Dental Schools Council – policy on conformity with Health Technical Memorandum (HTM) 07-01

Background

'HTM 07-01: Safe management of healthcare waste', was published by the Department of Health in 2013. This was produced as UK-wide guidance, with the caveat: '*users in the devolved regions should refer to local regulatory guidance'*.

1.1 states that the '*guidance provides a framework for best practice waste management in order to help healthcare organisations…meet legislative requirements…and reduce the associated environmental and carbon impacts of managing waste'*. Section 1.3 lists a number of organisations that are required to use the guidance including:
'NHS trusts and NHS foundation trusts (including acute trusts, mental health trusts, primary care trusts and ambulance trusts) and *dental practices'.*

The document contains specific guidance for various sectors but there is not a section that directly considers the environment that exists in most dental schools with associated dental hospitals or, other, large open-plan dental clinical teaching environments.

Section 3 outlines the legislative framework, with 3.51 mandating infection prevention and control, and 3.52 requiring that high standards of infection prevention and control are set up and maintained. Section 3.53 states that waste disposal should include:

'*a.(i) assessing risk*
b (i) training and information
(iii) segregation of waste
(x) appropriate treatment and disposal of such waste'

Section 4.8 classifies clinical waste as
***a**. '. . . any waste which consists wholly or partly of human or animal tissue, blood or other body fluids… swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and*
***b**. any other waste arising from medical, …dental, … practice, investigation, treatment, care, teaching or research...'*

Section 4.83 (p36) states unambiguously:
'In certain circumstances, assessment of the patient and item will not be practical for the healthcare worker: for example .. dentists, dental therapists or dental hygienists without access to the patient's full medical history. In these circumstances, all waste contaminated with blood, pus, wound exudates and similar substances should be regarded as infectious. In a dental setting, for example, saliva may be considered potentially infectious due to the presence of traces of blood. This does not extend

to uncontaminated items. These activities would still be expected to generate a healthcare offensive waste stream.'

However, the sector guidance for dental practices (p152-161) presents slightly contradictory statements (section 15, page 153):
'Offensive/hygiene waste from dental care includes items such as saliva-contaminated swabs where no known infection risk is present, gowns, gloves, tissues etc but which are not contaminated with blood, medicines, chemicals or amalgam.'

Offensive waste (where no infection risk is known) is placed in yellow/black striped bags and sent to landfill for disposal. Infectious waste (e.g. waste contaminated by saliva from a patient with a known transmissible infection) requires incineration and is transported in an orange bag.

Context
Most undergraduate dental education takes place in dental hospital clinics, extended outreach clinics or in a variety of dental practice settings. In all of these clinical environments the main form of medical history available is via a patient-reported form verified by a dental professional. There is very seldom the access to the patient's 'full medical history' as would be expected in a general hospital or general medical practice setting.

All operative dental procedures are considered to be exposure prone procedures and constitute the greatest proportion of undergraduate clinical activities. Within dental schools the principle of 'universal precautions' is therefore taught to undergraduate students. This limits the risk of patient-patient, patient-operator or operator-patient transmission of infection and encourages best practise in infection control procedures. It is widely accepted that patients are unlikely to know their serological status regarding blood borne viruses or other transmissible infections, or may be reluctant to disclose these to their dentist. It is also recognised that these can be acquired via a large variety of sources without the patient knowingly having indulged in activities that increase their risk of acquiring a transmissible infection. Dental Schools have therefore taught their students to consider all objects potentially contaminated with blood or saliva to be infectious waste. This would be disposed of in orange bags and would be consistent with section 4.83 (p36) of HMT 07-01, but not section 15 (p153) of the dental sector guidance. This latter section records that if saliva contaminated waste is obtained from a patient where *'no known infection risk is present'* then this should be disposed of in yellow and black striped bags. This, internal inconsistency within the guidance, poses risks to dental personnel who are registrants with the General Dental Council (GDC).

Standards for the Dental Team (GDC, 2013) records, in Section 1.5.1:
'1.5.1 You must find out about the laws and regulations which apply to your clinical practice, your premises and your obligations as an employer and you must follow them at all times. This will include (but is not limited to) legislation relating to:

• *the disposal of clinical and other hazardous waste…'*

Section 4.2.1 notes:
'Confidentiality is central to the relationship and trust between you and your patients. You must keep patient information confidential.
This applies to all the information about patients that you have learnt in your professional role including personal details, medical history, what treatment they are having and how much it costs.'

Statement of problem
The practical consideration, regarding separating waste into orange or yellow/black bags is that this then designates visibly patients as either potentially 'infectious' or 'non-infectious'. In an open clinical environment this could raise questions from those not involved in direct patient care as to why there were different coloured bags being used for specific individuals. This could lead to stigmatisation of the patient but also undermines the ability to maintain patient confidentiality. As training materials including flow diagrams are often placed within clinical environments (3.53.b.i), this could further compromise confidentiality by allowing visitors to differentiate between waste streams and therefore 'infectious' and 'non-infectious' patients. A registrant may therefore, in trying to comply with standard 1.5.1, breach standard 4.2.1, and may therefore potentially place their registration at risk.

Recommendation to UK Dental Schools.
Given the contradictory guidance in HTM 07-01, the Dental Schools Council proposes that Section 4.83 is adopted for dental school environments, i.e. all clinical waste potentially contaminated with saliva should be treated as infectious waste and therefore should be placed in orange bags for disposal. Section 4.83 is in keeping with current undergraduate teaching in infection control and is also reconcilable with the GDC standards 1.5.1 and 4.2.1. Waste that is not potentially contaminated with blood or saliva should be segregated appropriately and the correct waste streaming process used.

By adopting this interpretation those organisations listed in Section 1.3 of HTM 07-01 can be reassured that clinical dental education is complying with the required legislative frameworks.

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