

Sterilisation of reusable dental instruments

Standard operating procedure (SOP) | DEN-SOP-001

Document type	Standard operating procedure (SOP)
Title	Sterilisation of reusable dental instruments
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 31 (Dental Care), criterion 31.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Only instruments processed in a validated cycle are used (DEN-REG-001).
2. Instruments are packed in sealed sterile-barrier packs and dated.
3. Every cycle is monitored with the indicators named in this procedure (DEN-REG-001).
4. A failed indicator quarantines the load and triggers action.

Stop and get help straight away if: a load is released for use with a failed indicator, or with no cycle record.

1. Purpose

To make sure every reusable instrument is sterile before it reaches a patient, and that each cycle can be proved (31.1, 31.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Dental instruments that are not properly sterilised carry blood and infection from one patient to the next. A validated process, applied to every instrument, is what makes them safe to reuse.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Infection prevention lead	Owens the validated cycles and the monitoring schedule	Clinician or manager
Decontamination operator	Processes instruments and records each cycle	Infection prevention lead

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Clean and dry.	- Clean each instrument by the manufacturer's method before packing. - Dry fully so the sterilising agent can reach all surfaces.	Clean and dry.
2	Pack and load.	- Pack instruments in sealed sterile-barrier packs with a date. - Load the chamber within the validated load pattern.	Packed and loaded.
3	Run and monitor.	- Run the validated cycle for the instrument type. - Record the chemical and biological indicator results (DEN-REG-001).	Cycle recorded.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Cycles with complete indicator records	100%	Weekly	Infection prevention lead	Quarantine the loads and escalate to the clinical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
DEN-REG-001	Sterilisation cycle and load register	Register
DEN-SOP-002	Dental unit waterline management	Procedure

16. Evidence

ID	Source and status
E-009	Based on the CDC guidelines for infection control in dental health-care settings (Kohn et al., 2003), ISO 17665 for moist-heat sterilisation, the Minamata Convention on Mercury (2013), IAEA Specific Safety Guide SSG-46 (2018), Council Directive 2013/59/Euratom, and the ADA guidelines on sedation (2016).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval