Infection Prevention &
Control Manual for Dental
Settings

First Edition

Prepared by:
Dr. Abobakr Aljefry (General Directorate for Infection Prevention and Control)

Reviewed by:
Dr. Ali Alrumikan (General Directorate of Dentistry)
Dr. Calara Hardin (General Directorate for Infection Prevention and Control)
Mr. Saud Alshammary (General Directorate for Infection Prevention and Control)

Approved by:
Dr. Abdullah Assiri (General Directorate for Infection Prevention and Control)
Dr. Mohamad AlRafee (General Directorate of Dentistry)
In The Name of Allah, the Most Gracious, the Most Merciful
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INTRODUCTION:

This document describes the infection prevention and control procedures that dental healthcare personnel are expected to follow in the dental practice. It outlines the primary responsibilities of dental practitioners in relation to infection prevention and control.

This manual is based on current international best practice and drawn from current expert knowledge and advice in infection prevention and control. The recommendations outlined in this manual are designed to reduce the number of infectious agents in the dental practice environment; prevent or reduce the likelihood of transmission of these infectious agents from one person or item/location to another; and make items and areas as free as possible from infectious agents.

In this manual, dental healthcare personnel (DHCP) refers to all personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP include dentists, dental hygienists, dental assistants, dental laboratory technicians, students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).
IMPLEMENTATION PLAN:

- This manual will be implemented by heads of dental departments, dental healthcare personnel and infection and prevention and control team in the dental centers/departments and primary healthcare centers.
- It is the responsibility of heads of dental departments to ensure that this manual is available/ brought to the attention of staff who report to them in their areas of responsibility.
- Staff has a responsibility to read this manual and sign the Signature Sheet (Refer to signature sheet).
- The signature sheet should be returned to the infection prevention and control coordinator/department.
- The infection prevention and control team/coordinator will provide education and training sessions to relevant staff as part of the implementation process of this manual.

REVISION AND AUDIT:

- The manual will be reviewed by the General Directorate for Infection Prevention and Control and updated as necessary and at least every (3) years.
- An audit will be undertaken within one year of issue.
### APPROVAL:

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<th>Department/Title</th>
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<td></td>
<td>Dr. Abobakr Aljefry</td>
<td>General Directorate for Infection Prevention and Control</td>
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<td>General Directorate for Infection Prevention and Control</td>
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<td></td>
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<td>General Director of General Directorate for Infection Prevention and Control</td>
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<tr>
<td></td>
<td>Dr. Mohamad AlRafee</td>
<td>General Director of General Directorate of Dentistry</td>
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1. **POLICY STATEMENT:**
   
   1.1. Applies to what is the best practice in management and exposure to bloodborne pathogens.

2. **PURPOSE:**
   
   2.1. To prevent/minimize the risk of infection in dental settings.
   
   2.2. To promote awareness for each dental personnel in the importance of appropriate management and exposure to bloodborne pathogens.
   
   2.3. To provide a framework for the education of dental healthcare personnel in infection prevention and control.

3. **SCOPE:**
   
   3.1. This policy applies to all dental healthcare personnel.

4. **DEFINITIONS/ABBREVIATIONS:**
   
   4.1. **Bloodborne pathogens:** disease-producing microorganisms spread by contact with blood or other body fluids contaminated with blood from an infected person. Examples include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

5. **ROLES AND RESPONSIBILITIES:**
   
   5.1. All dental healthcare workers have responsibility to conform and respect all aspects of this policy.
6. PROCEDURE:

6.1. The employers/organization must do the following to protect workers whose jobs put them at reasonable risk of coming into contact with blood and other potentially infectious materials.

6.2. It is required that the employers/organization do the following:

6.2.1. Establish an exposure control plan:
- This is a written plan to eliminate or minimize employee exposures. Employers must update the plan annually to reflect technological changes that will help eliminate or reduce exposure to bloodborne pathogens. In the plan, employers must document annually that they have considered and implemented safer medical devices, if feasible and that they have solicited input from frontline workers in identifying, evaluating, and selecting engineering controls.

6.2.2. Use engineering controls:
- These are devices that isolate or remove the bloodborne pathogen hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps-injury protection and needleless systems.

6.2.3. Enforce work practice controls:
- These are practices that reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for hand washing, sharps disposing, lab specimen packaging, laundry handling, and contaminated material cleaning.
6.2.4. Personal Protective Equipment
- Provide personal protective equipment such as gloves, gowns, and masks. Employers must clean, repair, and replace this equipment as needed. (Refer to Policy of Personal Protective Equipment).

6.2.5. Vaccination:
- Make available Hepatitis B vaccinations to all employees with occupational exposure to bloodborne pathogens within 10 days of assignment. (Refer to Policy of Immunization for DCHP)

6.2.6. Occupational Exposure:
- Provide post-exposure follow-up to any worker who experiences an exposure incident, at no cost to the worker. This includes conducting laboratory tests, providing confidential medical evaluation, identifying, and testing the source individual. If feasible; the exposed employee’s blood should be tested. If the worker consents; post-exposure prophylaxis should be performed. Additionally counseling may be offered and reported illness ought to be evaluated. All diagnoses must remain confidential. (Refer to Policy of Management Of Occupational Exposure).

6.2.7. Hazards:
- Use labels and signs to communicate hazards. The standard requires warning labels affixed to containers of regulated waste, refrigerators and freezers, and other containers used to store or transplant blood or other potentially infectious materials. Facilities may use red bags or containers instead of labels. Employers also must post signs to identify restricted areas. (Refer to Policy of Dental Waste Management)

6.2.8. Training:
- The Employer/organization must ensure that their workers receive regular training that covers the dangers of bloodborne pathogens, preventive practices, and post-exposure procedures. Employers must offer this training on initial assignment, then at least annually. In
addition, laboratory and production facility workers must receive specialized initial training.

6.2.9. The employer/organization also must maintain a Sharps Injury log book for Recording and Reporting Occupational Injuries and Illnesses.

6.2.10. The dental healthcare personnel must comply with all the requirements of this policy.

7. REFERENCES:
1. POLICY STATEMENT:
   1.1. Applies to what is the best practice in management and exposure to Mycobacterium tuberculosis.

2. PURPOSE:
   2.1. To prevent/minimize the risk of in Mycobacterium Tuberculosis dental settings.
   2.2. To promote awareness for each dental personnel in the importance of appropriate management of Mycobacterium tuberculosis.
   2.3. To provide a framework for the education of dental healthcare personnel in infection prevention and control.

3. SCOPE:
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS/ABBREVIATIONS:
   4.1. Mycobacterium tuberculosis (MTB) is a pathogenic bacterial species in the genus Mycobacterium and the causative agent of most cases of tuberculosis (TB).
   4.2. DHCP: dental healthcare personnel.

5. ROLES AND RESPONSIBILITIES:
   5.1. All dental healthcare personnel have the responsibility to conform to and respect all aspects of this policy.
   5.2. Managers/department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in this issue.
6. PROCEDURE:

6.1. General Recommendations:

   6.1.1. Educate all DHCP regarding the recognition of signs, symptoms, and transmission of TB.

   6.1.2. Conduct a baseline test, preferably by using a two-step test, for all DHCP who might have contact with persons with suspected or confirmed active TB, regardless of the risk classification of the setting.

   6.1.3. Assess each patient for a history of TB as well as symptoms indicative of TB and document on the medical history form.

6.2. The following apply to patients known or suspected to have active TB:

   6.2.1. Evaluate the patient away from other patients and DHCP. When not being evaluated, the patient should wear a surgical mask or be instructed to cover mouth and nose when coughing or sneezing.

   6.2.2. Defer elective dental treatment until the patient is noninfectious.

   6.2.3. Refer patients requiring urgent dental treatment to a previously identified facility with TB engineering controls and a respiratory protection program.

7. REFERENCES:

1. **POLICY STATEMENT:**
   1.1. Applies to what is the best practice in immunizations for dental healthcare personnel.

2. **PURPOSE:**
   2.1. To prevent/minimize the risk of transmission of blood borne pathogens in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of immunizations.
   2.3. To provide a framework for the education of dental healthcare personnel in preventing transmission of blood borne pathogens.

3. **SCOPE:**
   3.1. This policy applies to all dental healthcare personnel.

4. **DEFINITIONS/ABBREVIATIONS:**
   4.1. **Immunization:** the act of artificially inducing immunity or providing protection against a disease.
   4.2. **Attenuated (live) vaccines:** preparations derived from live, wild-type, disease-causing microorganisms.
   4.3. **Vaccine:** an administered immunologic preparation that stimulates the body's immune system to produce protective humoral immunity (antibodies) or cell-mediated immunity (sensitized T lymphocytes), or both against a disease.

5. **ROLES AND RESPONSIBILITIES:**
   5.1. All healthcare workers have responsibility to conform and respect all aspects of this policy.
5.2. Managers/department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed in these issues.

6. PROCEDURE:

6.1. Recommended Vaccines for Healthcare Personnel:


a) Dose Schedule: Three-dose schedule administered intramuscularly in the deltoid; second dose administered 1 month after first dose; third dose administered 4 months after second dose.

b) Indications: DHCP at risk for exposure to blood and body fluids.

c) Major Precautions and Contraindications:
   - History of anaphylactic reaction to common baker's yeast.
   - Pregnancy is not a contraindication.

d) Special Considerations:
   - No therapeutic or adverse effects on HBV-infected persons.
   - DHCP who have ongoing contact with patients or blood should be tested 1-2 months after completing the vaccination series to determine serologic response.
   - If vaccination does not induce adequate antibodies to hepatitis B surface antigen (>10mIU/mL), a second vaccine series should be administered.

6.1.2. Vaccine: Influenza vaccine (inactivated).

a) Dose Schedule: Annual single-dose vaccination intramuscularly with current vaccine.
b) Indications:
   o DHCP who have contact with patients at high risk or who work in chronic-care facilities.
   o DHCP aged ≥50 years or who have high-risk medical conditions.

   c) Major Precautions and Contraindications: History of anaphylactic hypersensitivity to eggs or to other components of the vaccine.

   d) Special Considerations: Recommended for women who will be in the second or third trimesters of pregnancy during the influenza season and women in any state of pregnancy who have chronic medical conditions that are associated with an increased risk of influenza.

### 6.1.3. Vaccine: Measles live-virus vaccine.

a) Dose Schedule: One dose administered subcutaneously (SC); second dose ≥4 weeks later.

b) Indications: DHCP who have no proof of immunity.

c) Major Precautions and Contraindications:
   o Pregnancy.
   o Immune-compromised state (including human immunodeficiency virus-infected persons with severe immunosuppression).
   o History of anaphylactic reactions after gelatin ingestion or receipt of neomycin.
   o Recent receipt of antibody-containing blood products.

d) Special Considerations: Measles, mumps, rubella (MMR) is the recommended vaccine if recipients are also likely to be susceptible to rubella or mumps.
6.1.4. Vaccine: Mumps live-virus vaccine:
   a) Dose Schedule: One dose subcutaneously.
   b) Indications: DHCP believed susceptible can be vaccinated.
   c) Major Precautions and Contraindications:
      o Pregnancy.
      o Immunocompromised state.
      o History of anaphylactic reaction after gelatin ingestion or receipt of neomycin.
   d) Special Considerations: Measles, mumps, rubella (MMR) is the recommended vaccine.

6.1.5. Varicella-zoster live-virus vaccine:
   a) Dose Schedule: Two 0.5-mL doses SC 4-8 weeks apart if aged ≥13 years.
   b) Indications: DHCP without reliable history of varicella or laboratory evidence of varicella immunity.
   c) Major Precautions and Contraindications:
      o Pregnancy.
      o Immunocompromised state.
      o History of anaphylactic reaction after receipt of neomycin or gelatin.

7. REFERENCES:
1. POLICY STATEMENT:
   1.1. Applies to what is the best practice in Standard Precautions.

2. PURPOSE:
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of standard precautions as a basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.
   2.3. To provide a framework for the education of dental healthcare personnel in the infection prevention and control.

3. SCOPE:
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS/ABBREVIATIONS:
   4.1. Bloodborne pathogens: disease-producing microorganisms spread by contact with blood or other body fluids contaminated with blood from an infected person. Examples include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
   4.2. Standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. The major components of standard precautions are: Hand hygiene, Personal protective equipment, Respiratory Hygiene and Cough Etiquette, Injection Safety, Medication Storage and Handling, Cleaning and Disinfection of Devices and Environmental Surfaces.
5. ROLES AND RESPONSIBILITIES:

5.1. All healthcare workers have responsibility to conform and respect all aspects of this policy.

5.2. Managers/ department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed in these issues.

6. PROCEDURE:

6.1. Standard Precautions covered in this document, are intended for use by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not to ensure the safety of those being cared for, staff and visitors in the care environment.

6.2. The standard precautions include the following:

6.2.1. Hand Hygiene:
   - Refer to policy of Hand Hygiene (GDIPC-DN-05)

6.2.2. Personal protective equipment:
   - Refer to policy of Personal protective equipment (GDIPC-DN-06)

6.2.3. Respiratory Hygiene and Cough Etiquette:
   - Refer to policy of Respiratory Hygiene and Cough Etiquette (GDIPC-DN-07).

6.2.4. Injection Safety:
   - Refer to policy of Injection Safety (GDIPC-DN-08)

6.2.5. Medication Storage and Handling:
   - Refer to policy of Medication Storage and Handling (GDIPC-DN-09)

6.2.6. Environmental Infection Control:
   - Refer to policy of Environmental Infection Control (GDIPC-DN-10)

7. REFERENCES:

Hand Hygiene

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<tr>
<td>Policy Title: Hand Hygiene</td>
<td>Policy Number: 05</td>
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<td>Effective Date: 6/10/2013</td>
<td>Review Date: 6/10/2016</td>
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1. **POLICY STATEMENT:**
   1.1. Applies to what is the best practice in hand hygiene.

2. **PURPOSE:**
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of hand hygiene.
   2.3. To provide a framework for the education of dental healthcare personnel in hand hygiene.

3. **SCOPE:**
   3.1. This policy applies to all dental healthcare personnel.

4. **DEFINITIONS/ABBREVIATIONS**
   4.1. **Hand hygiene** is the act of cleaning the hands with or without the use of water or another liquid, or with the use of soap, for the purpose of removing soil, dirt, and/or microorganisms.
   4.2. **DHCP**: dental healthcare personnel.

5. **ROLES AND RESPONSIBILITIES:**
   5.1. All dental healthcare personnel have responsibility to conform to and respect all aspects of this policy.
   5.2. Managers/department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.
6. **PROCEDURE:**

6.1. Indications for hand washing and hand antisepsis

6.1.1. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.

6.1.2. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands. Alternatively, wash hands with an antimicrobial soap and water in all clinical situations.

6.1.3. Decontaminate hands before having direct contact with patients.

6.1.4. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.

6.1.5. Decontaminate hands after contact with a patient’s intact skin.

6.1.6. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.

6.1.7. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

6.1.8. Decontaminate hands after removing gloves.

6.1.9. Before eating and after using the restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.

6.2. **Hand-hygiene technique:**

6.2.1. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

6.2.2. Follow the manufacturer’s recommendations regarding the volume of product to use.
6.2.3. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. (refer to Appendix A for hand hygiene techniques)

6.2.4. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

6.2.5. Multiple-use cloth towels of the hanging or roll type are not recommended for use in health-care settings.

6.3. Surgical hand antisepsis:
6.3.1. Remove rings, watches, and bracelets before beginning the surgical hand scrub.

6.3.2. Remove debris from underneath fingernails using a nail cleaner under running water.

6.3.3. Surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub with persistent activity is recommended before donning sterile gloves when performing surgical procedures.

6.3.4. When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer, usually 2–6 minutes. Long scrub times (e.g., 10 minutes) are not necessary.

6.3.5. When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer’s instructions. Before applying the alcohol solution, prewash hands and forearms with a non-antimicrobial soap and dry hands and forearms completely. After application of the alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves.
6.4. Selection of hand-hygiene agents:

6.4.1. Provide personnel with efficacious hand-hygiene products that have low irritancy potential, particularly when these products are used multiple times per shift. This recommendation applies to products used for hand antisepsis before and after patient care in clinical areas and to products used for surgical hand antisepsis by surgical personnel.

6.4.2. To maximize acceptance of hand-hygiene products by DHCP, solicit input from these employees regarding the feel, fragrance, and skin tolerance of any products under consideration. The cost of hand hygiene products should not be the primary factor influencing product selection.

6.4.3. When selecting non-antimicrobial soaps, antimicrobial soaps, or alcohol-based hand rubs, solicit information from manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves used in the institution.

6.4.4. Before making purchasing decisions, evaluate the dispenser systems of various product manufacturers or distributors to ensure that dispensers function adequately and deliver an appropriate volume of product.

6.4.5. Do not add soap to a partially empty soap dispenser. This practice of “topping off” dispensers can lead to bacterial contamination of soap.

6.5. Skin care:

6.5.1. Provide DHCP with hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or hand washing.

6.5.2. Solicit information from manufacturers regarding any effects that hand lotions, creams, or alcohol based hand antiseptics may have on the persistent effects of antimicrobial soaps being used in the institution.
6.6. Other aspects of hand hygiene:

6.6.1. Do not wear artificial fingernails or extenders when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms).

6.6.2. Keep natural nails tips less than 1/4-inch long.

6.6.3. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.

6.6.4. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.

6.6.5. Change gloves during patient care if moving from contaminated body site to a clean body site.

6.7. Health-care worker educational and motivational programs:

6.7.1. As part of an overall program to improve hand hygiene practices of DHCP, educate personnel regarding the types of patient-care activities that can result in hand contamination and the advantages and disadvantages of various methods used to clean their hands.

6.7.2. Monitor DHCP’s adherence with recommended hand-hygiene practices and provide personnel with information regarding their performance.

6.7.3. Encourage patients and their families to remind DHCP to decontaminate their hands.

6.8. Administrative measures:

6.8.1. Make improved hand-hygiene adherence an institutional priority and provide appropriate administrative support and financial resources.

6.8.2. Implement a multidisciplinary program designed to improve adherence of health personnel to recommended hand-hygiene practices.
6.8.3. As part of a multidisciplinary program to improve hand-hygiene adherence, provide DHCP with a readily accessible alcohol-based hand-rub product.

6.8.4. To improve hand-hygiene adherence among personnel who work in areas in which high workloads and high intensity of patient care are anticipated, make an alcohol-based hand rub available at the entrance to the patient’s room, in the clinics or in other convenient locations, and in individual pocket-sized containers to be carried by DHCP.

6.8.5. Store supplies of alcohol-based hand rubs in cabinets or areas approved for flammable materials.

7. REFERENCES:

1. **POLICY STATEMENT:**
   1.1. Applies to what is the best practice in Personal Protective Equipment (PPE).

2. **PURPOSE:**
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of Personal Protective Equipment (PPE).
   2.3. To provide a framework for the education of dental healthcare personnel in the Personal Protective Equipment (PPE).

3. **SCOPE:**
   3.1. This policy applies to all dental healthcare personnel.

4. **DEFINITIONS:**
   4.1. **Personal protective equipment (PPE):** specialized clothing or equipment worn by an employee for protection against a hazard (e.g., gloves, masks, protective eyewear, and gowns). General work clothes (e.g., uniforms, pants, shirts, and blouses) which are not intended to function as protection against a biohazard and should not considered as personal protective equipment.

5. **ROLES AND RESPONSIBILITIES:**
   5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/ department’s heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.
6. **PROCEDURE:**

6.1. **Use of PPE:**

6.1.1. **Gloves:**
- Wear gloves when there is potential contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment.
- Wear gloves that fit appropriately (select gloves according to hand size).
- Do not wear the same pair of gloves for the care of more than one patient.
- Do not wash gloves for the purpose of reuse.
- Perform hand hygiene before and immediately after removing gloves.

6.1.2. **Gowns:**
- Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Do not wear the same gown for the care of more than one patient.
- Remove gown and perform hand hygiene before leaving the patient’s environment (e.g., exam room).

6.1.3. **Facemasks (Procedure or Surgical Masks):**
- Wear a facemask:
  - When there is potential contact with respiratory secretions and sprays of blood or body fluids (as defined in Standard Precautions and/or Droplet Precautions).
  - May be used in combination with goggles or face shield to protect the mouth, nose and eyes.
6.1.4. **Goggles, Face Shields:**
- Wear eye protection for potential splash or spray of blood, respiratory secretions, or other body fluids.
- Personal eyeglasses and contact lenses are not considered adequate eye protection.
- May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes.

6.1.5. **Respirators:**
- If available, wear N95-or higher respirators for potential exposure to infectious agents transmitted via the airborne route (e.g., tuberculosis).
- All healthcare personnel that use N95-or higher respirator are fit tested at least annually and according to OSHA requirements.

6.2. **Recommendations for Donning PPE: (Refer to Appendix B)**

6.2.1. Always perform hand hygiene before donning PPE.
6.2.2. If wearing a gown, don the gown first and fasten in back accordingly.
6.2.3. If wearing a facemask or respirator:
   - Secure ties or elastic band at the back of the head and/or neck.
   - Fit flexible band to Nose Bridge.
   - Fit snug to face and below chin.
6.2.4. If wearing goggles or face shield, put it on face and adjust to fit.
6.2.5. If wearing gloves in combination with other PPE, don gloves last.

6.3. **Recommendations for Removing PPE: (Refer to Appendix B)**

6.3.1. Remove PPE before leaving the exam room or patient environment (except respirators which should be removed after exiting the room).
6.3.2. Removal of gloves:
   ○ Grasp outside of glove with opposite gloved hand; peel off
   ○ Hold removed glove in glove hand.
   ○ Slide ungloved fingers under the remaining glove at the wrist; peel off and discard.

6.3.3. Removal of gowns:
   ○ Remove in such a way to prevent contamination of clothing or skin
   ○ Turn contaminated outside surface toward the inside.
   ○ Roll or fold into a bundle and discard.

6.3.4. Removal of facemask or respirator:
   ○ Avoid touching the front of the mask or respirator.
   ○ Grasp the bottom and the ties/elastic to remove and discard.

6.3.5. Removal of goggles or face shield:
   ○ Avoid touching the front of the goggles or face shield.
   ○ Remove by handling the head band or ear pieces and discard.

6.3.6. Always perform hand hygiene immediately after removing PPE

7. REFERENCES:
1. POLICY STATEMENT:
   1.1. Applies to what is the best practice in Respiratory Hygiene and Cough Etiquette.

2. PURPOSE:
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of Respiratory Hygiene and Cough Etiquette.
   2.3. To provide a framework for the education of dental healthcare personnel in the infection prevention and control.

3. SCOPE:
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS/ABBREVIATIONS:
   4.1. Respiratory Hygiene and Cough Etiquette: a Policy used to prevent the transmission of respiratory infections in the facility, the following infection prevention measures are implemented for all potentially infected persons at the point of entry and continuing throughout the duration of the visit. This applies to any person (e.g., patients and accompanying family members, caregivers, and visitors) with signs and symptoms of respiratory illness, including cough, congestion, rhinorrhea, or increased production of respiratory secretions.

5. ROLES AND RESPONSIBILITIES:
   5.1. All healthcare workers have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/ department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed in these issues.
6. PROCEDURE:

6.1. Identifying persons with potential respiratory infection:
   6.1.1. Facility staff should remain alert for any persons arriving with symptoms of a respiratory infection.
   6.1.2. Signs are posted at the reception area instructing patients and accompanying persons to:
          o Self-report symptoms of a respiratory infection during registration.
          o Practice respiratory hygiene and cough etiquette (technique described below) and wear facemask as needed.

6.2. Availability of Supplies:
   6.2.1. The following supplies are provided in the reception area and other common waiting areas:
          o Facemasks, tissues, and no-touch waste receptacles for disposing of used tissues.
          o Dispensers of alcohol-based hand rub.

6.3. Respiratory Hygiene and Cough Etiquette:
   6.3.1. All persons with signs and symptoms of a respiratory infection (including facility staff) are instructed to:
          o Cover the mouth and nose with a tissue when coughing or sneezing;
          o Dispose of the used tissue in the nearest waste receptacle.
          o Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials. (Refer to Appendix C).
6.4. Masking and Separation of Persons with Respiratory Symptoms

6.4.1. If patient calls ahead:
- Have patients with symptoms of a respiratory infection come at a time when the facility is less crowded or through a separate entrance, if available.
- If the purpose of the visit is non-urgent, patients are encouraged to reschedule the appointment until symptoms have resolved.
- Upon entry to the facility, patients are to be instructed to don a facemask (e.g., procedure or surgical mask).
- Alert registration staff ahead of time to place the patient in an exam room with a closed door upon arrival.

6.4.2. If identified after arrival:
- Provide facemasks to all persons (including persons accompanying patients) who are coughing and have symptoms of a respiratory infection.
- Place the coughing patient in an exam room with a closed door as soon as possible (if suspicious for airborne transmission, refer to Airborne Precautions in Section V.D.); if an exam room is not available, the patient should sit as far from other patients as possible in the waiting room.
- Accompanying persons who have symptoms of a respiratory infection should not enter patient-care areas and are encouraged to wait outside the facility.

6.5. Healthcare Personnel Responsibilities:

6.5.1. All healthcare personnel are aware of facility sick leave policies, including staff who are not directly employed by the facility but provide essential daily services.
6.5.2. Healthcare personnel with a respiratory infection avoid direct patient contact; if this is not possible, then a facemask should be worn while providing patient care and frequent hand hygiene should be reinforced.

6.5.3. Healthcare personnel are up-to-Date with all recommended vaccinations, including annual influenza vaccine.

6.6. Staff Communication:

6.6.1. Designated personnel regularly review information on local respiratory virus activity provided by the ministry of health to determine if the facility will need to implement enhanced screening for respiratory symptoms.

6.7. During Periods of Increased Community Respiratory Virus Activity (e.g., Influenza Season):

6.7.1. In addition to the aforementioned infection prevention measures, the following enhanced screening measures are implemented:

   o When scheduling and/or confirming appointments:
     a) Pre-screen all patients and schedule those with respiratory symptoms to come when the facility might be less crowded, if possible
     b) Instruct patients with respiratory symptoms to don a facemask upon entry to the facility
     c) If the purpose of the visit is non-urgent, patients with symptoms of respiratory infection are encouraged to schedule an appointment after symptoms have resolved.
     d) Encourage family members, caregivers, and visitors with symptoms of respiratory infection to not accompany patients during their visits to the facility.
e) If possible, prepare in advance for the registration staff a daily list of patients with respiratory symptoms who are scheduled for a visit.

   - **Upon entry to the facility and during visit:**
     a) At the time of patient registration, facility staff should identify pre-screened patients (from the list) and screen all other patients and accompanying persons for symptoms of respiratory infection.
     b) Patients identified with respiratory symptoms are placed in a private exam room as soon as possible; if an exam room is not available, patients are provided a facemask and placed in a separate area as far as possible from other patients while awaiting care.
     c) If patient volume is anticipated to be higher than usual with prolonged wait time at registration:
       - A separate triage station is established to identify pre-screened patients (from the list) and to screen all other patients and accompanying persons immediately upon their arrival and prior to registration.
       - Patients identified with respiratory symptoms are registered in a separate area, if possible, and placed immediately in a private exam room; if an exam room is not available, patients are provided a facemask and placed in a separate area as far as possible from other patients while awaiting care.
     d) If possible, encourage family members, caregivers, and visitors with symptoms of respiratory infection to not enter the facility.

7. REFERENCES:
1. **POLICY STATEMENT:**

   1.1. Applies to what is the best practice in injection safety.

2. **PURPOSE:**

   2.1. To prevent/minimize the risk of infection in dental settings.
   
   2.2. To promote awareness for each dental personnel in the importance of Injection Safety.
   
   2.3. To provide a framework for the education of dental healthcare personnel in the infection prevention and control.

3. **SCOPE:**

   3.1. This policy applies to all dental healthcare personnel.

4. **DEFINITIONS/ABBREVIATIONS:**

   4.1. **Injection safety** refers to the proper use and handling of supplies for administering injections and infusions. These practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare personnel during preparation and administration of parenteral medications.

5. **ROLES AND RESPONSIBILITIES:**

   5.1. All dental healthcare workers have responsibility to conform to and respect all aspects of this policy.
   
   5.2. Managers/department’s heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed in these issues.
6. **PROCEDURE:**

6.1. **Before Beginning a Procedure:**

   6.1.1. Organize equipment at the point of use.

   6.1.2. Make sure work space has adequate lighting

   6.1.3. Keep sharps pointed away from the user

   6.1.4. Locate a sharps disposal container, or have one nearby

   6.1.5. Assess the patient’s ability to cooperate

   6.1.6. Get help if necessary.

   6.1.7. Ask the patient to avoid sudden movement.

6.2. **During a Procedure:**

   6.2.1. Maintain visual contact with sharps during use

   6.2.2. Be aware of staff nearby

   6.2.3. Control the location of sharps to avoid injury to yourself and others

   6.2.4. Do not hand pass exposed sharps from one person to another

   6.2.5. Alert others when sharps are being passed

6.3. **During Cleanup**

   6.3.1. Be accountable for sharps you use

   6.3.2. Check procedure trays and waste materials for exposed sharps before handling.

   6.3.3. Look for sharps that may have been left inadvertently after the procedure.

   6.3.4. Discard the used sharps in a closed container

   6.3.5. Secure the container to prevent spillage

6.4. **While Disposing of Sharps:**

   6.4.1. Visually inspect the sharps container for hazards caused by overfilling. You should also make sure the sharps container being used is large enough to accommodate the entire device.
6.4.2. Keep your hands behind the tip of any sharps.
6.4.3. Avoid bringing the hands close to the opening of a sharps container. Never place hands or fingers into a container to facilitate disposal of a device.

6.5. After Disposing of Sharps:
   6.5.1. Visually inspect sharps container for overfilling
   6.5.2. Replace containers before they become overfilled
   6.5.3. Keep filled containers for disposal in a secure area

6.6. If You Find Improperly Disposed Sharps in Work Environment:
   6.6.1. Handle carefully
   6.6.2. Keep hands behind sharps at all times
   6.6.3. Use mechanical device if you cannot safely pick up sharps by hand.

7. REFERENCES:
1. **POLICY STATEMENT:**
   1.1. Applies to what is the best practice in medication storage and handling.

2. **PURPOSE:**
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of medication storage and handling.
   2.3. To provide a framework for the education of dental healthcare personnel in the infection prevention and control.

3. **SCOPE:**
   3.1. This policy applies to all dental healthcare personnel.

4. **DEFINITIONS/ABBREVIATIONS:**
   4.1. None

5. **ROLES AND RESPONSIBILITIES:**
   5.1. All healthcare workers have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/ department’s heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed in these issues.

6. **PROCEDURE:**
   6.1. Medication Storage:
      6.1.1. Store all medications in accordance with manufacturer’s instructions.
6.1.2. Use of freezers/refrigerators:
   o Store medications that require refrigeration in a dedicated, labeled refrigerator that meets requirements for such storage (e.g., thermostat control, separate exterior door for refrigerator and freezer compartments).
   o Designated personnel to maintain temperature log and ensure alternative storage method is in place in the event of power or refrigerator failure.

6.2. Medications Discard:
   6.2.1. Medications should always be discarded according to the manufacture’s expiration Date.
   6.2.2. For single-dose vials that have been opened or accessed (e.g., needle-puncture), the vial should be discarded according to the time the manufacturer specifies for the opened vial or at the end of the case/procedure for which it is being used, whichever comes first. It should not be stored for future use.

7. REFERENCES:
1. **POLICY STATEMENT:**
   1.1. Applies to what is the best practice in Environmental Infection Control.

2. **PURPOSE:**
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of Environmental Infection Control.
   2.3. To provide a framework for the education of dental healthcare personnel in the Environmental Infection Control.

3. **SCOPE:**
   3.1. This policy applies to all dental healthcare personnel.

4. **DEFINITIONS:**
   4.1. **Chemical sterilant:** chemicals used for the purpose of destroying all forms of microbial life including bacterial spores.
   4.2. **Cleaning:** the removal of visible soil and organic debris, either manually or mechanically, which results in a reduction in the number of microorganisms and the removal of organic matter, such as blood, tissue, and other biological material that may interfere with sterilization and disinfection. Cleaning is the first step in any sterilization or disinfection process.
   4.3. **Clinical contact surface:** a surface contaminated from patient materials either by direct spray or spatter generated during dental procedures or by contact with dental healthcare personnel's gloved hands.
   4.4. **Decontamination:** a process or treatment that renders a medical device, instrument, or environmental surface safe to handle.
   4.5. **Detergents:** compounds that possess a cleaning action and have hydrophilic and lipophilic parts.
4.6. **Disinfectant**: a chemical agent used on inanimate (i.e., nonliving) objects (e.g., floors, walls, and sinks) to destroy virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial endospores).

4.7. **Disinfection**: the destruction of pathogenic and other kinds of microorganisms by physical or chemical means. Disinfection is less lethal than sterilization because it destroys most recognized pathogenic microorganisms, but not necessarily all microbial forms, such as bacterial spores.

4.8. **Hospital disinfectant**: a germicide for use on inanimate objects in hospitals, clinics, dental offices, or any other medical-related facility.

4.9. **High-level disinfectant**: a liquid chemical germicide used in the disinfection process for critical and semi critical patient-care devices.

4.10. Intermediate-level disinfectant: a liquid chemical germicide with a label claim of potency as a tuberculocidal.

4.11. Intermediate-level disinfection: a process that inactivates most vegetative bacteria, most fungi, and some viruses, but cannot be relied on to inactivate resistant microorganisms, such as mycobacteria or bacterial spores.

4.12. **Low-level disinfectant**: a liquid chemical germicide used as a hospital disinfectant.

4.13. **Low-level disinfection**: a process that will inactivate most vegetative bacteria, some fungi, and some viruses but cannot be relied on to inactivate resistant microorganisms (e.g., mycobacteria or bacterial spores).

4.14. **Surface barrier**: material that prevents the penetration of microorganisms, particulates, and fluids. Barrier choices range from inexpensive plastic food wrap to commercially available custom-made covers.
5. ROLES AND RESPONSIBILITIES

5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.

5.2. Managers/ department’s heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.

6. PROCEDURE:

6.1. General Recommendations:

6.1.1. Follow the manufacturers' instructions for correct use of cleaning and disinfection.

6.1.2. Do not use liquid chemical sterilants/high-level disinfectants for disinfection of environmental surfaces (clinical contact or housekeeping).

6.1.3. Use PPE, as appropriate, when cleaning and disinfecting environmental surfaces. Such equipment might include gloves (e.g., puncture- and chemical-resistant utility), protective clothing (e.g., gown, jacket, or lab coat), and protective eyewear/face shield, and mask.

6.2. Clinical Contact Surfaces:

6.2.1. Use surface barriers to protect clinical contact surfaces, particularly those that are difficult to clean (e.g., switches on dental chairs) and change surface barriers between patients.

6.2.2. Clean and disinfect clinical contact surfaces that are not barrier-protected, by using a hospital disinfectant with a low- (i.e., HIV and HBV label claims) to intermediate-level (i.e., tuberculocidal claim) activity after each patient. Use an intermediate-level disinfectant if visibly contaminated with blood.
6.2.3. **Examples of Clinical Contact Surfaces:**

- Light handles/switch (touch)
- Bracket table (touch and/or transfer)
- Air/water syringe (touch)
- Suction and hoses (touch)
- Countertops (splash/splatter)
- Shade guides (touch)
- X-ray equipment/lead apron/exposure buttons (touch)

6.3. **Housekeeping Surfaces:**

6.3.1. Clean housekeeping surfaces (e.g., floors, walls, and sinks) with a detergent and water or a hospital disinfectant/detergent on a routine basis, depending on the nature of the surface and type and degree of contamination, and as appropriate, based on the location in the facility, and when visibly soiled.

6.3.2. Clean mops and cloths after use and allow drying before reuse; or use single-use, disposable mop heads or cloths.

6.3.3. Prepare fresh cleaning or disinfecting solutions daily and as instructed by the manufacturer.

6.3.4. Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled.

6.4. **Spills of Blood and Body Substances:**

6.4.1. Clean spills of blood or OPIM and decontaminate surface with a hospital disinfectant with low- (i.e., HBV and HIV label claims) to intermediate-level (i.e., tuberculocidal claim) activity, depending on size of spill and surface porosity.
6.5. Carpet and Cloth Furnishings

6.5.1. Avoid using carpeting and cloth-upholstered furnishings in dental operators, laboratories, and instrument processing areas.

6.6. Surface Barrier Covers:

6.6.1. Using barriers to protect surfaces and equipment is useful, especially if the surfaces are:

- touched frequently by gloved hands during patient care,
- likely to be contaminated with blood or other potentially infectious materials, or
- Difficult to clean (e.g., chair control panels, air/water syringe buttons, and light handle).

6.6.2 Examples of surfaces typically protected by surface barriers:

- Control buttons on patient chair
- Air/water syringe control buttons
- Suction controls
- Light switch/handles
- Adjustment handles on assistant/hygienist chair
- Handle on light-curing equipment.

6.6.3 Surface Barriers Placement:

- Apply appropriate barrier to clinical surfaces that have been disinfected. (no gloves needed)
- Placement should be secure enough to last through the procedure
- Each barrier should completely cover the surface that it is protecting.
- If the barrier fails to stay on or the surface becomes contaminated, it must be cleaned and disinfected before the next patient.
6.6.4 Surface Barriers Removal:
   o Wear gloves during removal
   o Remove carefully so the underlying surface is not contaminated. If you are successful, the surface does not require cleaning and disinfection.
   o If you do accidentally touch the surface, clean and disinfect.

7 REFERENCES:

7.1 Guidelines for Infection Control in Dental Health-Care Settings — 2003. (Department of health and human services Centers for Disease Control and Prevention).
Sterilization and Disinfection of Patient-Care Items

<table>
<thead>
<tr>
<th>General Directorate for Infection Prevention and Control</th>
<th>Section: Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Title: Sterilization and Disinfection of Patient-Care Items</td>
<td>Policy Number: 11</td>
</tr>
<tr>
<td>Effective Date: 6/10/2013</td>
<td>Review Date: 6/10/2016</td>
</tr>
</tbody>
</table>

1. POLICY STATEMENT:
   1.1. Applies to what is the best practice in Sterilization and Disinfection of Patient-Care Items.

2. PURPOSE:
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of Sterilization and Disinfection of Patient-Care Items.
   2.3. To provide a framework for the education of dental healthcare personnel in the Sterilization and Disinfection of Patient-Care Items.

3. SCOPE:
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS:
   4.1. Sterilization is a term referring to any process that eliminates (removes) or kills all forms of microbial life, including transmissible agents (such as fungi, bacteria, viruses, spore forms, etc.) present on a surface, contained in a fluid, in medication, or in a compound such as biological culture media.
   4.2. Disinfection describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects in healthcare settings.
   4.3. Autoclave: an instrument for sterilization that uses moist heat under pressure.
   4.4. Chemical indicator: a device to monitor the sterilization process that changes color or form with exposure to one or more of the physical conditions within the sterilizing chamber (e.g., temperature, steam).
5. ROLES AND RESPONSIBILITIES:
   5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.

6. PROCEDURE:
   6.1. The dental Patient-Care Instruments are categorized form the infection control prospective to the following categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Dental Instrument or Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Penetrates soft tissues, contacts bone, enters into to contacts the blood stream or other normally sterile tissue.</td>
<td>Surgical instruments, periodontal scalers, scalpel blades, surgical dental burs</td>
</tr>
<tr>
<td>Semi-critical</td>
<td>Contacts mucous membranes or non-intact skin; will not penetrate soft tissue, contact bone, enter into or contact the bloodstream or other normally sterile tissue.</td>
<td>Dental mouth mirror, amalgam condenser, reusable dental impression trays, dental handpieces</td>
</tr>
<tr>
<td>Noncritical</td>
<td>Contacts intact skin</td>
<td>Radiograph head/cone, blood pressure cuff, face bow</td>
</tr>
</tbody>
</table>

6.2 Levels of Sterilization and Disinfection
   6.2.1 Sterilization (autoclave) - used for heat-tolerant critical and semi-critical patient care items.
   6.2.2 High-level disinfection- liquid immersion
6.2.3 Intermediate-level disinfection - Liquid contact - hospital disinfectant with label claim of tuberculocidal activity (Chlorine containing products - 1:100 dilution (1/4 cup of 5.25% household chlorine bleach to 1 gallon of water). Alternative products may be biocide or Lysol-IC for surfaces that may be damaged by bleach products.

6.2.4 Low level disinfection - liquid contact - disinfectant with no claim of tuberculocidal activity (soap and water, alcohol)

6.3 General Recommendations:

6.3.1 Use steam sterilizer, or autoclave, to sterilize items that are not sensitive to heat and moisture.

6.3.2 The Steam sterilizers should work based on the flowing technique:

- The sterilizer use moist heat at higher temperatures in the form of saturated steam under pressure.
- As the steam fills the sterilizer chamber, cooler air is pushed out via an escape valve, which then closes and slows a build-up of pressure.
- For the steam sterilization to be effective, it requires exposure of each item to direct steam contact at a required temperature and pressure for a specified time to kill microorganisms.

6.3.3 Clean and sterilize critical dental instruments before each use.

6.3.4 Clean and sterilize semicritical items before each use.

6.3.5 Allow packages to dry in the sterilizer before they are handled to avoid contamination.

6.3.6 Use of heat-stable semicritical alternatives is encouraged.

6.3.7 Reprocess heat-sensitive critical and semi-critical instruments by using sterilant/high-level disinfectants or a low-temperature sterilization method. Follow manufacturer's instructions for use of chemical sterilants/high-level disinfectants.

6.3.8 Single-use disposable instruments are acceptable alternatives if they are used only once and disposed of correctly.
6.3.9 Do not use liquid chemical sterilants/high-level disinfectants for environmental surface disinfection or as holding solutions.

6.3.10 Ensure that if visibly contaminated with blood, use a hospital disinfectant with a tuberculocidal claim (i.e., intermediate level).

6.3.11 Inform DHCP of all OSHA guidelines for exposure to chemical agents used for disinfection and sterilization. Using this report, identify areas and tasks that have potential for exposure.

6.4 Instrument Processing Area

6.4.1 Designate a central processing area. Divide the instrument processing area, physically or, at a minimum, spatially, into distinct areas for 1) receiving, cleaning, and decontamination; 2) preparation and packaging; 3) sterilization; and 4) storage. Do not store instruments in an area where contaminated instruments are held or cleaned.

6.4.2 Train DHCP to employ work practices that prevent contamination of clean areas.

6.5 Receiving, Cleaning, and Decontamination Work Area

6.5.1 Minimize handling of loose contaminated instruments during transport to the instrument processing area. Use work-practice controls (e.g., carry instruments in a covered container) to minimize exposure potential. Clean all visible blood and other contamination from dental instruments and devices before sterilization or disinfection procedures.

6.5.2 Use automated cleaning equipment (e.g., ultrasonic cleaner or washer-disinfector) to remove debris to improve cleaning effectiveness and decrease worker exposure to blood.

6.5.3 Use work-practice controls that minimize contact with sharp instruments if manual cleaning is necessary (e.g., long-handled brush).

6.5.4 Wear puncture- and chemical-resistant/heavy-duty utility gloves for instrument cleaning and decontamination procedures.
6.5.5 Wear appropriate PPE (e.g., mask, protective eyewear, and gown) splashing or spraying is anticipated during cleaning.

6.6 Preparation and Packaging

6.6.1 Use an internal chemical indicator in each package. If the internal indicator cannot be seen from outside the package, also use an external indicator.

6.6.2 Use a container system or wrapping compatible with the type of sterilization process used.

6.6.3 Before sterilization of critical and semi-critical instruments, inspect instruments for cleanliness, then wrap or place them in containers designed to maintain sterility during storage (e.g., cassettes and organizing trays).

6.7 Sterilization of Unwrapped Instruments

6.7.1 Clean and dry instruments before the unwrapped sterilization cycle.

6.7.2 Use mechanical and chemical indicators for each unwrapped sterilization cycle (i.e., place an internal chemical indicator among the instruments or items to be sterilized).

6.7.3 Allow unwrapped instruments to dry and cool in the sterilizer before they are handled to avoid contamination and thermal injury.

6.7.4 Semicritical instruments that will be used immediately or within a short time can be sterilized unwrapped on a tray or in a container system, provided that the instruments are handled aseptically during removal from the sterilizer and transport to the point of use.

6.7.5 Critical instruments intended for immediate reuse can be sterilized unwrapped if the instruments are maintained sterile during removal from the sterilizer and transport to the point of use (e.g., transported in a sterile covered container).

6.7.6 Do not sterilize implantable devices unwrapped.
6.7.7 Do not store critical instruments unwrapped.

6.8 Sterilization Monitoring

6.8.1 Use mechanical, chemical, and biological monitors according to the manufacturer’s instructions to ensure the effectiveness of the sterilization process.

6.8.2 Monitor each load with mechanical (e.g., time, temperature, and pressure) and chemical indicators.

6.8.3 Place a chemical indicator on the inside of each package. If the internal indicator is not visible from the outside, also place an exterior chemical indicator on the package.

6.8.4 Place items/packages correctly and loosely into the sterilizer so as not to impede penetration of the sterilant.

6.8.5 Do not use instrument packs if mechanical or chemical indicators indicate inadequate processing.

6.8.6 Monitor sterilizers at least weekly by using a biological indicator with a matching control (i.e., biological indicator and control from same lot number).

6.8.7 Use a biological indicator for every sterilizer load that contains an implantable device. Verify results before using the implantable device, whenever possible.

6.8.8 The following are recommended in the case of a positive spore test:

a. Remove the sterilizer from service and review sterilization procedures (e.g., work practices and use of mechanical and chemical indicators) to determine whether operator error could be responsible.

b. Retest the sterilizer by using biological, mechanical, and chemical indicators after correcting any identified procedural problems.

c. If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, put the sterilizer back in service.
6.8.9 The following are recommended if the repeat spore test is positive:
   - Does not use the sterilizer until it has been inspected or repaired or the exact reason for the positive test has been determined.
   - Recall, to the extent possible, and reprocess all items processed since the last negative spore test.
   - Before placing the sterilizer back in service, rechallenge the sterilizer with biological indicator tests in three consecutive empty chamber sterilization cycles after the cause of the sterilizer failure has been determined and corrected.

6.8.10 Maintain sterilization records (i.e., mechanical, chemical, and biological) in compliance with local regulations.

6.9 Storage Area for Sterilized Items and Clean Dental Supplies
   6.9.1 Implement practices on the basis of date- or event-related shelf-life for storage of wrapped, sterilized instruments and devices.
   6.9.2 Even for event-related packaging, at a minimum, place the date of sterilization, and if multiple sterilizers are used in the facility, the sterilizer used, on the outside of the packaging material to facilitate the retrieval of processed items in the event of a sterilization failure.
   6.9.3 Examine wrapped packages of sterilized instruments before opening them to ensure the barrier wrap has not been compromised during storage.
   6.9.4 Re-clean, repack, and re-sterilize any instrument package that has been compromised.
   6.9.5 Store sterile items and dental supplies in covered or closed cabinets, if possible.

6.2. Sterilization Records:
   6.2.1 Maintaining records of mechanical, chemical, and biological monitoring is an important part of the sterilization process.
6.2.2. Examples of useful items to maintain in the office sterilization log are as following:

- Date and time of cycle
- Mechanical, chemical, and biological monitoring results, including the results of the control spore test
- Sterilizer identification number (if more than one sterilizer is used in the office)
- The individual conducting the test
- Nature and date of any malfunctions or repairs.

7. REFERENCES:

1. POLICY STATEMENT
   1.1. Applies to what is the best practice in management of occupational exposures to blood and other body fluids.

2. PURPOSE
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of Management of Needle stick and Mucous Membrane Exposures to Blood and Body Fluids.
   2.3. To provide a framework for the education of dental healthcare personnel in the Management of Needle stick and Mucous Membrane Exposures To Blood and Body Fluids.

3. SCOPE:
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS:
   4.1. Blood borne pathogens: disease-producing microorganisms spread by contact with blood or other body fluids contaminated with blood from an infected person. Examples include HBV, HCV, and HIV.
   4.2. Hepatitis B immune globulin (HBIG): a product available for prophylaxis against HBV infection. HBIG is prepared from plasma containing high titers of anti-HBs and provides short-term protection (3-6 months).
   4.3. Hepatitis B (HB) vaccine: HB immunization indicates that the person who received the HB vaccine has developed adequate HB surface antibody and is protected against HBV infection.
   4.4. Occupational-exposure incident: an occupational-exposure incident can be defined as a percutaneous injury (e.g., needle stick or cut with a sharp object) or
contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with potentially infectious blood, saliva, tissue, or other body fluids that may result from the performance of an employee’s duties.

4.5. **Percutaneous injury**: an injury that penetrates the skin (e.g., needle stick, or cut with a sharp object).

4.6. **Post exposure prophylaxis (PEP)**: the administration of medications following an occupational exposure in an attempt to prevent infection.

5. **ROLES AND RESPONSIBILITIES**:
   
   5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.

   5.2. Managers/ department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.

6. **PROCEDURE**:

   6.1. Any exposed DHCP should report immediately to the Employee Health Clinic during working hours or to the Emergency Department (ED) after hours or over the weekend. The DHCP should report the incident to his/her supervisor. An Occurrence, Variance, and Accident (OVA) report / needle stick and sharp injury form should be completed. *(Refer to Appendices D,E,F)*

   6.2. The employee should adhere to the following steps immediately post exposure:

   6.2.1. **First Aid**:

   o If you experienced a needle stick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, immediately follow these steps:
a. **Percutaneous injuries:**
   i. Wash needle sticks and cuts with soap and water.
   ii. Then apply isopropyl alcohol 70%
   iii. Bandage appropriately

b. **Mucocutaneous and non-intact skin exposures:**
   i. Flush splashes to the nose, mouth, or non-intact skin with water.
   ii. Irrigate eyes with clean or sterile water or saline.
   iii. Flush site for 10 minutes.

6.2.2. **Reporting the injury:**

   o The employee should report the incident to his/her supervisor and complete an Occurrence, Variance, and Accident (OVA) form/ Needle stick and sharp injury form.

   o **The report should include:**
     a. The date and time of the incident
     b. The location where the incident occurred
     c. The department where the employee works
     d. The source patient Medical Record Number (MRN), if known.

   o **The physician evaluating the exposure should obtain the following information:**
     a. The name and identification of the source.
     b. The time and date of the exposure.
     c. The nature of the exposure (i.e., non-intact skin, mucosal or percutaneous, human bite).
     d. The type of fluid involved (i.e., blood, blood-contaminated fluid, or other contaminated fluid).
     e. The body location of the exposure and the contact time with the contaminated fluids.
f. Infection status of the source (i.e., HIV, HCV, HBsAg). If known, include the date of testing.

g. The exposed DHCP should be questioned about the circumstances of the exposure:
   i. For percutaneous injuries, the depth of the wound, solid versus hollow needle, sharps use in the source patient.
   
   ii. HBV immunization and post-immunization titer, if known (the HCW’s medical records can be reviewed to ascertain this information).
   
   iii. Previous testing for HIV, HBV, and HCV.
   
   iv. Tetanus immunization status.
   
   v. Current medical condition.

6.3. The exposed DHCP’s blood should be tested for HBV, HCV and HIV. Follow institutional policies for consent requirements to obtain the source patient’s blood for testing.

6.4. The source individual’s blood should be tested as soon as possible to determine HBV (HBsAg, HBsAb, anti-HBc), HCV (anti-HCV), and HIV (HIV test) serological status. When the source individual is already known to be infected with HCV or HIV, testing the source need not be repeated.

6.4.1. The nurse will notify the patient’s most responsible physician (MRP) of the incident.

6.4.2. It is the responsibility of the MRP to order the following baseline serology on the source patient after obtaining consent:
   o HBsAg.
   o Anti-HCV
   o Anti-HIV I/II
6.5. Counsel the employee regarding the risk of transmission of bloodborne pathogens and post exposure prophylaxis.

6.6. HBV post-exposure prophylaxis (PEP) is determined by the HBsAg status of the source and the immune status of the exposed person.

6.7. Recommended post-exposure prophylaxis for exposure to hepatitis B virus:

   6.7.1. Post-exposure prophylaxis with Hepatitis B immunoglobulin (HBIG) and/or vaccine should be administered as soon as possible (preferably within 24 hours).
   - The effectiveness of HBIG when administered more than 7 days after percutaneous or mucosal exposure is unknown.
   - If the exposed person has an adequate antibody response (>10 mIU/ml) documented after completion of an HBV vaccination series, no testing or treatment is needed.
   - Hepatitis B vaccine and HBIG can be administered simultaneously at separate sites (the vaccine should always be administered in the deltoid muscle).

6.8. Blood or Other Body Fluid Spills:

   6.8.1. For any spill that results in an exposure incident, personnel will follow facility procedure for exposure incidents.

   6.8.2. Minimize traffic in the spill area.

   6.8.3. Don personal protective equipment, including suitable gloves, plastic apron, face shield or goggles and fluid repellent mask, and shoe covers.

   6.8.4. Collect any sharp objects with forceps or other mechanical device and place in a sharps container. Do not use your hands for this purpose.

   6.8.5. Contain and absorb the spill with paper towels or disinfectant-soaked paper towels and place in a biohazard bag.

   6.8.6. Using disinfectant, clean the spill site of all visible blood.
6.8.7. Spray the spill site with 10% household bleach and allow to air-dry for 15 minutes.

6.8.8. After the 15 minute contact time, wipe the area down with disinfectant-soaked paper towels. Discard all disposable materials used to decontaminate the spill into a biohazard bag. Decontaminate any reusable items with disinfectant.

6.8.9. Send contaminated cleaning articles for reprocessing or dispose.

6.8.10. Spill Response Kit:

   o Basic spill response kit containing the following items will be maintained in a sharps container or other puncture resistant container:
     a. Utility gloves and medical examination gloves.
     b. Face protection (eye wear and mask, or full face shield).
     c. Plastic apron or other similar article.
     d. Shoe covers.
     e. Concentrated disinfectant (chlorine bleach).
     f. A container for constituting and applying 10% bleach solution.
     g. A dust pan/brush, forceps, tongs or other mechanical device to pick up sharps or broken glass.
     h. Package of paper towels or other suitable absorbent material.
     i. Biohazard bags for the collection of contaminated spill clean-up items

7. REFERENCES:

Single-Use (Disposable) Devices

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1. POLICY STATEMENT
   1.1. Applies to what is the best practice in management of Single-Use (Disposable) Items.

2. PURPOSE
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of management of Single-Use (Disposable) Items
   2.3. To provide a framework for the education of dental healthcare personnel in the management of Single-Use (Disposable) Items

3. SCOPE
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS
   4.1. Single-use disposable item: a device intended to be used on one patient and then discarded appropriately; these items are not intended to be reprocessed (cleaned, disinfected, or sterilized) and used on another patient. Examples of single-use disposable items include anesthetic carpules, syringe needles, scalpel blades, prophylaxis cups and brushes, matrix bands, wooden and plastic wedges, dental dams, saliva ejectors, and plastic orthodontic brackets. Sometimes disposable items have reusable, heat-tolerant alternatives; these include high-volume evacuator tips, impression trays, prophylaxis angles, dental burs, and air/water syringe tips.
5. ROLES AND RESPONSIBILITIES:
5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.
5.2. Managers/department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.

6. PROCEDURE:
6.1. Handle disposable items aseptically.
6.2. If an item is stored in a bulk container or package, use an aseptic technique when retrieving it (e.g., use sterile cotton pliers to retrieve an item for use).
6.3. Dispense disposable items in small amounts (i.e., unit dose) sufficient for care of one patient before treatment begins and discard whatever is not used.
6.4. Any single-use device or item (e.g., cotton rolls, gauze, and irrigating syringes) used during oral surgical procedures should be sterile at the time of use.

6.5. Disposal of single use items:
6.5.1. The majority of single-use disposable items can be discarded in the regular trash. However, some items meet the Occupational Safety and Health Administration's definition of regulated waste and need to be discarded in special containers. For example, needles, scalpel blades, and any other sharp items must be disposed of in sharps containers.
6.5.2. Any disposable item, such as gauze, that would release blood or saliva if squeezed or compressed, or that is caked with dried blood or saliva must be disposed of in a biohazard bag.

7. REFERENCES:
Dental Unit Waterlines, Biofilm, and Water Quality

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1. POLICY STATEMENT
   1.1. Applies to what is the best practice in Dental Unit Waterlines, Biofilm, and Water Quality.

2. PURPOSE
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of Dental Unit Waterlines, Biofilm, and Water Quality.
   2.3. To provide a framework for the education of dental healthcare personnel in the Dental Unit Waterlines, Biofilm, and Water Quality.

3. SCOPE
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS
   4.1. Water quality refers to the chemical, physical and biological characteristics of water.
   4.2. A biofilm is an aggregate of microorganisms in which cells adhere to each other on a surface.
   4.3. Bacterial count: a method of estimating the number of bacteria per unit sample. The term also refers to the estimated number of bacteria per unit sample, usually expressed as colony forming units (CFUs) per square centimeter (cm²) per milliliter (mL).
   4.4. Boil water advisory: a public health announcement that the public should boil tap water before drinking it; when issued, the public should assume the water is unsafe to drink.
4.5. Colony forming unit (CFU): the minimum number of separable cells on the surface of or in semi-solid agar medium which gives rise to a visible colony of progeny is on the order of tens of millions. CFUs may consist of pairs, chains, and clusters as well as single cells and are often expressed as colony forming units per milliliter (CFU/mL).

4.6. Dental treatment water: non-sterile water used for dental therapeutic purposes, including irrigation of nonsurgical operative sites and cooling of high speed rotary and ultrasonic instruments.

4.7. Independent water reservoir: a container used to hold water or other solutions and supply it to hand-pieces and air/water syringes attached to a dental unit. The independent reservoir, which isolates the unit from the public water system, may be provided as original equipment or as a retrofit device on all modern dental units.

4.8. Retraction: the entry of oral fluids and microorganisms into waterlines through negative water pressure.

4.9. Spatter: visible drops of liquid or body fluid that are expelled forcibly into the air and settle out quickly, as distinguished from particles of an aerosol, which remain airborne indefinitely.

5. ROLES AND RESPONSIBILITIES

5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.

5.2. Managers/department’s heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.
6. PROCEDURE

6.1. General Recommendations

6.1.1. Use water that meets the regulatory standards for drinking water (i.e., <500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.

6.1.2. Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the recommended quality of dental water.

6.1.3. Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product.

6.1.4. Discharge water and air for a minimum of 20-30 seconds after each patient, from any device connected to the dental water system that enters the patient's mouth (e.g., hand-pieces, ultrasonic scalers, and air/water syringes).

6.1.5. Consult with the dental unit manufacturer on the need for periodic maintenance of anti-retraction mechanisms.

6.2. Indications for Use of Sterile Irrigating Solutions:

6.2.1. Dental unit water that meets drinking water standards is presumably safe for most routine dental procedures. This includes routine oral prophylaxis, restorative procedures, and initial access into the dental pulp.

6.2.2. Sterile irrigating solutions are required for the following procedures:

- Biopsies.
- Periodontal surgery
- Apical surgery
- Implant surgery
- Removal of erupted or unerupted teeth requiring elevation of a mucoperiosteal flap
- Removal of bone or sectioning of tooth, and suturing.
6.3. Improving Dental Treatment Water

6.3.1. Flushing waterlines between patients IS necessary to eliminate any patient material that may have been retracted into handpieces and air water syringes during dental procedures, but the flushing is not an effective means to reliably improve dental water quality.

6.3.2. The following engineering and work practice controls will improve dental water quality:

- Chemical germicides or cleaners that inactivate or remove biofilms.
- Chemical germicides or cleaners that prevent attachment of biofilm in new or cleaned systems.
- Slow-release resin cartridges or metering devices that release low concentrations of agents designed to prevent attachment of biofilm including antimicrobial reservoirs and tubing.
- Antimicrobial materials that inhibit biofilm formation that are incorporated into the plastics used to make tubing and reservoirs.
- Sterile water delivery systems for use in surgical procedures that bypass the dental unit and employ sterile disposable or sterilizable tubing.

6.3.3. Monitoring the Dental Unit Water Quality:

- There are two options to monitor dental unit water quality:
  a) Commercial self-contained test kits or
  b) Commercial water testing laboratories.
- Dentists should consult with the manufacturer of their dental unit or water delivery system to determine the best method for maintaining acceptable water quality (i.e., ≤500 CFU/mL) and the recommended frequency of monitoring.
6.4. Source Water Concerns:

6.4.1. It is necessary to do flushing dental waterlines for 20 to 30 seconds between patients to expel any retracted material.

6.4.2. Users should contact the dental unit manufacturer for guidance on the need for periodic maintenance (inspection and replacement) of dental anti-retraction devices, especially in old dental units.

6.5. Boil-Water Advisories

6.5.1. The following apply when there is a public health announcement that the public should boil tap water before drinking it:

- Do not deliver water from the public water system to the patient through the dental operative unit, ultrasonic scaler, or other dental equipment that uses the public water system.
- Do not use water from the public water system for dental treatment, patient rinsing, or hand washing.
- For hand washing, use antimicrobial-containing products that do not require water for use (e.g., alcohol-based hand rubs). If hands are visibly contaminated, use bottled water, if available, and soap for hand washing.

6.5.2. The following apply when the boil-water advisory is cancelled:

a. Follow guidance given by the local water utility regarding adequate flushing of waterlines. If no guidance is provided, flush dental waterlines and faucets for 1-5 minutes before using for patient care.

b. Disinfect dental waterlines as recommended by the dental unit manufacturer.

7. REFERENCES:

1. POLICY STATEMENT
   1.1. Applies to what is the best practice in infection prevention and control in dental radiology.

2. PURPOSE
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of infection prevention and control in dental radiology.
   2.3. To provide a framework for the education of dental healthcare personnel in the infection prevention and control in dental radiology.

3. SCOPE
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS
   4.1. Dental Radiographs: are commonly called x-rays. Used for many reasons: to find hidden dental structures, malignant or benign masses, bone loss, and cavities.
   4.2. Aseptic technique: a procedure that breaks the cycle of cross-infection and ideally eliminates cross-contamination.
   4.3. Intermediate-level disinfectant: a liquid chemical germicide registered as a hospital disinfectant and with a label claim of potency as a tuberculocidal.

5. ROLES AND RESPONSIBILITIES
   5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.
6. PROCEDURE:

6.1. Infection control practices before, during and after radiographic procedures:

6.1.1. Wear gloves when exposing radiographs and handling contaminated film packets. Use other PPE (e.g., protective eyewear, mask, and gown) as appropriate if spattering of blood or other body fluids is likely.

6.1.2. Use heat-tolerant or disposable intraoral devices whenever possible (e.g., film-holding and positioning devices). Clean and heat-sterilize heat-tolerant devices between patients. At a minimum, high-level disinfect semi critical heat-sensitive devices, according to manufacturer's instructions.

6.1.3. After exposure of the radiograph and before glove removal, dry the film with disposable gauze or a paper towel to remove blood or excess saliva and placed in a container (e.g., disposable cup) for transport to the developing area.

6.1.4. Transport and handle exposed radiographs in an aseptic manner to prevent contamination of developing equipment.

6.2. The following apply for digital radiography sensors:

6.2.1. Use appropriate surface barriers.

6.2.2. Clean and heat-sterilize, or high-level disinfect, between patients, barrier-protected semi critical items. If the item cannot tolerate these procedures then, at a minimum, protect with an appropriate barrier and clean and disinfect with a hospital disinfectant with intermediate-level (i.e., tuberculocidal claim) activity, between patients. Consult with the manufacturer for methods of disinfection and sterilization of digital radiology sensors and for protection of associated computer hardware.

7. REFERENCES

7.1. Guidelines for Infection Control in Dental Health-Care Settings —2003 (Department of health and human services Centers for Disease Control and Prevention).
1. POLICY STATEMENT:
   1.1. Applies to what is best practice in infection prevention and control in dental laboratory.

2. PURPOSE:
   2.1. To prevent/minimize the risk of infection in dental laboratory settings.
   2.2. To promote awareness for each dental laboratory personnel in the importance of infection prevention and control.
   2.3. To provide a framework for the education of dental laboratory personnel in the infection prevention and control.

3. SCOPE:
   3.1. This policy applies to all the staff of dental laboratory.

4. DEFINITIONS:
   4.1. Dental laboratory is a laboratory to manufacture or customize a variety of products to assist in the provision of oral healthcare by a dentist.

5. ROLES AND RESPONSIBILITIES:
   5.1. All dental laboratory personnel have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/ department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed in these issues.

6. PROCEDURE:
   6.1. All dental lab personnel must be included in education on blood exposure management, must be offered hepatitis B vaccine and must be given annual training on infection control.
6.2. Standard Precautions:

6.2.1. Must be observed in the lab at all times.

6.2.2. Are used by all lab personnel to prevent cross-contamination by dental items entering lab.

6.2.3. All patients are treated as if they could transmit a blood borne pathogen disease. Examples include hepatitis B, hepatitis C, and human immunodeficiency virus (HIV).

6.3. Gloves:

6.3.1. Disposable gloves:
  o Use when there is potential for direct hand contact with contaminated items.
  o Should be changed and disposed of appropriately after completion of procedure.
  o Hands should be washed before gloving and after removing gloves.

6.3.2. Utility gloves:
  o Should be used when cleaning/disinfecting equipment/surfaces.

6.4. Mask /Protective Eyewear /Clothing:

6.4.1. Must be used when there is potential for splashes, spray, spatter, or aerosols.

6.4.2. Examples: when operating lathes, model trimmers, and other rotary equipment.

6.4.3. Lab coat/jacket should be worn at all times during fabrication process.

6.4.4. Do not wear outside of the lab.
6.5. Chemical Disinfection:
   6.5.1. Must be an effective antimicrobial agent.
   6.5.2. Must not adversely affect dimensional accuracy or surface texture of impression materials and resulting gypsum cast.
   6.5.3. Must have at least intermediate-level of activity (Tuberculocidal, hospital-grade).
   6.5.4. All disinfection procedures are accomplished prior to delivery to lab (Done in dental operatory or professional work area).

6.6. Incoming Items (from the clinic to the dental lab)
   6.6.1. All disinfection procedures should be accomplished in the clinic prior to delivery to lab.
   6.6.2. Label the plastic bag: “This case shipment has been disinfected with _____ for _____ minutes”(See figure “1” in the appendix as an example)

7.2. Outgoing Items: (Refer to Appendix G)
   6.6.3. All disinfection procedures are accomplished prior to delivery to lab.
   6.6.4. Done in dental operatory or professional work area.
   6.6.5. Label the plastic bag: “This case shipment has been disinfected with _____ for _____ minutes”.

6.7. Disinfecting Impressions:
   6.7.1. Methods: Spraying, dipping, immersing
   6.7.2. Exposure time should be that recommended by the manufacturer of disinfectant for tuberculocidal disinfection.
   6.7.3. Iodophors, sodium hypochlorite (1:10 concentration), chlorine dioxide, phenols, and other approved products are all acceptable.
6.7.4. Polyether materials cannot be immersed in disinfectants due to potential for absorption and distortion.

6.7.5. Immersion disinfectants can only be used once before discarding (except for glutaraldehydes).

6.7.6. Most reports indicate dimensional stability is not significantly affected by immersion technique.

6.8. Spray Technique:

6.8.1. Rinse entire impression/tray under running tap water after removal from oral cavity.

6.8.2. Trim excess impression material from noncritical areas.

6.8.3. Place impression in bag and liberally spray the entire impression/tray.

6.8.4. Seal the impression bag.

6.8.5. Remove from bag at end of exposure time; rinse and pour.

6.8.6. Once stone has set, remove cast from impression.

6.8.7. Dispose of impression material and disposable tray (if applicable) in general waste.

6.8.8. Sterilize reusable tray (if applicable).

6.9. Dipping/Immersion Technique:

6.9.1. Select disinfectant with short exposure time to minimize distortion and deterioration of surface quality of resulting stone cast.

6.9.2. Follow same procedures as above except fully immerse or dip impression in disinfectant for recommended exposure time.

6.10. Dental Casts:

6.10.1. If casts must be disinfected:

   o Place casts on end to facilitate drainage.
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- Spray with iodophor or chlorine product, then rinse.
- Another option: Soak casts for 30 minutes in 0.5% concentration of sodium hypochlorite / saturated calcium dihydrate solution (SDS).

6.10.2. Orally soiled prosthesis:
- Scrub with brush and antimicrobial soap to remove debris and contamination.
- Can be accomplished in operatory or professional work area.

6.10.3. Sterilize brush or store in approved disinfectant.
6.10.4. Place prosthesis in sealable plastic bag or beaker filled with ultrasonic cleaning solution or calculus remover.
6.10.5. Place in ultrasonic cleaner for required time as specified by manufacturer of ultrasonic cleaner.
6.10.6. Place cover on ultrasonic cleaner to reduce spatter potential.
6.10.7. Remove and rinse under running tap water, dry, and accomplish required work.

6.11. Dental Prosthesis:
6.11.1. Do not exceed manufacturer’s recommended contact time on metal components to minimize corrosion.
6.11.2. There is little effect on chrome-cobalt alloy with short-term exposures (10 minutes).
6.11.3. Do not store in disinfectant before insertion.
6.11.4. Store in diluted mouthwash until insertion.

6.12. Impression Trays:
6.12.1. Pre-cleaning removes bio burden and any adherent impression material
6.12.2. Ultrasonic cleaning can aid in removing residual set gypsum.
6.12.3. Chrome-plated or aluminum trays: Clean, package, heat sterilize.
6.12.4. Single-use trays: Discard after one use
6.12.5. Custom acrylic trays:
   o Can be disinfected (by spray or immersion), then rinsed (if to be used for second appointment).

6.13. Wax bites /rims, bite registration:
6.13.1. Use spray disinfection because immersion disinfection may cause distortion to some items.

6.14. Environmental surfaces:
6.14.1. Disinfection procedures should be comparable to procedures performed in the operatory.
6.14.2. Clean and disinfect daily or when visibly contaminated.
6.14.3. Use tuberculocidal, hospital-grade disinfectant according to manufacturer instructions.
6.14.4. Use utility gloves
6.14.5. May use surface barriers to reduce the need to use disinfectants.

6.15. Personal Hygiene:
6.15.1. Refrain from the following activities while in the lab where there is potential for occupational exposure:
   o Eating.
   o Drinking
   o Smoking
   o Applying cosmetics or lip balm
   o Handling contact lenses
6.16. Disinfection:
  6.16.1. Prosthodontic items contaminated by handling should be disinfected (by spray or immersion technique based on type of item) after each use.
  6.16.2. Examples: alcohol torch, face-bow, articulator, mixing spatula, mixing bowl, lab knife, shade/mold guide.

6.17. Waste in dental lab:
  6.17.1. Can include disposable trays, impression materials, and contaminated packing materials (if cannot be disinfected).
  6.17.2. Dispose of according to applicable local regulations. (Refer to Policy of Dental Waste Management)
  6.17.3. Dispose of in general waste unless defined as regulated waste
  6.17.4. Sharps should be placed in puncture-resistant container.

6.18. Special considerations:
  6.18.1. Apply the following for porcelain restorations:
    o Take them directly to porcelain furnace.
    o Sintering process sterilizes restoration.
    o No need for separate cleaning/disinfection process.
    o Monitor procedures closely to ensure proper cleaning/disinfection of equipment and areas that may become contaminated during the process.

7. REFERENCES:

1. POLICY STATEMENT:
   1.1. Applies to what is the best practice in medical waste management.

2. PURPOSE:
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of Disposal of Waste Materials.
   2.3. To provide a framework for the education of dental healthcare personnel in the Disposal of Waste Materials.

3. SCOPE:
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS:
   4.1. Infectious waste: hazardous waste capable of causing infections in humans, including contaminated animal waste, human blood and blood products, isolation waste, pathological waste, and discarded sharps (needles, scalpels, or broken medical instruments).
   4.2. Dental waste: any solid waste generated in the dental facility.
   4.3. Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are accumulated with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
5. ROLES AND RESPONSIBILITIES:
   5.1. All healthcare workers have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/ department’s heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed in these issues.

6. PROCEDURE:
   6.1. Types of waste in dental settings :

   6.1.1. There are two basic types of waste found in the dental setting: non-regulated and regulated medical waste.
   6.1.2. The majority of contaminated or soiled items in the dental setting are considered to be general medical waste and therefore can be disposed of with the general office trash.
   6.1.3. Examples of medical waste that usually do not require special disposal include used:
      ○ gloves,
      ○ masks,
      ○ gowns,
      ○ lightly soiled gauze and other cotton products,
      ○ environmental surface barriers
      ○ single-use disposable items used during patient treatment, such as:
        a. plastic saliva ejectors,
        b. high-volume evacuator tips,
        c. prophylaxis angles,
        d. mouth mirrors, and
        e. Air water syringe tips.
   6.1.4. Regulated medical waste requires special storage, handling, neutralization, and disposal.
6.1.5. **Examples of regulated waste found in dental healthcare settings are:**

- solid waste soaked or saturated with blood or saliva (e.g., gauze saturated with blood after surgery),
- extracted teeth,
- surgically removed hard and soft tissues, and
- Contaminated sharp items (e.g., needles, scalpel blades, and wires).

6.2. It is important to remember a basic axiom of waste disposal: Do not mix waste categories.

6.3. **Managing regulated waste in a dental healthcare setting:**

6.3.1. For non-sharp regulated waste, a single leak-resistant, color-coded or biohazard-labeled container (e.g., a biohazard bag) is usually adequate.

6.3.2. The bag must be sturdy and the waste must be able to be discarded without contaminating the bag’s exterior. Exterior contamination.

6.3.3. Exterior contamination or puncturing of the bag requires placement in a second biohazard bag.

6.3.4. All bags should be securely closed for disposal.

6.3.5. Puncture-resistant color-coded or biohazard-labeled containers (i.e., sharps containers) located at the point of use are used as containment for scalpel blades, needles, syringes, and unused sterile sharps.

6.3.6. Dental facilities should dispose of medical waste regularly to avoid accumulation.

6.4. **Managing Contaminated Sharps:**

6.4.1. Contaminated sharps are considered capable of transmitting disease, and therefore are considered to be regulated waste.

6.4.2. Examples in the dental setting include:

- needles,
- scalpels blades,
- suture needles,
6.4.3. It is required that sharp items must be placed in appropriate puncture-resistant containers located as close as feasible to where the items were used.

6.4.4. Each dental clinic should have a sharp container.

6.4.5. The sharp container should not be on the floor.

6.4.6. Needles should never be recapped or otherwise manipulated by using both hands, and any other technique that involves directing the point of a needle toward any part of the body.

6.4.7. Never bend or break needles before disposal.

6.4.8. The staff should wear the personal protective equipment when handling sharp objects.

6.5. Managing Blood and Other Body Fluid Waste:

6.5.1. Contaminated items that would release blood (i.e., saliva) in a liquid or semiliquid state if compressed, or items that are caked with dried blood and are capable of releasing these materials during handling, are considered to be regulated waste.

6.5.2. Containers with blood or saliva, such as that suctioned during an oral surgical procedure, can be inactivated according to approved treatment technologies or carefully poured down a utility sink drain or toilet.

6.6. Managing Extracted Teeth and Other Tissues:

6.6.1. Refer to policy of Management Of Extracted Teeth.
7. REFERENCES

Management of Extracted Teeth

<table>
<thead>
<tr>
<th>General Directorate for Infection Prevention and Control</th>
<th>Section: Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Title: Management of Extracted Teeth</td>
<td>Policy Number: 18</td>
</tr>
<tr>
<td>Effective Date: 6/10/2013</td>
<td>Review Date: 6/10/2016</td>
</tr>
</tbody>
</table>

1. POLICY STATEMENT:
   1.1. Applies to what is the best practice in Handling of Extracted Teeth

2. PURPOSE:
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of infection prevention and control.
   2.3. To provide a framework for the education of dental healthcare personnel in the infection prevention and control.

3. SCOPE:
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS:
   4.1. A dental extraction (also referred to as exodontia) refers to painless removal of tooth or tooth roots with minimum trauma to the surrounding tissues so that the extraction socket wound heals uneventfully without any post-operative complications.

5. ROLES AND RESPONSIBILITIES:
   5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/ department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.
6. PROCEDURE:

6.1. General instructions:

6.2. Extracted teeth (with no amalgam) and surgically removed hard and soft tissues are considered to be potentially infectious and must be disposed of in medical waste containers.

6.2.1. Use a leak-proof, color-coded, and labeled container such as a biohazard bag to contain non-sharp waste.

6.2.2. Extracted teeth can be returned to patients on request after cleaning and disinfecting.

6.3. Extracted teeth to be sent to a dental laboratory:

6.3.1. Extracted teeth to be sent to a dental laboratory should be cleaned and surface-disinfected before sending to the lab.

6.3.2. After completion of use of the teeth in the lab, the lab staff should refer to heading 6.1 for non-amalgam teeth and to heading 6.3 for teeth containing amalgam.

6.4. Extracted teeth containing dental amalgam:

6.4.1. Extracted teeth containing dental amalgam should not be placed in a medical waste container (e.g., a red bag, biohazard bag, or sharps container) or regular trash intended for incineration for final disposal.

6.4.2. Extracted teeth containing amalgam restorations must not be heat-sterilized because of the potential health hazards associated with mercury vaporization and exposure.

6.4.3. Extracted teeth containing amalgam restorations should be discarded in the regular waste container after cleaning and disinfection.
6.5. Extracted Teeth in Educational Settings:

6.5.1. The extracted teeth should be cleaned of visible blood and gross debris, and maintained in a hydrated state in a well-constructed container with a secure lid to prevent leakage during transport. The container should also be labeled with the biohazard symbol.

6.5.2. Before they are used in an educational setting, the teeth without amalgam should be heat-sterilized to allow for safe handling.

6.5.3. If it is necessary to use extracted teeth containing amalgam do not heat-sterilize, instead immerse in 10% formalin for 2 weeks before use in an educational setting.

6.5.4. Use of the most economical storage solution (e.g., water or saline).

7. REFERENCES:

1. **POLICY STATEMENT:**
   1.1. Applies to what is the best practice in management of Clinical Asepsis Policy.

2. **PURPOSE:**
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of applying the asepsis Policy in the clinical setting.
   2.3. To provide a framework for the education of dental healthcare personnel in the asepsis Policy in the clinical setting.

3. **SCOPE:**
   3.1. This policy applies to all dental healthcare personnel.

4. **DEFINITIONS:**
   4.1. **Asepsis** is the state of being free from disease-causing contaminants (such as bacteria, fungi, viruses and parasites) or, preventing contact with microorganisms.

5. **ROLES AND RESPONSIBILITIES:**
   5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.
   5.2. Managers/department heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.

6. **PROCEDURE:**
   6.1. **Before seating the patient:**
      6.1.1. Put on protective clothing, protective eyewear, mask and gloves and clean and disinfect the surfaces that may be touched during patient
6.1.2. Clean and disinfect items brought into the area to be used during patient procedures (e.g.: articulators, casts, dies custom impression trays, fixed and removable prosthesis and face-bows). Disinfection procedure is as follow:
- Spray all the surfaces with surface disinfectant.
- Clean the surface by vigorously wiping the paper towels or 4*4 gauze.
- Disinfect the pre-cleaned surface by re-spraying it and letting it air dry or by wiping it dry if it is still wet after the prescribed contact time.
- Alternatively wipe with a disinfectant towelette, discard towel, wipe with a second fresh towel and let dry.

6.1.3. Remove and discard mask and gloves and wash hands. Follow the procedures for removing the gloves:
- Obtain surface covers, supplies and sterile instruments and other equipment from the supply area.
- **Cover the following surfaces with the appropriate cover:**
  a) Head rest.
  b) Control buttons on side of chair.
  c) Light handles.
  d) Unit light switch.
  e) Air / water syringe buttons/ handle.
  f) High-volume evacuator control.
  g) Unit control switches and hand-pieces and high volume evacuation holders.
6.1.4. Remove all items not used during patient treatment from countertops (e.g.: Datebooks, articulator boxes and card board and plastic boxes).

6.1.5. Make sure a sharp container is available at chair side.

6.2. After seating the patient:

6.2.1. Open instrument packages or tray without touching the instruments.

6.2.2. Put on mask and eye glasses.

6.2.3. Perform hand hygiene (preferably in view of patient).

6.2.4. Put on gloves (preferably in view of patient). Use sterile gloves for procedures.

6.2.5. Connect sterile handpieces and sterile or disposable air water syringe tip, high volume evacuation tip, and saliva ejector tip.

6.3. During patient treatment:

6.3.1. Restrict spread of microorganisms from patient’s mouth.

- Use rubber dam.
- Use high volume evacuation.
- Touch as few surfaces as possible with saliva coated fingers.
- Keep gloved hands out of hair, and do not rub eyes or bare skin or adjust mask or glasses.
- If leaving chair side during treatment is necessary, remove and discard the gloves. Wash hands or use alcohol hand rub and re-glove with fresh gloves on return. Do not wear protective clothing in lunchrooms, restrooms or outside the building; changes protective clothing if visibly soiled.

6.3.2. Do not use items dropped on the floor or on other non-sterile surfaces. Obtain sterile replacement. Remove and replace gives, preferably in view of the patient.
6.3.3. If gloves are torn during treatment, remove, discard, wash hands and re-glove with fresh gloves.

6.3.4. Do not recap needles by hands. Do not pass syringes with uncapped needles to someone else.

6.3.5. Look first before reaching for a sharp instrument.

6.3.6. When placing sharp instruments back on the instrument tray, make sure tips are not pointed up and make sure they are placed in a stable position.

6.3.7. If equipment is brought to a chair side (e.g.: light curing apparatus, make sure it is protected with a surface cover or has been disinfected before use.

6.3.8. Disinfect contaminated items before sending to the dental laboratory.

6.3.9. Do not handle files with contaminated gloves. Use an over glove or remove gloves and wash hands.

6.3.10. If exposed to a patients’ blood or saliva, immediately contact the appropriate person to institute a post exposure medical evaluation.

6.4. After patient treatment:

6.4.1. Anyone who will be cleaning contaminated instruments must wear heavy utility gloves, protective clothing a mask and a face shield or protective eyewear.

6.4.2. Remove gloves and then the mask.

6.4.3. Put on fresh gloves and mask.

6.4.4. Place all the instruments back in the tray.

6.4.5. Place all the disposable sharps directly onto the sharp container.

6.4.6. Place non sharp disposable items in the plastic lined waste container at the unit.

6.4.7. Flush the air/water syringe, high speed hand piece, and ultrasonic scaler into the sink, cuspidor or container for 20-30 seconds.

6.4.8. Remove the entire surface covers (without touching the underlying surface) and discard in plastic-lined waste container at the unit.
6.4.9. Take/send instruments and handpieces to the decontamination/sterilization area.

6.4.10. Remove and dispose of the disposable gown (if used) in the plastic–lined waste container.

6.4.11. Remove gloves and discard them in the plastic–lined waste container.

6.4.12. Wash, rinse and dry hands or use an alcohol-based hand rub.

7. REFERENCES:

1. POLICY STATEMENT
   1.1. Applies to what is the best practice in the infection control aspects of Dental Hand-pieces, Pre-procedural Mouth Rinses, Oral Surgical Procedures and Handling Biopsy Specimens.

2. PURPOSE
   2.1. To prevent/minimize the risk of infection in dental settings.
   2.2. To promote awareness for each dental personnel in the importance of the infection control aspects of Dental Hand-pieces, Pre-procedural Mouth Rinses, Oral Surgical Procedures and Handling Biopsy Specimens.
   2.3. To provide a framework for the education of dental healthcare personnel in the infection control aspects of the special considerations.

3. SCOPE
   3.1. This policy applies to all dental healthcare personnel.

4. DEFINITIONS
   4.1. Handpiece is a small, high-speed drill used during dental procedures.
   4.2. Mouthwash or mouth rinse is a chemotherapeutic agent used as an effective home care system by the patient to enhance oral hygiene.
   4.3. Pre-procedural Mouth Rinse is a mouth rinse used by patients before a dental procedure.
   4.4. Oral Surgery is a specialty in dentistry. It includes the diagnosis, surgical and related treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws and neck.
4.5. A biopsy is a medical test commonly performed by a surgeon or an interventional radiologist involving sampling of cells or tissues for examination.

4.6. A specimen is a portion/quantity of material for use in testing, examination, or study.

5. ROLES AND RESPONSIBILITIES

5.1. All dental healthcare personnel have responsibility to conform and respect all aspects of this policy.

5.2. Managers/department’s heads have a key responsibility to ensure their department functions within the parameters of the policy and that staff are trained and assessed by the infection control team in these issues.

6. PROCEDURE

6.1. Dental Hand-pieces and Other Devices Attached to Air and Waterlines

6.1.1. Clean and heat-sterilize handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients.

6.1.2. Follow the manufacturer's instructions for cleaning, lubrication, and sterilization of handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units.

6.1.3. Do not surface-disinfect, use liquid chemical sterilants on handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units.

6.1.4. Do not advise patients to close their lips tightly around the tip of the saliva ejector to evacuate oral fluids.
6.2. Pre-procedural Mouth Rinses
   6.2.1. A pre-procedural antimicrobial rinse (e.g., chlorhexidine gluconate, essential oils, or povidone-iodine) can reduce the level of oral microorganisms in aerosols and spatter generated during routine dental procedures and can decrease the number of microorganisms introduced in the patient's bloodstream during invasive dental procedures. However no recommendation is offered regarding use of pre-procedural antimicrobial mouth rinses to prevent clinical infections among DHCP or patients.

6.3. Oral Surgical Procedures:
   6.3.1. The following apply when performing oral surgical procedures:
      o Perform surgical hand antisepsis by using an antimicrobial product (e.g., antimicrobial soap and water, or soap and water followed by alcohol-based hand scrub with persistent activity) before donning sterile surgeon's gloves.
      o Use sterile surgeon's gloves.
      o Use sterile saline or sterile water as a coolant/irrigant when performing oral surgical procedures. Use devices specifically designed for delivering sterile irrigating fluids (e.g., bulb syringe, single-use disposable products, and sterilizable tubing).

6.4. Handling Biopsy Specimens:
   6.4.1. During transport, place biopsy specimens in a sturdy, leak-proof container labeled with the biohazard symbol.
   6.4.2. Care must be taken when collecting specimens to avoid contaminating the outside of the container and the laboratory form accompanying the specimen.
6.4.3. If a biopsy specimen container is visibly contaminated, clean and disinfect the outside of a container or place it in an impervious bag labeled with the biohazard symbol.

7. REFERENCES

7.1. Guidelines for Infection Control in Dental Health-Care Settings — 2003. (Department of health and human services Centers for Disease Control and Prevention).
REFERENCES:


Appendix A: Hand Hygiene Techniques

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a. Apply a small amount of the product in a cupped hand, covering all surfaces;

1b. Rub hands palm to palm;

2. Right palm over left dorsum with interlaced fingers and vice versa;

3. Palm to palm with fingers interlaced;

4. Back of fingers to opposing palms with fingers interlocked;

5. Rotational rubbing of left thumb clasped in right palm and vice versa;

6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

7. Once dry, your hands are safe.

World Health Organization
Patient Safety
A World Alliance for Safer Healthcare
SAVE LIVES
Clean Your Hands

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May 2009

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How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDBRUSH

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
2. Rub hands palm to palm;
3. Right palm over left dorsum with interfaced fingers and vice versa;
4. Palm to palm with fingers interfaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.
How to handrub?
WITH ALCOHOL-BASED FORMULATION

1a. Apply a palmful of the product in a cupped hand and cover all surfaces.

1b. Rub hands palm to palm

2. Rub hands palm to palm

3. Right palm over left dorsum with interlaced fingers and vice versa

4. Palm to palm with fingers interlaced

5. Backs of fingers to opposing palms with fingers interlocked

6. Rotational rubbing of left thumb clasped in right palm and vice versa

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

8. Rinse hands with water

9. Dry thoroughly with a single use towel

10. Use towel to turn off faucet

11. Once dry, your hands are safe.
...and your hands are safe.

How to handwash?
WITH SOAP AND WATER

0. Wet hands with water

1. Apply enough soap to cover all hand surfaces.

2. Rub hands palm to palm

3. Right palm over left dorsum with interlaced fingers and vice versa

4. Palm to palm with fingers interlaced

5. Backs of fingers to opposing palms with fingers interlocked

6. Rotational rubbing of left thumb clasped in right palm and vice versa

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

8. Rinse hands with water

9. Dry thoroughly with a single use towel

10. Use towel to turn off faucet

11. Once dry, your hands are safe.
...and your hands are safe.

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.
Your 5 Moments for Hand Hygiene

Dental Care

1. BEFORE TOUCHING A PATIENT
   WHY? Clean your hands before touching a patient.
   WHEN? To protect the patient against harmful germs carried on your hands.

2. BEFORE CLEAN/ASEPtic PROCEDURE
   WHY? Clean your hands immediately before performing a clean/aseptic procedure.
   WHEN? To protect the patient against harmful germs, including the patient’s own, from entering his/her body.

3. AFTER BODY FLUID EXPOSURE RISK
   WHY? Clean your hands immediately after a procedure involving exposure risk to body fluids (and after glove removal).
   WHEN? To protect yourself and the environment from harmful patient germs.

4. AFTER TOUCHING A PATIENT
   WHY? Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted.
   WHEN? To protect yourself and the environment from harmful patient germs.

5. AFTER TOUCHING PATIENT SURROUNDINGS
   WHY? Clean your hands after touching any object or furniture in the patient surroundings when a specific zone is temporarily and exclusively dedicated to a patient – even if the patient has not been touched.
   WHEN? To protect yourself and the environment from harmful patient germs.

World Health Organization

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Clean Your Hands

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WHO acknowledges the Ministry of Health of Spain and the Hôpitaux Universitaires de Genève (Infection Control programme) for their active participation in developing this material.
كيف تدليك يديك بالكحول؟

ذلك يديك من أجل نظافة الأيدي وأغسلها في حالة الإتساخ الظاهري

الزمن الكلي للإجراء من 20-30 ثانية

1a. أولا قبضة يدك من المطهر مغطيا كافة السطح
1b. بطن اليد بباطن اليد الأخرى

2. ظاهر الأصابع بباطن اليد الأخرى والأصابع مضمومة

3. بطن اليد اليميني على ظهر اليد اليسرى مع تداخل الأصابع والعكس

4. الأصابع اليسرى للأصابع اليمينية والمقلع

5. الذيل الداعري للأمام والخلف

6. الذيل الداعري للأمام والخلف

7. يدك أمينة عند جفافها

WORLD ALLIANCE for PATIENT SAFETY

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October 2000, version 1

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كيف تغسل يديك بالماء والصابون؟

أغسل يديك في حالة الاتساخ الظاهري وذلك من أجل نظافة الأيدي الزمن الكلي للإجراء من 40-80 ثانية

1. بلل يدي بالماء
2. ضع كمية من الصابون بحيث تغطي سطح اليد
3. بطن اليد بباطن اليد الأخرى
4. بطن اليد بباطن اليد الأخرى مع تداخل الأصابع وعكس اليد
5. يظهر الأصابع بباطن اليد الأخرى والأصابع مضمومة
6. إذاً، ضع إبهام اليد اليمنى على إبهام اليد اليسرى مع تداخل الأصابع وعكس اليد
7. الدعك الدائري للأمام والخلف بأصابع اليد اليمنى لباحث اليد اليسرى وعكس اليد
8. يشفف اليدين جاري
9. تجفيف اليدين باستخدام فوطة نظيفة أحادية الاستخدام
10. أغلق المياه باستخدام فوطة نظيفة أحادية الاستخدام
11. يذك أمنة الآن
5 لحظات من أجل نظافة اليد

1. نظف يدك قبل ملامسة المريض مباشرة

2. نظف يدك قبل القيام بإجراء مائع للتبلاع مباشرة

3. نظف يدك بعد التعرض لسوائل الجسم وبعد خلع التنفبات فوراً

4. نظف يدك بعد ملامسة المريض وذلك عند ترك محيط المريض

5. نظف يدك بعد ملامسة محيط المريض أو بعد ملامسة أشياء أو أثاث محيط المريض حتى لو لم يمسهم وذلك عند ترك محيط المريض

WORLD ALLIANCE FOR PATIENT SAFETY

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.
Question

Won't the healthcare workers get upset or ignore me if I always ask them to clean their hands?

Answer:

No. The hospital staff are working hard to prevent infections so they will understand why you are asking them also with the workload they are having they might forget sometimes so you will be just reminding them not telling them what to do.

سوال:

أن يترفع العاملون أو المستشفى إذا ما ذكروا تنظيف أيديهم؟

جواب:

كلًا. إن العاملون أو المستشفى لا يترفعون جديًا لทะเลة العودو لذا سينتهبون جديًا السؤال إذا ما لايتم مع ضغط العمل قد ينسون أحيانًا ولكن كأنه سؤال لمهم عن نفسة البدين سيكون لذا يذكروهم فقط.

Patients are Partners in Treatment

Because the hands that treat can do harm

على أيدي الذين يتناولون يمكن أن تؤذي
Appendix B: Personal Protective Equipment (PPE)

HOW TO PUT ON AND TAKE OFF
Personal Protective Equipment (PPE)

How to put on PPE (when all PPE items are needed)

Step 1
- Identify hazards & manage risk. Gather the necessary PPE.
- Plan where to put on & take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?

Step 2
- Put on a gown.

Step 3a OR Step 3b
- Put on face shield.
- Put on medical mask and eye protection (e.g. eye wear/goggles)

Note: When performing an aerosol-generating procedure (e.g., aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g., US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.

Step 4
- Put on gloves (over cuff).

How to take off PPE

Step 1
- Avoid contamination of self, others & the environment.
- Remove the most heavily contaminated items first.

Remove gloves & gown
- Peel off gown & gloves and roll inside, out.
- Dispose gloves and gown safely.

Step 2
- Perform hand hygiene.

Step 3a
- If wearing face shield:
  - Remove face shield from behind.
  - Dispose of face shield safely.

Step 3b
- If wearing eye protection and mask:
  - Remove goggles from behind.
  - Put goggles in a separate container for reprocessing.
  - Remove mask from behind and dispose of safely.

Step 4
- Perform hand hygiene.
طريقة ارتداء وخلع معدات الوقاية الشخصية

المخترع رقم 1

قم بارتداء الغطاء الطبي.

المخترع رقم 2

قم بتحديد الأطراف وإغلاق الغطاء.

المخترع رقم 3

قم بارتداء القفازين.

المخترع رقم 4

قم بتحديد الوجه.

المخترع رقم 5

في حالة ارتداء النظارات والقبعات.

المخترع رقم 6

في حالة ارتداء القفازين والقبعات.

ملاحظة: عند القيام بإجراء، ينبغي على تلويح صفات (البروزات) مثل التشخيص من الجهاز التنفسي أو ترتيب الأدبيات الخارجية أو الأدبيات الإيجابية أو نتائج الاختبارات أو تشخيص الإصابة. يجب ارتداء الحماية المناسبة، بما في ذلك الأدبيات الطبية أو الأدبيات الإيجابية أو نتائج الاختبارات أو تشخيص الإصابة. عند استخدام اللوازم الواقية، يجب اتخاذ الإجراءات اللازمة لتقييد انتشار الإصابة واستخدام اللوازم الواقية، بما في ذلك الأدبيات الطبية أو الأدبيات الإيجابية أو نتائج الاختبارات أو تشخيص الإصابة.
طريقة التحقق من إحكام القناع المانع لاستنشاق الجسيمات

خطوة رقم 1
ضع القناع المانع لاستنشاق الجسيمات في راحة يملك بحيث تكون القنعة الأنفية بجانب أطراف أصابعك، وتشكل أربطة القناع متمدلة نحو الأسفل بكل حريصة.

خطوة رقم 2
ضع القناع حتى يتكيف بحيث يكون الأربطة القناعية الأمامية لأعلى.

خطوة رقم 3
مرر الشريط العلوي فوق رأسك وتركه عند أعلى مؤخرة الرأس. ثم مرر الشريط السفلي فوق رأسك وضعه حول أنف القناعين.

خطوة رقم 4
تبع أطراف أصابع يديك على القنعة القبلية المعدنية. ثم اضغط عليها (إسباغين من اليد اليمنى وإسباغين من اليد اليسرى) حتى تأخذ القنعة القبلية شكل الأنف. قد يؤدي استعمال أصابع واحدة للضغط إلى تقليل فعالية أداء القناع.

خطوة رقم 5
حفظ القناع بقبليك كما ديمعت. وحرص على ألا تغير وضعية القناع.

خطوة رقم 6 (أ) التحقق من إحكام القناع ضد الضغط الإيجابي
أرسل رطوبة قوية. وإذا حدث سبب لوضعية القناع قوة شد الأربطة، اختبر مرة أخرى مدى إحكام القناع على الوجه بشكل كامل، وكرر الخطوات المذكورة أعلاه إلى أن يصبح القناع محكم الاتصال بالنوع.

خطوة رقم 6 (ب) التحقق من إحكام القناع ضد الضغط السلبي
استنشق الهواء بعمق. سيلتصق القناع بوجهك في حالة عدم وجود تسرع. يدوي التسرب إلى فخدين الضغط السلبي في القناع نتيجة لانزلاق الهواء عبر فجوات حول القناع.

المصدر: منظمة الصحة العالمية

Page 104 of 120
Appendix C: Respiratory Hygiene and Cough Etiquette

Cover your Cough
Stop the spread of germs that can make you and others sick!

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

If you don’t have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.
قم بتغطية أنفك وفمك عند السعال.

أغسل يديك بالماء الدافئ والصابون أو نظفيهما بمنظفات اليد التي تحتوي على الكحول.

ضع متدليك المستعمل في سلة المهملات.

بعد السعال أو العطس.
Appendix D: Needle Stick & Sharp Object Injury Report

Send completed form to the infection control coordinator/department in your facility

Facility name: ____________________________

1. **Name of the injured worker:** (First Name) __________ (Last Name) __________
2. **Date of the injury:** (Month)..... / (Day)..... / (Year)........
3. **Time of injury:** ............. (24-hour format)
4. **Department/clinic where the incident occurred:** ____________________________
5. **What is the job category of the injured worker?**
   - [ ] Dentist
   - [ ] Dental assistant
   - [ ] Dental hygienist
   - [ ] Dental lab technician
   - [ ] Student / Intern
   - [ ] Other (Please specify) ____________________________

6. **Where did the injury occur?**
   - [ ] In the clinic
   - [ ] In the dental lab
   - [ ] In the sterilization unit
   - [ ] Other, (Please Specify) ____________________________

7. **Was the source patient identifiable?**
   - [ ] Yes    [ ] No    [ ] Unknown    [ ] Not Applicable

8. **Was the injured worker the original user?**
   - [ ] Yes    [ ] No    [ ] Unknown    [ ] Not Applicable

9. **The sharp item was:**
   - [ ] Contaminated (known exposure to patient or contaminated equipment)
   - [ ] Uncontaminated (no known exposure to patient or contaminated equipment)
   - [ ] Unknown
10. For what purpose was the sharp item originally used?
   - Unknown/not applicable
   - Anesthesia
   - Suturing
   - Cutting
   - Drilling
   - Other, Please Describe

11. Did the injury occur?
   - Before use of item (item broke/slipped, assembling device, etc.)
   - After use of item (item slipped patient jarred item, etc.)
   - In Preparation of Reusable Instrument (sorting, disinfecting, sterilizing)
   - While Recapping Used Needle
   - Device Left on Floor, Table or Other Inappropriate Place.
   - From Item Left on or Near Disposable Container.
   - While Putting Item Into Disposal Container
   - After disposal, stuck by item protruding from opening from Disposal Container.
   - Item punctured side of Disposal Container
   - After Disposal, Item Protruded From Trash Bag or Inappropriate Was Container
   - Other, Please Describe:

12. What type of device caused the injury
   - Needle
   - Blade
   - Surgical instrument
   - Other, Please Specify
13. Mark the Location of the Injury:

14. Was the Injury?
   - Superficial  (little or no bleeding)
   - Moderate  (skin punctured, some bleeding)
   - Deep  (deep stick/cut, or profuse bleeding)

15. If injury was to the hand, did the sharp item penetrate?
   - Single pair of gloves
   - Double pair of gloves
   - No gloves

16. describe the circumstances leading to this injury (please note if a device malfunction was involved):
   - …………………………………………………………………………………………………………………
   - …………………………………………………………………………………………………………………
   - …………………………………………………………………………………………………………………
   - …………………………………………………………………………………………………………………
   - …………………………………………………………………………………………………………………
   - …………………………………………………………………………………………………………………
   - …………………………………………………………………………………………………………………
   - …………………………………………………………………………………………………………………
   - …………………………………………………………………………………………………………………
Appendix E: Blood and Body Fluid Exposure Report

1. Name of the worker: (First Name) __________________ (Last Name) ____________

2. Date of exposure: (Month)...... / (Day)..... / (Year).........

3. Time of exposure: ........:....... (24-hour format)

4. Department/clinic where the incident occurred: ____________________________

5. What is the job category of the injured worker?
   - Dentist
   - Dental assistant
   - Dental hygienist
   - Dental lab technician
   - Student / Intern
   - Other (Please specify) ____________________________

6. Where did The Injury Occur?
   - In the clinic
   - In the dental lab
   - In the sterilization unit
   - Other, (Please Specify) ____________________________

7. Was the Source Patient Identifiable?
   - Yes  ☐ No  ☐ Unknown  ☐ Not Applicable

8. Which body fluids were involved in the exposure? (Check all that apply)
   - Blood or blood products
   - Sputum
   - Saliva
   - Vomit
   - Other, please describe:

9. Was the body fluid visibly contaminated with blood?
   - Yes  ☐ No  ☐ Unknown  ☐ Not Applicable
10. Was the exposed part? (check all that apply)

- Intact skin
- Non-intact skin
- Eyes (conjunctiva)
- Nose (mucosa)
- Mouth (mucosa)
- Other, describe:

11. Did the blood or body fluid? (check all that apply)

- Touch unprotected skin
- Soak through barrier garment or protective garment
- Touch skin between gap in protective garments
- Soak through clothing
- Touch skin between gap in protective garments

12. Which barrier garments were worn at the time of exposure? (check all that apply)

- Single pair latex/vinyl gloves
- Surgical mask
- Double pair latex/vinyl gloves
- Surgical gown
- Goggles
- Plastic apron
- Eyeglasses (not a protective item)
- Lab coat, cloth (not a protective item)
- Eyeglasses with side shields
- Other, describe:

13. Was the exposure the result of? (check one box only)

- Direct patient contact
- other body fluid container spilled/leaked
- Specimen container leaked/spilled
- Touched contaminated equipment/surface
- Touched contaminated drapes/sheets/gowns, etc.
- Unknown
- Other, please describe:

14. For how long was the blood or body fluid In contact with your skin or mucous membranes? (check one)

- Less than 5 minutes
- 5-14 minutes
- 15 minutes to 1 hour
- More than 1 hour

15. How much blood/body fluid came in contact with your skin or mucous membranes? (check one)

- Small amount (up to 5 cc, or up to 1 teaspoon)
- Moderate amount (up to 50 cc, or up to quarter cup)
16. Location of the exposure: Write the number of the location of up to three exposed body parts in the blanks below.

17. Describe the circumstances leading to this exposure: (please note if a device malfunction was involved):

18. For exposed worker: Do you have an opinion that any other work practice could have prevented the exposure?
   □ Yes
   □ No
   □ Unknown
Appendix F: Post Exposure Follow-Up

1. **Was the source patient identifiable?**
   - [ ] Source known and tested  [ ] Source known but not tested, reason: __________
   - [ ] Source not known

2. **Was the source patient positive for the pathogens below?** (Even if tested before this exposure?)

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Test</th>
<th>Result</th>
<th>Date drawn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(circle)</td>
<td>(circle result)</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

   - [ ] Hepatitis B
     - [ ] HbsAg positive negative not tested ___ / ___ / ___
     - [ ] HbeAg positive negative not tested ___ / ___ / ___
     - [ ] Anti HBs positive negative not tested ___ / ___ / ___
     - [ ] Anti HBc positive negative not tested ___ / ___ / ___

   - [ ] Hepatitis C
     - [ ] Anti-HCV EIA positive negative not tested ___ / ___ / ___
     - [ ] PCR-HCV positive negative not tested ___ / ___ / ___
     - [ ] RNA positive negative not tested ___ / ___ / ___

   - [ ] HIV
     - [ ] Anti-HIV positive negative not tested ___ / ___ / ___
     - [ ] #CD4 cell count __________ not tested ___ / ___ / ___
     - [ ] Antigen load RNA copies/ml _____ not tested ___ / ___ / ___
     - [ ] Other ________ _________________________________ ___ / ___ / ___

3. **If source patient was believed to be in high risk group for blood borne pathogens, check all that apply:**
   - [ ] Blood product recipient
   - [ ] Elevated enzymes
   - [ ] Sexual
   - [ ] Dialysis
   - [ ] Injection drug use
   - [ ] Hemophilia
   - [ ] Other, describe: __________

4. **If the source patient was HIV positive, had he been treated with any of the following before exposure?**
   - [ ] Unknown
   - [ ] 3TC
   - [ ] IDV
   - [ ] AZT
   - [ ] ddC
   - [ ] other anti-retroviral: __________

5. **Additional source patient comments:**
   ...........................................................................................................................................................................
   ...........................................................................................................................................................................
   ...........................................................................................................................................................................

   Page 113 of 120
6. **Healthcare worker was seen by:**
   - Employee health
   - Emergency room
   - Other, describe: ______________

7. **Was the healthcare worker vaccinated against HBV before exposure?**
   - No
   - 1-dose
   - 2-doses
   - 3-doses
   - 4-doses
   - More than 4 doses
   *If yes, antibody level upon completion, if tested: ______________*
   *Date tested: __/_/_/*

8. **Was healthcare worker pregnant?**
   - 1 Yes
   - 2 No
   - 3 Not applicable
   *If yes, which trimester?*
     - 1 First
     - 2 Second
     - 3 Third

9. **Results of baseline tests:**

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Test (circle)</th>
<th>Result (circle result)</th>
<th>Date drawn</th>
<th>#days to next test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>HbsAg</td>
<td>1 positive</td>
<td>2 negative</td>
<td>3 not tested</td>
</tr>
<tr>
<td></td>
<td>HbeAg</td>
<td>1 positive</td>
<td>2 negative</td>
<td>3 not tested</td>
</tr>
<tr>
<td></td>
<td>Anti HBs</td>
<td>1 positive</td>
<td>2 negative</td>
<td>3 not tested</td>
</tr>
<tr>
<td></td>
<td>Anti HBc</td>
<td>1 positive</td>
<td>2 negative</td>
<td>3 not tested</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Anti-HCV EIA</td>
<td>1 positive</td>
<td>2 negative</td>
<td>3 not tested</td>
</tr>
<tr>
<td></td>
<td>PCR-HCV</td>
<td>1 positive</td>
<td>2 negative</td>
<td>3 not tested</td>
</tr>
<tr>
<td></td>
<td>RNA</td>
<td>1 positive</td>
<td>2 negative</td>
<td>3 not tested</td>
</tr>
<tr>
<td>HIV</td>
<td>Anti-HIV</td>
<td>1 positive</td>
<td>2 negative</td>
<td>3 not tested</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix G: Lab case labeling

Figure 1: Example of lab case labeling to provide clear communication between lab and dental office
# Appendix H: Infection Control Checklist for Dental Settings

<table>
<thead>
<tr>
<th>Infection control practice</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Control Program</strong></td>
<td></td>
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<tr>
<td>Is there a written infection control program?</td>
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<tr>
<td>Is there a designated person(s) responsible for program oversight?</td>
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<tr>
<td>Are there methods for monitoring and evaluating the program?</td>
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<tr>
<td>Is there a training program for dental health-care personnel (DHCP) (initial and ongoing) in infection control policies and practices?</td>
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<tr>
<td><strong>Immunizations</strong></td>
<td></td>
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<tr>
<td>Are DHCP adequately immunized against vaccine-preventable diseases?</td>
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</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Influenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
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<td></td>
<td></td>
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<tr>
<td>Mumps</td>
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<td></td>
</tr>
<tr>
<td>Varicella-zoster</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hand Hygiene</strong></td>
<td></td>
<td></td>
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<tr>
<td>Are sinks available close to the area where care is provided?</td>
<td></td>
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<tr>
<td>Are alcohol-based hand sanitizers available?</td>
<td></td>
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<tr>
<td>Are staffs properly trained in the use of alcohol hand-rub products?</td>
<td></td>
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</tr>
<tr>
<td>Infection control practice</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Personal Protective Equipment (PPE) (e.g., gloves, masks, protective eyewear, protective clothing)</td>
<td></td>
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<tr>
<td>Is there a policy that outlines what Personal Protective Equipment is worn for which procedures?</td>
<td></td>
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<tr>
<td>Is Personal Protective Equipment storage available and close to care?</td>
<td></td>
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<tr>
<td>Are facilities available to disinfect reusable PPE (DHCP eyewear, patient eyewear, heavy duty utility gloves)?</td>
<td></td>
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<tr>
<td>Environmental Surfaces: Clinical Contact Surfaces (e.g., light handles and countertops)</td>
<td></td>
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</tr>
<tr>
<td>Is there a list of what surfaces will be cleaned, disinfected or barrier protected and the process and products to be used?</td>
<td></td>
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<tr>
<td>If chemical disinfectants are used, is there a policy for how they are managed, stored and disposed?</td>
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<tr>
<td>Housekeeping Surfaces (e.g., floors, walls)</td>
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<tr>
<td>Is there a list of which housekeeping surfaces will need to be cleaned and disinfected and how often?</td>
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<tr>
<td>Safe Handling of Sharp Instruments and Devices</td>
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<tr>
<td>Are DHCP trained in the safe handling and management of sharps?</td>
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<tr>
<td>Are sharps containers safely located as close as possible to the user?</td>
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<tr>
<td>Is there a written Policy for transporting and disposing of sharps and sharps containers?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Infection control practice</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Management and Follow-Up of Occupational Exposures</strong></td>
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<tr>
<td>Is there written procedure for post-exposure management?</td>
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<tr>
<td>Is there a designated person responsible for post-exposure management?</td>
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<tr>
<td>Is there a mechanism to document the exposure incident?</td>
<td></td>
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<tr>
<td>Where is the closest medical facility for wound care and post-exposure management?</td>
<td></td>
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<tr>
<td>Is there a mechanism to refer the source and DHCP for testing and follow-up?</td>
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<tr>
<td>Are post-exposure prophylaxis medications readily available onsite, at an emergent care facility or nearby pharmacy?</td>
<td></td>
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<tr>
<td>Have DHCP been trained in post-exposure management procedures?</td>
<td></td>
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<tr>
<td><strong>Sterilization of Reusable Patient Items</strong></td>
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<tr>
<td>Is there a policy for how and where contaminated instruments are cleaned and processed?</td>
<td></td>
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<tr>
<td>Is there adequate space for the processing area to be divided into clean and dirty areas?</td>
<td></td>
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<tr>
<td>Has the person who is performing the processing been adequately trained?</td>
<td></td>
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<tr>
<td>Is the chemical indicator tested with each load?</td>
<td></td>
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<tr>
<td>Is the sterilizer(s) spore tested at least weekly?</td>
<td></td>
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<tr>
<td>Are policies in place to handle positive tests?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control practice</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Sterilization of Reusable Patient Items, continued</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can dental equipment and patient items be safely stored?</td>
<td></td>
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<tr>
<td>Is there an adequate inventory of instruments for the number of patients to be treated?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are containers for holding or transporting contaminated instruments puncture-proof, secured, &amp; labeled as a biohazard?</td>
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<td><strong>Single-Use (Disposable) Items and Devices</strong></td>
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<td>Is there a policy for which single-use, disposable items will be used and how they will be disposed? e.g., gloves, tongue depressors</td>
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<td>Are disposable items unit-dosed for each patient?</td>
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<td>Are syringes that deliver sealant and composite material barrier protected if they aren’t single-use syringes?</td>
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<tr>
<td><strong>Management of Dental Unit Water Quality</strong></td>
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<td>Is there a policy for how dental unit water quality will be maintained and monitored?</td>
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<tr>
<td><strong>Management of Regulated and Non-Regulated Medical Waste</strong></td>
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<td>Is there a policy and designated person responsible for proper disposal of regulated waste (e.g., sharps containers, extracted teeth) and non-regulated waste (regular trash)?</td>
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Appendix I: Signature Sheet:
I have read, understand and agree to adhere to the attached manual.

<table>
<thead>
<tr>
<th>SN</th>
<th>Name</th>
<th>Area of work</th>
<th>Signature</th>
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