NIMDTA
Northern Ireland
Medical & Dental Training Agency

Infection Prevention and Control Update

For Dental Nurses working with a Foundation Dentist

Amanda Jackson

2026

Aim

NIMDTA
Northern Ireland
Medical & Dental Training Agency

To review infection prevention and control standards and how we work with a foundation dentist

Objectives

NIMDTA
Northern Ireland
Medical & Dental Training Agency

By the end of the session you will be able to:

- Highlight the need for a team approach to IPC.
- Outline the 10 standard infection prevention and control precautions.
- Indicate the importance of hand hygiene and personal protective equipment.
- Highlight concerns around blood borne viruses.
- Safely use sharps to prevent occupational exposures.

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Learning outcome

This training session intends to highlight the need to have a team approach to applying effective infection prevention and control measures in dental practice.

GDC development outcome: C

IPC Why?

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Who are we tr

Infection Prevention & Control

is collectively all the measures taken to prevent the transfer of infectious agents that have the potential to cause harm

g to protect them?

How do we protect them?

Why do we need to support the FD?

NIMDTA
Northern Ireland
Medical & Dental Training Agency

- Dental Nurse role
- FD may not have worked alongside a qualified nurse before
- FD may not realise how a DN can fully support them
- FD is dentistry focused
- Embed good IPC practices

Classification: Official

Publications approval reference: PAR38

NHS England

NIMDTA
Northern Ireland
Medical & Dental Training Agency



Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste



Guidance to aid
improvement of
infection control
Northern Ireland

on and control

NI specific amen

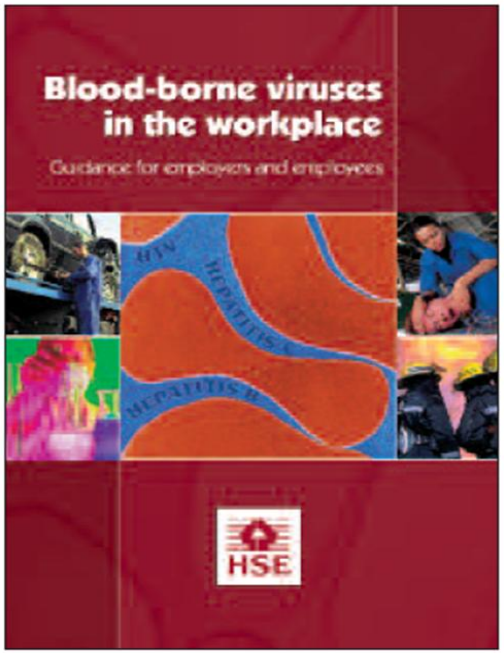
takes every
on to make sure
l to risk of

2022 edition

What is out there?

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Hepatitis C



Norovirus

MRSA

Legionella

Flu

COVID 19

Clinical Contact Surfaces

High potential for contamination from spray or splatter or by hand contact

NIMDTA
Northern Ireland
Medical & Dental Training Agency



Infection

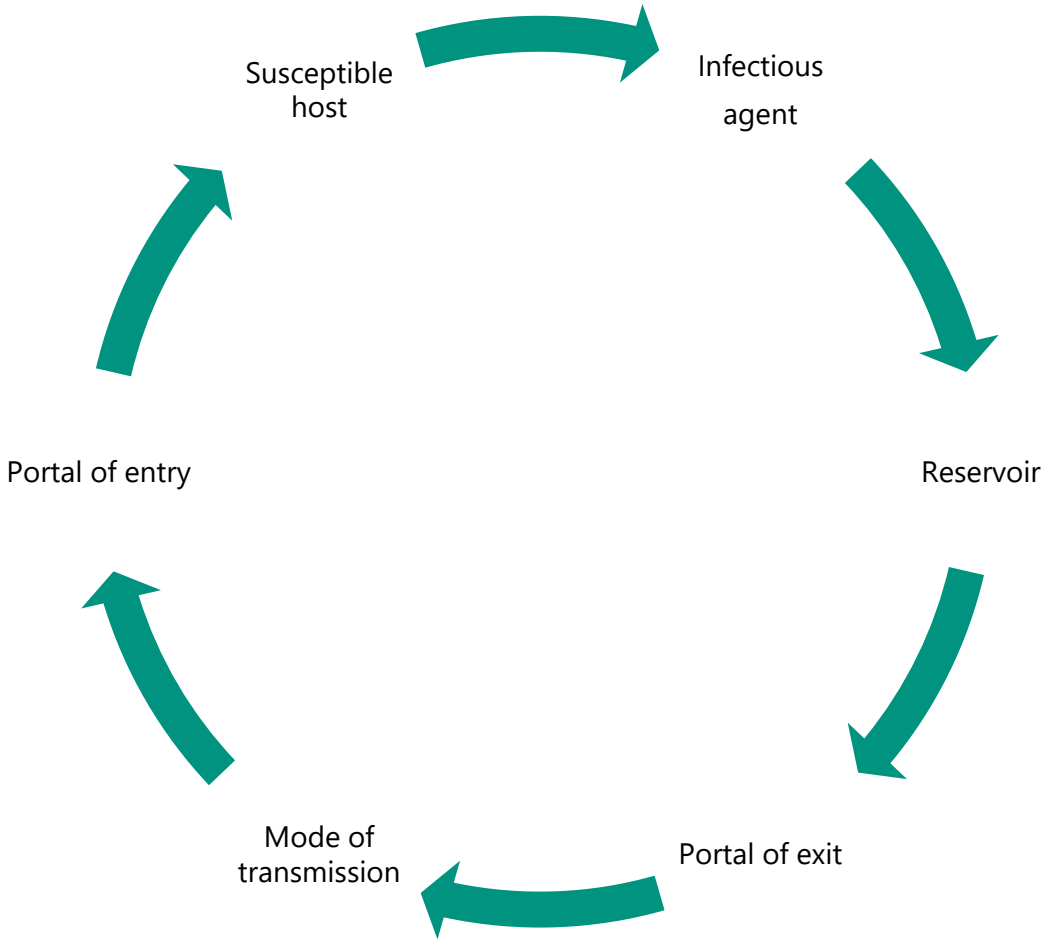
Invasion of the body by microbes

Main Concern in dental practice:

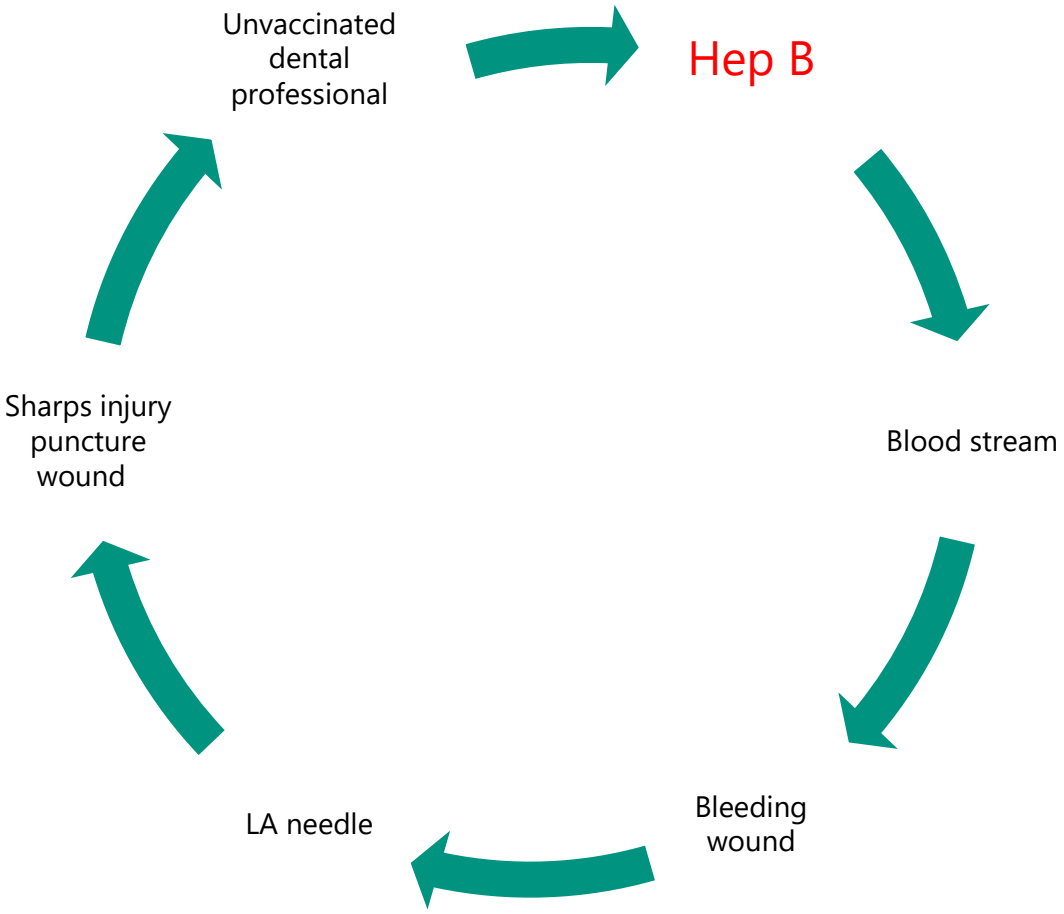
- Direct: Contact from Patients blood/saliva
- Indirect: Instruments & equipment
- Airborne droplets: Water spray/aerosol/Flying particles

Chain of infection

NIMDTA
Northern Ireland
Medical & Dental Training Agency

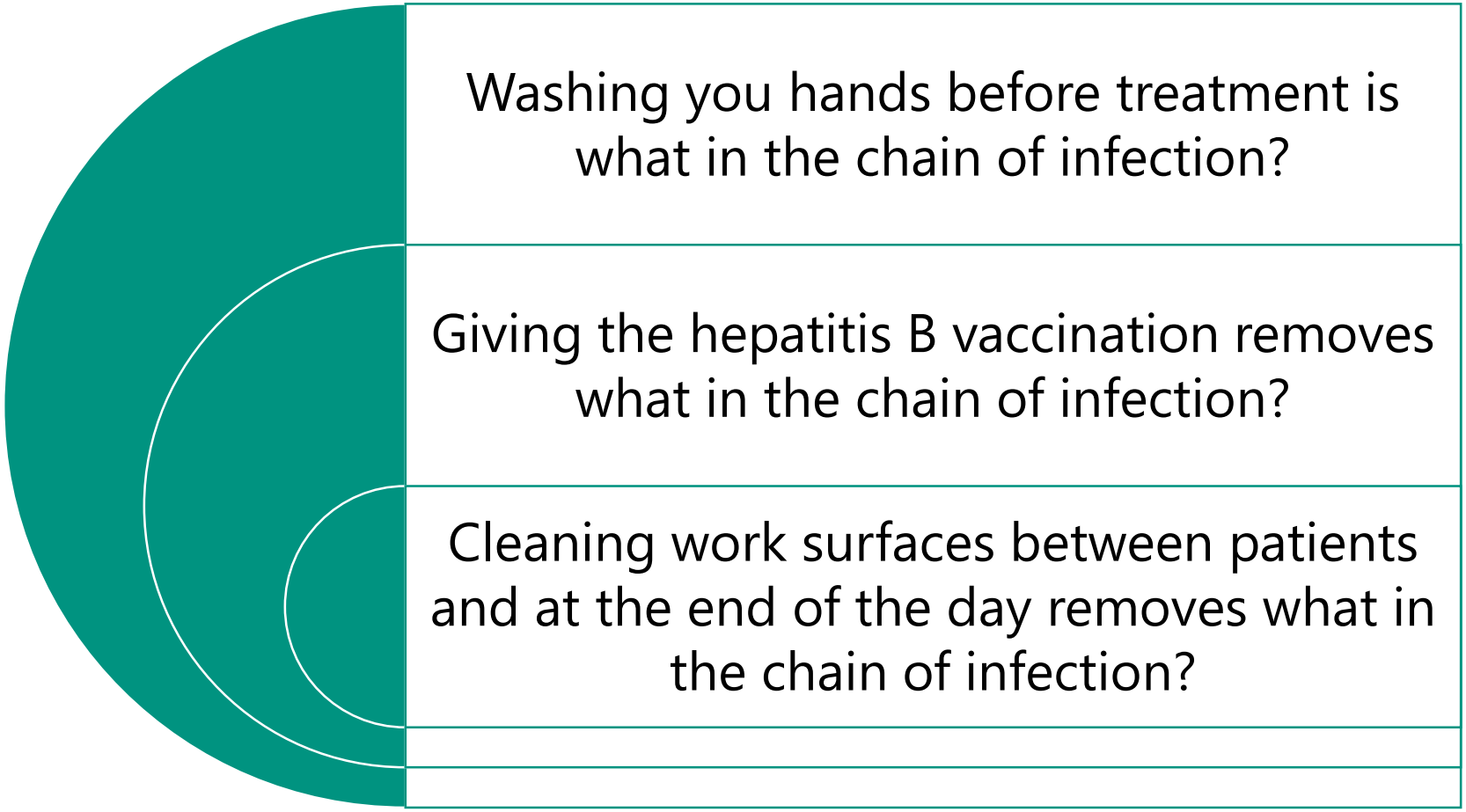


NIMDTA
Northern Ireland
Medical & Dental Training Agency



What link?

NIMDTA
Northern Ireland
Medical & Dental Training Agency



The Practice of Dentistry

NIMDTA
Northern Ireland
Medical & Dental Training Agency

In general dental practice the majority of procedures are exposure prone with the exception of:

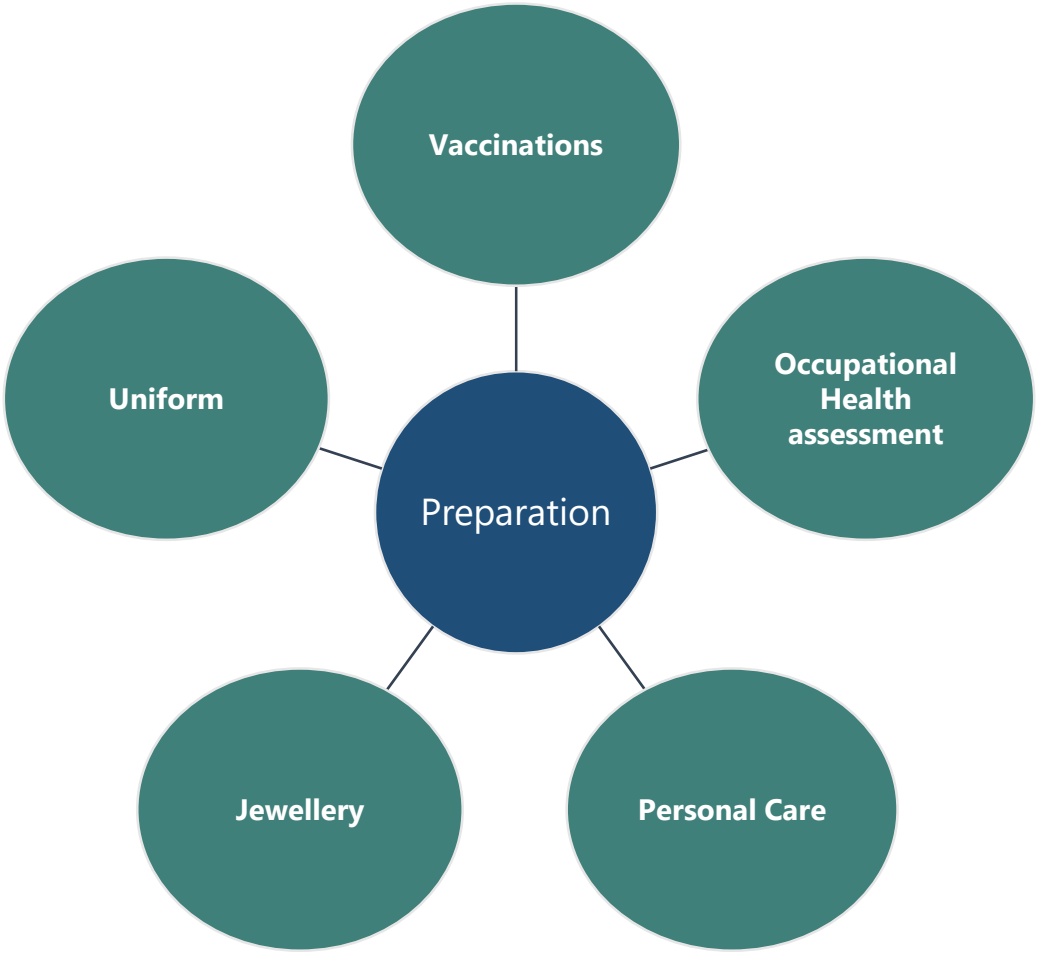
- Examination using a mouth mirror only
- Taking extra-oral radiographs
- Visual & digital examination of head & neck
- Visual & digital examination of the edentulous mouth
- Taking impressions of edentulous patient
- Construction and fitting of full denture

GDP EPP fall into category 1 or 2

Hospital Dental Surgery category 3

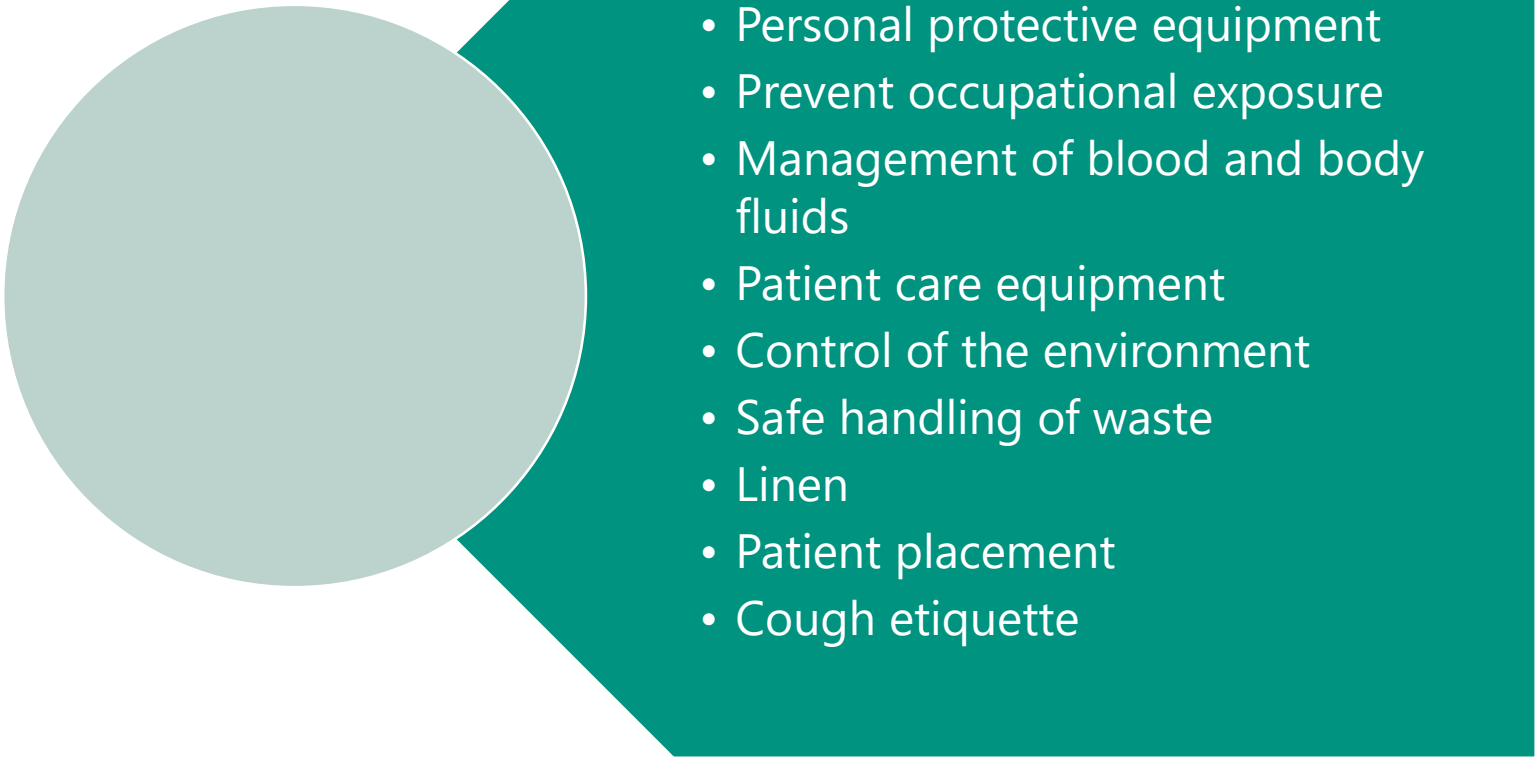
Preparation for working in a dental surgery

NIMDTA
Northern Ireland
Medical & Dental Training Agency



ACTION

NIMDTA
Northern Ireland
Medical & Dental Training Agency



NIMDTA
Northern Ireland
Medical & Dental Training Agency

Infection Prevention & Control

is collectively all the measures taken to prevent the transfer of infectious agents that have the potential to cause harm.

It can be the small things

that make the difference!

Working as a Team

NIMDTA
Northern Ireland
Medical & Dental Training Agency

To ensure excellent IPC in the surgery:

- Zoning
- Planning
- Detergent verses disinfectant
- Re-enforce good behaviour
- Review poor practice (audit)

Quick Quiz

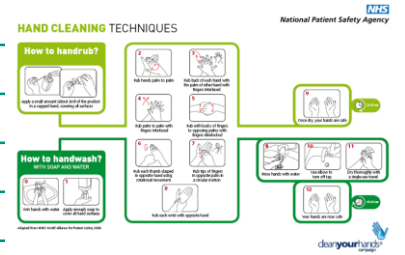
NIMDTA
Northern Ireland
Medical & Dental Training Agency

Question	Always	Sometimes	Rarely	Never
Hand hygiene is the 1st thing I do entering work?				
There is alcohol gel at nurses and dentist work station?				
I am always bare below the elbow in clinical the environment?				
I have nail polish or false nails?				
I have my gloves on for the patient entering the surgery?				
I wear my gloves if I have to nip to reception or decon room?				
I retrieve items from the drawer during treatment wearing my gloves?				
My Keyboard has a cover or is flat wipe- able?				
I close the lid of my instrument box with gloves on?				
I wet both hands before applying soap when washing?				
I tap my hands on the edge of the sink to remove excess water before drying?				

Why is Hand Hygiene important?

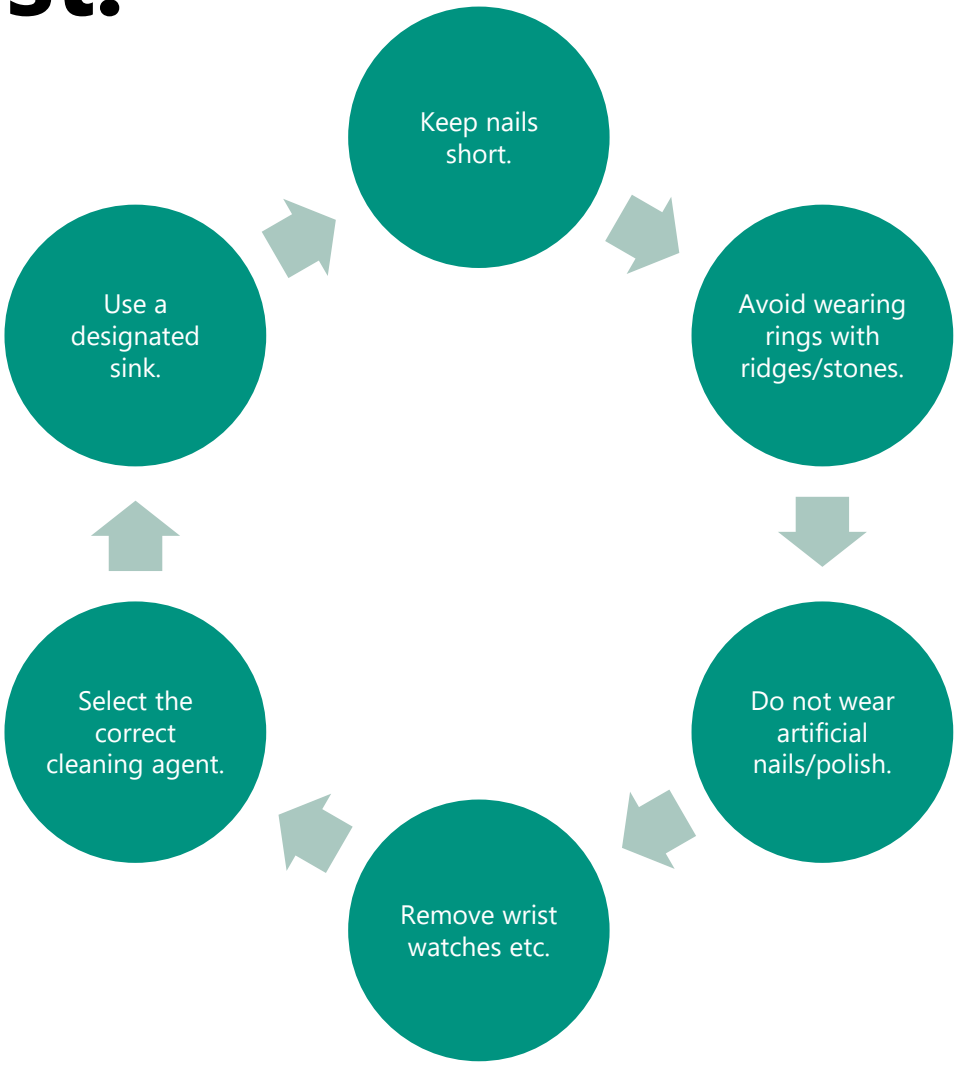
NIMDTA
Northern Ireland
Medical & Dental Training Agency

- Hands are the most common mode of pathogen transmission
- Reduce spread of anti-microbial resistance
- Prevent health care-associated infections
- Hand hygiene training part of the essential quality requirements of HTM 01-05
- Increased Public Awareness



Preparation Checklist:

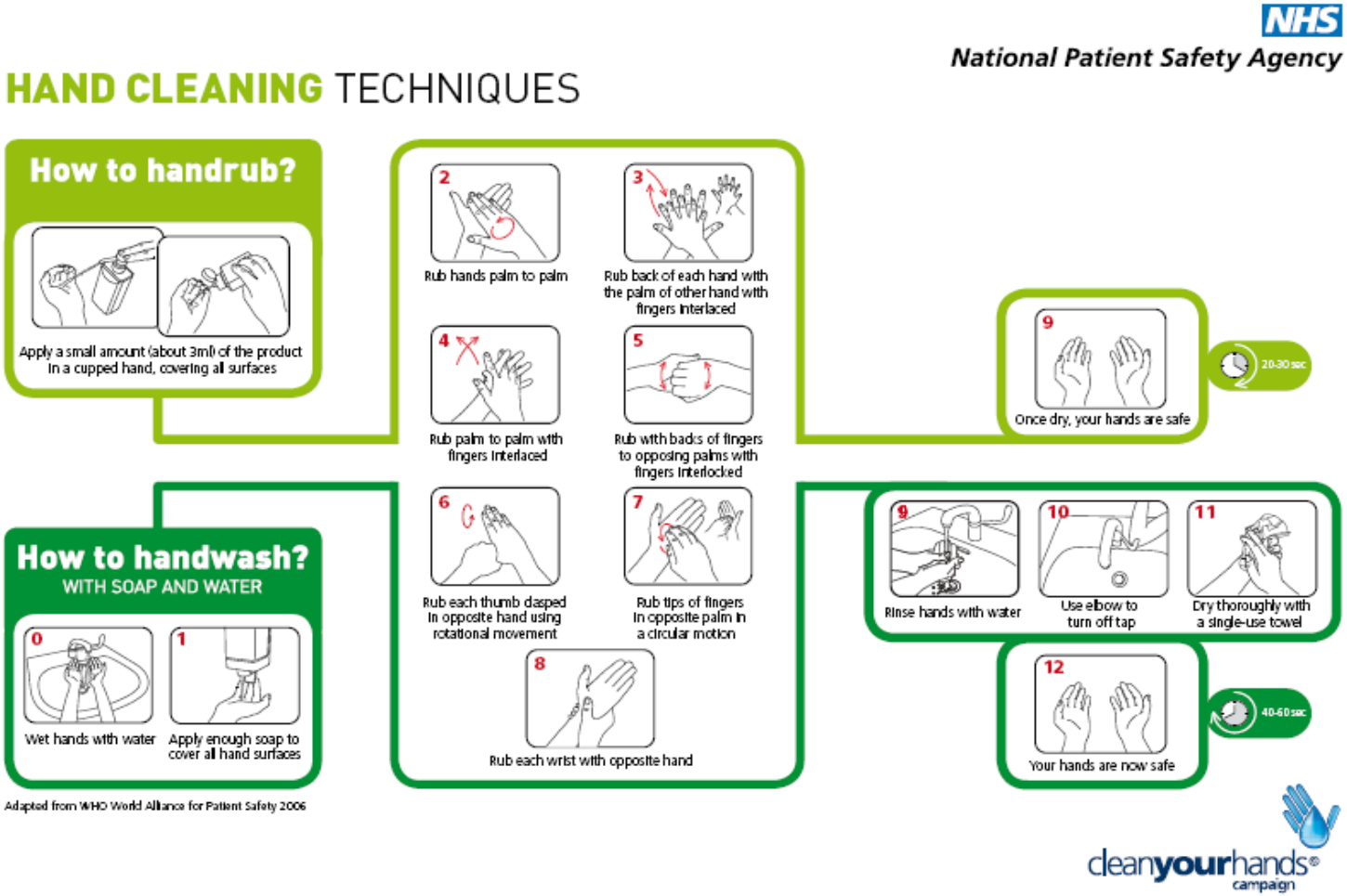
NIMDTA
Northern Ireland
Medical & Dental Training Agency



8 Step Technique

NIMDTA
Northern Ireland
Medical & Dental Training Agency

NHS
National Patient Safety Agency



The "My 5 moments for Hand Hygiene" approach

NIMDTA
Northern Ireland
Medical & Dental Training Agency

2 Before a clean/aseptic procedure

4 After patient Contact

1 Before patient Contact



5 After contact with patient surroundings

3 After body fluid exposure risk

Personal Protective Equipment

NIMDTA
Northern Ireland
Medical & Dental Training Agency

What's wrong with this picture?

Personal Protective Equipment

NIMDTA
Northern Ireland
Medical & Dental Training Agency

- A
co

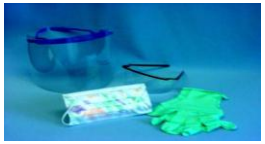
- Pr
fr
sp

Must be used on all patients when there is a possibility of contact with:
- Blood
- All other body fluids (except sweat)
- Non intact skin
- Mucous membranes

Additional transmission based precautions applied in conjunction with SICPs when a known infection such as TB

- Should be removed when leaving treatmer areas





Risk Assess for PPE



NIMDTA
Northern Ireland
Medical & Dental Training Agency

- Full PPE should be worn when there is a risk of aerosol from 3 in 1, fast handpiece etc.
- Only put on your PPE when you are ready to treat the patient
- Remove on completion of patient treatment
- Perform hand hygiene

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Putting on PPE (Donning)

1. Perform hand hygiene before putting on PPE.



2. Put on apron and tie at waist.



3. Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4. With both hands, mould the metal strap over the bridge of your nose.



5. Don eye protection if required.



6. Put on gloves.



Removing (Doffing) PPE

NIMDTA
Northern Ireland
Medical & Dental Training Agency

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated**. Discard.



4 Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.







Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



Mask Hygiene

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Remember if you touch the outside your mask, perform hand hygiene?

Dispose of Waste Correctly

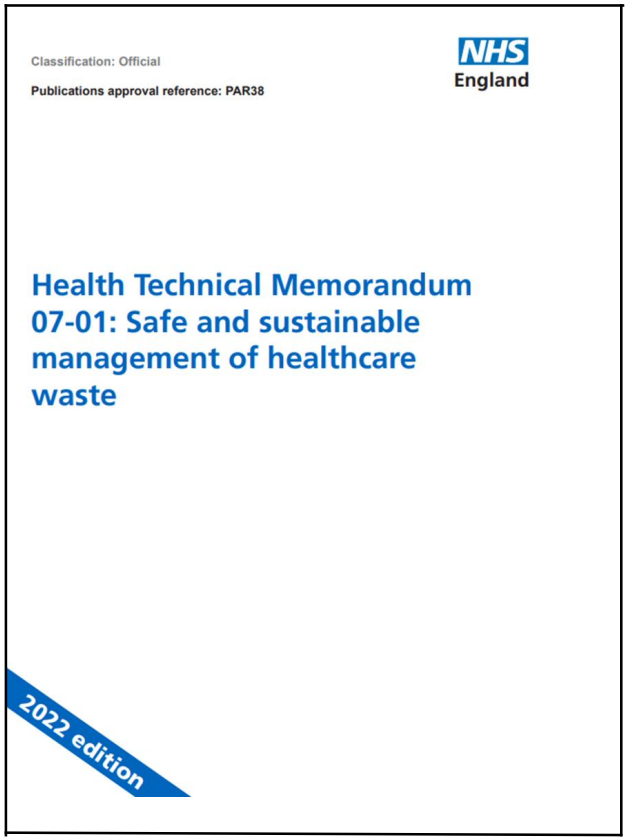
NIMDTA
Northern Ireland
Medical & Dental Training Agency

Has been updated for England

ANNEX A: Northern Ireland Amendment HTM 07-01

Safe management of healthcare waste - Safe management of healthcare waste 7658:2.0: Northern Ireland

Colour	Description
Yellow	**Waste which requires disposal by incineration** Indicative treatment/disposal required is **incineration** in a suitably permitted or licensed facility.
Orange	**Waste which may be "treated"** Indicative treatment/disposal required is to be "rendered safe" in a suitably permitted or licensed facility, **usually alternative treatment plants (ATPs). However this waste may also be disposed of by incineration.**
Purple	**Pharmaceutical including Cytotoxic and cytostatic waste** Indicative treatment/disposal required is **incineration** in a suitably permitted or licensed facility.
*Black/ Orange	**Offensive/hygiene waste*** Indicative treatment/disposal required is **landfill** or municipal **incineration/energy from waste** at a suitably permitted or licensed facility.
Red	**Anatomical waste for incineration**[1] Indicative treatment/disposal required is **incineration** in a suitably permitted facility.
Black	**Domestic (municipal) waste** Minimum treatment/disposal required is **landfill**, municipal **incineration/energy from waste** or other municipal **waste treatment process** at a suitably permitted or licensed facility. Recyclable components should be removed through segregation.
White	**Amalgam waste** For recovery
Clear	**Recyclables** Separated at source or Indicative recovery from Domestic Waste Stream in a suitably permitted or licensed facility.
Brown	**Compostables and food waste** Separated at source for Recovery



Key changes
https://www.sharpsmart.co.uk/knowledge-center/htm-07-01-summary-key-changes

Zoning in the Surgery

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Aim:

To separate areas likely to be contaminated with direct splatter or touched with PPE - 'dirty zones' - from those less likely to be contaminated - 'clean zones'

- **Advantage:**

Minimizes the contamination of clean equipment, areas, instruments and materials.

Simplifies and speeds up the disinfection process between patients

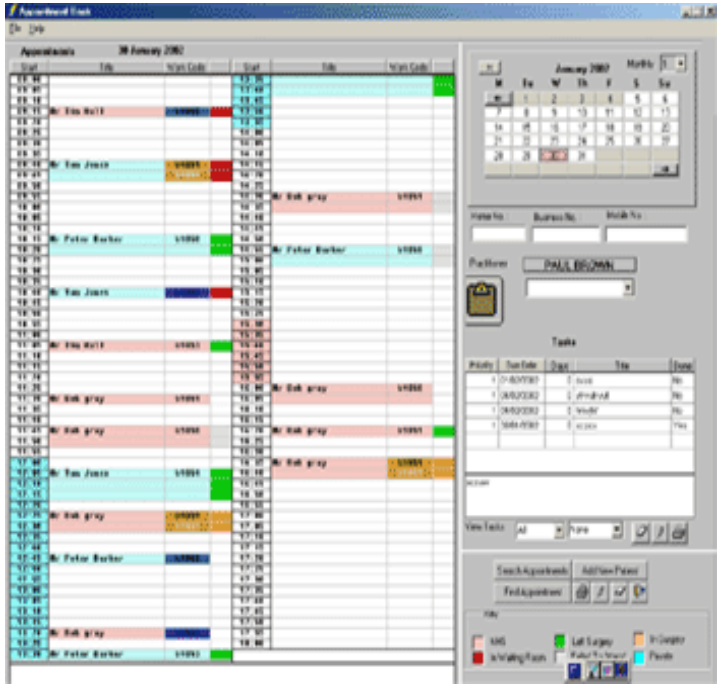
Zones

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Clean Zone	Dirty Zone
Computer	Patient / chair
Telephone	Suction unit/ Spittoon
Notes/ pen	Bracket table
Radiographs	Light handle and switch

Treatment Planning

NIMDTA
Northern Ireland
Medical & Dental Training Agency



- Print off your patient treatment list so you can be prepared
- Collect correct instrumentation for each session
- Only put out what is required for each patient treatment
- Streamline your work (where possible)

Cleaning

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Practical

NIMDTA
Northern Ireland
Medical & Dental Training Agency

A sales representative comes to your practice and asks if some samples of their new cleaning
Solution can be left.

Think about what information you would require from them about this product before you agreed to trial it?

List the questions you would ask.

Questions?

NIMDTA
Northern Ireland
Medical & Dental Training Agency

- Which surfaces can it be safely used on?
- What precautions are required during use?
- Details of dilution etc?
- How long can it be stored once opened/diluted?
- Is it a detergent, disinfectant, or both?
- Contact time needed?
- What micro-organism will it kill?
- What is the required contact time?
- COSHH details and data sheets
- Cost?

Clean

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Detergent	Disinfectant
Renders an item free from dirt or impurities	Destroying harmful micro organisms /bacteria
Use products that are able to break down proteins.	Alcohol or antimicrobial solutions: Bactericidal, fungicidal, vericidal
Use detergents that are suitable for clinical environments, as some leave a residue.	Alcohol wipes on dirty surfaces will bind proteins to the surface.

Clean?

Use a clean disposable cloth & spray
or
impregnated disposable wipe every time

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Firstly, detergent solution to clean the area if contaminated

Secondly, disinfectant using either alcohol or an antimicrobial disinfectant should ideally be:

Bactericidal, Fungicidal, Veridical

Always refer to manufacturer's instructions for compatibility

Clean from clean to dirty i.e. outside of spittoon in

What to do when?

NIMDTA
Northern Ireland
Medical & Dental Training Agency

- Damp dust clinical areas every morning
- Look at the 1-2 meter radius
- Put all items away or cover if needs to be out
- Close door during patient treatment episode
- Decontamination following all treatment

Remember…..

NIMDTA
Northern Ireland
Medical & Dental Training Agency

- Non refillable bottles:
- 6.58 It is not good practice to refill spray bottles used to apply cleaning or disinfecting solutions…..
- Such bottles should be single use.

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Dental chair upholstery:

- Ensure there are no cracks in the upholstery as a site for potential trapping of microbes
- The use of alcohol should be avoided as dries out chairs and causes cracking. Refer to manufacturer's instructions for which detergent and disinfectant is recommended

Spittoons

- Clean outer surface first, then inner dispose of cloth
- End of session, apply a measured dose of non-foaming disinfectant; leave for recommended length of time for disinfectant to work, then rinse

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Suction apparatus and drains

- Advise use of disposable covers, if difficult to clean, this should be changed for each patient & cleaned
- Clean outside of tubing with detergent/disinfectant
- Flushed daily with a non-foaming disinfectant, such as Orotol according to manufacturer's instructions

Trap Filters

- Removed and cleaned daily with detergent
- Replaced as required

Water bottles/lines

- Flush through hand piece for at least 2 mins before and at the end of each session
    - Flush for 20 to 30 secs between each patient
- Use of good quality water, clean & dry at end of day or if using daily dosage system follow manufacturers instructions

NIMDTA
Northern Ireland
Medical & Dental Training Agency



Sharps

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Medical instruments or other objects that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin or splash to eye.

Risk of transmission of blood-borne viruses from patient to healthcare worker.

Hepatitis B: up to 30%

Hepatitis C: 1-3 %

HIV: 0.3%

Percutaeous injury /non vaccinated

Ref:

Bloodborne viruses: Eye of the needle - GOV.UK (www.gov.uk)

The Health & Safety (Sharp Instruments in Healthcare) Regulations 2013

NIMDTA
Northern Ireland
Medical & Dental Training Agency

- Implemented May 2013
- Applies to sharps across all sectors

Key requirements

- Risk assessment
- Elimination, prevention and protection
- Information and awareness raising
- Training
- Reporting
- Response and Follow-up

Dental sharps

NIMDTA
Northern Ireland
Medical & Dental Training Agency



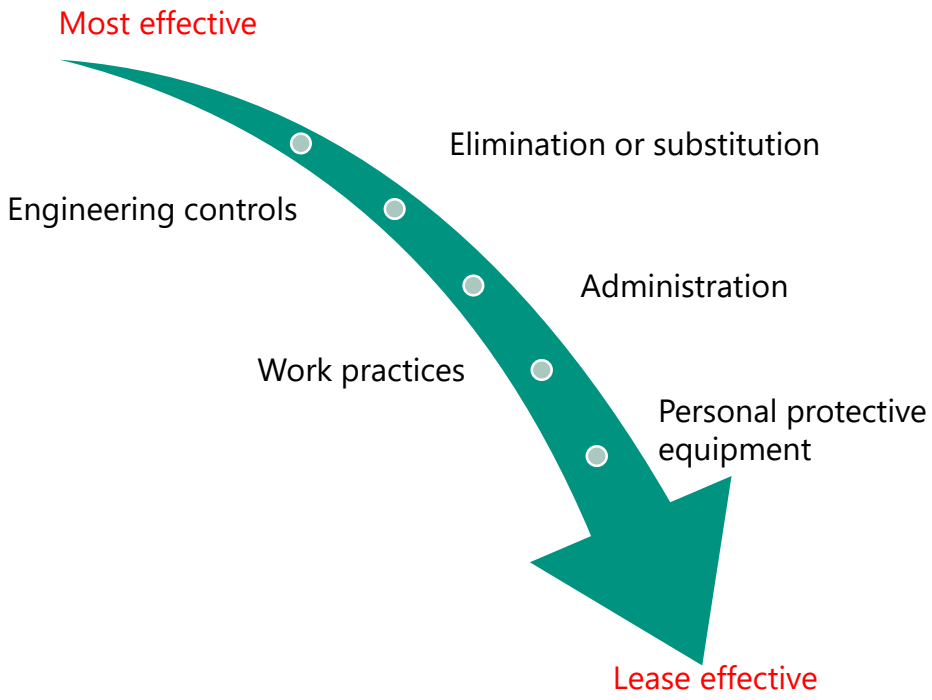








WHO hierarchy of controls



Ref. *ILO/WHO (2005) Joint Guidelines on Health Services and HIV/AIDS*

Safer sharps

NIMDTA
Northern Ireland
Medical & Dental Training Agency

..means a medical sharp that is designed and constructed to incorporate a feature or mechanism which prevents or minimises the risk of accidental injury from cutting or pricking skin"

The health & safety (sharp instruments in healthcare) regulations 2013

Safe use of sharps

NIMDTA
Northern Ireland
Medical & Dental Training Agency



- Sharps must not be passed directly from hand to hand and handling should be kept to minimum
- Disposed at point of use by the user
- Needles should not be bent or manipulated
- No re capping…
- No transportation of contaminated sharps to LDU

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Identify potential risk	Who might be harmed	How likely is the risk	How will risk be controlled
Sharps box	• Patient • Dental team • Relatives	Possible	• Only ¾ fill • Sharps box wall mounted • Keep closed when not in use • Operator disposes of sharps
Matrix bands	• Dental team	Possible	• Use tweezers to remove band • Decontaminate retainer before re-making • Band should be sterilised

Safe disposal



- Written instructions for staff
- You use it you bin it
- Positioned at the point of use
- Wall mounted
- Not on floor or cupboard
- Orange – sharps
  Purple – LA (pharmactical)

Managing an injury

NIMDTA
Northern Ireland
Medical & Dental Training Agency



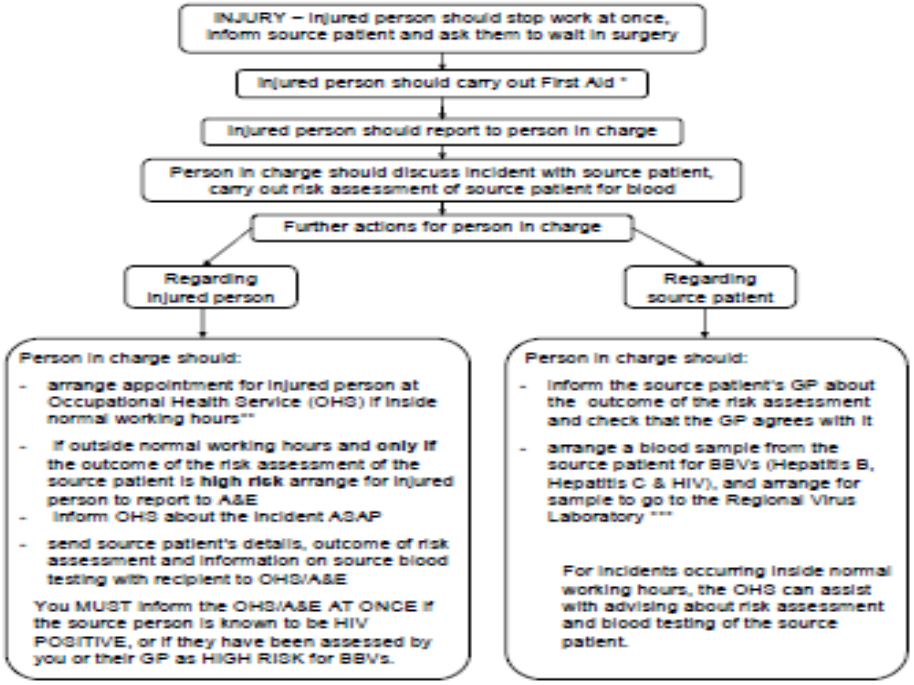
HSC

Occupational Health Services

NIMDTA
Northern Ireland
Medical & Dental Training Agency

MANAGEMENT OF SHARPS INCIDENTS IN DENTAL PRACTICES & GP PRACTICES

PLEASE TREAT AS A MEDICAL EMERGENCY



* First Aid - bleed puncture wound gently under running water, wash with soap and water and cover. **Do not suck wound.**
If blood splash to eyes irrigate with water (sterile if available); if contact lenses worn, irrigate again after lenses removed.

** The OHS (and A&E) will follow local policy for blood and body fluid exposure management. The OHS will follow up the source patient blood results and inform the injured person of results.

*** Regional Virus Laboratory information – blood sample must be sent without delay and marked as URGENT if there is increased risk of BBVs following risk assessment of source patient. State clearly that sample is from the source of a needle stick injury; the laboratory must be informed that the blood sample is in transit to the lab.

Regional Virus Laboratory Contact Details: 028 90635242 /028 90632662

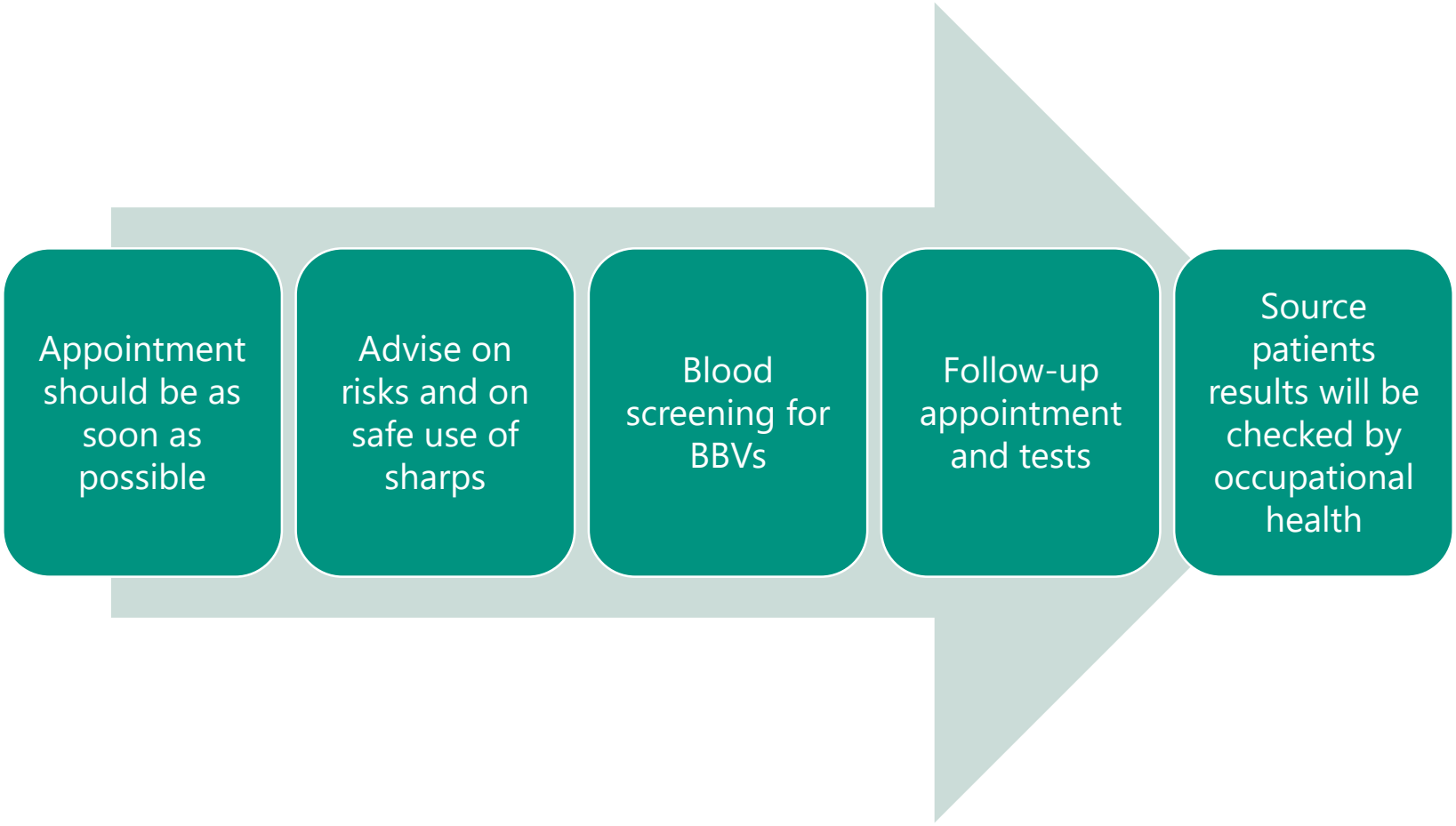
OCCUPATIONAL HEALTH SERVICES - CONTACT DETAILS

BHSCT Occupational Health Service	028 9504 0401	WHSCT Occupational Health Service	028 7161 1407
NHSCT Occupational Health Service	028 9442 4401	SHSCT Occupational Health Service	028 3741 2473
SEHSCT Occupational Health Service	028 9056 1300		

November 2013

What happens in Occupational health?

NIMDTA
Northern Ireland
Medical & Dental Training Agency



Remember:
Safe Systems Of Work

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Clinical audit is…

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements. (NHS England)

Within Dentistry we should complete:

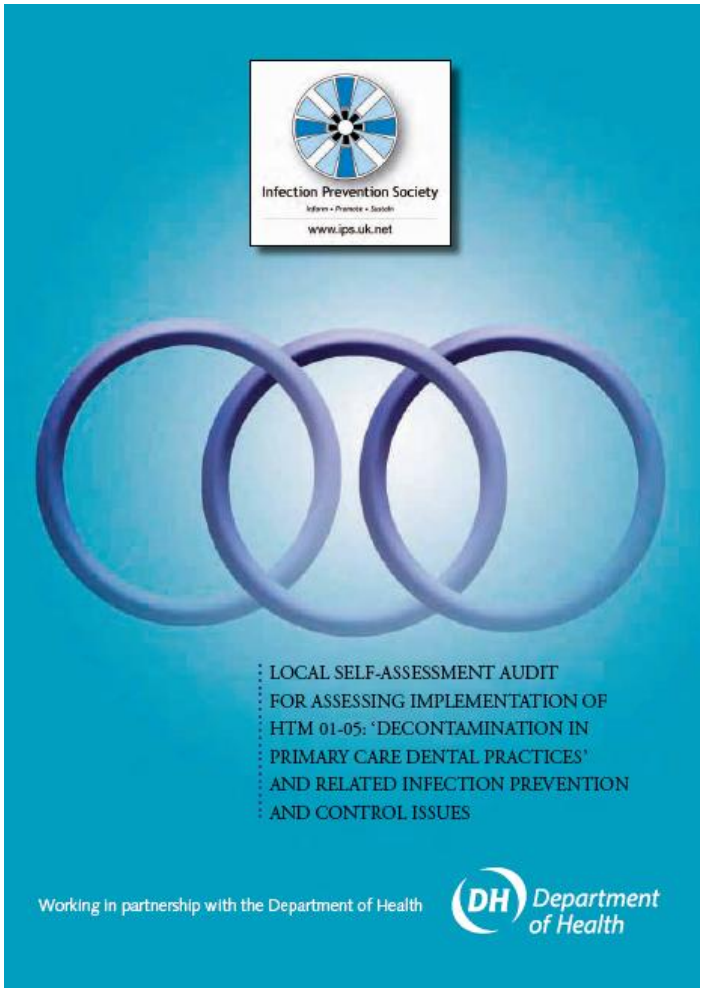
IPC Audit

Quality of dental radiographs

Self-Assessment Audits

NIMDTA
Northern Ireland
Medical & Dental Training Agency

- Every six months using IPS audit tool that can be downloaded from DOH/ DHSSPS website
- Audit records should be kept for at least 2 years
- Headed up by the infection control / decontamination lead
- Facilitates improvement



Example:

NIMDTA
Northern Ireland
Medical & Dental Training Agency

Prevention of blood-borne virus exposure

Standard: 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. Are chlorine-releasing agents available for blood/bodily fluid spillages and used as per manufacturers' instructions?				6.74
6. Are sharps containers correctly assembled?				
7. Are in-use sharps containers labelled with date, locality and a signature?				
8. Are sharps containers filled beyond the indicator mark?				
9. Are sharps containers locked with the integral lock when filled to the indicator mark?				
10. Are full sharps containers stored in a secure facility away from public access?				Appendix 1
11. 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
12. Are inoculation injuries recorded?				
13. Are disposable needles and disposable syringes discarded as a single unit?				
14. Are sharps containers available at the point of use and positioned safely (e.g. wall-mounted)?				

References

- NHS England
  https://www.england.nhs.uk/clinaudit/
- Pel 13 13

UPDATED NORTHERN IRELAND GUIDANCE ON DECONTAMINATION IN PRIMARY CARE DENTAL PRACTICES: HTM 01-05 2013 EDITION (hscni.net)

- Minimum standards for dental care and treatment
- Infection Prevention society
- HSC doc: Management of sharps incidents in Dental Practice and GP Practice