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:

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

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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 improve-
ment 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 qual-
ity requirements described in this
guidance.

This guidance is intended to
support and advance good prac-
tice throughout primary care
dentistry including that delivered
general dental practices, sala-
ried dental services and where
primary care is delivered in acute
settings.

**Definition**
The document discusses two lev-
els of standards - essential qual-
ity requirements and best prac-
tice. 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 imple-
mentation. Guidance contained
within this document will assist
dental practices in maintain-
ing these requirements and de-
veloping 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 com-
pliance with essential quality
requirements to external bodies
(for example the CQC, PCTs and
SHAs), practices will be expected
to provide a statement on plans
for future improvement.

- **Compliance – Best prac-
tice** - 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 main-
taining the essential quality re-
quirements 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:

- Install a modern validated
washer-disinfector of adequate
capacity to remove the need for
manual washing.
- Improve separation of de-
contamination processes from
other activities and enhance the
distinction between clean and
dirty workflows.
- Provide suitable storage
for instruments, which reduces
exposure to air and a possible risk
of pathogenic contamination.
Best practice will include the de-
velopment of a local quality sys-
tem 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 instrumen-
to contaminated aerosols. In ad-
dition 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 wash-
er/disinfectors, where does a
practitioner stand? It is a very
confusing environment where
there are claims and coun-
ter claims about the validity of
the evidence used as the
basis for the HTM 01-05 guid-
ance. Recent announcements
by the British Dental Associa-
tion as to the level of evidence in
the HTM 01-05 and the posi-
tion of the Department of Health
having been that there is suf-
cient evidence for the recom-
endations show that there is
clear disparity between the gov-
ernment and the profession.

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