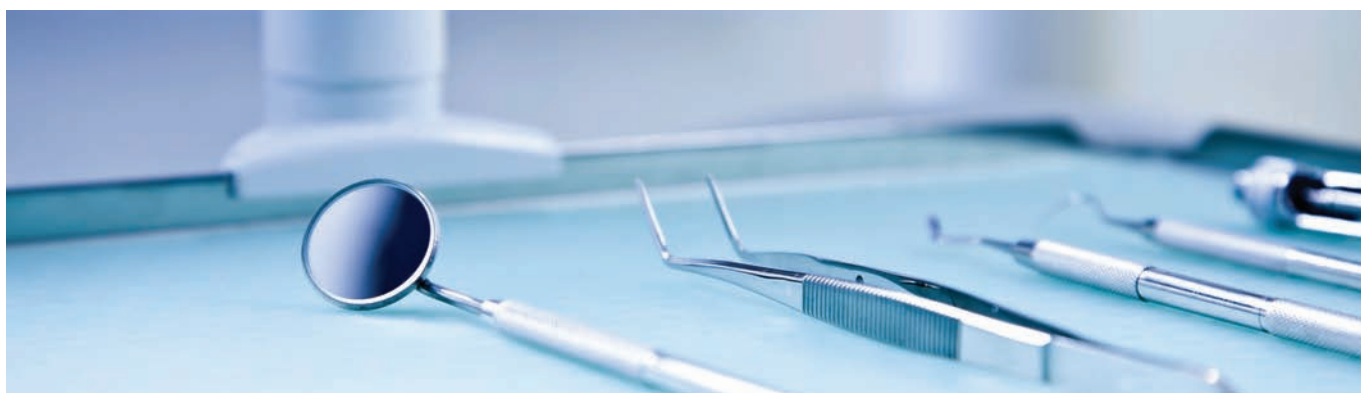


Protection for the profession

The Dental Council of Ireland has issued a new Code of Practice on infection prevention and control. This article, written especially for the *Journal*, summarises the essential points of the Code.



The Dental Council's primary role is to protect the public. It does this in many ways, including issuing codes and guidelines to the profession and the public. The new Code of Practice relating to: Infection Prevention and Control (April 2015) supersedes the 2005 Code. The new Code has evolved from the 2005 Code, recognising the changes that have occurred in scientific knowledge, and international and national regulation and laws. Inspection of the references will give an insight into the changes that have occurred since 2005.

The Dental Council sought to develop a code that was appropriate to the protection of the public and all those employed in dental practices. The development of an appropriate code provides everyone with recognisable standards, while promoting transparency and enhancing public confidence in the dental profession. It is a win-win situation for the public and profession alike.

Evidence

The profession was very keen that any new Code should be evidence based, and this was also a strongly held aim of Council. The Dental Council asked Drs Christine McCreary, Martin Holohan, Nick Armstrong, Wil Coulter and Mary O'Donnell to examine the evidence and to help develop the new Code. The Council sought the views of 22 groups, including patient and professional representative groups, statutory bodies, Government bodies and indemnity societies who have a particular interest in this matter. The Council is indebted to all who took part in the process and is grateful for their help but, in particular, to the Infection Prevention and Control Sub-Group under the chairmanship of Dr Armstrong. It was a huge task to ask of volunteers but after

three years of research, diligence and hard work, the result is a balanced, evidence-informed Code.

The references and bibliography are testament to the roots of the new Code and provide the reader with sources pertinent to the requirements of the Code. Dental healthcare workers (DHCWs) should access these references to gain greater understanding of what is required in certain areas such as hand hygiene, the prevention of sharps injury or waste management.

Evolution

The new Code has evolved from the 2005 Code sharing core information with the 2005 edition but, sometimes, with important changes.

- ▶ The layout is different. The new Code is gathered together in seven broad headings, which should allow all those working in a dental healthcare setting, both clinical and non-clinical personnel, to assess and understand their roles and responsibilities in infection prevention and control (IPC) in their workplace. The headings allow a sense of movement through the processes of IPC from our responsibility to ourselves and each other in the workplace (the Occupational Health section), to our responsibility to all those who attend our workplace (Standard Precautions and Decontamination of Dental Instruments sections) and then to the ensuing management of waste generated in the workplace (Healthcare Risk Waste and Non-Risk Waste Management section).

IPC requires training and education for all members of the team; team training underpinned by shared attitudes and values (Training and Education section). The new Code summarises the need for risk assessment/audit and standards; these practices are universally acknowledged as essential to quality assurance in all healthcare and will probably play an important role in future practice inspection (Risk Assessment/Audit and Standards section). These are new skills for many DHCWs but with support, they should not prove intimidating. The recently published Dental Council Guide to Continuing Professional Development requirements (April 2015) recommends audit and governance as core CPD competencies.



Dr Eamon Croke
President of the Dental Council of Ireland

Governance requires the nomination of a Decontamination Lead from within the DHCWs in each workplace and the development of an IPC policy. The Decontamination Lead role carries great responsibility for the practice, as the Lead will establish safety procedures, document them, initiate, and then audit and ensure compliance with the established IPC system (Governance section). A procedure for adverse event reporting must be established also (see Code of Practice relating to: Professional Behaviour and Ethical Conduct (8.1 – 8.5) and Code of Practice relating to: Infection Prevention and Control (5.6)).

- ▶ Immune status – the employer is still responsible for recommending vaccinations to employees based on risk assessment, but now it is recommended that all staff know their own immune status with regard to diseases to which they may be occupationally exposed.
- ▶ The advice to any DHCW who has the misfortune to be infected by blood-borne viruses to seek medical advice remains the same, but the new Code sets out the criteria by which they can continue clinical practice, if that is appropriate.
The new Code does not have a section on the treatment of patients who are infected by blood-borne viruses, as this is covered in the Code of Practice relating to: Professional Behaviour and Ethical Conduct (3.1 – 3.3), as is practices' responsibility to protect patient confidentiality (10.1 – 10.3).

- ▶ Risk management – DHCWs are expected by the public to have the required knowledge, as professionals, to minimise risk. The new Code, at the outset, sets squarely the responsibility of each DHCW to acquire the knowledge to be able to assess risk in the workplace and to be able to manage risk appropriately thereafter. The Code gives direction in that regard but it is not a step-by-step manual. Advice in the 2005 Code relating to laboratory and radiological procedures is still accurate but gets minimum space in the new Code, not because they have become less important (certainly not), but as part of the evolutionary process. This is previous knowledge that continues to withstand examination; it is not old but remains contemporaneous.
- ▶ There was some surprise expressed that amalgam should be included in an IPC document. However, amalgam is a hazardous material and waste amalgam from the mouth is clearly contaminated material, so it is appropriate and helpful that the Council should give guidance on its disposal in the risk waste section.
- ▶ The new Code gives guidance on the retention of records in keeping with advice the Dental Council received previously from the Office of the Data Protection Commissioner.
- ▶ Who or what is a Competent Person? A Competent Person is one who has been trained and is qualified to undertake a given procedure, whether it is the validation of decontamination equipment or pressure vessel checks.



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DHCWs are trained to be responsible people. Part of those responsibilities include the need to be certain that anyone employed to carry out a task on the premises is trained and competent. It is an ethical requirement but, primarily and most clearly, common sense. Undoubtedly, the person who undertakes a pressure vessel check should not masquerade under false pretences. They are competent to fulfill their legal duty or they are not. Do not hesitate to seek proof of competency. Pressure vessels, compressors and autoclaves can cause great damage and harm if they malfunction; this danger is recognised in Safety, Health and Welfare at Work legislation (S.I. 445 of 2012).

- ▶ Validation relates to two distinct processes in the Codes: validation of the correct functioning of decontamination equipment; and, validation of procedures undertaken by DHCWs, for example the IPC system or healthcare risk waste management. Both types of validation are functions of governance; both require training, competence, audit and documentation.

Expectation

The new Code will allow continued development of IPC practice from the IPC practices established by the 2005 Code. However, the Dental Council does recognise that the new Code will present challenges in implementation, and

has provided practice owners and DHCWs the time to develop their IPC practice and to plan to upgrade, and then to continue to upgrade, their practice to evolving standards. Any aspect of dental healthcare practice that fails the basic (“must do”) standards of the Code today must be addressed immediately.

The Dental Council expects essential changes to occur around risk-riddled practice such as manual cleaning. Ideally, manual cleaning should only take place after diminution of the risk of infection following ultrasonic cleaning or, ideally, following the use of a washer-disinfector. It is the least acceptable of the three methods of cleaning instruments. This should be part of a co-ordinated plan to prevent sharps injuries and, simultaneously, allow clarity in the validation of an IPC system.

All current dental practices must have a suitable local decontamination area (LDA). The new Code supports the attainment of best practice. All registrants are advised that existing practices should, where not prevented by the physical restrictions of the premises, plan for the establishment of a local decontamination unit (LDU) and the installation of a washer-disinfector. The washer-disinfector is the preferred method of cleaning instruments.

The new Code will require review and renewal in the light of continued developments in the area and one can expect this to be done within the term (five years) of the next Council. The long-overdue Dental Act will hopefully have been enacted in that time. It is expected that it will contain provision for the licensing and inspection of dental premises.

Start now

Irrespective, it would be very advisable for dental practice owners to plan for the development of their IPC system now. Not to do so may leave their employees and patients exposed to avoidable risk, leaving you, the dentist, open to civil or criminal challenge and fitness to practise proceedings. None of those risks are worth a gamble.

The Dental Council, in setting the essential standards of IPC, is also acknowledging best practice standards to which all DHCWs should aspire. To progress from the 2005 Code is manageable but will require careful planning prior to implementation. Assess, plan, implement, audit; it is an interlocking cycle and is worth the effort. Set your own timetable but today is the time to start.

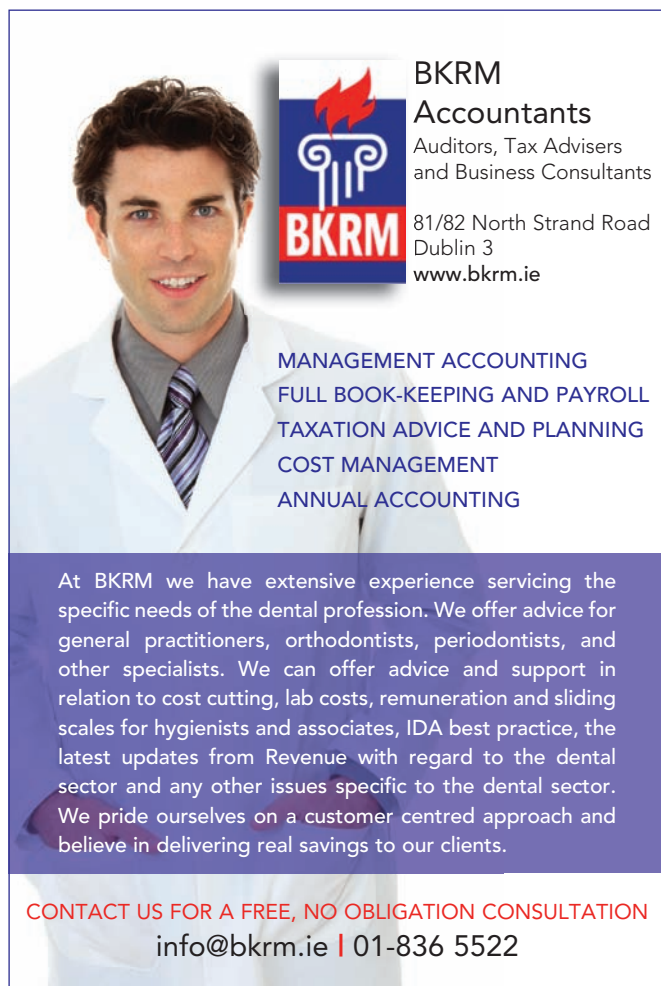
Encouragement

The Dental Council is greatly encouraged by the response of the profession to the new Code and the recognition that it is a constructive progression from the 2005 Code. The Council is further encouraged by the plans of professional groups to aid their members to make the required changes. This aid will require both training and the development of governance structures and audits. These are tasks that are regularly rewarded by community spirit.

It is intended that all information provided on the new Code, including this article, are adjuncts to reading the Code.

The new Code is the ground on which a culture of patient safety can be built in every dental premises – a culture of shared attitudes, values and practices by all in dental healthcare. It is a culture that places patient and staff safety centrally; it is a culture that allows dentistry consistently to say “we care for you!”

The Dental Council wishes the profession and everyone working in dental healthcare settings well in their endeavours to fulfill their responsibilities in IPC.



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