

Dear Colleague

DECONTAMINATION OF INSTRUMENTS IN DENTAL PRIMARY CARE

My purpose in writing is to clarify some issues relating to decontamination.

I recognise that you require further information on equipment specification, layout of local decontamination units, what is expected of you by December 2009 and on what to spend the current tranche of money.

Background

Technical requirements for the decontamination of reusable medical devices were set by the Sterile Services Provision Review ('Glennie') Group in 2001 [[HDL\(2001\)66](#)]. Since that time the acute and primary care sectors have been working towards compliance. The subsequent Health Department Letter [HDL\(2006\)40](#) provided further information and both of these documents have been distributed previously and can be found on the web using their HDL references. For ease of reference I have attached the top ten tips.

Decontamination Equipment

NHS Scotland National Procurement (NP) are currently negotiating a national contract for the provision of local decontamination unit equipment (i.e. small steam sterilisers, small washer disinfectors and ultrasonic cleaners), this contract is known as MEK005. The contract will include the provision of equipment and its installation, commissioning, validation, periodic testing and maintenance.

The decision as to which equipment will be available on the new contract, and therefore recommended to practitioners, will be based on the outcome of the tender evaluation process which has been carried out over the last few months. The evaluation process has included a number of factors including whether the equipment meets the technical requirements, the level of after sales support and the cost. As soon as the tender negotiations and awards of contract have been completed, and the information on how to access the contract is available, I shall pass this on to you.

**From the
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Addresses

For action
Chief Executives, NHS Boards
General Dental Practitioners
Dental Lead Officers
Clinical Directors of Salaried
Dental Services

For information
Health Protection Scotland
Care Commission
Consultants in Dental Public
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Enquiries to:

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Alan Heatlie
Health Protection Scotland
Telephone 0141-300 1945

In the meantime I would recommend that you **do not purchase** any of these items unless your current equipment breaks down and cannot be repaired. In the event of you needing to replace a piece of equipment as a matter of urgency, advice can be sought from Alan Heatlie, Health Protection Scotland (HPS) who can be contacted via HPS by phoning 0141 300 1945. For practical reasons if you can possibly wait until after 1 December before contacting Alan, that would be much appreciated.

Local Decontamination Unit (LDU) Layout

As many of you may be aware, the technical document which provides detailed planning information for decontamination units is under revision. The revised version of this document referred to as the Scottish Hospital Planning Note 13 (SHPN 13) will include a section specifically on local decontamination units. This section - Part 2 - is available as a working draft at the link below and you may find it helpful to give this to an architect if you are undertaking building work to your practice. There are examples of layouts in the document and it may save you some time if initially you turn to section 4.10.

<http://www.hfs.scot.nhs.uk/guest/SHPN13/Scottish%20Health%20Planning%20Note%2013%20for%20Consultation.pdf>

Examples of how exemplar layouts can be applied to existing premises will be available in due course in recognition that not all practices are of uniform size and shape and whenever these are ready you will be notified.

What about the deadline of 2009?

The extent to which you will be able to buy equipment by the end of 2009 will clearly be dependant on receiving guidance on what equipment to purchase, and I will write to you again as soon as this information is available. In the meantime, in addition to the decontamination requirements, previously notified, you are expected to:-

- remove the decontamination process from the clinical area into a local decontamination unit i.e. out of the surgery;
- ensure the decontamination process allows the flow of instruments from a dirty to a clean area;
- plan for the space and service requirements of washer disinfectors and a water treatment plant.

If you are extending your practice using a Dental Access Initiative or planning a new building, it would be advisable to contact HPS at an early stage to ensure that you get the most up-to-date advice.

What should the current tranche of money be spent on?

This should be used to buy instruments to make sure that you have enough capacity to allow you to operate a LDU, when you get one. Where practical it can also be used for capital works to your practice to start to accommodate a LDU.

Kind regards.

Yours sincerely

A handwritten signature in black ink that reads "Margie Taylor". The signature is written in a cursive, flowing style.

MARGIE TAYLOR
Chief Dental Officer

Local Decontamination of Instruments in Primary Care and Related Settings

Please share and discuss these priorities with all members of your team, and regularly review and audit the decontamination processes within your practice.

Priorities for Immediate Action

1. Don't re-use 'single use' items

Single use items should be labelled as such - the symbol used on packaging is specifying a medical device as single-use is the responsibility the manufacturer of the device. Once removed from the packaging there may be no labelling on the device itself – ensure that it is clearly segregated from re-usable devices of similar appearance.

2. Ensure that decontamination equipment (washer-disinfectors, ultrasonic cleaners, heat sealers, sterilisers, water treatment units) is used in accordance with the manufacturers instructions

If you don't have the instruction manual for your ultrasonic cleaner, steriliser, or other equipment, make sure you get a copy - please read it and follow the written instructions. Your NHS Board Authorised Person (Sterilisers) or Scottish Healthcare Supplies may have a copy of the appropriate steriliser instructions if the manufacturer can't supply one – contact details are in Annex 2.

3. Ensure that decontamination equipment is properly maintained day-to-day

Change the water in the reservoir of benchtop steam sterilisers regularly – at least daily – using purified bacteria-free water (this can be freshly prepared distilled or reverse osmosis (RO) water, or sterile water for irrigation – there may be local bulk purchasing arrangements for the latter).

Change the solution in the ultrasonic bath regularly – at least each morning /afternoon session, or more frequently if there is a high throughput of contaminated instruments. Remember that RO and distillation equipment need regular maintenance too – check the manufacturer's instructions.

4. Ensure that decontamination equipment is tested regularly to ensure that it is working

Is your steriliser working properly? If not, all your work counts for nothing. Get your steriliser tested now, and get it serviced quarterly by a qualified person.

Do you know if your ultrasonic cleaner is actually working? You can carry out a test for your ultrasonic bath now (see Annex 2), and add this to your maintenance contract.

5. Ensure that the load to be sterilised is appropriate for the type of steriliser being used

Don't wrap instruments or place them inside a solid bowl before sterilising in a bowl & instrument type steriliser (also known as an unwrapped instruments and utensils

steriliser) – they won't sterilise reliably. Only wrap before sterilising if you have a vacuum (or forced air removal) type steriliser - if in doubt, consult the instructions. If you are wrapping after sterilisation, remember to visually check instruments for dryness first.

6. Ensure you have pressure vessel insurance for pressure vessels in your practice

If you have a steam steriliser of any type, you are legally required to have specific pressure vessel insurance. NB standard generic insurance policies do not cover this. Your insurance broker or Primary Care Estates advisor can help. There may be local discounts for bulk policy purchase available.

7. Ensure the layout of your decontamination facility is fit for purpose

Decontamination should be segregated from other activities so that cross-contamination cannot occur.

The flow of work should be a one-way trip from dirty at one end of the bench to sterile at the other. Don't splash or drip dirty water onto sterilised instruments, or onto the surfaces they will be laid out on. If space is short, clean up between parts of the process. Don't use the same sink for cleaning instruments prior to sterilisation and other activities (e.g. general cleaning, food/drink preparation, hand washing), and especially keep cups and plates well away from where they could be splashed while cleaning dirty instruments. If you have only one all-purpose sink, use dedicated bowls to clean and rinse instruments as an interim measure, and decontaminate the bowls regularly. When cleaning instruments by hand, keep brush and instruments under the water while scrubbing to prevent splashes and aerosols.

8. Use the correct detergent solution for manual cleaning

*Use a neutral detergent intended for use with medical devices, at the correct amount, in the right volume of water, at a hand-hot temperature. **Plain water won't do the job.** Don't use inappropriate cleaning agents: chlorhexidine (hand) scrub makes proteins stick to metal and does not aid cleaning; abrasive cleaners can cause scratches which can trap contamination.*

9. Staff involved in decontamination should wear suitable personal protective equipment - eye and mouth protection, gloves, waterproof apron

Remember that good hand hygiene and basic infection control precautions are essential for staff and patient safety.

10. When buying new instruments, always check with the supplier that they are compatible with your own decontamination processes

Some instruments have very specific requirements for decontamination. If you can't meet these requirements given the facilities and procedures you use locally, decontamination may be ineffective and the manufacturer's warranty may be invalid.