cross-infection

Debunking the myths

Christine Bowness puts some theories of decontamination to the test.

The regulatory regime for infection control in the dental profession has been undergoing a period of rapid change. With all the uncertainty still left about what exactly is required, it isn't surprising the result is a considerable amount of confusion in many surgeries.

Upgrading instrument decontamination equipment and procedures represents a significant investment in time and money. The dentist wants to be assured that any money spent now will result in an improved practice business in the future. This means finding a balance between achieving the required levels of instrument cleaning and sterilisation whilst maximising throughput, and all at a reasonable cost.

Check with your local NHS primary care trust to see if they have funding to help meet the capital cost of the equipment.

●Check that your equipment conforms to the medical device directives.

Simply put, to meet the essential requirements set out in HTM 01-05 by December 2010, practices must have appointed an infection control lead; defined relevant policies and procedures; be able to provide validated evidence that instruments are free of visible contamination and are sterile at the end of the sterilisation process. In addition, practices must provide safe storage and stock control of instruments (60 days in the case of instruments sterilised in pouches, 21 days in the case of instruments pouched after sterilisation) and show that they have plans in place to move towards 'best practice'.

For most dental practices, this will mean investing in the latest generation washer disinfector with an autoclave that can run in vacuum and non-vacuum mode, and incorporates a drying cycle. (It is worth checking with your local NHS primary care trust to see if they have funding available to help meet the capital cost of the equipment).

Washer disinfectors

There are a number of alternatives on the market, not all of which may be fully compliant with the new requirements. Check that the washer conforms to EN15883, HTM2030 and the medical devices directive (93/42/EEC) and it is CE marked. If the practice carries out NHS work, then your PCT may require an annual validation or even quarterly tests in addition, so make sure the washer you choose can be validated to HTM2030. Look for a manufacturer you can trust and who is able to provide a full after sales support service.

One of the primary purposes of a washer is to provide consistently effective cleaning. This applies particularly to hollow instruments as they are more likely to collect debris. Look for a washer disinfector that has been designed specifically for use in a clinical environment, rather than one that has been adapted from a

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domestic dishwasher.

Look for a forced air drying process. This is essential to remove as much water as possible from the instruments allowing immediate preparation for sterilisation. Moisture left on instruments can compromise the sterilisation process as the steam cannot displace water droplets.

The guidelines express a preference for a design which incorporates trays containing instruments to be placed directly in the washer (as opposed to manual vertical stacking). This ensures minimal human contact and reduces the risk of sharps and other injuries.

Running costs can make a big difference, especially in a busy practice, so ask about the cost per cycle. Large underbench washers may be significantly more expensive to run than bench top machines. Most reputable manufacturers will be happy to supply this information.

Auto dosing machines are favoured in the guidelines as they ensure the cycle will automatically shut down if there is insufficient detergent. This helps reduce waste.

A key requirement of the new standard is the inclusion of an independent monitoring system with software on two independent boards to validate the effectiveness of the cycle or the reasons for failure.

A printer, data logger or PC interface is required to provide evidence of successful cleaning.

Autoclaves

The simple fact is a vacuum autoclave is required to sterilise pouched, hollow or porous instruments. Non-vacuum autoclaves are only suitable for unwrapped, solid items. Therefore choosing an autoclave that can offer both types of cycle is usually the best option.

Another important consideration is the capacity of the autoclave. Many dental practices are concerned the introduction of a washer disinfector will result in a bottleneck in the decontamination process. In fact, it is more likely this will be caused by choosing an autoclave with limited capacity that is not able to take the full instrument load directly from the washer.

As with the washer disinfector, data capture of the sterilisation process is essential for compliance.

It makes sense to choose equipment that is supported by the manufacturer. This means there should be full warranty and service support, preferably using their own engineers, a telephone help desk and easily accessible spare parts and consumables. ■

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