



Shaping a healthier Warrington
Analysis Improvement Protection

INFECTION CONTROL NEWS FOR THE DENTAL TEAM

JULY 2015

Volume 1, Issue 2

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St. Helens Council

SUMMER IS HERE . . .

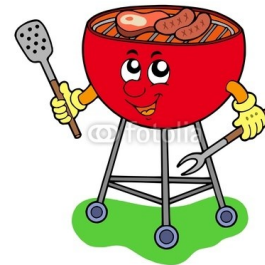
Summer is officially with us. Well lets hope the weather starts to improve for us all.

Dry days and the lighter evenings make way for the barbeque.....

Cases of food poisoning increase by double during the summer. Research shows that the undercooking of raw meat and the bacteria contamination onto the food is among the main reasons. Campylobacter is the most common bacteria to cause food poisoning. There are more than 280,000 cases of poisoning reported in the UK per year. At least 65 per cent of chicken sold in the UK contains the bacteria.

Six tips for a safe eating BBQ

- 1.Pre-cook chicken before putting on the BBQ
- 2.Charred meat does not mean it's cooked through
- 3.Disposable BBQ's take longer to heat up
- 4.Avoid cross contamination when handling meats especially poultry
- 5.Don't wash raw chicken
- 6.Keep plates / cutlery away from raw meat and fish.



AMENDMENT FROM THE EDITOR

The dental newsletter will be distributed to you all three times a year Feb, July, and Dec not Jan, April and Aug as stated in the first edition.



ACCESSING OCCUPATIONAL HEALTH SERVICES

Since the dissolving of the PCT's there are no direct occupational health services for the dental sector to access and are now required to make their own arrangements. General enquiries we receive include how to access Hepatitis B vaccinations for staff. Occupational Health Services at Five Boroughs in Warrington do provide tailored services for dental. If anybody would like a copy of the services they provide please contact me on the details provided at the end of this newsletter.

PROFESSIONAL HAZARD – DERMATITIS

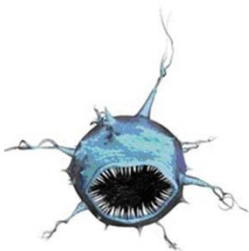
Myth

Alcohol-based anti-microbial lotions kill all microbes and if properly used, result in hand sterilization.

Fact

Anti-microbial lotions are generally effective at achieving medium-level disinfection, thus killing many forms of vegetative bacteria. They are NOT an effective means of sterilization and certain stubborn bacteria such as Clostridium Difficile (C-Diff) and Bacillus anthraxus (Anthrax) can remain viable.

Did you know
that hand disinfection to minimize spread of infection was first discovered in 1847 by Ignas Semmelweis



Dermatitis is an inflammatory condition of the skin caused by *outside agents which can result in irritation, redness, cracking and blistering.*

Much less commonly seen skin problems, such as those due to contact urticaria, may be due to occupational exposure to natural latex rubber proteins in sensitised individuals.

Dental nurses, and to a lesser extent dentists, are at a greater risk of developing work-related contact dermatitis. Compared to the all-industry average, the incidence of work-related contact dermatitis is nearly ten times greater in dental nurses and seven times greater in dentists.

Once the skin (dermis) breaks then this will leave the person with a portal of entry for micro-organisms to enter the body thus exposing the person to potential pathogens.

Work-related dermatitis can affect all members of the dental team who regularly wash their hands, who are exposed to chemicals used in dental work and/or are exposed to rubber materials such as those in personal protective equipment.

The main causes of work-related contact dermatitis in the dental sector are rubber chemicals (e.g. carbamates, thirurams) which may be present in both natural rubber

latex and synthetic rubber materials (e.g. nitrile), soaps/cleaners and 'wet-work' (e.g. having wet skin through frequent hand washing, surface cleaning). The skin of workers may also be exposed to other allergenic or irritating chemicals often used in dental practice (e.g. an X-ray developer).

Advice for staff

- Where practicable, use machinery and tools provided rather than hands (e.g. equipment cleaning machines).
- During handwashing, thoroughly rinse off residual soap/hand cleanser.
- Ensure your hands are thoroughly dry before continuing work.
- **Use emollient creams regularly**, especially after finishing work. Ensure all parts of the hand are covered.

Check your skin for early signs and report concerns to your line manager. Early detection can help prevent more serious dermatitis from developing.

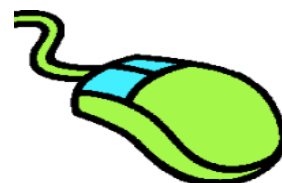
Advice for employers

To comply with the laws i.e. COSHH Regulations and you need to carry out a risk assessment. Depending on the risks, put in place suitable measures to manage the risks or work-related contact dermatitis which may in-

clude:

- Consider using less hazardous alternative approaches such as automation (e.g. an equipment washing machine), use of tools or less hazardous products.
- Provide hand hygiene products (e.g.. gentle soaps) that are both effective and minimise the risk of skin disease.
- Provide training in the use of equipment and gloves, correct hand cleaning and skin care measures (e.g. regular use of moisturisers).

Further information can be obtained from the HSE website . Here is the link <http://www.hse.gov.uk/skin/employment/highrisk/dental.htm>



MATRIX BANDS – SAFER PRACTICE

Are you re-loading Matrix bands?

Matrix bands are a potential hazard to the dental care professional. These items are a sharps and safe practice and disposal is essential to minimise harm and exposure to potential harmful pathogens. By decontaminating the band by manual/ mechanical means prior to disassembling will not eliminate risk as the intricate design cannot guarantee thorough removal of contamination including blood . Research has shown that blood has been detected following cleaning in an enzymatic agent, ultrasonic bath and when put through a washer disinfectant.



Removal of the band should be carried out using a device that is lockable such as spencer well forceps/ lockable tweezers prior to putting the matrix unit through the decontamination process. This will ensure safe distance between the operator and the sharps. All matrix bands should be disposed of immediately via the sharps receptacle waste stream.

New matrix bands should remain in their original packaging until required and stored away from potential aerosol contamination.

Another consideration would be to consider the purchase of disposable matrix bands. This would minimise the risks involved with the re-useable devices.

DECONTAMINATING INSTRUMENTS IN THE SURGERY? ARE YOU PRACTICING TEMPORAL MEANS?

HTM 01 05 states

'The decontamination process should be carried out by ensuring that a dirty-to-clean workflow is maintained. This is a one-way process that can be achieved by physical segregation or temporal separation .'

If you are decontaminating instruments in the surgery then you must ensure the decontaminating activity takes place when there are no patients in the room. This is known as temporal means.

HTM 01 05 quotes (section 5.2)

'If decontamination has to be carried out in a patient treatment room, to minimise the risks both to the patient and of cross-contamination of instruments, appropriate controls should be in place. Uncontrolled procedures that generate the risk of exposure to aerosol dispersion or splashes (such as manual washing, the use

of an ultrasonic cleaner without a sealed chamber (or lid) or the opening of decontamination equipment) should NOT take place while the patient is present.'

The process following the instruments being removed from the autoclave should also be carried out separately including the opening of the autoclave chamber and the packaging of any sterilised instruments.

Also regarding the rinsing of cleaned instruments there should either be a separate sink or a removable bowl for this process.

If you require any further clarification regarding temporal practice please get in touch, contact details at the end of this newsletter.

STUDY EVENINGS FOR INFECTION CONTROL LEADS

Study evenings have now been finalised. FREE of charge and verifiable CPD for all dental nurses who are the responsible lead for infection control in their practice. You only need to attend one session. Topics will include CQC requirements , policies required, waste management , Legionella and several more.

Dates/ times : Thursday 1/10/15 or Tuesday 10/11/15 at 6.00 pm till 8.30 pm.

Venue: The Dental Academy, Daresbury Lodge, Chester Road, Daresbury WA4 5LR

Places are still available but the sessions are filling fast, so if you have not already and would like to attend please contact **Ann Craven on 01925 843723 or email ann.craven@bridgewater.nhs.uk**.

Please note if you book on the training and cannot attend then you will be responsible for sending a representative on your behalf.

INFECTION CONTROL LEAD NURSE FORUM GROUP MEETINGS - DATES FOR 2015

**Tuesday 15th September 2015—
6 -7.30 pm at Warrington Wolves,
Room F27**

If you are interested in attending and have not been before please can you contact me in advance. Contact details on the back page.

**Tuesday 15th December 2015- 6 -
7.30 pm at Warrington Wolves,
Room F27**

Join us on Facebook

If you would like to join our dental forum group on Facebook please contact Karen (details on back page.)

EMAIL COMMUNICATION WE NEED YOU!!!!

Have you notified us of your most up to date email address for your practice?

If not , please can you get in touch so we can ensure you receive all our communication speedily. Karen's email address is on the back page of this newsletter.

COFFEE BREAK ? WHY NOT TRY OUR WORDSEARCH.....

ALCOHOL GEL
 AYLIFFE TECHNIQUE
 CAMPYLOBACTER
 DERMATITIS
 E COLI
 ENZYMATIC DETERGENT
 GLOVES

HAND MOISTURISER
 HEPATITIS C
 PATHOGENS
 SALMONELLA
 SEMMELWEIS
 SHARPS
 TEMPORAL

E I B Y X B L S L E G L O H O C L A
 T F A D O M T E P T L P Z U F Q K N
 D U D E R M A T I T I S N D P G U W
 O P C I H J K B X S L O E V W U O R
 T N E G R E T E D C I T A M Y Z N E
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 H G Y Y N U T M O G S C T A E D V M
 S E R E T C A B O L Y P M A C W E D
 S P R A H S Q J T E M P O R A L S N
 K G J U I H V S N E G O H T A P M A
 R W S E M M E L W E I S D I J P W H

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INFECTION CONTROL TRAINING

Would your practice like some infection control training?

If so please get in touch (see contact details above). I will come to your practice when suits you to deliver infection control training . It can be tailored to suit your training needs. It will also be verifiable CPD!



Are you thinking of refurbishing at your practice? Surgeries, general environment or installing a local decontamination unit (LDU) ? Then please get in touch and we can provide you with professional advice regarding infection control measures you will need to consider.