Laboratory Infection Prevention & Control Policy

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Version	1.0
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Policy owner	Laboratory management
Next review	1 November 2027, or sooner if circumstances change

1. Purpose and scope

This policy sets out BJM Dental Laboratory Ltd's approach to reducing infection risks when receiving, handling, manufacturing, disinfecting, storing and dispatching dental impressions, models, appliances and restorations. It applies to employees, temporary staff and visitors where relevant. It must be read alongside current risk assessments, COSHH assessments, manufacturer instructions and documented laboratory procedures.

2. Responsibilities and training

Laboratory management is responsible for maintaining suitable facilities, equipment, risk assessments, protective equipment, training and incident procedures. Staff must follow approved procedures, report hazards promptly and avoid working outside their training or competence. Induction and refresher training should be documented; staff should know where to find current procedures and safety data sheets.

3. Standard precautions and hand hygiene

Treat incoming clinical items as potentially contaminated unless appropriate disinfection is confirmed. Perform hand hygiene before clean work, after handling potentially contaminated items, after removing gloves and whenever hands are visibly soiled. Use soap and water when hands are visibly dirty; alcohol hand rub may be appropriate on visibly clean hands. Cover cuts with waterproof dressings.

4. Personal protective equipment (PPE)

Select gloves, protective clothing, eye/face protection and suitable respiratory protection according to the task-specific risk assessment. Replace contaminated or damaged PPE and remove it safely before entering clean areas. Protective clothing used in production must not be worn outside designated work areas. Where respiratory protective equipment is required, ensure appropriate selection, fit testing where applicable and user training.

5. Receiving, segregation and disinfection

Incoming impressions, registrations, try-ins, appliances and other clinical items must be assessed at receipt and kept separate from clean production work until their decontamination status is established. If disinfection is undocumented or uncertain, follow the laboratory's validated, material-compatible cleaning and disinfection procedure before production. Use the correct product concentration, contact time and handling method in accordance with manufacturer instructions. Record and communicate concerns about damaged, visibly contaminated or unsuitable items to the sending practice. Do not assume that rinsing alone constitutes disinfection.

6. Cleaning, equipment and environmental controls

Maintain a documented cleaning schedule for benches, high-touch surfaces, sinks, equipment and shared tools. Clean visible soil before applying a compatible disinfectant where required. Use products in line with COSHH assessments and manufacturer instructions, including contact times. Separate clean and dirty zones where practicable and prevent cross-contamination of materials, containers and tools.

7. Dust, aerosols and ventilation

Assess grinding, trimming, polishing and other dust- or aerosol-generating processes. Use appropriate local exhaust ventilation, enclosed equipment, wet methods where suitable and task-specific PPE. Maintain and inspect extraction systems in accordance with applicable requirements and manufacturer guidance. Avoid uncontrolled dry sweeping or compressed-air cleaning that disperses contamination.

8. Sharps and occupational exposure

Handle sharps carefully and dispose of them immediately into appropriate sharps containers. After a needlestick or cut, encourage gentle bleeding without squeezing or sucking the wound, wash with running water and soap, cover the wound and seek urgent occupational health or medical advice as appropriate. For splashes to eyes or mouth, irrigate promptly with water and obtain medical advice. Report and document incidents immediately, and assess whether statutory reporting is required.

9. Waste management

Segregate waste at the point of generation in suitable, labelled containers according to the relevant waste classification and local disposal arrangements. Do not overfill containers. Secure and store waste safely pending collection by authorised providers where required. Keep records of waste transfer and disposal as applicable.

10. Chemicals, spillages and reactions

Maintain current COSHH assessments and safety data sheets for relevant disinfectants, monomers, cleaning agents and other hazardous substances. Staff must follow spill-response procedures appropriate to the substance, use suitable PPE and report incidents or adverse reactions immediately. Do not mix cleaning chemicals unless explicitly authorised by product instructions.

11. Outgoing work and transport

Clean and disinfect outgoing appliances, restorations and other items as appropriate to the material and clinical instructions before packing. Keep disinfected items separate from contaminated items, package securely and clearly communicate any disinfection or handling information required by the receiving practice. Courier handling must minimise damage and cross-contamination.

12. Staff health, immunisation and visitors

Assess occupational health and immunisation needs in line with role-specific risks and current professional guidance. Staff should report illness that may create an infection risk and follow management advice on safe attendance. Visitors must follow site hygiene and PPE requirements based on the areas accessed and the current risk assessment. Eating, drinking and smoking are prohibited in production areas.

13. Monitoring, incidents and review

Management should review compliance through routine checks, training records, incident reporting and corrective actions. This policy should be reviewed at least annually and following significant changes to equipment, materials, guidance, infection incidents or laboratory workflows.

Implementation and review

This policy must be applied alongside BJM's current site-specific risk assessments, COSHH documentation, product instructions, training records and operational procedures. Management should confirm these arrangements remain accurate and effective before relying on this document as evidence of compliance.