance with BS EN ISO 15883:1 and BS EN ISO 15883:2. Ultrasonic activity test and Automatic control tests are dealt with in HTM 01-05, Chapter 15.*	
Test	**Description**
Verification of calibration	The accuracy of indicating and recording instruments is checked against certificated source instruments
Automatic control test	The values of cycle time and temperature are noted at relevant stages of the cycle so that a fingerprint of the automatic cycle can be made.
Drainage test (where applicable)	Ensures free-flowing drainage
Lid (i.e. door) interlock	Confirms safety to operator and exposure to complete cycle only
Fluid emission	Confirms door seal prevents contamination to surroundings
Chemical dosing test (where automated)	Confirms repeatable detergent addition
Cleaning efficacy test	Using an artificial soil to a clean worst-case load the exposure to ultrasonic activity for a sufficient time period is confirmed
Thermometric test (where machine also disinfects)	Thermocouples are attached to worst-case load to confirm that disinfection parameters are acceptable
Ultrasonic activity test	The use of aluminium foil within the cleaner tank indicates a uniform distribution of ultrasonic activity A wand meter may be used as long as points of measurement are compatible with the foil test and are fully recorded

PERIODIC TESTS *The following testing protocol is recommended. Additionally any additional tests defined by the manufacturer should also be performed.*			
Test	**Description**	**Performed by**	**Reference**
DAILY			
Remove and clean strainers and filters	Ensures filters and strainers are clean	User or, by delegation, Operator	Manufacturer
Drain machine at end of day/session	Ensures contaminated water is not stored in tank		
Cleaning efficacy	Visual examination of all load items		
Additional tests	As defined		
WEEKLY			
Safety checks	Check condition of door seal	User or, by delegation, Operator	Manufacturer/ Paragraphs 15.14–15.18
Protein residue test	Confirms that cleaning process retains the capability of removing protein		BS EN ISO 15883:1
QUARTERLY			
Repeat weekly tests	Include check on lid lock	CP(D)/service engineer	As above
Automatic control test			BS EN ISO 15883:1

Verification of calibration			
Cleaning efficacy test			
Ultrasonic activity test			
ANNUALLY			
Revalidate		CP(D)/service engineer	As above
Note: For cleaning efficacy tests and protein residue tests, where the cycle does not have a rinse stage, items should be rinsed as a normal procedure before these tests are carried out, otherwise the tests could return false positives.			

Appendix 5

Roles and Responsibilities as described in HTM01-05

Internal Appointments

Registered manager

The head of the CDS will take this role

Decontamination Lead

The senior dental nurse and lead cross infection control nurse will take this role

Designated person

The senior dental nurse

User

The senior dental nurse or a deputy may be appointed

Operator

All clinical staff

External Appointments

All external appointments are managed through Powys Teaching Health Board Estates Department, they will ensure that:

Authoring Engineer (decontamination) provides guidance and advice on decontamination, especially in relation to HTM01-05.

Competent Person (decontamination) is responsible for servicing, testing and maintaining decontamination equipment in the practice.

Authorised Person (decontamination) provides technical support to the competent person and liaises with the authorizing engineer

Competent Person (pressure vessels) ensures the safety of pressure vessels including autoclaves and provides the written scheme of examination (a legal requirement)

Service Engineer, services and tests decontamination equipment and may also undertake required validation tests for approval by the Authorised Engineer (decontamination) or the authorized person (decontamination)