Infection Control Coordinator

Guidebook & Standard Operating Procedures

FOR PORTABLE AND MOBILE DENTISTRY

WISCONSIN Seal-A-Smile

Infection prevention is no accident

This Guidebook
is created for

Date: 08/28/2024

Location:

By:

This guidebook is designed to assist programs in adhering to high-quality, safe, and effective school-based infection control and prevention protocols. It is ultimately the responsibility of each individual program to implement proper infection control and prevention protocols. Please note that this guidebook does not replace the OSHA binder required for any dental setting.

Mobile v.s. Portable v.s. Traditional Infection Prevention

Mobile dentistry and **portable dentistry** differ in several important ways that dental professionals should be aware of. Mobile dentistry involves a dedicated dental vehicle or trailer that is equipped with dental equipment and can function as a self-contained dental office. In contrast, portable dentistry relies on dental professionals transporting and setting up portable equipment in temporary locations like schools or nursing homes. While mobile units offer more robust capabilities in a contained environment, portable dentistry allows greater flexibility in reaching underserved populations at lower overhead costs.

Dental professionals operating in mobile vans or portable setups still must adhere to the same rigorous infection control standards as traditional dental offices. While the CDC's Guidelines for Infection Control in Dental Health-Care Settings serve as the foundation, organizations like ADS, formally OSAP, provide additional guidance tailored to the unique challenges of mobile/portable operations. Conducting thorough site assessments, ensuring proper sterilization and disinfection procedures, and consistently following standard precautions are crucial in these non-traditional settings. Dental professionals can provide quality care while prioritizing the safety of their patients and team members, even in the confined spaces of mobile vans or temporary portable setups.

Definitions

Here are some common terms and acronyms used in infection control and in this guidebook

DUWL = Dental Unit Water Lines

IFU = Instructions For Use

MIFU = Manufacturer Instructions For Use, guidelines and directions provided by manufacturers for the safe and effective use of dental products, devices, equipment, or materials.

SDS = Safety Data Sheet

AWS = Air / Water Syringe

DHCP = Dental Health Care Provider

AGP = Aerosol Generating Procedure

OSHA = Employee safety

CDC = Patient Safety

Asepsis = Absence of bacteria, viruses, and other microorganisms that can cause infection.

TEAM MEMBER TRAINING

Dental team members should receive training on infection control and equipment when hired, when new equipment is introduced, and at least annually. Training should be provided when protocols, regulations, or guidelines change. This affirms the DHCPs are up-to-date on infection control practices and are knowledgeable about the equipment used in the dental setting.

DATE	TIME	TEAM MEMBER	ROLE	TRAINING GIVEN BY	INITIALS
08/08/2024					

TEAM HUDDLE TOPICS

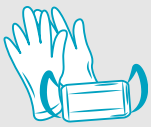
January	February	March
April	May	June
July	August	September
October	November	December

Principles of IC

Several principles of infection control are essential in a dental office to prevent the spread of infectious diseases. These principles include:

Hand Hygiene

Proper hand hygiene is integral in preventing the transmission of microorganisms. This involves using an alcohol-based hand sanitizer OR washing hands with soap and water before and after patient contact. Remember, a surgical hand wash is expected for surgical procedures and is different than hand hygiene between patients or when hands are soiled.



Personal Protective Equipment (PPE)

PPE, like gloves, masks, and protective eyewear, help to protect dental healthcare personnel AND patients from exposure to potentially infectious material.

Sterilization and disinfection

Instruments and surfaces in the dental office must be properly cleaned, disinfected, or sterilized to prevent the transmission of infectious diseases. It is important to understand the difference between clean, disnifected, and sterilized.

Vaccinations

Dental healthcare personnel should receive appropriate vaccinations, such as for hepatitis B, to protect themselves and their patients. There are other recommended immunizations recommended for DHCPs

Respiratory hygiene and cough etiquette

Patients and healthcare personnel should cover their mouths and noses when coughing or sneezing to prevent the spread of respiratory infections. There are particular practices recommended for DHCPs to follow and suggested signage to communicate best practices for cough etiquette and respiratory hygiene.

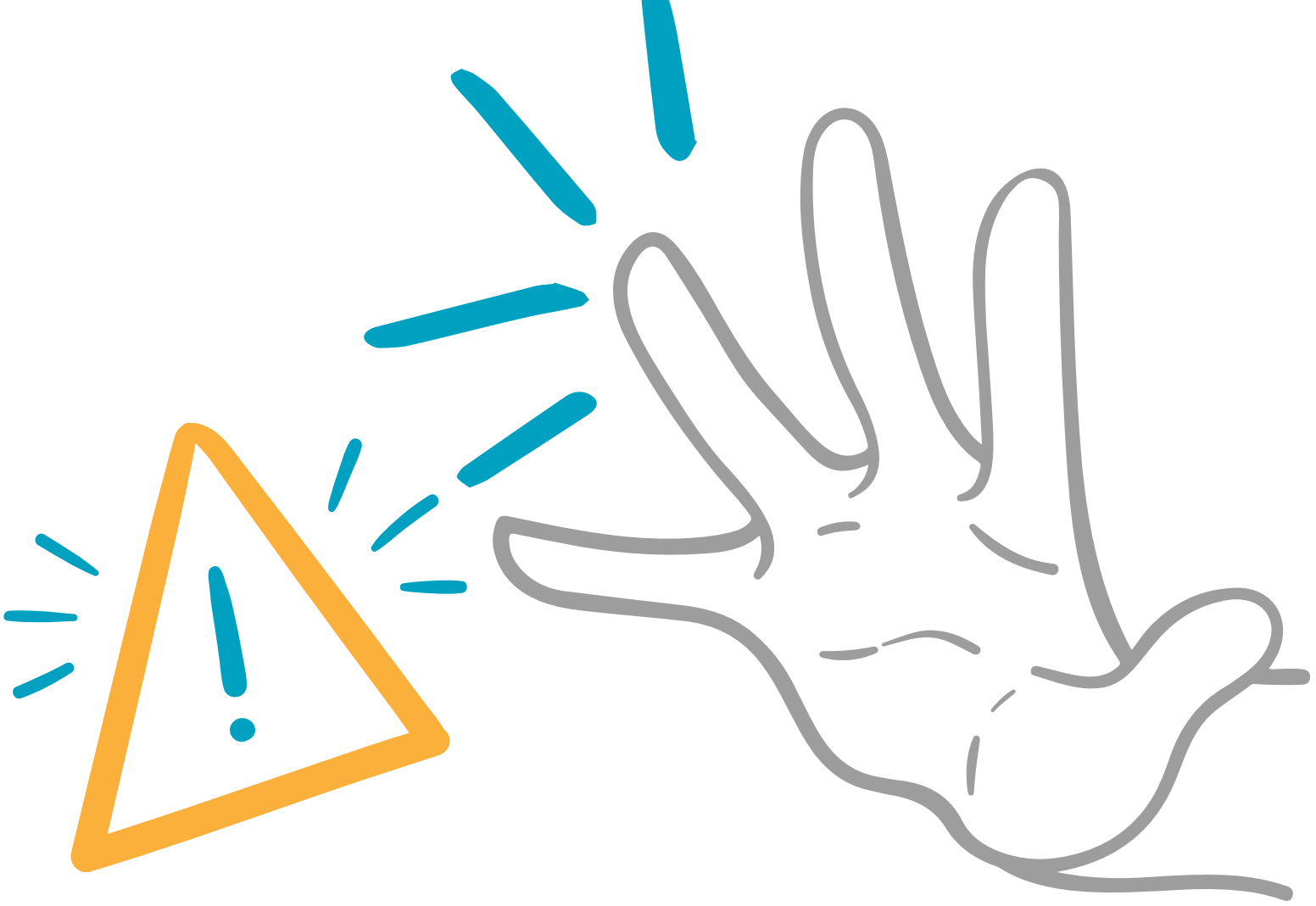
Patient screening and management

Patients should be screened for signs and symptoms of infectious diseases, and appropriate measures should be taken, such as isolation, rescheduling the person until they are no longer communicable, or a referral to the relevant healthcare provider.

Environmental controls

Proper ventilation, air filtration, and management of waste and contaminated materials are standard practices in preventing the transmission of infectious diseases.

By following these principles of infection control, dental professionals can provide a safe and healthy environment for patients and healthcare personnel.



Be aware of

LEGACY ERRORS IN YOUR PRACTICE

Legacy errors in dentistry refer to mistakes or incorrect practices passed down through generations of dental professionals. These errors often persist despite technological advancements, new knowledge, and what are considered best practices. Legacy errors can stem from outdated techniques, lack of awareness about new research and guidelines, resistance to change, or adherence to traditional methods without evaluation. Addressing and rectifying these legacy errors is necessary for safe dental care. It is important to audit your own practices first. Ask yourself why you disinfect items the way you do and if those practices are dated or for example.

Standard Precautions

The CDC describes Standard Precautions as basic infection control strategies "based on a risk assessment and makes use of common-sense practices that protect healthcare providers from infection and prevent the spread of infection from patient to patient".

Hand Hygiene

Hands are the most common mode of pathogen transmission

- *Clean your hands when visibly soiled.*
- *If bare hands touch items contaminated with blood, saliva, or other potentially infectious materials*
- *Before and after wearing gloves*
- *Use soap and water when hands are visibly soiled, otherwise, an alcohol-based hand rub may be used.*

Sterilization & Disinfection

This is a very important aspect of patient care and every clinical team member should be properly trained

- *Determine if the instruments are critical, semi-critical, or non-critical*
- *Follow all IFUs and use only FDA-cleared devices and supplies for cleaning, packaging, and heat sterilization.*
- *Equipment maintenance and record keeping is a must*
- *Training should be often*
- *Standard Operating Procedures are very important for each aspect of sterilization and disinfection procedures*

Personal Protective Equipment

Should be worn whenever there is potential for contact with spray or spatter

- *Fit matters! Everyone should have gloves that fit!*
- *Remove before leaving the clinical area (do not wear to the front office area, reception area, or break area)*
- *Follow all IFUs*
- *Change per the recommendations i.e. new masks for each patient or if soiled/wet*
- *Employees cannot take home any PPE and launder*
- *Put on and take off in the proper sequence*

Safe Injection Practices

A set of measures intended to prevent transmission of infectious diseases between patients and a patient and DHCP

- *Single-use means SINGLE-USE!*
- *Needles and anesthetic cartridges are used for one patient only, and the dental syringe is cleaned and heat sterilized between patients.*
- *Follow instructions for use for single-use and multi-dose vials*

Respiratory/Cough Etiquette

Display visual cues to remind staff and patients of proper ways to prevent the spread of respiratory pathogens.

- *Tissues and no-touch waste receptacles for disposing of used tissues.*
- *Dispensers of alcohol-based hand rub and handwashing materials (when a sink is available).*
- *Masks (for coughing patients and other people with symptoms).*
- *Encourage people with symptoms to sit as far away from others as possible.*

Environmental Infection Control

Surfaces in the dental environment can serve as reservoirs of microbial contamination.

- *Define housekeeping and clinical surfaces*
- *Know your contact and kill time for all disinfectants*
- *Use proper PPE when using chemicals*
- *Use barriers as much as possible and especially for hard-to-clean surfaces*
- *Use EPA-registered intermediate level, hospital-grade, tuberculocidal products FOLLOW THE IFUs*

Sharps safety

Most exposures in dentistry are preventable.

- *Engineering controls should be the primary method to reduce exposure to bloodborne pathogens.*
- *Define and implement work practice controls*
- *Preparation and slowing down will help you prevent injuries*
- *What are the guidelines for where you can have sharp's containers?*
- *Know your post-exposure management plan. What happens if there is an injury.*
- *Evaluate your sharps safety program annually*

Dental Unit Water Lines

Using water of uncertain quality is inconsistent with infection prevention principles.

- *Untreated dental units cannot reliably produce water that meets drinking water standards.*
- *Consult with the dental unit manufacturer on the need for periodic maintenance of antiretraction mechanisms.*
- *Test, shock, treat, and repeat*
- *Document everything and create standard operating procedures for these procedures*

Why You need to create Standard Operation (SOP)

Your practice is unique, and DHCPs need to understand how to keep patients safe while providing care. For infection prevention, SOPs are necessary to ensure anyone involved with patient care or procedures that directly affect patient care is aware of how infection prevention is implemented in your practice. The SOPs are followed by all dental professionals, including temporary employees, new hires, or transitional employees. SOPs provide a source of truth for YOUR infection control procedures, ensuring that all dental professionals are aware of and understand the procedures that need to be followed to prevent the spread of infectious diseases.

Having SOPs in place can help to:

STANDARDIZE PROCEDURES	SOPs ensure that procedures are performed in the same way, regardless of who is performing them. This helps to reduce errors and variations in practice, especially for temporary employees, new hires, or transitional employees who may not be familiar with the infection control procedures of the dental offce.
IMPROVE QUALITY OF CARE:	SOPs provide clear instructions for infection control procedures, ensuring they are performed correctly and consistently. Regardless of who is performing the infection prevention procedure or task, there is no question about how it is done or the steps necessary to complete it.
ENSURE COMPLIANCE	SOPs help ensure that infection control procedures comply with current guidelines and regulations from reputable organizations and the product's instructions for use. This is important for temporary employees, new hires, or transitional employees who may not be familiar with the dental office's infection control products or if the regulations are different for your county.
FACILITATE TRAINING	SOPs provide a clear and concise source of information that can be used to train new dental professionals or refresh existing staff's knowledge. This is especially helpful for temporary employees, new hires, or transitional employees who may need to quickly get up to speed on the infection control procedures of the dental office.

In summary

SOPs are important for creating a source of truth for all dental professionals regarding infection control procedures. SOPs are also a living document and should be updated with new equipment, new products, or guideline updates.

By having SOPs in place, dental offices can create a safe and healthy environment for patients and DHCP, regardless of their level of experience or familiarity with the infection control procedures of the dental office.

Document Checklist

EMPLOYEE INFO

- ◯ Copy of license or certifications
- ◯ CPR card
- ◯ CE Certificates, including IC training
- ◯ Hep B Verification or Declination
- ◯ TB baseline test results
- ◯ Annual Influenza
- ◯ COVID vaccinations

ANNUAL

- ◯ Training logs for IC and OSHA
- ◯ Review of Engineering controls
- ◯ Review of team members PPE

LOGS

- ◯ Dental Unit Waterline Log
- ◯ Suction Maintenance Log
- ◯ Daily Sterilization Log
- ◯ Autoclave Maintenance Log
- ◯ Weekly Spore Test Log
- ◯ Dental Unit Waterline Test Log
- ◯ Biohazard Management Log
- ◯ Ultrasonic Testing Log
- ◯ Eyewash Station Flush Log (OSHA)
- ◯ Equipment Maintenance Log

TRAINING

- ◯ Sharps Safety training
- ◯ How to use chemicals / First Aid
- ◯ Instrument reprocessing
- ◯ Operatory turnover
- ◯ Cough etiquette stations/training/posters

SOP Checklist

These are only suggested SOPs.

- ◯ Hand Hygiene
- ◯ Cough Etiquette / Respiratory Hygiene
- ◯ Waste Management
- ◯ Instrument Reprocessing Workflow
- ◯ Instrument sterilization
- ◯ Sterile Storage/Package Breaches
- ◯ Handpiece, Ultrasonic Scaler, etc. Maintenance
- ◯ Employee PPE (when/where to don and doff)
- ◯ Ultrasonic/Instrument washer protocol
- ◯ Sterilizer maintenance
- ◯ Instrument Packaging / Chemical Indicators
- ◯ Operatory Reprocessing
- ◯ Instrument Transportation
- ◯ Instrument Setup / Restocking
- ◯ DUWL
- ◯ Suction Maintenance, including traps
- ◯ Laboratory intake, disinfection, etc
- ◯ Sick Employee or Patient Protocol
- ◯ Sharps Injuries
- ◯ Training Schedule

Where can these SOPs be found?

Management and Follow-Up of Occupational Exposures

In addition to this guidebook, an OSHA binder is also needed that will include exposure protocols, incident reports, and all of the OSHA required documents.

Is there a written procedures manual for post-exposure management?

Is there a designated person responsible for post-exposure management?

Is there a mechanism to document the exposure incident?

Where is the closest medical facility for wound care and post-exposure management?

Is there a mechanism to refer the source and DHCP for testing and follow-up?

Is there a mechanism for expert consultation by phone?

Are post-exposure prophylaxis medications readily available onsite, at an emergent care facility or nearby pharmacy?

Who is the responsible party for post-exposure care costs?

Does Workers' Compensation apply?

Have DHCP been trained in post-exposure management procedures?

SOP Checklist

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Please copy this page and use this blank SOP for any additional SOP needs

Purpose:

Equipment Needed:

Steps

Additional Considerations:

Date:

Setup / Breakdown Checklist

Sterilization area

ex: fill ultrasonic, turn on autoclave

Operatory / Portable Unit

ex: clean unit, DUWL, empty suction

Housekeeping

ex: things to check or clean up after care

Stocking

ex: procedure tubs, paper towels

Weekly TO-DO

MONDAY

Example: autoclave maintenance

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Yearly Planner

January	February
March	**April**
May	**June**
July	**August**
September	**October**
November	**December**

01 2024 Month

SUN	MON	TUE	WED	THU	FRI	SAT
1 Tasks due today	2	3	4	5	6	7

TO DO LIST

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NOTE

Add Reminders here

RESPIRATORY HYGIENE and COUGH ETIQUETTE

RESPIRATORY HYGIENE AND COUGH ETIQUETTE

are safety practices in any healthcare setting, including dental facilities. They are designed to prevent or reduce the spread of respiratory illnesses like influenza, COVID-19, and the common cold. By following these guidelines, DHCPs can help protect their patients, visitors, and team members from becoming sick and prevent the spreading of infectious diseases.

In mobile and portable dental settings, there is not always a waiting area like a dental practice. A cough etiquette sign, hand sanitizer, tissues, and a trash receptacle could be placed where administrative tasks are performed and away from the area where clinical tasks are performed. It is important to assess your area and decide where these items can be placed.

Protocol for Respiratory Hygiene and Cough Etiquette in the Dental Setting

Post signs

Display signs in the area where administrative tasks are performed and away from clinical tasks to encourage respiratory hygiene and cough etiquette. Signs should provide instructions on how to properly cover a cough or sneeze.

Cover coughs and sneezes

When coughing or sneezing, encourage all patients, visitors, and team members to cover their mouth and nose with a tissue. If a tissue is not available, cough or sneeze into their elbow.

Provide tissue

Place boxes of tissues in prominent locations throughout the dental setting.

Dispose of used tissues

Instruct all patients, visitors, and team members to dispose of used tissues in a trash receptacle and to wash their hands or use alcohol-based hand sanitizer immediately after.

Provide hand sanitizer

Place alcohol-based hand sanitizer throughout the dental setting. You can never have too much hand sanitizer available to patients and team members.

Stay home if sick

Encourage all patients, visitors, and team members to stay home if they are feeling sick or have symptoms of a respiratory illness.

Proper hand hygiene

Encourage all patients, visitors, and team members to practice proper hand hygiene by washing their hands frequently with soap and water for at least 20 seconds or by using alcohol-based hand sanitizer.

Regular cleaning & disinfection

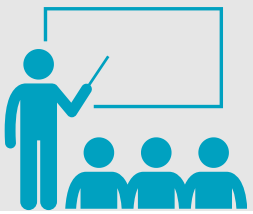
Regularly clean and disinfect high-touch surfaces, such as doorknobs, light switches, and countertops, with an EPA-approved disinfectant.

Promote social distancing

If someone is potentially ill, consider staggering appointment times to reduce the number of people in the waiting area at any given time.

Education and training

Provide education and training to all team members on respiratory hygiene and cough etiquette protocols and encourage them to follow these protocols at all times. A quick reminder at your team huddle is a great idea!



Encourage face masks

Encourage all patients, visitors, and staff members to wear a face mask when in the dental area and having respiratory symptoms. If a patient does not have a mask, provide one for them.

Together we can help reduce the spread of potential respiratory illnesses!

Standard Operating Procedure (SOP):
Cough Etiquette and Respiratory Hygiene Program in the Dental Office

Purpose:

To establish guidelines and procedures for promoting proper cough etiquette and respiratory hygiene within our dental office. This SOP aims to minimize the transmission of respiratory infections among staff and patients.

Education and Training: *Date completed* 08/28/2024

a. We provide initial and ongoing training to all team members about the importance of cough etiquette and respiratory hygiene.
b. We ensure that all team members are aware of the signs and symptoms of respiratory infections and the importance of early reporting.

Displaying Information & Respiratory Hygiene Stations: *Name locations:*

a. We display visual aids in waiting areas to promote proper cough etiquette and respiratory hygiene.
b. This information includes protocols for hand hygiene, respiratory hygiene, and proper use of personal protective equipment (PPE) in these visual aids.
c. We have set up respiratory hygiene stations at strategic locations within the dental setting.
d. These stations will include tissues, no-touch trash cans for tissue disposal, alcohol-based hand sanitizers, and surgical masks for individuals with respiratory symptoms.

Patient Communication:

a. We provide clear instructions to patients regarding cough etiquette and respiratory hygiene before their appointments through appointment reminders, emails, or the dental office website.
b. We encourage patients to reschedule appointments if they have symptoms of a respiratory infection, such as coughing, sneezing, or fever.

Staff Compliance:

a. All team members should demonstrate proper cough etiquette and respiratory hygiene as role models for patients and visitors.
b. Team members should cover their mouth and nose with a tissue or their elbow when coughing or sneezing and promptly dispose of used tissues in appropriate receptacles.
c. Team members should perform hand hygiene with soap and water or use an alcohol-based hand sanitizer after coughing or sneezing.

Personal Protective Equipment (PPE):

a. We ensure an adequate supply of appropriate PPE, such as masks, gloves, and eye protection, for staff members.
b. We guide team members on the proper use, donning, and doffing of PPE to protect themselves and others during patient interactions.

Environmental Cleaning:

a. We maintain a clean and hygienic environment by following regular cleaning and disinfection protocols for frequently touched surfaces, such as doorknobs, countertops, and waiting area chairs.
b. We emphasize the importance of cleaning and disinfecting surfaces promptly after contact with respiratory secretions.

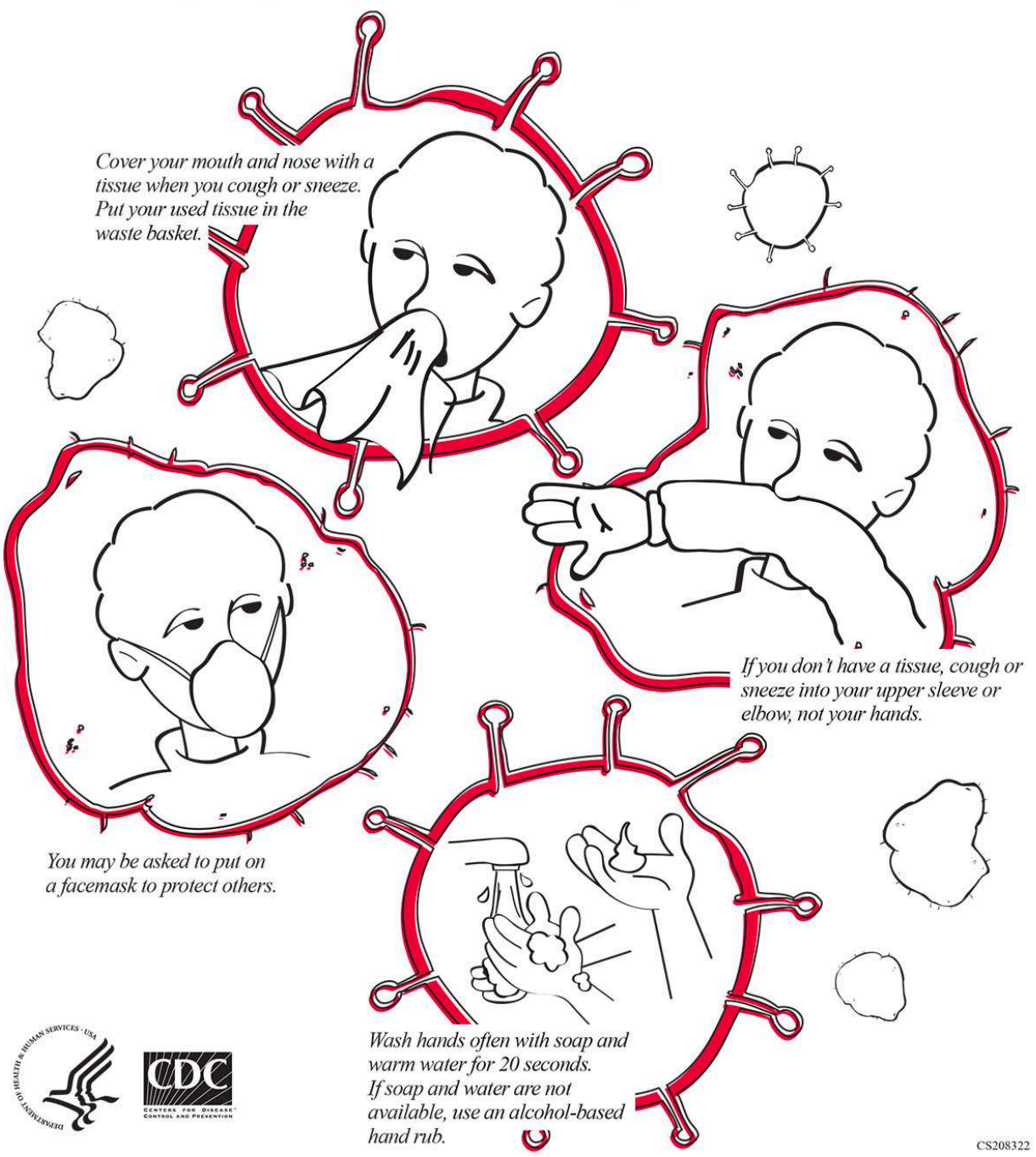
Monitoring and Evaluation:

a. We regularly monitor compliance with cough etiquette and respiratory hygiene procedures.
b. We will review and update this SOP periodically to align with new guidelines or recommendations from relevant health authorities.

By following this SOP for cough etiquette and respiratory hygiene, we aim to maintain a safe and healthy environment for our staff, patients, and visitors. Together, we can minimize the spread of respiratory infections and prioritize the well-being of everyone in our dental office.

COVER YOUR COUGH

Stop the spread of germ that make you and others sick!



Available in Spanish and 13 other languages from the CDC

Hand HYGIENE

Dental professionals come into contact with saliva, blood, and other body fluids, making hand hygiene essential in preventing the spread of bacteria, viruses, and other pathogens. Effective hand hygiene practices, such as washing hands with soap and water or using alcohol-based hand sanitizers, can reduce the risk of infection transmission by removing pathogens from the hands

Additionally, hand hygiene is essential in preventing the spread of antibiotic-resistant bacteria, which are becoming increasingly prevalent in healthcare settings, including dental practices. By practicing good hand hygiene, dental professionals can help prevent the spread of antibiotic-resistant bacteria and reduce the risk of infections in their patients.

Creating SOPs are important for creating a source of truth for all dental professionals regarding infection control procedures. They help to standardize procedures, improve the quality of care, ensure compliance, and facilitate training.

Protocol for Hand Hygiene in the Mobile Setting

WASH HANDS FREQUENTLY	All dental team members must wash their hands frequently with soap and water for at least 20 seconds, especially before and after treating each patient and anytime after donning (putting on) and doffing (taking off) gloves/PPE.
USE ALCOHOL-BASED HAND SANITIZER	Alcohol-based hand sanitizers containing at least 60% alcohol can be used when soap and water are not readily available or can be used when hands are not soiled.
USE PROPER HAND WASHING TECHNIQUE	All dental team members will use proper hand washing techniques, including wetting hands with clean, running water; applying soap; lathering and scrubbing all surfaces of the hands, including between fingers and under nails for 20 seconds; and rinsing thoroughly with clean, running water; properly and thoroughly dry hands.
USE GLOVES APPROPRIATELY	Gloves do not replace hand hygiene. All dental team members must wash their hands before donning (putting on) gloves and after doffing (taking off).
REMOVE JEWELRY	All jewelry, including rings and watches, must be removed before washing hands or putting on gloves.
KEEP NAILS SHORT	Nails should be kept short and free of artificial nails or chipped polish, which may harbor bacteria.
AVOID TOUCHING FACE	Dental team members should avoid touching their face, particularly their eyes, nose, and mouth, to prevent the spread of infection.
PROPER DRYING	Hands should be dried with disposable towels, not air dryers. Towels will be discarded after each use.
EDUCATION AND TRAINING	All dental team members will receive education and training on proper hand hygiene techniques and be encouraged to follow these protocols at all times.

By following this protocol

for hand hygiene in the dental setting, dental practices can help to prevent the spread of infection and provide a safe and healthy environment for all patients and staff members.

Standard Operating Procedure (SOP): Protocol for Hand Hygiene in the Mobile Setting

Purpose:

To establish guidelines and procedures for promoting proper hand hygiene practices within our mobile or portable clinic. This SOP aims to minimize the transmission of pathogens, protect staff and patients from infections, and maintain a safe and hygienic environment.

Scope:

This SOP applies to all team members, including dentists, dental assistants, hygienists, receptionists, and any other personnel within the mobile or portable clinic.

Procedure:

Handwashing Technique:

a. Wet hands with clean, running water.
b. Apply an adequate amount of liquid soap.
c. Rub hands together vigorously, including the back of hands, between fingers, and under nails, for at least 20 seconds.
d. Rinse hands thoroughly under running water.
e. Dry hands with single-use paper towels.
f. Use a paper towel to turn off the faucet or opening doors.

Hand Sanitization:

a. Use alcohol-based hand sanitizers with at least 60% alcohol content when hands are not visibly soiled.
b. Apply a nickel size amount of sanitizer to cover all surfaces of the hands.
c. Rub hands together (similar to hand washing) until the sanitizer is dry.

Hand Hygiene Opportunities:

-Before and after every patient contact or procedure.
-Before donning (putting on) gloves.
-After doffing (taking off) gloves.
-Before and after handling any instruments or equipment.
-After touching contaminated surfaces or objects.
-After using the restroom.
-Before and after eating or handling food.

Hand Hygiene Compliance & Considerations:

a. All team members are required to comply with proper hand hygiene practices as outlined in this SOP.
b. Team members should encourage patients to perform hand hygiene upon arrival and departure from the clinic.
c. Prior to setting up a portable dental setting, identify where sinks are located. Setting up a portable dental setting with direct sink access is best. However, if the setting does not allow for close proximity, ensure there is plenty of hand sanitizer available and all team members are aware of proper hand hygiene with alcohol-based hand rubs. Hand washing must still be performed when hands are soiled and should be performed at the beginning and end of the day.

Hand Care:

a. Maintain good hand care practices, including keeping nails short and clean, removing jewelry, and avoiding artificial nails or enhancements.

Education and Training:

a. Provide initial and ongoing training to all staff members on proper hand hygiene techniques, including the importance of hand washing and hand sanitization.
b. Ensure staff members understand the rationale behind hand hygiene and its critical role in infection prevention.

Date:

Hand Hygiene

HOW TO SANITIZE YOUR HANDS

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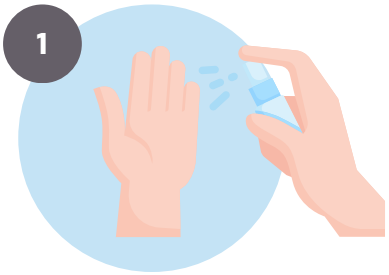


Apply a large dollop of sanitizer -follow the instructions for use

2

Rub your hands palm to palm

3

Rub back to hands

4

Scrub between your fingers

5

Clean around each of your thumbs

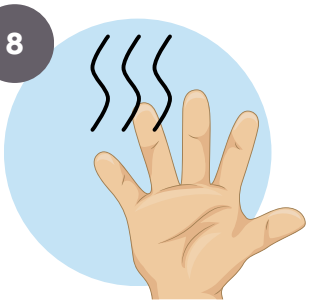
6

Rub your fingertips into your palm

7

Rub your wrists. Repeat for both hands

8



Rub hands until dry

Hand Hygiene

HOW TO WASH YOUR HANDS

1

Apply soap to your hands

2

Rub your hands palm to palm

3

Rub back to hands

4

Scrub between your fingers

5

Clean around each of your thumbs

6

Rub your fingertips into your palm

7

Rub your wrists. Repeat for both hands

8

Rinse your hands with water

9

Use a disposable towel or tissue to completely dry your hands

Personal Protective Equipment

Personal protective equipment (PPE) is a safety measure to protect dental professionals from exposure to infectious agents and other hazards.

The following are the common types of PPE used in dentistry (most required)

Gloves

Gloves protect dental professionals' hands from blood, saliva, and other body fluids exposure. They are typically made of latex, nitrile, or vinyl and must be changed between patients and after any potential exposure to infectious agents.

- Utility gloves should be worn during handling of chemicals and 'sharps'.
- Surgical gloves and exam gloves are different and have different use requirements

Masks

Masks protect dental professionals AND patients from exposure to airborne droplets, spatter/spray, and aerosols generated during dental procedures. They are typically made of three layers of material and are designed to filter out around 95% of airborne particles.

- N95s are not a mask but a respirator and require a fit test and medical examination.

Eye protection

Eye protection, like our goggles or face shields, is used to protect the eyes of DHCP from exposure to blood, saliva, and other body fluids, AND from flying debris generated during dental procedures.

- The eyewear should be made of high-impact plastic covering the entire eye area from the eyebrow to the cheekbone and on each side of the eye protection device.
- Rx glasses used for eye protection must be equipped with solid side shields.
- Loupes can be used but must cover the areas mentioned above.

Gowns

Gowns or lab coats protect DHCPs' clothing from exposure to blood, saliva, and other body fluids. They are typically made of fluid-resistant materials and should be changed between patients or when visibly soiled.

- It can be disposable or reusable
- Should never be taken home
- For mobile or portable clinics, disposable gowns are recommended

Optional: Head & Shoe Coverings

Head coverings, like surgical caps, are used to protect the hair and scalp of DHCPs from exposure to blood, saliva, and other body fluids, AND from potential exposure to airborne particles.
Shoe coverings will cover the entire shoe and can be removed before leaving the facility

Personal Protective Equipment

Name **Date**

Instructions: Check the boxes once the correct PPE has been identified--Add additional information about the PPE. Place an **X** if it is NOT applicable

GLOVES

- ☐ Brand
- ☐ Size
- ☐ Allergies
- ☐ Utility Glove Size

MASK

- ☐ Brand
- ☐ Size
- ☐ Level
- ☐ Respirator
- ☐ Fit Test

GOWN

- ☐ Brand
- ☐ Size
- ☐ Type
- ☐ Laundered?

If you have multiple brands or an employee(s) that uses different products, copy this page for each team member.

EYE WEAR

- [ ] Loupes
- [ ] Glasses
- [ ] Meets ANSI Standard
- [ ] Side Shield Present or Wraps Around

FACE SHIELD

- [ ] Reusable –Brand
- [ ] Disposable – Brand
- [ ] Disinfectant–

HAIR COVERING

- [ ] Reusable –Brand
- [ ] Disposable – Brand
- [ ] Laundered–

SHOE COVERING

- [ ] Reusable –Brand
- [ ] Disposable – Brand
- [ ] Laundered–

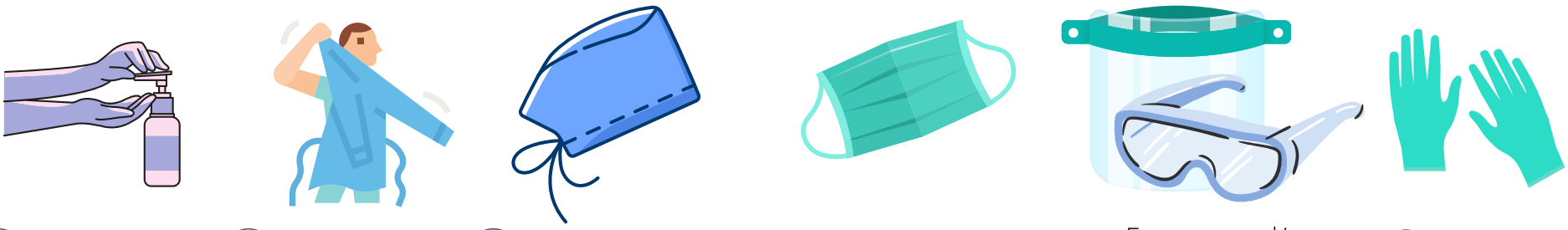
PPE- AGP

PPE- Non AGP

PPE- Op and Instrument Reprocessing

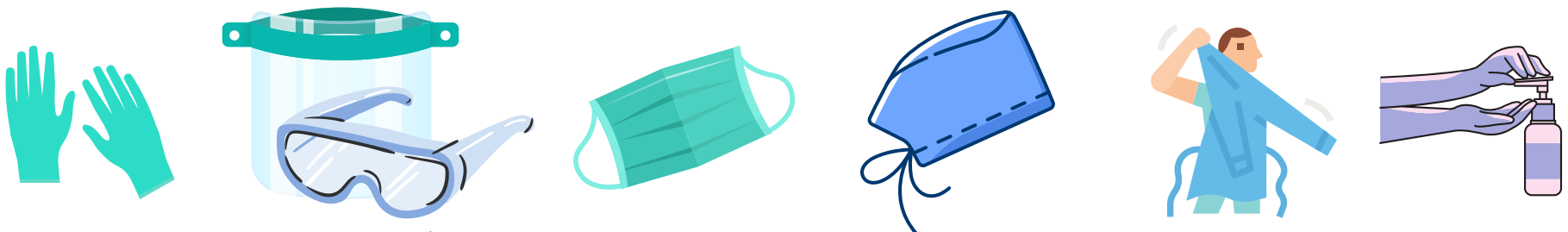
Donning & Doffing PPE

Donning Sequence



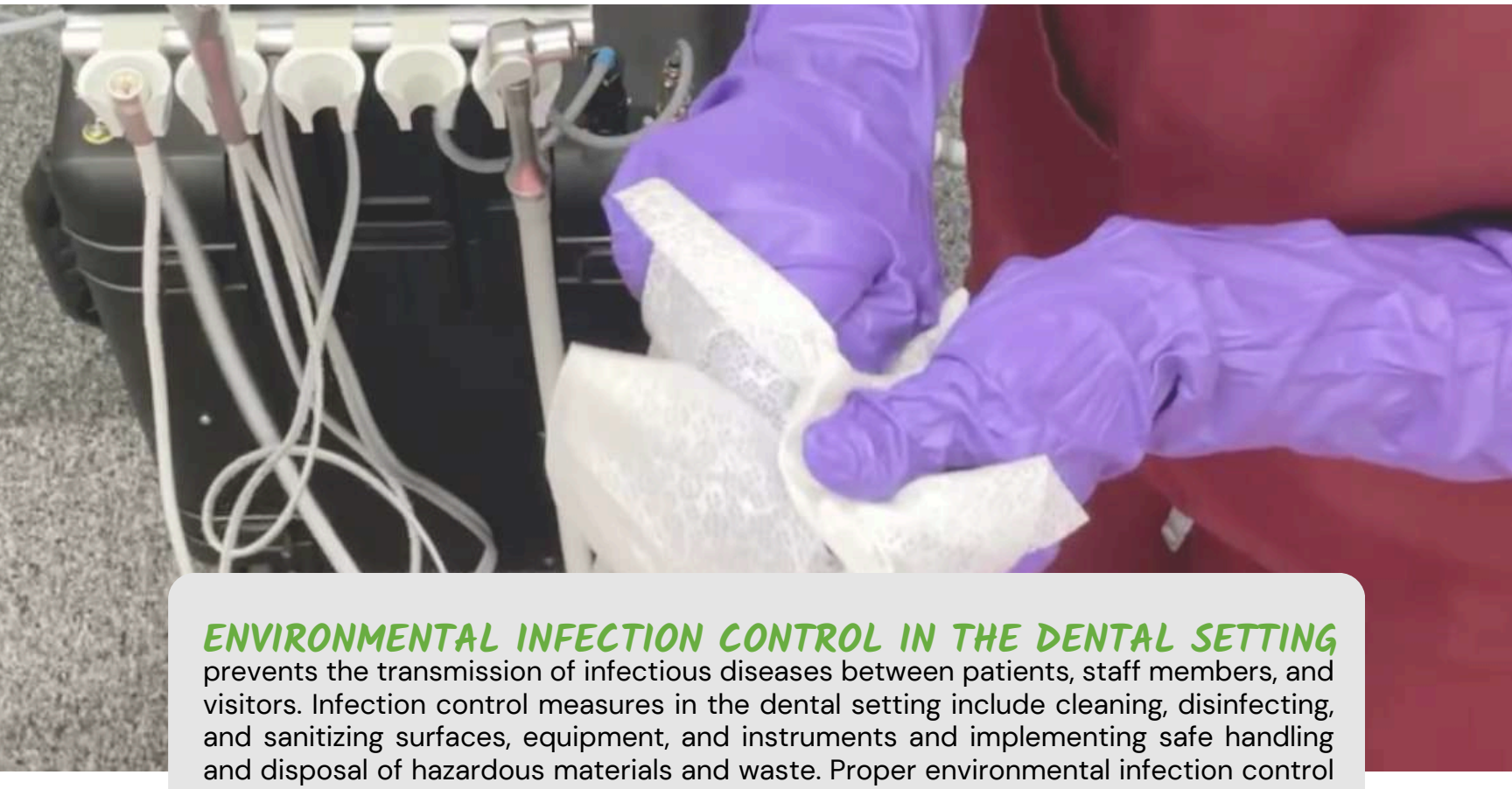
1. Hand Hygiene
2. Outer Gown
3. Cap or Bonnett
4. Mask or Respirator
5. Eyewear and/or faceshield
6. Gloves

Doffing Sequence



1. Gloves
2. Eyewear and/or faceshield
3. Mask or Respirator
4. Cap or Bonnett
5. Outer Gown
6. Hand Hygiene

ENVIRONMENTAL INFECTION Control



ENVIRONMENTAL INFECTION CONTROL IN THE DENTAL SETTING

prevents the transmission of infectious diseases between patients, staff members, and visitors. Infection control measures in the dental setting include cleaning, disinfecting, and sanitizing surfaces, equipment, and instruments and implementing safe handling and disposal of hazardous materials and waste. Proper environmental infection control practices are critical in maintaining a clean and safe environment for the patients and the dental team even if the dental setting is ever changing.

Mobile and portable dentistry introduces challenges in maintaining environmental infection control. Determining which areas will serve as clinical surfaces and can withstand intermediate-level, hospital-grade disinfectants is essential. For example, tables used in a school setting must be thoroughly cleaned and disinfected before setting up the dental clinic. Can those surfaces tolerate the clinical disinfectant?

Additional Considerations:

- Choose products that will help make everyone more efficient i.e. 1-min kill/contact time vs 5-min
- Regularly monitor cleaning and disinfection practices to ensure compliance with infection control protocols.
- Use checklists or other monitoring tools to ensure that all surfaces and equipment are properly cleaned and disinfected after each patient.
- Address any deficiencies in cleaning and disinfection practices promptly.

SOP for Environmental Disinfection

Clinical Contact Surfaces

These have high risk of contact with patients or contaminated materials. Think dental chairs, instrument trays, countertops near the treatment area. They require thorough cleaning and disinfection with a hospital-grade disinfectant.

Disinfection Product: Ex: Cavicide 1.0

Wipe or Spray: Ex: Wipe

Contact time: Ex: 3 mins for TB, HIV,

1-step or 2-step process: Ex: 2-Step Wipe, Discard, Wipe

SDS information:

EPA number and TB claim:

Signal words:

PPE needed:

Barriers used:

Ex: Plastic barriers used on air/water syringe

Equipment compatibility:

Ex: Can this be used on all equipment?

Housekeeping Surfaces

These have low risk of contact with patients or contaminated materials. Think floors, walls, and some storage areas. They can be cleaned with soap and water or a low-level disinfectant. It is best to cover as many surfaces or move these items away from the treatment areas if possible.

Disinfection Product:

Barriers used:

Ex: When in carpeted areas, use roll out plastic to protect from spatter and spray

Date:

Equipment for Portable Dental Clinics

PATIENT CHAIR

- Brand
- Serial Number
- Model
- Cleaning protocols

PROVIDER CHAIR

- Brand
- Serial Number
- Model
- Cleaning protocols

DENTAL UNIT

- Brand
- Serial Number
- Model
- Waterline protocol
- Handpieces
- Suction maint
- Storage

Equipment for Portable Dental Clinics

ULTRASONIC

- Brand
- Serial Number
- Model
- Testing
- Cleaner used

RADIOLOGY EQUIPMENT

- Brand
- Serial Number
- Model
- Cleaning protocols
- Storage

DENTAL SENSORS

- Brand
- Serial Number
- Model
- Storage

Equipment for Portable Dental Clinics

SOP for Portable Dental Clinic Setup

Pre-Setup:

- Review Site: Inspect the location for potential hazards (electrical wiring, trip hazards, etc.). If possible, avoid carpeted areas and aim for a sink close by.
    - Designate an admin space, instrument management space, inventory space, and clinical space.
- Equipment Inventory: Ensure all necessary equipment (dental chairs, instruments, supplies) are present and functioning properly.
- Clinical vs Housekeeping surfaces: Determine what surfaces can be cleaned and barrier items that can't tolerate hospital-grade disinfectants.
- Waste Management: Prepare a designated area for proper disposal of biohazard waste, sharps, and regular trash, following local regulations.

Clinic Setup:

1. Hand Hygiene
2. Don PPE: Wear gloves, gowns, masks, and eye protection as needed.
3. Clean and Disinfect surfaces and barrier wrap or move items out of the clinical area
4. Assemble Equipment: Disinfect all surfaces before placing barriers and using equipment
5. Waste Disposal Receptacles: In designated areas, place labeled waste disposal bins for biohazard waste, sharps, and regular trash.
6. Stock Supplies: Organize and stock dental supplies, medications, and patient charts in designated areas. Be aware of items that could have spatter or spray, and ensure these stay covered.
7. Equipment Testing: Test all equipment to ensure proper functioning. (autoclaves, ultrasonics, suction)
8. Flush all waterlines for 2mins with treated water
9. Emergency Procedures: Review emergency protocols (fire drills, medical emergencies) with all staff.

Post-Setup:

1. Final Inspection: Perform a final check to ensure all areas are clean, disinfected, and organized.
2. Hand Hygiene: Staff must perform proper hand hygiene again after setup is complete.
3. Documentation: Document the setup process, including any equipment issues or concerns. Note any items that will need to be restocked or are running low.

SOP for Portable Dental Clinic Environmental Infection Control during patient care

This SOP outlines the steps a clinician should take throughout the day and between patients to maintain a clean and disinfected environment in a portable dental clinic.

Personal Protective Equipment (PPE)

- Wear gloves, gowns, masks, and eye protection during all patient procedures.
- Change gloves between patients and whenever visibly soiled.
- Dispose of used PPE in designated waste bins according to their designated protocols
- Follow the guidance in this workbook for PPE

Hand Hygiene

- Before starting any clinical procedures, perform hand hygiene with soap or hand sanitizer.
- Review the hand hygiene SOP for proper protocols

Surface Disinfection

Between patients:

- Throw away all disposable items,
- Remove sharps and dispose of them in the proper container
- Place reusable items in transportation containers
- Remove all barriers
- Clean and disinfect all clinical contact surfaces with a wipe in each hand, including:
    - Follow the guidance in this guidebook for equipment maintenance

  Ex: Chair, Triturator, Provider Table, Utility Gloves

- Manage reusable patient care items:

  Ex: Remove barrier from restorative material without contamination and dispose of single-use tip

- Allow sufficient contact time for the disinfectant to work effectively.
- Fill water bottle with treated water and Flush waterlines
- Check the suction container to ensure it will not fill during the next procedure

Date:

Disinfection Protocol

Current Disinfectant

Do not use on these items:

Spray

Wear proper PPE

Utility Gloves, Mask, Eye protection
Clinical jacket

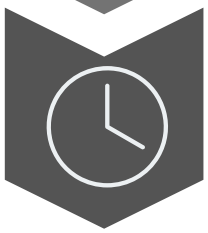
Wipe

Does it say wait? Y/N
How long?

Spray

Saturate!

Wait



Must stay wet for the longest contact time.
How long?

Wipe

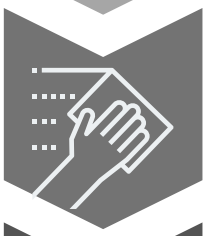
Wear proper PPE

Utility Gloves, Mask, Eye protection
Clinical jacket

Discard

Does it say wait? Y/N
How long?

Wipe



Saturate!

Wait

Must stay wet for the longest contact time.
How long?

Maintaining AESEPSIS

ASEPSIS REFERS TO THE ABSENCE OF BACTERIA, VIRUSES, AND OTHER MICROORGANISMS THAT CAN CAUSE INFECTION.

In clinical settings, aseptic technique is a set of practices designed to prevent the introduction of these harmful microorganisms into sterile areas, such as during dental procedures. Maintaining aseptic technique is crucial in preventing cross-contamination during the retrieval of additional items in mobile and portable dentistry settings. When clean items are needed, careful steps must be taken to avoid contaminating sterile areas, such as removing contaminated gloves, performing hand hygiene, and using clean gloves or sterile instruments like cotton forceps. The proximity of clean items to the patient treatment area is equally important; they should be stored at a safe distance, typically at least 3 feet away, to minimize the risk of accidental contamination. Planning the treatment procedure thoroughly and organizing all anticipated supplies within the immediate workspace is essential to reduce the need for unnecessary interruptions, which helps maintain the sterility of the environment and ensures the highest level of patient safety.

SOP: Maintaining Asepsis in Mobile and Portable Dentistry

Purpose

To ensure proper aseptic technique is maintained when accessing items outside the immediate workspace and to provide guidance on the placement of common supplies not in use for the current patient in a portable and mobile dentistry setting. This procedure applies to all clinical staff working in portable and mobile dentistry units, including dentists, dental hygienists, dental assistants, and support staff.

Definitions

Immediate Workspace: The area within arm's reach of the healthcare provider during a procedure.
Clean Zone: A designated area for storing common supplies not in immediate use, located away from the patient treatment area.

Preparation Before Treatment

- Supply Check: Verify that all necessary instruments and materials are available and within reach before beginning the procedure.
- Workspace Setup: Organize the workspace to minimize the need to retrieve additional items during the procedure.
- Accessing Items Outside the Immediate Workspace
- Assess the Need: Evaluate the necessity of retrieving an item outside the immediate workspace before proceeding.

Request Assistance:

If available, ask a colleague to retrieve the item.

Self-Retrieval:

Remove contaminated gloves if worn.
Perform hand hygiene thoroughly.
Retrieve with clean hands or gloved hands
Use appropriate sterile instrument to retrieve the item.
Handle item in a way that maintains its sterility/cleanliness.

Using Cotton Forceps or Similar Instruments

- Availability: Ensure cotton forceps or similar instruments are readily available.
- Before Use:
- Verify that the forceps are sterile.
- Handle the forceps only by the handle, avoiding contact with the tips.
- During Use: Use the forceps to grasp and retrieve items.
- After Use: Properly dispose of or sterilize the forceps according to protocol.

Placement of Common Supplies Not in Use

Designate a "Clean Zone": This zone should be at least 3-4 feet away from the patient treatment area.
It should be easily accessible to staff and protected from potential contamination sources.
Organize Supplies in the Clean Zone:

- Use closed cabinets or drawers when possible to store supplies.
- Implement a logical organization system for easy retrieval of supplies.
- Regular Inspection: Ensure that the clean zone is regularly inspected and maintained.

Maintaining Asepsis During Procedures

Procedure Planning: Plan procedures to minimize the need for accessing items outside the immediate workspace.
Setup: Set up all anticipated supplies within the immediate workspace before beginning the procedure.

Record Keeping

Document any breaches in aseptic technique in the patient's medical record and the incident reporting system.

Date:

Aseptic Technique Breach Log

Date & Time of Breach:
Location:

Staff Involved:
Name(s):
Role(s):

Description of Breach: What was the nature of the breach?

Immediate Actions Taken: What steps were taken immediately after the breach was identified?

Patient Impact: Was the patient informed of the breach? (Yes/No)
Was there any potential or actual impact on the patient's safety or treatment?

Root Cause Analysis: What factors contributed to the breach?

Corrective Actions Implemented: What measures were taken to address the breach and prevent recurrence?

Follow-Up Actions: Are any further actions required?

Supervisor/Manager Review:
Name:
Date of Review:
Additional Notes:

Signature of Staff Reporting Breach:
Signature:
Date:

ULTRASONIC

MAINTENANCE & MONITORING

Proper maintenance and monitoring of ultrasonic baths are essential for effective and efficient instrument cleaning in a dental office. They MUST be FDA-approved (no ultrasonics meant for the cleaning of jewelry). This is a medical device.

Here are some reasons why it is important:

Optimal cleaning performance

The ultrasonic instrument washer removes bioburden from surgical instruments before sterilization. The equipment works by converting high-frequency sound waves into mechanical vibrations that free bioburden from the surface of instruments. The high-frequency energy causes tiny bubbles to form on the surface of the instruments. As the bubbles burst, minute vacuum areas are created, drawing out the smallest particles of debris from the crevices of the instruments. This process is called cavitation. Proper maintenance and monitoring of the ultrasonic bath can ensure optimal cleaning performance of instruments, helping to prevent the transmission of infectious diseases and prolong the instruments' life.

Helps to prevent sharps injury

Using an ultrasonic instrument washer can help prevent sharps injury during manual cleaning. This is an example of an engineering control created to help reduce injury to the DHCP. This is because the ultrasonic bath can effectively clean instruments without requiring hand scrubbing, reducing the risk of sharps injury to dental healthcare personnel.

Regulatory compliance

The Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) expect dental offices to properly maintain and monitor their equipment for potential infection control failures. Failure to do so can result in regulatory noncompliance and possible legal consequences.

To ensure

the proper maintenance and monitoring of ultrasonic instrument washers in a dental office, you, the infection control coordinator, should develop a maintenance and monitoring schedule to include regualar cleaning, monitoring every week, inspection of the transducer and other components, and record keeping of maintenance and monitoring activities. It is also important to follow the manufacturer's instructions for cleaning, lubrication, and monitoring to ensure the cleaning process's effectiveness and the longevity of the equipment.

SOP for Ultrasonic Maintenance and Monitoring

Ultrasonic brand: Size: gallons

Enzymatic Cleaner: Water ratio

Equipment Needed: Please always perform proper hand hygiene prior to donning and doffing any PPE. Eyewear to protect your eyes from splashes (the chemicals used in the ultrasonic can cause damage), mask to prevent inhalation of chemicals, gown to prevent chemical and biohazards from reaching the clinician's street wear, and utility gloves. Follow the instructions for use regarding recommended PPE from the manufacturer AND know the proper first aid for the chemicals being used.subheading

Daily

Weekly

Monthly

Additional Considerations:

- Always use the basket with dental instruments. Do not let instruments touch the sides or the bottom of the ultrasonic washer.
- Do not put your hands into the ultrasonic to remove dental instruments. Use the basket to remove dental instruments from the water.
- Always have the lid in place before operating the ultrasonic. If an instrument must be placed in the ultrasonic after it has been started, turn off the unit, place the instruments, replace the lid, and turn on the unit. This will prevent aerosolized particles from being released into the air
- Do not use any liquid chemicals like glutaraldehyde in the ultrasonic. An enzymatic cleaner is meant for the ultrasonic solution.
- Cleaning times may vary, depending upon the amount and types of contamination on the parts. It is our suggestion that a three to five-minute cleaning cycle be initiated and more time added as necessary. Your own experience will quickly indicate the optimum cleaning time for your particular needs.

Date:

ULTRASONIC TESTING

YEAR:

DATE	TEST USED	PASS OR FAIL	NOTES
1/1/01	Tin foil, 1 min total time	Pass	May purchase ultrasonic testers

ULTRASONIC TESTING

YEAR:

DATE	TEST USED	PASS OR FAIL	NOTES

Dental SUCTION & VACUUM

SUCTION AND VACUUM SYSTEMS

are vital components that play a role in infection control and patient safety. They are designed to remove fluids, debris, and other contaminants from the patient's mouth during dental procedures and catch aerosols, preventing the spread of infectious diseases.

PROPER MAINTENANCE AND CLEANING OF SUCTION AND VACUUM SYSTEMS

are necessary to ensure proper function and prevent potential cross-contamination between patients. Dental facilities should clean evacuation lines at the end of each clinical day or after procedures with heavy amounts of blood or debris to prevent a build-up and ensure proper suction flow. Cleaning may need to be done more frequently depending on procedures, such as after extractions, periodontal therapy, or removing sticky resin restorations.

IT IS IMPORTANT TO

use a cleaning solution that meets the EPA's criteria of a pH between 6-8 when diluted and follow the IFUs of the cleaning solution. Non-foaming cleaners are recommended, especially for dry vacuums, as foam cleaners can leave the turbine coated with residue and debris, leading to lower performance, loss of suction, and eventual pump failure.

EVERYONE

should know what products to use, where they are located, the frequency of cleaning, and instructions on when and how to complete the cleaning. By following these guidelines, dental offices can ensure the proper function of suction and vacuum systems, preventing potential cross-contamination between patients and ensuring patient safety.

SOP for dental suction lines, traps, and vacuum maintenance

Enzymatic product:

Vacuum manufacturer:

Equipment Needed: Please always perform proper hand hygiene prior to donning and doffing any PPE. It is always best to protect your eyes with proper eyewear, especially while using the chemicals and managing biological hazards like trap maintenance. A mask will protect your airway from any chemicals. Nitrile Utility gloves are best. Follow the instructions for use regarding recommended PPE from the manufacturer.

Daily

Weekly

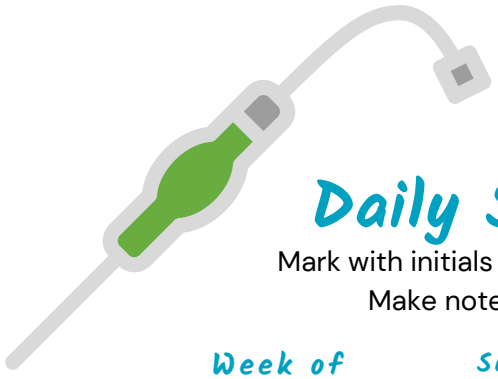
Monthly

Semi-annually and Annually

Additional Considerations:

- Fluoride varnish can clog suction lines
- Infections and other biohazards can accumulate within suction lines. They can then be transferred into a patient's mouth during the procedure if they are not dealt with appropriately
- Use products that are neutral on the pH scale and do not contain bleach or other oxidizing agents; avoid soap and other foam solutions because they can affect the system negatively and cause problems that could end up being costly in the future.
- Only use the dispenser bucket that works with the cleaning solution. Do not use a bucket or any other system that doesn't create an airflow with the solution. Too much water at one time can cause damage over time to the vacuum unit.

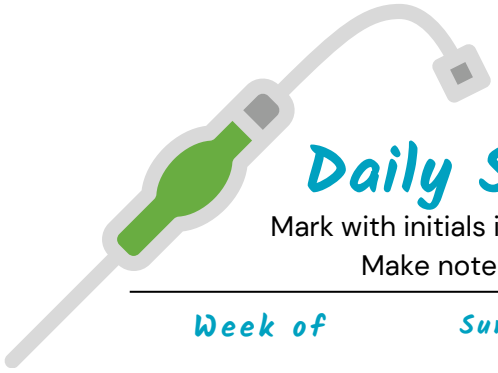
Date:



Daily Suction Line Maintenance

Mark with initials if daily suction line maintenance was completed for ALL units.
Make note of which unit was not cleaned and why (i.e. not in use)

Week of	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Notes
1	○	○	○	○	○	○	○	
2	○	○	○	○	○	○	○	
3	○	○	○	○	○	○	○	
4	○	○	○	○	○	○	○	
5	○	○	○	○	○	○	○	
6	○	○	○	○	○	○	○	
7	○	○	○	○	○	○	○	
8	○	○	○	○	○	○	○	
9	○	○	○	○	○	○	○	
10	○	○	○	○	○	○	○	
11	○	○	○	○	○	○	○	
12	○	○	○	○	○	○	○	
13	○	○	○	○	○	○	○	
14	○	○	○	○	○	○	○	
15	○	○	○	○	○	○	○	
16	○	○	○	○	○	○	○	
17	○	○	○	○	○	○	○	
18	○	○	○	○	○	○	○	
19	○	○	○	○	○	○	○	
20	○	○	○	○	○	○	○	
21	○	○	○	○	○	○	○	
22	○	○	○	○	○	○	○	
23	○	○	○	○	○	○	○	
24	○	○	○	○	○	○	○	
25	○	○	○	○	○	○	○	
26	○	○	○	○	○	○	○	

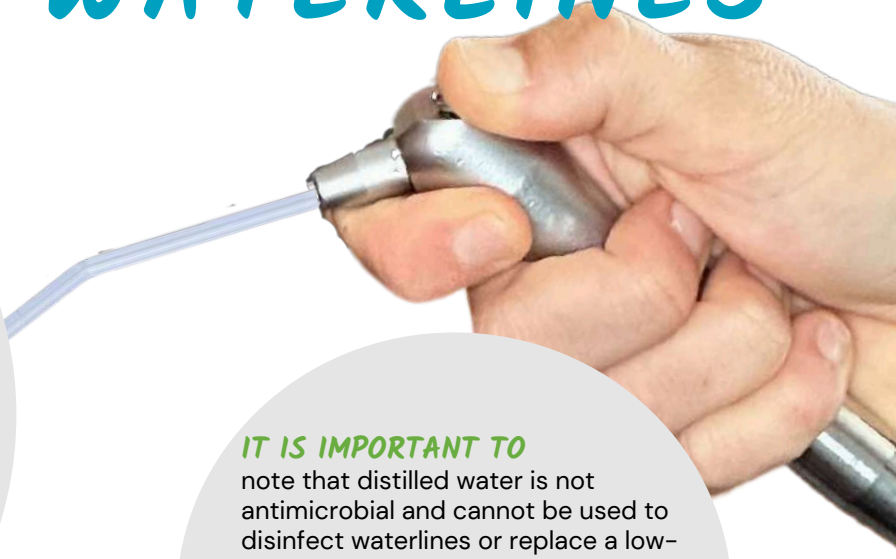


Daily Suction Line Maintenance

Mark with initials if daily suction line maintenance was completed for ALL units.
Make note of which unit was not cleaned and why (i.e. not in use)

Week of	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Notes
27	○	○	○	○	○	○	○	
28	○	○	○	○	○	○	○	
29	○	○	○	○	○	○	○	
30	○	○	○	○	○	○	○	
31	○	○	○	○	○	○	○	
32	○	○	○	○	○	○	○	
33	○	○	○	○	○	○	○	
34	○	○	○	○	○	○	○	
35	○	○	○	○	○	○	○	
36	○	○	○	○	○	○	○	
37	○	○	○	○	○	○	○	
38	○	○	○	○	○	○	○	
39	○	○	○	○	○	○	○	
40	○	○	○	○	○	○	○	
41	○	○	○	○	○	○	○	
42	○	○	○	○	○	○	○	
43	○	○	○	○	○	○	○	
44	○	○	○	○	○	○	○	
45	○	○	○	○	○	○	○	
46	○	○	○	○	○	○	○	
47	○	○	○	○	○	○	○	
48	○	○	○	○	○	○	○	
49	○	○	○	○	○	○	○	
50	○	○	○	○	○	○	○	
51	○	○	○	○	○	○	○	
52	○	○	○	○	○	○	○	

Dental UNIT WATERLINES



MAINTAINING AND TESTING DENTAL UNIT WATERLINES

is a must for preventing the spread of infectious diseases in dental offices. While water itself is not the problem, the waterlines in dental units can become contaminated with microorganisms that can infect patients and dental healthcare personnel.

IT IS IMPORTANT TO

educate all DHCPs on the importance of managing dental water quality and provide training in compliance with SOPs to ensure safe water for all dental procedures.

IT IS IMPORTANT TO

note that distilled water is not antimicrobial and cannot be used to disinfect waterlines or replace a low-level daily chemical. Dental health professionals should follow the IFUs provided by the dental device or equipment manufacturer for controlling contamination in the waterlines and maintaining the quality of dental procedural water.

TEAM MEMBERS SHOULD

obtain and review information on the safety, effectiveness, and compatibility with dental equipment when selecting products and devices for controlling biofilm colonization in dental water lines. They should also monitor and document dental unit water quality regularly according to the IFUs provided for the dental device, germicidal product, or biofilm prevention device.

BY FOLLOWING THESE GUIDELINES AND BEST PRACTICES

dental health professionals can ensure the safety of their patients and colleagues, prevent the spread of infectious diseases in the dental office, and maintain the proper function of dental unit waterlines.

SOP for Waterline Treatment

Please always perform proper hand hygiene prior to donning and doffing any PPE. It is always best to protect your eyes with proper eyewear, especially while using the DUWL shocking chemicals. A mask will protect your airway from spraying any chemicals during the shock or any biofilm from the dental unit waterlines. Follow the instructions for use regarding recommended PPE from the manufacturer.

Straw OR Tablet Product used :

Daily

Weekly/Quarterly

Additional Considerations:

- Use only sterile solutions for coolant and irrigation supplied by a sterile device for surgical procedures that involve the incision, excision, or reflection of tissue that exposes initially sterile areas of the oral cavity.
- If the unit is used for more than a week, please follow the instructions on the daily use products. This may mean that the lines need to be drained and dried to prevent excessive biofilm products. You may also need to shock the lines before seeing patients.
- It is best to cut off all water to lines that are not using water, i.e. slow speed handpiece lines. This will prevent bacteria from growing in these lines
- If all lines CAN have water flow through them, even if those lines are not used for water, they still must go through the testing and shocking process to ensure no bacteria is growing in the lines.
- If you notice foamy or strange-tasting water, it's possible that previously used antimicrobial products are still present in the dental waterlines and reacting with the new antimicrobial. In this case, you may need to shock the lines again. For instance, when switching from one product to another, such as from ICX tablets to BlueTabs, the lines should be shocked and potentially shocked again to eliminate any residual chemicals.

Date:

SOP for Waterline Testing and Shocking

Please always perform proper hand hygiene prior to donning and doffing any PPE. It is always best to protect your eyes with proper eyewear, especially while using the DUWL shocking chemicals. A mask will protect your airway from spraying any chemicals during the shock or any biofilm from the dental unit waterlines. Follow the instructions for use regarding recommended PPE from the manufacturer.

Shock product :

Testing product :

Frequency

Protocol for a passed waterline test

Protocol for a failed waterline test

Date: 08/09/2024

WATERLINE TESTING LOG

Practice Name:

Treatment: Shock Treatment: Shock Protocol Frequency:

Date	Team Member	Location (Room/Chair/Operatory)	Device	Date of Results	Pass or Fail	Safety Level (Check One)	Corrective Action (If Necessary)

This is a similar document to the QuickPass in-office Dental Water Test created by ProEdge Dental WaterLabs

Eye WASH STATION

EYE WASH STATIONS

are a safety device/feature in dental offices to protect the DHCP. In an emergency, eyewash stations can provide immediate relief and prevent further eye damage. In portable and mobile dentistry, you will need to find products that will provide 15mins of continuous flush to BOTH eyes.

GRAVITY-FED EYEWASH STATIONS

These self-contained units hold a reservoir of water and can be mounted on a wall or stand. They are a good option for portable dentistry as they don't require plumbing. Look for options that meet ANSI Z358.1 standards for eyewash stations.

PORTABLE EYEWASH BOTTLES

These are less expensive than gravity-fed stations but provide a smaller volume of water for flushing. They are still a viable option, especially if space is limited. Choose bottles containing sterile saline solution. Ensure there is enough for a 15min flush and monitor the expiration date and guidance on storage.

CONSIDERATIONS FOR PORTABLE OPTIONS:

- Placement: Position the eyewash station in a clearly visible and accessible location within the treatment area.
- Temperature: Ensure the eyewash solution is tepid (around body temperature) for patient comfort. Avoid using very cold or hot water.
- Training: Train staff on how to locate and use the eyewash station in case of an emergency.
- Maintenance: Follow the manufacturer's instructions for inspection, maintenance, and refilling of the eyewash station (if applicable).

SOP Eyewash Station Use & Maintenance

The eye wash protocol for this clinic is:

Training of all dental personnel has occurred? Yes OR No

All DHCP should be trained on the proper use and location of the eye wash stations in the dental office.

Where are the dental eyewash stations located?

In case of an emergency, immediately flush the eyes with water using the eye wash station for at least 15 minutes.

- If eye irritation persists after flushing with water, seek medical attention immediately.

Notes:

Date:

EYE WASH STATION MAINTENANCE

MONTH / NOTES	1	2	3	4	5	6	7
01	○	○	○	○	○	○	○
02	○	○	○	○	○	○	○
03	○	○	○	○	○	○	○
04	○	○	○	○	○	○	○
05	○	○	○	○	○	○	○
06	○	○	○	○	○	○	○
07	○	○	○	○	○	○	○
08	○	○	○	○	○	○	○
09	○	○	○	○	○	○	○
10	○	○	○	○	○	○	○
11	○	○	○	○	○	○	○
12	○	○	○	○	○	○	○

LABEL THE EYE WASH STATIONS

FOR EXAMPLE #1 IS LOCATED IN THE DENTAL LAB

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Sharps Safety

Written policies for sharps safety in a dental practice should include the following:

Needlestick Prevention:

- Use of safety-engineered devices and syringes that comply with the Needlestick Safety and Prevention Act (NSPA).
- Sharps containers should be easily to access and located as close to the point-of-use as possible.
- DHCP should be trained on the proper use of safety-engineered devices and syringes.
- A sharps injury log should be maintained to record all sharps-related injuries. This is potentially included in your OSHA logs.

Handling and Disposal of Sharps:

- Sharps should be handled with care and not be improperly recapped, bent, or broken.
- Sharps should be disposed of immediately after use in puncture-resistant containers.
- Containers should be clearly labeled and color-coded red as biohazardous waste.
- Sharps containers should be properly sealed and disposed of in accordance with federal, state, and local regulations. Check your regulations!

Post-Exposure Management:

- DCHP should immediately report any sharps-related injury to the appropriate person, as outlined in the policy.
- Post-exposure management should be initiated as soon as possible after the injury, following established guidelines.
- Confidentiality should be maintained during post-exposure management, and dental healthcare personnel should be aware of their rights and responsibilities in this process.

Training:

- All DHCP should be trained on the proper handling and disposal of sharps.
- Training should be provided initially and then regularly thereafter to ensure compliance with policies and regulations.
- Records should be maintained to document the training and competency of dental healthcare personnel.

Written policies for sharps safety in a dental practice are crucial to ensure the safety and well-being of dental healthcare personnel. These policies should include guidelines for needlestick prevention, handling and disposal of sharps, post-exposure management, and training. By following these policies, dental practices can minimize the risk of sharps-related injuries and maintain a safe working environment.

SOP for Sharps Safety

Needlestick Prevention:

- Work practice control:
  One-handed scoop method

- Engineering control:
  Ex: Certol card

- Sharps containers will be located at:
  Ex: Behind the delivery unit
- A sharps injury log should be maintained to record all sharps-related injuries. Report injury to:

Handling and Disposal of Sharps:

- Sharps should be handled with care and not be improperly recapped, bent, or broken.
- Sharps should be disposed of immediately after use in puncture-resistant containers.
- Containers should be clearly labeled and color-coded red as biohazardous waste.
- Sharps containers should be properly sealed and disposed of in accordance with federal, state, and local regulations. Local regulations are as follows:

Post-Exposure Management:

- DCHP should immediately report any sharps-related injury to
  as outlined in the policy.
- Post-exposure management should be initiated as soon as possible after the injury, following established guidelines.
- Confidentiality should be maintained during post-exposure management, and dental healthcare personnel should know their rights and responsibilities in this process.

Training completed:

Notes:

Date:

Sharps Safety

DISPOSAL	TRAINING	INJURY
Ex: completed March 2, 2023 with CO sharps disposal company	Ex: Reviewed new NoPo safety guard. Documented in OSHA manual	Employee sustained a sharps injury on 3/2/23 while disposing of container

STERILIZATION

Proper instrument sterilization is essential in a dental setting for several reasons, including:

While a portable dental clinic may not have the same setup as a traditional dental office, sterilization protocols are still crucial for ensuring patient safety and infection control. Here are some key protocols to consider:

Heat Sterilization:

- Portable autoclaves are available for use in these settings, or instruments can be transported to the dental office by a proper sterilization center.
- Ensure proper cleaning and pre-processing of instruments before sterilization.

Chemical Disinfection:

- Chemical disinfectants are no longer recommended even though it is available.
- If used: Choose an EPA-registered hospital disinfectant with tuberculocidal claims suitable for dental instruments.
- Follow manufacturer's instructions: Pay attention to dilution ratios, contact times, and proper use of the disinfectant solution for effective disinfection and disposal regulations

Cleaning:

- Thorough cleaning is essential before any sterilization or disinfection process.
- Consider using an ultrasonic cleaner to remove debris and biofilm from instruments
- Use appropriate brushes to manually clean instruments and surfaces.

Packaging:

- Wrap instruments in single-use pouches or sterilization wraps before heat sterilization.
- Use internal chemical indicators if it is not built into the pouch
- Store sterilized instruments in a clean, dry, and closed container to prevent contamination.

Documentation:

- Maintain a log to document sterilization cycles, including dates, times, and operator initials.
- Biological monitoring (spore tests) must be documented weekly

Additional Considerations:

- Limited Space: Portable clinics may have limited space. Utilize storage solutions for sterilized instruments and organize equipment to maintain a clean and efficient workflow.

Instrument packaging

Properly packing dental instruments for sterilization is crucial to maintain sterility, prevent contamination, and ensure safe patient care.

1	Wear appropriate personal protective equipment (PPE) including heavy utility gloves, a mask, a gown, and protective eyewear.
2	Ensure that the packaging area is located away from sources of moisture, such as a sink.
3	Store packaging materials in an area with normal humidity and at room temperature, away from moisture
4	Verify the integrity of the packaging material that will be used.
5	Review and follow the instructions for use (IFU) provided by the packaging manufacturer.
6	Use FDA-cleared packaging that is suitable for the sterilization method being used.
7	Wrap or insert cleaned and dried instruments into the appropriate packaging.
8	Insert a chemical indicator into each package or confirm that any paper/plastic pouch being used contains its own external AND internal chemical indicator.
9	At a minimum, use a biological monitoring device (spore test) weekly. Place the spore test in a package if you run the autoclave on a wrapped cycle. You want to challenge your spore test the same way you challenge your instruments. Follow the IFU for the autoclave and/or the spore test to determine where to place it during the cycle.
10	Ensure that packages are properly self-sealed or sealed with indicator tape.
11	Check whether the internal chemical indicator is visible from the outside of the package. If not, place a chemical indicator on the outside of the package.
12	Label each package to show the sterilizer used, the cycle or load number, DHCP's initials, and the date of sterilization.
13	Verify that the label marking used will not smudge or run during sterilization. Best done on plastic or on tape.

SOP for Instrument Packaging

Proper PPE includes: heavy-duty utility gloves in the proper size, eye protection, a mask, and a protective gown

	Y / N	Additional details
Are instruments transported?		
Are instruments sterilized on-site?		
Are pouches used?		
Do pouches have a Cl 4 indcator?		
Sterilization wrap is used?		
The class 4 indicator is placed?		
A proper indelible marker is provided?		
Packages are labeled with: Date, sterilizer, load #, and initials?		
How are instruments loaded?		

Date:

Instrument Sterilizing

Know your sterilizer!

Each one is different, even if each is from the same manufacturer.

01 Heat sterilization such as steam, dry heat, or unsaturated chemical vapor, is used to sterilize cleaned and packaged instruments, cassettes, and devices before each use, with only FDA-cleared devices used and following the manufacturer's instructions.

02 Specific standard operating procedures (SOPs) are prepared for the type and model of sterilizer used.

03 Packages are placed correctly and loosely into the sterilizer, following the manufacturer's loading instructions, to ensure penetration of each package by the sterilizing agent.

04 Physical monitoring (each cycle), chemical monitoring (each package), and biological monitoring (weekly) must happen without question.

05 Handpieces and other intraoral instruments that can be removed from the air and water lines of dental units are cleaned and heat-sterilized between patients following the manufacturer's directions.

06 Sterilization of unpackaged items is only performed in emergency situations, following a specific written protocol to avoid contamination during removal from the sterilizer, handling, and transport to the point-of-use.

07 Sterilizer maintenance is performed and documented as directed by the manufacturer.

If glutaraldehyde or "cold sterile" is used, please rethink this. It is toxic, difficult to use, and there is no ability to ensure it is working.

Sterilization Monitoring

01	Each cycle should be monitored (physical monitoring) for the proper temperature, pressure, and time of each sterilizer load. Results are manually recorded if not available through printouts or digital options.
02	Each package contains an **internal chemical indicator**, with an additional process indicator placed on the **outside** of the package if the internal indicator cannot be seen.
03	Biological monitoring (spore testing) is performed **WEEKLY (at minimum),** whenever a new type of packaging material or wrapping procedure is used, during the initial use of a new sterilizer, after a sterilizer has been repaired, and after any failed spore test. Records are kept in accordance with local and state requirements.
04	Any instrument packages showing inadequate processing, as indicated by either mechanical or chemical indicators, are not used.
05	In the event of a positive spore test, where both the test and control spores grew, the sterilizer is removed from service and the sterilization procedures are reviewed. Any unused instruments sterilized since the spore test failure are sequestered and reprocessed.
06	The sterilizer is retested using biological, mechanical, and chemical indicators after correcting any identified procedural problems.
07	If the repeat spore test is negative (test spores did not grow, control spores grew) and mechanical and chemical indicators are within normal limits, the sterilizer can be put back into service.
08	If the repeat spore test is positive, the sterilizer is not used until it has been inspected or repaired, or the exact reason for the positive test has been determined. All items processed since the last spore test are recalled, if possible, and reprocessed. Before the sterilizer is put back into service, it is rechallenged with biological indicator tests in three consecutive empty chamber sterilization cycles after the cause of the sterilizer failure has been identified and corrected.

Chemical Indicators for sterilization monitoring

Type	Description	What it is monitoring
1	Process indicator (external)	Used to indicate that instruments have been processed through a sterilization cycle.
2	Bowie-Dick test indicator	Used to test the effectiveness of pre-vacuum sterilizers.
3	Single-variable indicator	Measures one parameter of the sterilization process, such as temperature or time.
4	Multivariable indicator (internal)	Measures multiple parameters of the sterilization process, such as temperature, time, and pressure.
5	Integrating indicator (internal)	Measures all parameters of the sterilization process and is considered the most reliable type of indicator.
6	Emulating indicator	Measures all parameters of the sterilization process and is designed to mimic the response of biological indicators.

The highlighted indicators are the most common ones used in dental clinics.

Instrument Handling, Storage and Transportation

01	Packages must be handled carefully to avoid damage to the packaging, contamination of contents, and/or injury to hands. For example, wet packages should not be handled, pouches or bags should not be shaken, and wrapped packages should not be stacked.
02	Sterile packages should be stored in dry, low-dust, low-traffic areas, preferably in closed cabinets, away from sinks, exposed sewer and water lines, and outside walls, ceilings, and floors to prevent contamination from dust and moisture.
03	The date of sterilization, and the sterilizer used, should be placed on the outside of each package, even if event-related storage is used, to facilitate retrieval in the event of sterilization failure.
04	Check package integrity before transporting. If any package is compromised, it should be recleaned, repacked, and resterilized.
05	Packages should be transported to the point-of-use in an aseptic manner. If trays are used, they should be routinely decontaminated and labeled as "clean" if they are also used to transport contaminated items. Barrier-wrapped trays make this process easier.
06	Wrapped packages of sterilized instruments must be examined before opening to ensure that the barrier wrap has not been compromised during storage
07	To open sterile packages, wash hands or use an alcohol hand rub, and open the packages without touching the contents. If double packaging is used for surgeries, open the outer package, then perform hand hygiene, don fresh gloves, and open the inner package while avoiding contact with the outer packaging material.
08	If sterile instruments need to be arranged on a tray, use sterile forceps or tongs and avoid contact with the outside of the packaging material.
09	Perform hand hygiene again and don gloves before intraoral patient contact.
10	Unpackaged sterilized instruments should be transported according to a protocol to maintain sterility during handling and transport. For example, as soon as the sterilizer door is opened, use sterile tongs to place instruments in/on a sterile container and cover them with a sterile barrier before transport

Sterilization SOP: example

Purpose:

To establish guidelines and procedures for proper sterilization practices within our dental office. This SOP ensures the effective sterilization of instruments and equipment to maintain patient safety and comply with infection control standards.

Procedure:

Transporting Instruments:

a. We handle contaminated instruments with caution and use appropriate personal protective equipment (PPE) such as utility gloves, gown, mask, and eyewear.
b. We transport contaminated instruments from treatment rooms to the sterilization area in covered containers or trays to prevent cross-contamination.

Receiving Instruments:

a. We receive instruments in an organized manner and use a pre-soak if instruments will not immediately go into the ultrasonic instrument washer.
b. We ensure all disposables have been discarded and all disposable sharps have been properly placed in the designated sharp's containers.

Ultrasonic Cleaning:

a. We place instruments in an ultrasonic instrument washer for a minimum of 10-15 minutes. Place lid before starting.
b. Once the ultrasonic cycle is complete, we remove instruments with utility gloves. We use the basket to lift items out of the water to remove instruments, rinse well with clean water, place instruments in a drying rack and allow the instruments to fully dry before proceeding to the next step.

Wrapping and Packaging:

a. Use Class 4 pouches to wrap individual instruments or sets.
b. For wrapped cassettes, place a Class 4 indicator inside the package to monitor the sterilization process.
Apply Class 1 indicator tape on the outside of the cassette package to indicate that it has been sterilized.
c. Label all packages with the Date, Load #, Sterilizer, and DHCP's initials on the plastic part of pouches or the tape for the wrapped packages.

Surgical Tools and Implants:

a. Any surgical tools or implants should be packaged with a Class 5 integrator to monitor the sterilization process more comprehensively.

Autoclave Loading and Operation:

a. Follow the manufacturer's instructions for loading the autoclave according to the device's IFU.
b. Use utility gloves when handling instruments during the loading process.
c. Do not overfill the autoclave. It is better to run more cycles than overload instruments
d. Touch only the autoclave handles and buttons with clean hands to prevent cross-contamination.
e. Record the load information on the log next to the autoclave.

Unloading the Autoclave:

a. Once the autoclave completes a full cycle INCLUDING the dry cycle, use clean hands to remove the items from the autoclave.
b. Confirm the indicators on the packaging and physical parameters of the autoclave were met to ensure proper sterilization.
c. Gently place the sterilized items into sterile storage areas.

Monitoring and Record-Keeping:

a. Regularly monitor the autoclave performance and record sterilization cycles.
b. Keep detailed records of sterilization indicators, physical parameters, and biological spore testing.

Note: This SOP should be read in conjunction with other infection control policies and procedures already in place at the dental office. All staff members involved in the sterilization process should be appropriately trained and follow the manufacturer's instructions for all equipment used.

Date:

Sterilization SOP:

Purpose:

To establish guidelines and procedures for proper sterilization practices within our dental office. This SOP ensures the effective sterilization of instruments and equipment to maintain patient safety and comply with infection control standards.

Procedure:

Transporting Instruments:

Receiving Instruments:

Ultrasonic Cleaning:

Wrapping and Packaging:

Autoclave Loading and Operation:

Storage:

Monitoring and Record-Keeping:

Date:

Spore Test

BIOLOGICAL MONITORING

Biological monitoring, also known as spore testing, is crucial in maintaining infection control standards at our dental practice. It's not another performance of infection prevention; it's a commitment to ensuring patient safety and upholding the highest levels of sterilization.

WHY WE DO IT...

Biological monitoring is our way of guaranteeing that our sterilization processes consistently meet or surpass industry standards. It verifies that the equipment we utilize, such as autoclaves, effectively eliminates harmful microorganisms, including those that form spores.

Biological monitoring isn't just a procedure; it's a promise to our patients. It's our commitment to providing a safe and sterile environment where they can receive dental care without worrying about infections. By meticulously following this process, we uphold the highest standards of sterilization and infection control, ensuring the well-being of our patients and the integrity of our practice.

What to include in your Standard Operating Procedures

Frequency: Spore testing is conducted at least weekly, following equipment manufacturers' recommendations and local regulations. Additional tests occur after equipment repairs or maintenance and consecutive tests if the office is temporarily closed.

Mail-in vs. In-office: Spore testing can be done by mailing samples or using on-site incubation equipment.

Control vs. Treated Spores: Each test includes at least one control vial or strip intentionally left untested. The rest are sterilized. For multiple sterilizers, there will be multiple sterilized vials/strips.

Conducting the Sterilization Cycle: Follow equipment-specific guidelines for test placement, usually in areas where sterilization failure could occur, such as near the sterilizer door. In wrapped cycles, place spores in a pouch for equivalent exposure to instruments.

Retrieving the Spore Test: After the cycle, wear PPE to retrieve the spore test from the sterilizer safely.

Incubation: When performed in the office, we place both the sterilized test and control vial inside an incubator set at a specified temperature. During the incubation period, any surviving spores have the opportunity to grow. It is important to read and follow all instructions for operating the incubator and handling the vials. When conducting mail-in testing, keep the control on the designated side of the envelope while placing the sterilized strip in its assigned location. Please adhere to all instructions for mailing out the samples as soon as possible to avoid delays in receiving test results.

Interpreting Results: For in-office, examine the test after incubation for growth or color changes. No growth of sterilized vials indicates effective sterilization. Control should show growth as a reference. Mail-in tests should be sent out ASAP.

Corrective Actions: In sterilization failures, quarantine instruments since the last successful test. Rerun the test, check equipment, and use a Type 5 integrator for chemical monitoring. If failure recurs, remove the sterilizer from service.

Record Keeping: Maintain records of each spore test, including date, results, incubation, and actions taken, in accordance with regulations.

Reporting: Promptly report sterilization failures or issues to the Infection Control Coordinator or relevant authority per practice reporting protocol.

SOP for Spore Test

(Biological Monitoring)

Spore Testing is performed *In-Office* OR *Mailed-In*

Purpose: To ensure that our dental practice consistently achieves the highest standards of sterilization and infection control, safeguarding the health and safety of patients and the team by rigorously verifying the efficacy of our sterilization processes through spore testing.

Please always perform proper hand hygiene prior to donning and doffing any PPE. It is always best to protect your eyes with proper eyewear, especially while working with spore testing and in the sterilization areas. A mask will protect your airway from any chemicals. Nitrile Utility gloves are best. Follow the instructions for use regarding the PPE recommended by the manufacturer.

Equipment

Location of materials/equipment

Team member

Frequency and day of week

Procedure

Corrective actions

Additional Considerations:

- In-office spore testing will yield faster results as some tests provide results in less than a day. In some cases, less than 3 hours.
- Oftentimes, a failed spore test is because of human error and not the equipment malfunctioning
- Having a printout or photo of the passed test will help with documentation
- Have a clear protocol on what will happen with spore testing during office closures

Date:

IN-OFFICE BIOLOGICAL MONITORING SYSTEM LOG

Brand

Sterilizer unit

INITIALS	STERILIZER NUMBER & TYPE	DATE & TIME INTO INCUBATOR	DATE & TIME OUT OF INCUBATOR	* RESULTS PASS / FAIL	** CONTROL TURNED?

* A sterilized biological indicator should remain purple after incubation, indicating a PASS and adequate sterilization.
** The control biological indicator should turn yellow, indicating spore growth and a viable test

Mail-In Biological Monitoring Log

Brand Sterilizer unit

TEST DATE	INITIAL OF PERSON WHO RAN THE TEST	MAIL DATE	PASS OR FAIL

SOP for Daily Sterilization Log

Purpose: A daily sterilization log in a dental practice is to document and track essential information related to the sterilization of instruments and equipment. If a sterilization cycle fails or encounters issues, the log provides a space to document the corrective actions taken. This documentation is crucial for addressing and resolving problems effectively.

The log allows the recording of details of each sterilization cycle, including the date, time, sterilizer used, and load content. This information is valuable for tracking sterilization equipment performance over time.

During internal audits or inspections by regulatory bodies, the daily sterilization log is a primary source of information to demonstrate compliance and accountability in ensuring sterilized instruments.

The log provides a means of communication among team members regarding sterilization activities. It helps ensure that everyone is aware of the status of sterilization cycles and any ongoing issues.

Steps to follow:

Use the log provided in this Guidebook. Keep an original so copies can be made as needed

Record each sterilization cycle in the log to include: Date, Sterilizer Used, Cycle Type, Initials of Person Starting Cycle, Physical Monitoring Pass/Fail

On the instrument packaging, place the Load Number, Date, Initials, and Sterilizer used

If additional sterilization cycles are conducted during the day, repeat the previous steps for each cycle, filling out a separate log entry for each.

At the end of the day, review the entire sterilization log for accuracy and completeness.

Store the completed daily sterilization log

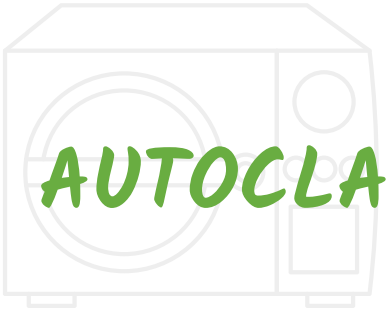
Use the daily sterilization log as a tool for training and reinforcing proper sterilization protocols among staff members.

Notes

Date:

Daily Sterilization Log

DATE	TIME	LOAD#	INITIALS	PHYSICAL MONITORING PASS	STERILLIZAER CYCLE TYPE
				☐ **Yes** ☐ **No**	
				☐ Yes ☐ NO	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	



AUTOCLAVE MAINTENANCE LOG

DATE	TIME	STERILIZER	SERVICE NEEDED	INIITALS

STERILE STORAGE AUDIT

DATE:		
LOCATION	WHAT ITEMS WERE FOUND	CORRECTIONS

DATE:		
LOCATION	WHAT ITEMS WERE FOUND	CORRECTIONS

DATE:		
LOCATION	WHAT ITEMS WERE FOUND	CORRECTIONS

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Spaulding's Classification

SPAULDING'S CLASSIFICATION SYSTEM CATEGORIZES MEDICAL INSTRUMENTS AND DEVICES INTO THREE LEVELS BASED ON THEIR INTENDED USE AND THE RISK OF INFECTION ASSOCIATED WITH THEIR USE.

Classification	Critical Equipment/Device	Semicritical Equipment/Device	Noncritical Equipment/Device
Definition	Equipment/device that enters sterile tissues including the vascular system	Equipment/device that comes in contact with non-intact skin or mucous membranes but does not penetrate them	Equipment/device that touches only intact skin and not mucous membranes, or does not directly touch the client/patient/resident
Type of reprocessing	Cleaning followed by sterilization	Cleaning followed by High-Level Disinfection (at a minimum) Sterilization is preferred	Cleaning followed by Low-Level Disinfection (in some cases, cleaning alone is acceptable)
Examples	Scalers, extraction instruments, surgical instruments, curettes	Mouth mirror, amalgam condenser, reusable impression trays	BP cuff, Radiograph tube head, pens/clipboard

Sterilization Workflow

Receive	Clean	Package	Sterilize	Storage
• Don proper PPE if not already on from transportation • **Dispose of waste, Sharps should be disposed of in op before transport** • **Pre-Soak items that cannot enter instrument cleaner immediately or have heavy bioburden** • **Rinse presoak before cleaning**	• Place in Ultrasonic Bath or Instrument Washer • Rinse upon removal from US bath • Inspect instruments for bioburden, damage, or rust • Hand scrub if needed with proper technique to prevent injury • Dry Completely	• Lubricate any items like handpieces • Insert internal chemical indicator into cassette or pouch • Package or wrap instruments • If needed, use external chemical indicator tape or pouch w/ built in • Label packages: date, sterilizer, load #, initials	• Follow instrument instructions for sterilization instructions • Load sterilizer per manufacturer's instructions • Mechanical monitoring: note time, temp, pressure • Do no remove until dry cycle is completed • Do not overload sterilizer	• Inst must cool down prior to being stored • Store in clean, dry, dust-free area • First in-First out • Must stay wrapped until use. If package is breached, reprocess • Do not stack cassettes • Neatly store items so they are easy to find

The sterilization workflow in a dental setting typically involves a series of steps, including cleaning, packaging, sterilizing, and storage of instruments, to ensure the safety and effectiveness of dental procedures.

Waste MANAGEMENT

The protocols and procedures for waste management in a dental setting should include the following:

01

Segregation of waste:

Segregate waste into categories: infectious, hazardous, and general waste. Use color-coded containers and labels to ensure proper identification.

02

Proper disposal of infectious waste:

Infectious waste, like extracted teeth or contaminated sharps, must be placed in a labeled container that meets regulations. These containers should be kept in a cabinet until they are picked up by a licensed medical waste hauler.

03

Proper disposal of hazardous waste:

Hazardous waste, like chemical disinfectants or amalgam waste, must be collected in a labeled, leak-proof container that meets regulatory standards. These containers should also be kept in a locked cabinet until they are picked up by a licensed hazardous waste hauler

04

Proper disposal of general waste:

General waste, like masks, barrier wraps, or gloves, can be disposed of in regular trash receptacles. However, it is important to make sure that any potentially infectious materials are properly disposed of in infectious waste containers.

05

Recycling:

Whenever possible, recycle paper products, plastics, and other materials. This helps to reduce the amount of waste that is generated in the dental practice.

06

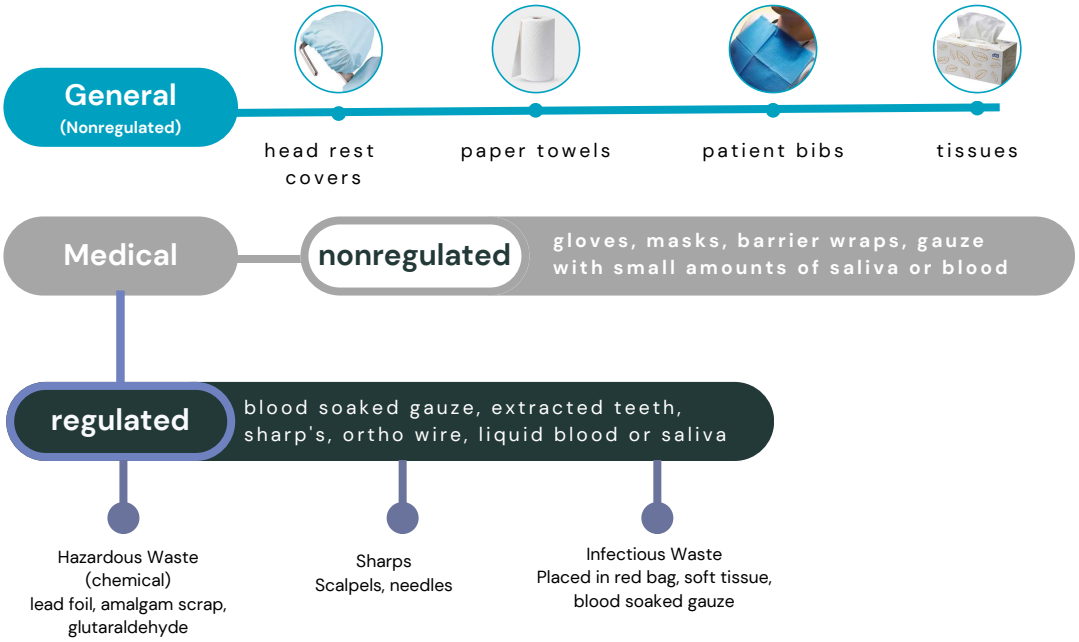
Documentation:

Keep documentation of all waste disposal activities, including the type of waste, the quantity of waste, and the date of disposal. This information is necessary for compliance with regulatory agencies and for internal monitoring and quality control purposes.

07

Training:

Provide training to all staff members on the proper handling, segregation, and disposal of waste. This includes initial training for new hires and ongoing training to keep all staff members up-to-date on best practices and regulatory changes.



Regulated waste in dentistry refers to any waste generated during dental procedures that could pose a potential risk of infection or harm to human health and requires special handling and disposal methods. These wastes are regulated by specific guidelines and regulations to prevent the spread of infectious diseases and protect the environment.

Examples of regulated waste in dentistry include:

Sharps Waste:

This includes used needles, scalpel blades, orthodontic wires, and other sharp objects that may puncture the skin and potentially transmit infectious diseases.

Contaminated Gauze and Dressings:

Used gauze pads, cotton rolls, and other wound dressings that are contaminated with blood or other potentially infectious materials fall into this category.

Extracted Teeth:

Teeth, without amalgam, removed during dental procedures may be considered regulated waste if they are potentially contaminated with blood or other infectious materials.

Human Tissue Waste:

Soft tissues, biopsy specimens, extracted cysts, and other human tissue materials generated during dental surgeries are considered regulated waste.

Contaminated Amalgam Waste:

Waste materials containing amalgam, such as extracted teeth with amalgam fillings or used amalgam capsules, are regulated due to their mercury content.

To ensure proper handling and disposal of regulated waste in dentistry, it is essential to follow local, state, and federal regulations, as well as guidelines from relevant health authorities. This typically includes segregating and storing the waste in labeled, leak-proof containers, using appropriate personal protective equipment during handling, and arranging for appropriate disposal methods such as incineration, autoclaving, or professional medical waste services.

General, nonregulated waste in dentistry refers to waste generated during routine dental procedures that does not pose a significant risk of infection or harm to human health. This type of waste does not fall under specific regulations for medical waste and can be managed and disposed of in a manner similar to regular household or office waste.

Examples of general, nonregulated waste in dentistry include:

Paper Waste:

This includes non-contaminated paper products such as patient records, administrative documents, packaging materials, and disposable paper products.

Food Waste:

Waste generated from staff break rooms or patient areas, such as food scraps, coffee cups, and food packaging.

Plastic Waste:

Non-contaminated plastic materials like packaging, non-hazardous plastic disposable items, and non-infectious plastic materials used in the dental office.

Non-Contaminated Gloves:

Gloves used during non-invasive or non-contaminated procedures that do not come into contact with potentially infectious materials.

Non-Hazardous Disposable Items:

Disposable items, such as bibs, headrest covers, and patient napkins, that are not contaminated with blood or other infectious materials.

> General, nonregulated waste should be properly segregated from medical waste and disposed of according to local waste management regulations. This typically involves using regular waste collection processes, such as placing it in appropriate trash bins or bags designated for general waste. However, it's important to adhere to any specific guidelines or requirements set forth by local authorities regarding waste disposal in dental facilities.

MEDICAL

Blood-saturated and visibly contaminated items can pose a significant risk of transmitting infection. These items should be placed in red biohazard bags and treated as regulated medical waste.

Fill it:

Use Medical Waste Management mailback containers to dispose of your regulated (red bag) medical waste.

- Blood-Saturated Items
- Visibly Contaminated PPE
- Blood and Body Fluids
- Blood-Saturated Gauze
- Blood-Saturated Bandages

SHARPS

A good rule of thumb is if the item can puncture the skin and possibly contain blood borne pathogens, then it should be disposed of within a sharps container.

Fill it:

Use a Sharps Management of mailback container to dispose of your sharps waste

- Blades and Lancets
- Needles
- Carpules with visible blood or broken
- Extracted teeth (no amalgam fillings)
- Used syringes

PHARMACEUTICAL

Any unused or partially used medications, whether in tablet, capsule or liquid form should be considered pharmaceutical waste. This also includes the items that contain the medications.

Fill it:

Use a Pharmaceutical Recovery mailback container to dispose of your pharmaceutical waste.

- Unused and partially used medications
- Unused auto-injectors
- Pharmaceutical vials and inhalers
- Carpules (no blood)

INFECTION WASTE MANAGEMENT

LOG VENDOR PICK-UP FOR TRANSPORTATION, TREATMENT, AND DISPOSAL

Generating dental:	Vendor:
Facility Name:	Vendor name:
Street:	Street:
City/State/Zip:	City/State/Zip:
Phone:	Phone:

Date Pick-Up	Initials by Staff	Initials by Vendor		• Contents: Includes Sharps, Potential Sharps, Blood/Saliva soaked Gauze and Cotton Rolls • Describe the type of container

RESOURCES

PASSWORDS

ACCOUNT

Username

Password

Other

ACCOUNT

Username

Password

Other

ACCOUNT

Username

Password

Other

ACCOUNT

Username

Password

Other

ACCOUNT

Username

Password

Other

ACCOUNT

Username

Password

Other

ACCOUNT

Username

Password

Other

ACCOUNT

Username

Password

Other

EMERGENCY CONTACTS

EMERGENCY HOTLINE

Mobile:
Telephone:
Email:

SDS CONTACT

Mobile:
Telephone:
Email:

POISON CONTROL CENTER

Mobile:
Telephone:
Email:

POLICE DEPARTMENT

Mobile:
Telephone:
Email:

HOSPITAL EMERGENCY

Mobile:
Telephone:
Email:

HIV EXPOSURE HOTLINE

Mobile:
Telephone:
Email:

PUBLIC HEALTH DEPARTMENT

Mobile:
Telephone:
Email:

WORKMAN'S COMP

Mobile:
Telephone:
Email:

List of Contacts

Equipment service

Business Contacts

Organizations

Warranty Information