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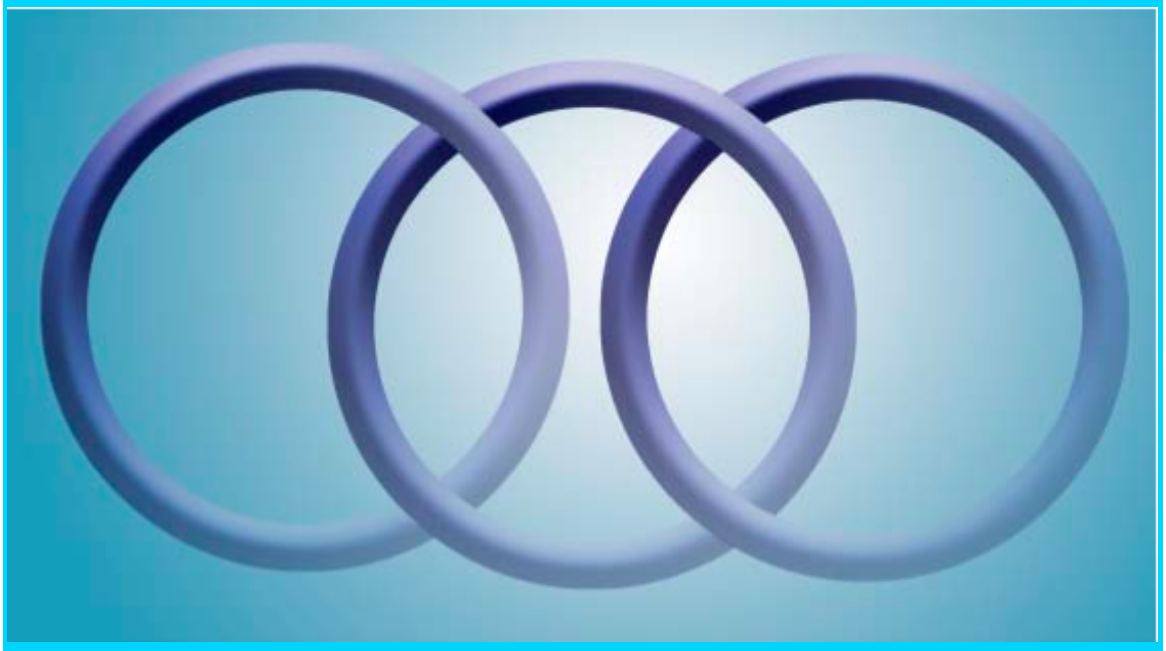

LOCAL SELF-ASSESSMENT AUDIT FOR ASSESSING IMPLEMENTATION OF HTM 01-05: DECONTAMINATION IN PRIMARY CARE DENTAL PRACTICES AND RELATED INFECTION PREVENTION AND CONTROL ISSUES.

AUGUST 2009.

DH Department of Health

Working in partnership with the Department of Health

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Document Purpose	Best Practice Guidance
Gateway Reference	11961
Title	Local self-assessment audit for assessing implementation of HTM 01-05:decontamination in primary care dental practices and related infection prevention and control issues
Author	Department of Health and Infection Prevention Society
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Target Audience	Directors of Commissioning/specilialised Commissioning Groups, general dental practitioners, salaried dentists, General Dental Council, regional dental public health leads, dental defence organisations, Dental Services Division, BSA, clinical directors and Deans of dental schools.
Circulation List	Primary care dental practices, House of Commons Libraries, Strategic Health Authorities, UK Health Departments, Deans of Dental Schools, Postgraduate dental deans
Description	This audit tool has been produced jointly by the Department of Health and the Infection Prevention Society to allow practices to self-assess compliance with HTM 01-05:decontamination in primary care dental practices. It will allow practices to identify areas where they could improve the quality of their decontamination processes to achieve Essential Quality Requirements and deliver best practice, as identified in the guidance document.
Cross Ref	HTM 01-05:decontamination in primary care dental practices
Superseded Docs	N/A
Action Required	N/A
Timing	**N/A**
Contact Details	Dr Serbjit Kaur Head of Quality and Standards Dental and Eye Care Services Directorate of Commissioning and Systems Management 11th Floor, 22 Upper Ground London SE1 9BW Direct Line 0207 633 4252
For Recipient's Use	

1. Prevention of Bloodborne virus exposure

The risk of blood borne virus exposure (including needlestick injuries, bites, splashes involving blood or other body fluids) is managed to prevent infection

	YES	NO	N/A	Reference in HTM
1. Does the practice have a policy and procedure/s in place for the prevention and management of blood borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance?				2.6
2. Have all staff received training in relation to the prevention and management of blood borne virus exposure?				1.25 9.1. 9.5
3. Have all staff at risk from sharps injuries received an occupational health check in relation to risk reduction in blood-borne virus transmission and general infection?				2.6
4. Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation?				2.4s 8.8
5. Is sodium hypochlorite available for blood /bodily fluid spillages and used as per manufacturers instructions?				6.74
6. Are sharps containers correctly assembled?				
7. Are sharps containers in use labelled with date, locality and signed?				
8. Where re-sheathing of needles occurs, is it carried out by the operator (i.e. the person who has used the sharp) and is this is included in the infection control policy?				
9. Are sharps containers filled beyond the indicator mark?				
10. Are sharps containers locked with the integral lock when filled to the indicator mark?				
11. Are full sharps containers stored in a secure facility away from public access?				Appendix 1
12. Is there a readily accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood borne virus exposure?				2.6
13. Are inoculation injuries recorded?				
14. Are disposable needles and disposable syringes discarded as a single unit?				
15. Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?				

2. Decontamination

Medical devices are decontaminated prior to use and any associated risks are safely managed

	YES	NO	N/A	Reference in HTM
1. Does the practice have a policy or procedure that includes all appropriate aspects of decontamination within the practice e.g. cleaning, disinfection, inspection, packaging, disposal, sterilization, transport and storage of re-usable and single use instruments?				2.6
2. Have all relevant staff received training which they are expected to perform for decontamination including correct use of equipment?				1.25 2.4q 3.7, 3.16
3. Is a record kept of any instruments that cannot be reprocessed in accordance with your local decontamination policy				
4. Are all wrapped, sterilized instruments dated with the use-by date?				1.23, 1.9 4.24, 4.28
5. Does the practice have a nominated lead responsible for infection control and decontamination?				2.4c 9.3
6. Has the registered manager a written statement of duties with specific reference to equipment validation?				11.5
7. Is there a procedure for transportation of instruments to and from other locations, that ensures the segregation of contaminated instruments from clean/sterilised instruments				2.26-2.32
8. Are all log books including testing, service, maintenance and repair records retained in the practice for at least 2 years?	1 = all records available, 2 = most records available, 3 = some records available, 4 = no records available			3.19 4.3, 4.15
Cleaning				
9. Are disposable instrument trays used or if re-usable trays are used are they decontaminated and sterilized after each use?				2.14
10. Are any instruments (used or unused) left on trays at the end of each session decontaminated (washed and sterilized) before further use?				2.4k,
11. Are instruments that are not decontaminated immediately, kept moist until they are decontaminated?	1 = 0 hours , 2 = 1-3hours, 3 = 3-6 hours, 4 = 6+ hours			2.15 3.5, 3.6
12. Are Instruments inspected under illuminated magnification device for cleanliness and condition following cleaning?	1-Always, 2-Almost always, 3-Never			3.18, 3.49, 3.50, 3.51, 3.52

	YES	NO	N/A	Reference in HTM
13. Are hand pieces decontaminated in-between each patient in accordance to manufacturer's instructions?				2.10 note
14. Are separate canisters of lubricant used for unclean, cleaned and sterilized instruments?				3.56
15. Are those hand pieces that are manually cleaned/wiped, lubricated with oil before steam sterilization in accordance with manufacturer's instructions?				18.0 3.24, 3.55, 3.56
16. Are those hand pieces decontaminated by an automated washer disinfector lubricated with oil before steam sterilization in accordance with manufacturer's instructions?				3.24
17. Are those hand pieces decontaminated by an automated washer disinfector with a specific hand piece irrigation system, lubricated with oil before steam sterilization in accordance with manufacturers instructions?				3.42, 3.24, 3.21
18. Are those dental hand pieces washed by a specific hand piece washer device, lubricated with oil before steam sterilization in accordance with manufacturer's instruction?				3.22
19. Are all other dental instruments washed in a washer disinfector before steam sterilization?				3.1, 3.2, 3.42, 4.3
20. Where practices do not have a washer disinfector are all instruments cleaned (manually or using an ultrasonic cleaner) before steam sterilization?				2.4 (h) 3.33, 3.42
Manual cleaning				
21. Are two sinks or two bowls in a single sink unit, used for cleaning – one for washing and a separate one for rinsing?				2.4h, 3.42,16.1
22. Are detergents used specifically formulated for purpose of cleaning instruments?				16.3a
23. Is detergent used at specified concentration according to manufacturer's guidance?				16.3a
24. Is the temperature of water 45^0C or lower?				16.3b
25. Where manufacturer's instructions permit are instruments fully submerged when cleaned?				16.3c
26. Are brushes used to clean instruments single use or washed after each use and replaced at manufacturer's recommended interval or when damaged?				16.3f
Validation and testing				
27. Are there contractual arrangements to ensure all **steam sterilizers** are routinely **maintained** and **validated** in accordance with HTM requirements or with manufacturer's instructions?				1.9, 3.11 11.1, 12.0
28. Are daily, weekly, quarterly and annual inspection, testing and maintenance records available for **steam sterilizers** as described in section 12 of the HTM 01-05?	1 = all records available, 2 = most records available, 3 = some records available, 4 =			12.0

	YES	NO	N/A	Reference in HTM
	no records available			
29. Is the **steam sterilizer** removed from service following an unsatisfactory test result until the fault is rectified?				11.2 4.23
30. Are there arrangements to ensure all **ultrasonic cleaners** are maintained and validated in accordance with HTM 01-05 requirements or with manufacturer's instructions?				14.0 15.6
31. Are daily, weekly, quarterly and annual inspection, testing and maintenance records available for **ultrasonic cleaners**?	1 = all records available, 2 = most records available, 3 = some records available, 4 = no records available			
32. Are there contractual arrangements to ensure all **automated washer disinfectors** are routinely **maintained** and **validated** in line with manufacturer's instructions?				13.0
33. Are daily, weekly, quarterly and annual validation and testing results recorded for **automated washer disinfectors**?	1 = all records available, 2 = most records available, 3 = some records available, 4 = no records available			13.0
Ultrasonic cleaners				
34. Are instruments placed in instrument basket or cassettes and fully immersed ensuring that all surfaces are in contact with the solution?				3.30(d, e)
35. Is the lid closed during cleaning cycles and whilst not in use to prevent contamination of the ultrasonic cleaning solution?				3.30h
36. Is the water in the chamber emptied when visibly contaminated or otherwise at the end of every clinical session?				3.30k
37. Where instruments are manually cleaned are they rinsed after removing from the ultrasonic cleaner before sterilisation?				3.30m, 3.31
Thermal Washer Disinfectors:				
38. Are relevant staff aware of the instrument loading proceedure i.e. spray arms are free to rotate, cannulated instruments are correctly loaded?				3.17
39. Are record cycle parameters recorded?				3.19
Sterilizers				
40. Is there a record made of the date, satisfactory completion of the cycle and signature of the operator for each use cycle?	1 = all records available, 2 = most records available, 3 = some records available, 4 =			4.3, 4.14, 4.16

	YES	NO	N/A	Reference in HTM
	no records available			
41. Are steam sterilizers used if fault lights are displayed?				4.23
42. Are pre-wrapped instruments placed only in vacuum type sterilizers?				4.11
43. Is freshly distilled water, sterile water for irrigation' or reverse osmosis (RO) water used in the sterilizer?				4.13
44. Are opened bottles of sterile or distilled water discarded at the end of each working day?				17.6
45. Is the reservoir drained and left clean and dry at the end of each day?				4.13
Decontamination environment				
46. Is there a zoned workflow from dirty to clean?				5.3, 5.6, 5.7
47. Are there separate, dedicated decontamination room/s which are restricted to those performing decontamination duties?				1.10
48. Are decontamination areas and work surfaces clean and uncluttered?				5.6
49. Is there adequate ventilation in the clean and dirty room/s to service W/D and sterilizer?				6.42
50. Where full mechanical ventilation is used is direction of air, flowing from the clean area to dirty?				6.44, 6.45
51. Are there procedures in place for the safe transfer of instruments within the practice?				2.26, 2.27
52. Are instruments maintained in a moist condition between use and decontamination?				2.15, 3.5 3.6
53. If transport containers are in use, are they lidded, clean, leak proof and in good working order?				2.27
54. Are transport containers cleaned, disinfected and dried following each use?				2.28
55. Are instruments processed in non vacuum (type N) sterilizer dried prior to packing using disposable non linting cloth?				4.25
56. Does the practice have a system in place to ensure that storage of non-wrapped and wrapped instruments does not exceed • 21 days for those instruments sterilized in non vacuum sterilizers (type N)? or • 30 days if sterilized in a type B vacuum sterilizer or in a cassette following sterilization in a type S sterilizer?				4.31
57. Is there a system in place to ensure that wrapped instruments are stored away from the clinical environment and used in strict rotation?				1.10, 4.24

	YES	NO	N/A	Reference in HTM
58. For each instrument is there a system in place to identify storage time, including the date by which they should be used or reprocessed?				4.24
59. Are instruments stored in a dedicated secure, dry and cool environment?				4.29

3. Environmental design and cleaning

The dental environment is designed, maintained and cleaned appropriately to reduce the risk of cross infection

	YES	NO	N/A	Reference in HTM
1. Does the practice have a policy and procedure for cleaning and maintaining the environment?				2.6 6.54
2. Have staff undertaking cleaning duties been fully trained to undertake such duties?				6.55
3. Is the overall appearance of the clinical and decontamination environment tidy and uncluttered?				5.6
4. Is the dental chair cleaned between each patient?				6.46
5. Is the dental chair free from rips or tears				6.62
6. Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion?				6.39
7. Are all work surface joints intact, seamless with no visible damage?				6.46
8. Are all surfaces, i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt?				6.39
9. Are the surfaces of accessible ventilation fittings/grills cleaned weekly?				6.64
10. Are all surfaces in clinical and decontamination areas impervious and easy to clean?				6.64
11. Are keyboard covers or “easy-clean” waterproof keyboards used in clinical areas?				6.66
12. Are rooms where clinical practice takes place carpeted?				6.46
13. Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture?				6.47- 6.49
14. Are soft toys available?				6.73
15. Are free standing or ceiling mounted fans used in clinical/ decontamination areas?				6.41
16. Are records of cleaning maintained in accordance with HCAI Code of Practice				6.54

	YES	NO	N/A	Reference in HTM
17. Is cleaning equipment colour coded, in accordance to the National Patient Safety Agency recommendations?				6.53
18. Is cleaning equipment stored in a non clinical area?				6.60
19. Where disposable single use covers are used, are they discarded after each patient contact?				6.65
20. Are the surfaces of equipment cleaned between each patient? E.g. work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surface of aspirator and X-ray heads.				6.62
21. Are all taps, drainage points, splashbacks, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/ detergent?				6.63
22. Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily?				6.63
23. Are floor coverings in clinical and decontamination areas impervious and easy to clean?				6.46, 6.47, 6.49
24. Is there a designated area for the disposal of dirty water, which is outside the kitchen, clinical and decontamination areas for example toilet, drain, slop hopper (a device used for the disposal of liquid or solid waste) to reduce the risk of contamination of a public or staff toilet?				
25. Does the practice have a local policy and proceedure/s for spillage in accordance with C.O.S.H.H				2.4d, 2.6

4. Hand Hygiene

Hands will be decontaminated correctly and in a timely manner using a cleansing agent to reduce risk of cross infection

	YES	NO	N/A	Reference in HTM
1. Does the practice have a local policy and proceedure/s for hand hygiene?				2.6 Appendix 2
2. Is hand hygiene an integral part of staff induction ?				6.3
3. Is hand hygiene training provided periodically throughout the year ?				1.25, 6.3
4. Is hand hygiene carried out before and after every new patient contact?				Table A1 Appendix 2
5. Is hand hygiene performed before donning and following the removal of gloves?				6.5, appendix 2
6. Do all staff involved in any clinical and decontamination procedures have short nails that are clean and free from nail extensions and varnish?				6.9 6.24 Appendix 2
7. Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures?				6.10 6.23
8. Are there laminated or wipeable posters promoting hand hygiene on display?				6.13
9. Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place?				2.4g 6.11
10. Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place?				2.4u 6.11 5.7
11. Are wash hand basins free from equipment and other utility items?				2.4g
12. Is bar soap available at wash hand basins?				Appendix 1 6.6
13. Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)?				6.63

	YES	NO	N/A	Reference in HTM
14. Are there plugs and overflows on wash hand basins?				6.11
15. Does the water from the tap discharge away from the drain aperture?				6.11
16. Are elbow/wrist/foot operated, electronic mixers or thermostatically controlled taps available at all wash hand basins in clinical and decontamination areas?	1 = all; 2 = some; 3 = none			6.11
17. Are nailbrushes present at wash hand basins?				Appendix 2
18. Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash hand basin?				6.6 Appendix 2
19. Is skin disinfectant rub/gel available at the point of care?				Appendix 2
20. Are good quality disposable absorbent paper towels used at all wash hand basins?				6.7 Appendix 2
21. Are hand–cream dispensers with disposable cartridges available for all clinical and decontamination staff.				6.8 Appendix 2

5. Management of Dental Medical Devices – equipment and dental instruments

Dental medical devices are operated, maintained, serviced and repaired to ensure adherence to patient safety and manufactures instructions

	YES	NO	N/A	Reference in HTM
1. Does the practice have an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices?				1.20, 2.4a, 2.6, 2.7, 3.54
2. Does the practice identify an individual with nominated responsibility and authority to ensure that all staff comply with the medical device procedure.				2.4c
3. Has the Practice carried out a risk assessment for legionella under the Health & Safety Commission's "Legionnaires' disease – the control of legionella bacteria in water systems Approved Code of Practice & Guidance" (also known as L8)?				6.75-6.90 19.0
4. Has the Practice a written scheme for prevention of legionella contamination in water pipes and other water lines?				6.75 19.2
5. Are all new re-usable instruments decontaminated prior to use?				2.6, 3.4 10.24
6. Are contaminated medical devices decontaminated and inspected prior to inspection, maintenance and repair?				3.54
7. Are instruments sent for repair labelled to identify that they have been through the decontamination process?				3.54
8. Are single use instruments re-procesed?				2.17
9. Are endodontic files and reamers reused?				2.21
Dental radiography				
10. Are intra oral films, digital sensors and cassettes handled and stored safely in accordance with manufacturer's instructions and to reduce cross infection?				6.73
11. Are film holders used in intra oral radiography subject to sterilization after every patient use in accordance with manufacturer's instructions?				6.72
Impression material, prosthetic and orthodontic appliances				
12. Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturers instructions?				7.0
13. Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth?				7.1b

	YES	NO	N/A	Reference in HTM
Other Medical Devices				
14. Are single-use items only used for single treatment episode and disposed of following use?				2.17
15. Are endodontic reamers and files treated as single use and disposed of following use?				2.21.
16. Are difficult to clean instruments/devices, e.g. matrix bands, saliva ejectors, aspirator tips and three-in-one tips, etc, identified as single-use?				2.20
Dental Unit Waterlines (DUWLs)				
17. Are in-line filters cleaned/replaced as per manufacturer's instructions?				6.89 6.90
18. Is there an independent bottled water system used to dispense fresh distilled, reverse osmosis (RO) or sterile water to supply the DUWL?				6.84 note
19. For dental surgical procedures, involving irrigation is a separate single use sterile water source used for irrigation?				6.91
20. Are the DUWLs drained down at the end of every working day?				6.82
21. Are self-contained water bottles (bottled water system) removed, flushed with distilled or clean RO water and left open to the air for drying, daily and if necessary overnight, and in accordance with manufacturer's guidance?				6.83
22. Where bottled water systems are not used is there a physical air gap separating dental unit waterlines from mains water systems (Type A)?				6.84 note
23. Are DUWLs flushed for 2 minutes at start of each working day and for 20-30 seconds between every patient?				6.85
24. Are all DUWL and hand pieces fitted with anti-retraction valves?				6.87
25. Are DUWLs either disposable or purged using manufacturer's recommended disinfectants?				6.84 – 6.86
26. Are DUWL filters changed according to the manufacturers guidelines?				6.89
Inhalation Sedation Machines [ISM]				
27. Are ISM and accessories (including tubing, masks, nasal hood and nose pieces) used in accordance with manufacturers' instructions?				
28. Do ISM have non return valves?				

6. Personal Protective Equipment

Personal protective equipment is available and is used appropriately to reduce the risk of cross infection

	YES	NO	N/A	Reference in HTM
1. Does the practice have a policy and proceedure/s for the use of personal protective equipment?				2.6, 6.37
2. Are staff trained in the use of personal protective equipment as part of the practice induction?				6.14
3. Are powder free CE marked gloves used in the practice?				6.21
4. Are alternatives to latex gloves available?				6.19, 6.20
5. Are all single-use PPE disposed of after each episode of patient care?				6.22
6. Is hand hygiene performed before donning and following the removal of gloves?				6.5 Appendix 2
7. Are clean , heavy duty household gloves available for domestic cleaning and decontamintion procedures where necessary?				6.24
8. Are the heavy duty household gloves washed with detergent and hot water and left to dry after each use?				6.24
9. Are the heavy duty household gloves replaced weekly or more frequently if worn or torn?				6.24
10. Are disposable plastic aprons worn during all decontamination processes or clinical procedures where there is a risk that clothing/uniform may become contaminated?				6.15 6.25 – 6.26
11. Are single-use plastic aprons disposed of as clinical waste after each procedure?				6.26
12. Are plastic aprons, goggles, masks or face shields used for any clinical and decontamination procedures where there is a danger of splashes?				6.15 , 6.27 – 6.30
13. Are masks disposed of as clinical waste after each use?				6.37
14. Are all items of PPE stored in accordance with manufacturers' instructions?				6.15
15. Are uniforms worn by all staff changed at the end of each day and when visibly contaminated?				6.35
16. Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly decontaminated				6.30
17. Is eye protection provided for the patient and staff decontaminated after each episode of patient care?				6.30

7. Waste

Waste is disposed of safely without the risk of contamination or injury and in accordance with legislation

	YES	NO	N/A	Reference in HTM
1. Does the practice have a policy and procedure/s for the management and disposal of waste?				2.6
2. Have all staff attended induction and ongoing training in the process of waste disposal?				1.25
3. Is there evidence that the waste contractor is a registered waste carrier?				Appendix 1
4. Is the Practice registered with Environment agency if generating over 500kg per annum of hazardous waste?				Appendix 1
5. Are all disposable PPE disposed of as clinical waste?				Appendix 1, 6.26, 6.28, 6.37
6. Are orange bags used for infectious Category B waste such as blooded swabs/ blood contaminated gloves and teeth without amalgam fillings?				Appendix 1
7. Are yellow striped black bags used for offensive/hygiene waste such as non infectious recognisable healthcare waste e.g. gowns, tissues, non contaminated gloves, x-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam?				Appendix 1
8. Are black/clear bags used for domestic waste including paper towels?				Figure A1, appendix 1
9. Are bins foot operated or sensor controlled, lidded and in good working order?	1 = all; 2 = some; 3 = none			Appendix 2
10. Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a yellow lid that conforms to BS 7320 (1990)/UN 3291?				Appendix1
11. Are clinical waste sacks securely tied and sharps containers locked before disposal?				Appendix 1
12. Are all clinical waste bags and sharps containers labelled before disposal?				Appendix 1
13. Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises?				Appendix 1
14. Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 01-05?				Appendix 1
15. Are all consignment notes for all hazardous waste retained for at least 3 years?				Appendix 1
16. Has the practice been assured that a “duty of care” audit has been undertaken and recorded from producer to final disposal?				Appendix 1
17. Is there evidence the practice is segregating waste in accordance with HTM 01-05?				Appendix 1