



# Infection Control with a Twist



## **Infection Control and OSHA in The Dental Setting**

**Noel Kelsch RDH, RDHAP, AS, AOI**

**N.kelsch@sbcglobal.net**

The CDC guidelines apply to all paid or unpaid dental healthcare personnel (DHCP) who might be occupationally exposed to blood and body fluids by direct contact or through contact with contaminated supplies, equipment, environmental surfaces, water, or air. Although the guideline focus mainly on outpatient dental settings, the recommended infection control practices can be applied to all settings where dental treatment is provided.

Disclaimer: This class is intended to offer general guidance to the dental professional in understanding infection control and OSHA regulations. It was developed using CDC, DBC, OSHA, OSAP, and other various materials. Please be aware many areas of regulation are not clearly defined and must be interpreted according to the procedure or task. A review of the materials and resources must be conducted when you return your office. On going OSHA and infection control training throughout the year is a must and should be incorporated into office protocols.

## Check List for Compliance

### **Personnel Health Elements of an OSHA and Infection Control Program**

- Does the practice setting have a designated qualified OSHA officer?
- Does the practice setting have a written health/OSHA program that is updated and documents all training? Is it accessible to all employees and are they aware of where it is kept?
- Does this written program specify policies, procedures, and guidelines for:
  - education and training? Including yearly Bloodborne pathogen,
  - immunizations?
  - exposure prevention and postexposure management?
  - medical conditions, occupational illness, and related work restrictions?
  - contact dermatitis and latex hypersensitivity?
  - OSHA Bloodborne Pathogens Standards
  - maintenance of records, data management and confidentiality?
- Have referral arrangements been established with a qualified healthcare professional/facility to ensure prompt and appropriate delivery of preventive services, occupationally related medical services, and postexposure management with any necessary medical follow-up?
- Is a list of all required and recommended immunizations for dental workers maintained? When was this list last updated? date: \_\_\_\_\_
- Is it consistent with the latest recommendations from public health agencies on appropriate immunizations for healthcare workers?
- Have at-risk DHCP been referred to the facility's prearranged qualified healthcare professional or to their own healthcare professional to receive appropriate immunizations?
- Is baseline tuberculin skin testing provided for clinical DHCP who might have contact with persons with suspected or confirmed infectious TB?
- Is a comprehensive postexposure management and medical follow-up program in place?
- Does this program:

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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- include policies and procedures for prompt reporting, evaluation, counseling, treatment, and medical follow-up of occupational exposures?
- Have DHCP been educated and trained on their risk of occupational exposure to potentially infectious agents and the necessary infection-control procedures/protocols to safely perform their assigned duties?
- Was this training provided:
  - at the time of initial employment?
  - when new tasks or procedures affect occupational exposure?
  - at least annually?
- Were the training materials and procedures clear and easy to understand?

## **Postexposure management**

- Do DHCP know to report occupational injuries and exposures immediately?
- When an occupational exposure occurs, is an exposure incident report created listing:
  - date and time of exposure;
  - details of the procedure being performed, including how and where the exposure occurred; if related to a sharp device, the type and brand of device and how and when the exposure occurred in the course of handling/using the device;
  - details of the exposure, including type and amount of fluid or material and the severity of the exposure (for example, for percutaneous exposure, the depth of the injury and whether fluid was injected; for a skin or mucous membrane exposure, the estimated volume of material and the condition of the skin [chapped, cut, abraded, intact]);
  - details about the exposure source (whether the source material contained HBV, HCV, or HIV; if the source patient is HIV-positive, the stage of disease, history of antiretroviral medication, viral load, drug resistance, if known);
  - details about the exposed person (vaccination and vaccine-response status); and
  - details about counseling, postexposure management, and follow-up.
- When an exposure incident occurs, is the injured worker and the exposure report immediately sent for medical evaluation?

## **Medical conditions, work-related illness, and work restrictions**

- Does the practice setting have comprehensive written policies on work restrictions and exclusions that include a statement of authority defining who can implement such policies?
- Are these policies readily available to DHCP?
- Do these policies encourage workers to seek appropriate preventive and curative care and to report any illnesses, medical conditions, or treatments that can make them more susceptible to opportunistic infection or exposures?
- Do these policies protect against lost wages, benefits, or job status in the event of such an illness or medical condition?
- Are policies and procedures in place for evaluating, diagnosing, and managing workers with suspected or known occupational contact dermatitis?
- Does the facility's policy provide for definitive diagnosis and management advice (for example, treatment, work restrictions, and accommodations) by a qualified healthcare professional?

## **Records maintenance, data management, and confidentiality**

- Does the practice setting establish and keep confidential DHCP medical records, such as immunization records and documentation of tests received as a result of occupational exposure?
- Is the practice setting in compliance with all applicable federal, state, and local laws for medical recordkeeping and confidentiality?

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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## Preventing Transmission of Bloodborne Pathogens

### HBV vaccination

- Have DHCP been informed of the risks of HBV transmission and the availability of the hepatitis B virus (HBV) vaccine?
- Have DHCP been offered the HBV vaccination series?
- Was serologic testing performed 1-2 months after vaccination to confirm immunity?
- Did DHCP who declined vaccination sign a declination form for their medical record file?

### Preventing exposures to blood and other potentially infectious materials

- Are standard precautions used during all patient encounters?
- Does the practice setting have a written, comprehensive program designed to minimize and manage DHCP exposures to blood and body fluids?
- To prevent injuries from contaminated sharps, does the practice setting use:
  - engineering controls (such as sharps containers, automated instrument cleaners, safety needles, nonneedle sharps, needle recappers, and other safer medical devices)?
  - work practices (such as the one handed scoop technique and placement of sharps containers nearest their point of use in the operatory)?

### Engineering controls

- Does the practice setting identify, evaluate, and consider for use devices with engineered safety features (for example, safer anesthetic syringes, blunt suture needles, retractable scalpels, or needleless IV systems):
  - at least annually?
  - as they reach the dental market?

### Work practice controls

- Are disposable syringes and needles, scalpel blades, and other sharp items placed in appropriate puncture-resistant containers?
  - Are these containers located as close as possible to the area where the sharps are used?
- When needles must be recapped,\* are needle recapping devices or the one handed scoop technique used? \* For example, between multiple injections and before removing from a nondisposable aspirating syringe.

### Hand Hygiene

- Are hands washed with a nonantimicrobial or antimicrobial soap and water when they are visibly dirty or contaminated with blood or other potentially infectious material?
- Is hand hygiene performed:
  - after accidental barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions?
  - before and after treating each patient?
  - before donning gloves?
  - immediately after removing gloves?
- Before oral surgical procedures, is surgical hand antisepsis performed before donning sterile surgeon's gloves? (Surgical hand antisepsis involves using either (a) an antimicrobial soap and water or (b) a plain soap and water handwash followed by an alcohol-based hand rub with persistent activity.)

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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- Are liquid hand-care products stored in either disposable closed containers or closed containers that can be washed and dried before refilling?
- Are refillable containers always washed and dried (and not simply “topped off”) before refilling?
- Are hand lotions used to prevent skin dryness associated with handwashing?
- Are the lotions used during the clinic day free of petroleum or other oil skin softeners that degrade glove materials?
- Are the lotions used during the clinic day compatible with the antiseptics in hand hygiene products?
- Are DHCP fingernails kept short, with smooth, filed edges to allow thorough cleaning and prevent glove tears?
- Are artificial fingernails discouraged among DHCP in the practice setting?
- If it affects glove donning or fit, is hand or nail jewelry removed for patient care?

## **Personal Protective Equipment**

- Is task-appropriate personal protective equipment (PPE) worn when exposure to blood and body fluids is expected?
- Is barrier protection (including gloves, mask, eyewear, and gown) removed before departing work areas such as operatory, the instrument processing room, or the dental lab?

## **Face and eye protection**

When performing procedures likely to cause splash or spatter:

- Are surgical masks worn?
- Is eye protection with solid side shields or a face shield worn to protect mucous membranes of the eyes, nose, and mouth?
- Are masks changed between every patient?
- Are masks changed during patient treatment if they become wet?
- Between patients, is reusable face protection (eyewear, face shields) cleaned with soap and water?
- If visibly soiled, is reusable face protection (eyewear, face shields) cleaned and then disinfected according to the disinfectant manufacturer’s directions?

## **Protective clothing**

- Is protective clothing worn over street clothes or uniforms to protect against splash or spatter?
- Is protective clothing changed when it is visibly soiled or penetrated by blood or other potentially infectious fluids?

## **Gloves**

- Are medical gloves worn when contact with body fluids is expected?
- Are sterile surgeon’s gloves worn when performing or assisting on oral surgical procedures?
- Is a new pair of medical gloves worn for each patient?
- Are gloves removed promptly after use, and is hand hygiene performed immediately thereafter?
- Are torn, cut, or punctured gloves removed as soon as possible and hands immediately washed before regloving?
- Are gloves available in the correct size and readily accessible?
- Are puncture-/chemical-resistant utility gloves worn when processing instruments and performing housekeeping tasks that involve contact with body fluids?

## **Contact Dermatitis and Latex Allergy**

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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- Have DHCP been informed of the signs, symptoms, and diagnoses of skin reactions associated with frequent hand hygiene and glove use?
- Are all patients in the practice setting screened for latex allergy?
- Can a latex-safe environment be provided for patients and DHCP with latex allergy?
- Are latex-free emergency treatment kits available and accessible at all times?

## **Sterilization and Disinfection of Patient-Care Items**

- Are only FDA-cleared medical devices used for heat sterilization?
- Are manufacturer instructions for operation always followed? (Hint: Posting procedural checklists near the equipment can help ensure that devices are used correctly.)
- Are all reusable critical dental instruments cleaned, dried, packaged, and then heat-sterilized before use?
- Are all reusable heat-tolerant Semicritical dental instruments cleaned and then heat-sterilized before use?
- Are items and instrument packages correctly and loosely loaded into the sterilizer to allow penetration of the sterilizing agent?
- Are instrument packages allowed to dry in the sterilizer before they are handled? (This prevents contamination.)
- Have heat-sensitive semicritical instruments been replaced with heat-tolerant or disposable versions?
- If heat-sensitive instruments are used in patient care, are they cleaned and then processed using an FDA-cleared sterilant/high-level disinfectant or an FDA-cleared low-temperature sterilization method?  
Note: Never use liquid chemical sterilants/ high-level disinfectants for environmental surface disinfection or as holding solutions.
- Are the manufacturer's instructions for preparation, use, and reuse of chemical sterilants/high-level disinfectants always followed?
- Have all DHCP been trained on OSHA guidelines for exposure to chemical disinfectants/sterilants?
- Have areas and tasks that have potential for such exposure been identified?
- Are single-use disposable instruments used on only one patient and then properly discarded?
- Are all noncritical patient-care items barrier-protected during use? Alternatively, are they cleaned (or if visibly soiled, cleaned and disinfected) after each use?
- Is an EPA-registered hospital disinfectant used to clean/disinfect noncritical patient-care items that are not barrier-protected during use?
- If noncritical patient-care items are visibly contaminated with blood, are the items properly cleaned to remove soil, then disinfected using an EPA-registered hospital disinfectant with a tuberculocidal claim?

## **The instrument processing area**

- Does the practice setting have a designated central processing area?
- Is the area divided physically, or at least spatially, into separate areas for:
  - receiving, cleaning, and decontamination;
  - preparation and packaging;
  - sterilization; and
  - storage.
- Are work practice controls used to minimize handling of loose contaminated instruments during transport to the instrument processing area? For example:
  - Are instruments transported in a covered container?
- Are dental team members trained to use work practices that prevent contamination of clean areas? For example:

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- Are sterilized instrument packs and clean supplies stored away from the area where contaminated instruments are held or cleaned?

## **Receiving, cleaning, and decontamination work area**

- Are dental instruments and devices cleaned of all visible blood and other contamination before they are sterilized or disinfected?
- Is automated cleaning equipment (such as an ultrasonic cleaner or washer-disinfector) used to remove debris, improve cleaning effectiveness, and decrease worker exposure to blood?
- Are work practice controls (such as a long-handled brush) used to minimize contact with sharp instruments if manual cleaning is necessary?
- Are puncture-/chemical-resistant utility gloves worn when handling contaminated instruments and performing instrument cleaning and decontamination procedures?
- Is appropriate PPE (a mask, protective eyewear, and protective clothing) worn when splashing or spraying is anticipated during cleaning?

## **Preparation and packaging**

- After cleaning, are critical and semicritical instruments inspected for remaining debris?
- Before sterilization, are instruments and other patient-care items packaged using an FDA-cleared container system or wrap that is compatible with the type of sterilization process used? (Packaging instruments in cassettes or trays before sterilization maintains their sterility after the sterilization cycle.)
- Is an internal chemical indicator built in or placed inside each instrument package prior to sterilization?
- If the internal indicator is not visible from outside the package, is an external indicator affixed to the pack?
- Are packages labeled with the date and if multiple sterilizers are used within the facility, the sterilizer used? (This simplifies retrieval of processed items in case of a sterilization failure.)

## **Unwrapped instruments**

Although not recommended for routine instrument processing, certain circumstances may demand that instruments be processed unpackaged (for example, the only available instrument falls to the floor during patient care). If it is necessary to sterilize instruments without packaging, for example, using a flash cycle:

- Are instruments cleaned and dried before the unwrapped sterilization cycle?
- Are mechanical and chemical indicators used for each unwrapped sterilization cycle? (Place an internal chemical indicator among the instruments or items to be sterilized.)
- Are unwrapped instruments allowed to dry and cool in the sterilizer before they are handled? (This prevents contamination and thermal injury.)
- Are unwrapped semicritical instruments sterilized on a tray or in container system?
- Are critical instruments that are sterilized without packaging handled to maintain sterility during removal from the sterilizer and transport to the point of use? For example:
  - Are they transported to the operatory in a sterile covered container?
  - Are sterilized, unwrapped critical instruments used immediately after they have cooled? (Do not store critical instruments unwrapped.)

## **Implantable devices**

- Are implantable devices always returned to the manufacture if they are not sterile?

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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- Are biological monitoring results received and recorded before the implantable device is surgically placed?

## **Sterilization monitoring**

- Are mechanical, chemical, and biological monitors used according to the manufacturer's instructions to ensure the effectiveness of the sterilization process?
- Is each load monitored with mechanical and chemical indicators?
- Is a chemical indicator placed on the inside of each instrument package to be sterilized?
- Is there an internal chemical indicator and an external chemical indicator? (2008 guidelines)
- If mechanical or chemical indicators suggest inadequate processing, are instruments pulled from recirculation, repackaged, and sterilized again with new indicators?
- Are sterilizers monitored at least weekly using a biological indicator and a matching control? (Using both a test and a control indicator from same lot ensures that factors outside of the sterilization process have not affected the spores' ability to be cultured.)
- Is the test indicator placed within an instrument pack and sterilized with a normal load?
- Is the control indicator which is not subjected to a sterilization cycle incubated at the same time as the test indicator?
- If a spore test comes back positive, are proper troubleshooting procedures implemented? (For a flowchart on managing sterilization failures, visit [www.osap.org/resources/extra/sterifail.htm](http://www.osap.org/resources/extra/sterifail.htm))
- Are sterilization records (mechanical, chemical, and biological) maintained in compliance with state and local regulations?

## **Storing patient-care items**

- Are sterile items and dental supplies stored in covered or closed cabinets or containers to minimize the chance of contamination and never left out in sterilization area?
- Are wrapped packages of sterilized instruments examined before they are opened to ensure the packaging (and sterility of the instruments inside) has not been compromised?
- If packaging has been compromised, are the contents recleaned, repacked, and resterilized?
- Does the practice setting use either date- ("first in, first out") or event-related storage for wrapped, sterilized instruments and devices? (Both methods are considered acceptable.)

## **Managing Environmental Surfaces**

- Are surface barriers used to protect clinical contact surfaces from contamination, especially those that are difficult to clean? (2008 guidelines)
- Are surface barriers changed between patients?
- If they are not barrier protected during patient care, are clinical contact surfaces cleaned and disinfected between patient appointments?
- For clinical contact surfaces that are not visibly contaminated with blood, are surfaces cleaned and then disinfected using an EPA-registered hospital disinfectant with (a) HIV and HBV kill (at minimum) and/or (b) tuberculocidal activity? Note Household Bleach is not an approved EPA disinfectant 2008 Guideline.
- Are clinical contact surfaces that are visibly contaminated with blood cleaned and then disinfected using a hospital disinfectant with tuberculocidal activity?
- Prior to disinfection, are manufacturer instructions for precleaning surfaces closely followed?
- After cleaning, is the disinfectant allowed to remain on the treated surface for the contact time stated on the product's label?

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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- Is appropriate PPE in place when cleaning and disinfecting environmental surfaces? For example:
  - puncture- and chemical-resistant utility gloves when working with chemicals or sharps after treatment
  - protective clothing (such as a gown, jacket, or lab coat), and
  - face protection (protective eyewear/ face shield with a mask).
- Are housekeeping surfaces such as floors, walls, and sinks routinely cleaned using either a detergent and water or an EPA-registered hospital disinfectant/detergent?
- Are cleaning schedules set by the nature of the housekeeping surface, the type and degree of contamination, and if appropriate, location in the facility?
- Are housekeeping surfaces cleaned and disinfected when visibly soiled?
- Are mops or cloths cleaned after use and allowed to dry before reuse, or are single-use, disposable mop heads or cloths used to clean housekeeping surfaces?
- Are fresh cleaning or EPA-registered disinfecting solutions prepared daily and as instructed by the manufacturer?
- Are walls, blinds, and window curtains in patient-care areas cleaned when they are visibly dusty or soiled?
- Are surfaces contaminated by spills of blood or blood-contaminated fluids first cleaned and then decontaminated? After cleaning, is an EPA-registered hospital disinfectant with HBV and HIV label claims (minimum) and/or tuberculocidal activity used for disinfection, depending on size of spill and surface porosity?

## **Regulated Medical Waste**

- Does the practice setting have a written medical waste management program that outlines proper disposal of regulated medical waste as dictated by federal, state, and local regulations?
- Are DHCP who handle and dispose of regulated medical waste trained in proper handling and disposal methods?
  - Are they informed of the possible health and safety hazards associated with medical waste?
- Are leakproof, color coded/biohazardlabeled containers (for example, biohazard bags) used to contain nonsharp regulated medical waste?
- Are sharp items (needles, scalpel blades, orthodontic bands, broken metal instruments, burs) placed in a punctureresistant, leakproof, color-coded/biohazard-labeled sharps container?
  - Are sharps containers closed immediately before they are removed or replaced to prevent contaminated sharps from spilling or protruding?
- If allowed by state and local law, are blood, suctioned fluids, and other liquid waste carefully poured down a drain connected to a sanitary sewer system?
  - Are gloves, face protection (mask with protective eyewear/face shield), and protective clothing worn when performing this task?

## **Extracted teeth**

- Are extracted teeth disposed of within the practice setting treated as regulated medical waste? (If the teeth are returned to the patient, waste disposal regulations do not apply.)
  - Are extracted teeth containing amalgam discarded in regulated medical waste containers that will not be incinerated? (Incineration releases mercury vapor from amalgam, creating a hazard.)
- When extracted teeth will be used in educational settings or sent to a dental lab:
- Are extracted teeth cleaned and placed in a leakproof container with solution to maintain hydration during transport?
    - Is the transport container labeled with the biohazard symbol?
  - Are teeth that do not contain amalgam heat-sterilized before they are used for educational purposes?

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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## **Dental Unit Waterlines, Biofilm, and Water Quality**

- Does the water used in routine patient treatment meet EPA standards for drinking water (that is, less than 500 CFU/mL of heterotrophic water bacteria)?
- Are the products and protocols recommended by your dental unit manufacturer used to maintain water quality?
- Are recommendations for monitoring water quality followed? (Obtain and follow monitoring schedules recommended by the dental unit manufacturer and/or the maker of the waterline treatment device/chemical.)
- For devices that are connected to the dental water system and enter the patient's mouth, are water and air discharged for at least 20-30 seconds after use on each patient? (Such devices include handpieces, ultrasonic scalers, and air/water syringes.)
- If the dental unit is equipped with antiretraction mechanisms, are the unit manufacturer's recommendations for periodic maintenance followed?
- Are staff aware of procedures to follow in the event of a boil-water advisory?

## **Dental Handpieces, Other Devices Attached to Air Lines and Waterlines**

- Are handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units cleaned and then heat-sterilized between patients?
- Are manufacturer's instructions for cleaning, lubrication, and sterilization of other such intraoral instruments followed every time the instruments are processed for reuse? (Failure to follow manufacturer instructions can void equipment warranties.)
- Are all hand pieces autoclavable or removed from service?(2008 guidelines)

## **Dental Radiography**

- Are gloves worn by dental workers when exposing radiographs and handling contaminated film packets?
- Is other PPE (such as protective eyewear, mask, and gown) also worn if spattering of body fluids is likely?
- Are heat-tolerant or disposable filmholders, positioners, and other intraoral devices used whenever possible?
- Are heat-tolerant radiographic accessories cleaned and then heat-sterilized?
- If any heat-sensitive semicritical devices are used, are they (at minimum) cleaned and high-level disinfected according to the device and germicide manufacturer's instructions?
- Are exposed radiographs films transported and handled aseptically to prevent contamination of developing equipment?
- Are all areas of exposure clearly labeled with caution signs?
- Have DHCP been trained in the restricted areas employee exposure
- Are those working in restricted areas wearing a personal radiation monitoring badge or dosimeter?

## **Digital radiography**

If your practice setting uses a digital x-ray system with intraoral sensors:

- Are equipment manufacturer instructions for cleaning, disinfection, and/or sterilization of digital radiology sensors and for protection of associated computer hardware followed?
- Are FDA-cleared barriers used on sensors to protect them from contamination during use on a patient?

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- After use on a patient, are sensors cleaned and then either heat-sterilized or immersed in a liquid sterilant/ high-level disinfectant for the contact time recommended by the manufacturer? If sensors cannot tolerate heat or liquid chemical immersion:
- Are FDA-cleared barriers used on sensors to protect them from contamination during use on a patient?
- Are barriers removed and sensors cleaned and then disinfected using an EPA-registered hospital disinfectant with a tuberculocidal claim?

## **Aseptic Technique for Parenteral Medications**

- Are IV bags, tubings, and connections used for one patient only and disposed of appropriately?
- Is medication from any syringe administered to only one patient?
- Are single-dose vials of parenteral medications used whenever possible?
- Is any medication remaining in a single-use vial discarded with the vial after use on one patient (rather than saved for later use)?

If multidose vials are used:

- Is the access diaphragm cleansed with 70% alcohol before inserting a device into the vial?
- Are only sterile devices used to access multiple-dose vials?
- Except by the sterile device, is contact with the access diaphragm avoided?
- Are needles and syringes used to access a multidose vial always sterile? (Never reuse a syringe even if the needle is changed.)
- Are multidose vials stored away from the immediate patient treatment area to prevent inadvertent contamination by spray or spatter?
- Are multidose vials immediately discarded if their sterility is compromised?

## **Single-Use (Disposable) Devices**

- Are single-use devices used for one patient only and then properly discarded such as dental Carpules, wax, etc.?

## **Oral Surgical Procedures**

- Is surgical hand antisepsis performed before gloving by all dental workers participating in an oral surgical procedure? (Surgical hand antisepsis involves using either (a) an antimicrobial soap and water or (b) a plain soap and water handwash followed by alcohol-based hand rub with persistent activity.)
- Are sterile surgeon's gloves worn when performing oral surgical procedures?
- Is sterile saline or sterile water used as a coolant/irrigant during oral surgical procedures?
- Are sterile irrigating fluids delivered using devices specifically designed for that purpose, for example, a bulb or sterile irrigating syringe, single-use disposable products, or sterile water delivery systems with disposable or sterilizable tubing?

## **Biopsy Specimens**

- Are biopsy specimens placed in a sturdy, leakproof container for transport?
- Is the container labeled with the biohazard symbol?
- If the outside of a biopsy specimen container becomes visibly contaminated, is it either cleaned and disinfected or placed in an impervious bag labeled with the biohazard symbol?

## **Dental Laboratory**

- Is PPE worn when handling items that have not been decontaminated?

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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- Is specific information on disinfection (for example, solution used and duration) included when laboratory cases are sent from the dental facility to an off-site lab and back?
- Unless the sender indicates that they have been disinfected, are all dental prostheses and prosthodontic materials (such as impressions, bite registrations, occlusal rims, and extracted teeth) cleaned, disinfected using an EPA-registered hospital disinfectant with tuberculocidal activity, and rinsed?
- Have material manufacturers been consulted on the stability of specific impression materials relative to disinfection procedures?
- Are heat-tolerant items used in the mouth (such as metal impression trays and face-bow forks) clean and heatsterilized after use on a patient?
- Are manufacturer instructions followed for cleaning and sterilizing or disinfecting items that do not normally contact the patient but become contaminated during laboratory procedures (for example, burs, polishing points, rag wheels, articulators, case pans, and lathes)?
- If manufacturer instructions are not available, are items processed according to the degree of contamination?
- ❑ Are heat-tolerant items cleaned and heat-sterilized, or are they cleaned and then disinfected using an EPA registered hospital disinfectant with an HIV and HBV claim and/or a tuberculocidal claim?

## **Tuberculosis and Dentistry**

- Does your practice setting have a written TB infection-control plan?
  - Are all dental team members trained to know the signs and symptoms of TB as well as how it is transmitted?
  - Is a baseline tuberculin skin test performed for all dental workers who might have contact with persons with suspected or confirmed active TB?
  - Is each patient assessed for history or symptoms of TB? Are findings documented on the medical history form? If a patient with active or suspected TB arrives for treatment:
    - Is the patient evaluated away from other patients and dental workers?
    - When not being evaluated, is the patient asked to wear a surgical mask and instructed to cover his or her mouth and nose when coughing or sneezing?
    - Is elective dental treatment deferred until the patient is noninfectious?
    - Are patients in need of urgent dental care referred to a previously identified facility with TB engineering controls and a respiratory protection program?
- For DHCP who may have active TB:
- Are personnel with a deep, productive cough lasting longer than three weeks referred for medical evaluation? This is especially important when other signs or symptoms consistent with active TB are present (for example, weight loss, night sweats, fatigue, bloody sputum, anorexia, and fever).
  - Are such DHCP instructed not to return to work until a physician determines that the worker does not have TB or is no longer infectious?

## **Hazard Communication**

- Has a hazard assessment established what hazards are present in the office?
- Have you made a list of all products in your office containing hazardous chemicals?
- Do you have an MSDS (now SDS) notebook for all hazardous chemicals?
- Do all chemicals have labels? (Labels must be made for any chemicals out of their original containers, such as ultrasonic tanks, cold sterile solution, etc.)
- Have all employees received training at the time of original employment, whenever hazards are added or changed in the workplace, and periodically, as needed?

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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- Have employees received training on the new labeling and SDS forms and requirements of the updated Hazard Communication Standard? (It now uses the Globally Harmonized System of Classification and Labeling of Chemicals?)
- Is all training documented and placed in the OSHA notebook?

## General Office Safety

- Has all equipment been checked for frayed cords and imperfections? Have repairs been made immediately or have they been taken out of service?
- Has the area been evaluated for the use of flammable gases and electrical equipment?
- Are Exit routes sufficient for the number of employees in any occupied space, lighted, well marked and clear from blockage?
- Is a diagram of evacuation routes posted in a visible location?
- If N<sub>2</sub>O<sub>2</sub> is being utilized is there a functioning scavenger system in place?
- Are all required OSHA posters displayed?
- Are portable fire extinguishers with carbon tetrachloride or chlorobromomethane extinguishing agents, maintained, fully charged, operable, mounted and readily accessible to employees without subjecting the employees to possible injury? Has staff been trained in their use and the office emergency action plan?
- Are all chemicals being evaluated for precautions, such as time weight average and exposure limits? Is the staff trained on all chemicals they are exposed to?
- Is required ventilation and room air exchange supplied for use of specific chemicals? Are filter and/or ventilation in place as required areas such as the chemiclav?
- Are first aid supplies available that commensurate with the hazards of the workplace? Has staff been trained in their use?

## Resources

Please Download: The Checklist and Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care.

<http://www.cdc.gov/HAI/pdfs/guidelines/ambulatory-care-checklist-07-2011.pdf>

<http://www.cdc.gov/HAI/pdfs/guidelines/Ambulatory-Care-04-2011.pdf>

ANNUAL BLOODBORNE PATHOGEN TRAINING REQUIREMENTS:

<http://www.rdhmag.com/articles/print/volume-31/issue-2/columns/mark-your-calendar.html>

BLOODBORNE PATHOGENS: OSHA Bloodborne Pathogens:

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=standards&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051)

BLOOD BORNE EXPOSURE INCIDENTS:

[https://www.osha.gov/OshDoc/data\\_BloodborneFacts/bbfact04.html](https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact04.html)

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





# Infection Control with a Twist



**COUGH ETIQUETTE:** Prevent the transmission of respiratory infections in the dental office, the CDC recommends that patients use proper "cough etiquette":  
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

**HAND HYGIENE:** Hand hygiene in healthcare settings, CDC's 2002 recommendations:  
<http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

**HEP B:** Questions and Answers about Hepatitis B, the Hepatitis B vaccine, titer testing, and boosters, check out this information from the CDC.  
<http://www.immunize.org/catg.d/2109hcw.htm>

**HIV POSTEXPOSURE:** HIV postexposure prophylaxis ("Updated US Public Health Service Guidelines for the Management of Occupational Exposure to HIV and Recommendations for Post-Exposure Prophylaxis"),  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>

**IMMUNIZATION:** Immunization of Health Care Workers  
<http://www.immunize.org/catg.d/p2017.pdf>

**INFECTION CONTROL GUIDELINES 2003:** CDC's 2003 Infection Control guidelines for Dentistry:  
<http://www.cdc.gov/OralHealth/InfectionControl/guidelines/index.htm>

**INFECTION CONTROL GUIDELINES 2008:** CDC Newly Revised Infection Control Guidelines  
[http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection\\_Nov\\_2008.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf)

**LATEX ALLERGIES:** [www.cdc.gov/niosh/topics/latex/](http://www.cdc.gov/niosh/topics/latex/)

**NEEDLE STICK:** OSHA Needlestick Safety and Prevention Act:  
[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106\\_cong\\_public\\_laws&docid=f:publ430.106](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_public_laws&docid=f:publ430.106)

**OSHA FIRE FACT SHEET AND EMERGENCY ACTION PLAN**  
[https://www.osha.gov/OshDoc/data\\_General\\_Facts/FireSafetyN.pdf](https://www.osha.gov/OshDoc/data_General_Facts/FireSafetyN.pdf)  
<https://www.osha.gov/SLTC/etools/evacuation/fire.html>

**OSHA FIRST AID**  
<https://www.osha.gov/SLTC/medicalfirstaid/index.html#standards>  
<https://www.osha.gov/Publications/OSHA3317first-aid.pdf>

**OSHA PUBLICATIONS:**

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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<https://www.osha.gov/pls/publications/publication.html>

OSHA QUICK START FOR COMPLIANCE HEALTH CARE

[https://www.osha.gov/dcsp/compliance\\_assistance/quickstarts/health\\_care/index\\_hc.html](https://www.osha.gov/dcsp/compliance_assistance/quickstarts/health_care/index_hc.html)

[https://www.osha.gov/dcsp/compliance\\_assistance/quickstarts/health\\_care/hc\\_step1.html](https://www.osha.gov/dcsp/compliance_assistance/quickstarts/health_care/hc_step1.html)

OSHA SAFETY TOPICS FOR DENTISTRY:

<https://www.osha.gov/SLTC/dentistry/index.html>

POST EXPOSURE: US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis (Information about hepatitis B booster recommendations and post-exposure prophylaxis can be found in the Appendix section, Table 3--updated HIV PEP info available in "Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, (MMWR, 9/30/05, Vol. 54, No. RR-9)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

POST EXPOSURE PROPHYLAXIS (PEP LINE) 24 hour sharps exposure hotline (888) 448-4911

POSTERS REQUIRED FOR YOUR OFFICE FREE!:

<http://www.dol.gov/elaws/posters.htm>

PREVENTION PROGRAM: Cal-DOSH – Guide to Developing Your Workplace Injury and Illness Prevention Program

[http://www.dir.ca.gov/dosh/dosh\\_publications/iipp.html](http://www.dir.ca.gov/dosh/dosh_publications/iipp.html) e. Professional associations and publications

SHARPS: CDC Sharps evaluation forms:

<http://www.cdc.gov/Oralhealth/infectioncontrol/forms.h>

TB: New TB standard for health care workers:

<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>

2003 Guidelines: <http://www.cdc.gov/OralHealth/InfectionControl/guidelines/index.htm>

## ORGANIZATIONS FOR SUPPORT

ADA OSHA and HIPPA Manual: (800) 947-4746

Association for Professionals in Infection Control and Epidemiology [www.apic.org](http://www.apic.org)

Association for the Advancement of Medical Instrumentation(AAMI) [www.aami.org/](http://www.aami.org/)

Center for Disease Control and Prevention (CDC) [www.cdc.gov/](http://www.cdc.gov/)

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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Center for Disease Control and Prevention: Dental Infection Control

[www.cdc.gov/oralhealth/infectioncontrol/index.htm](http://www.cdc.gov/oralhealth/infectioncontrol/index.htm)

Division of Healthcare Quality Promotion [www.cdc.gov/ncidod/dhqp/](http://www.cdc.gov/ncidod/dhqp/)

Division of HIV/AIDS prevention [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

Emerging Infectious Disease (EID) [www.cdc.gov/ncidod/EID](http://www.cdc.gov/ncidod/EID)

Guidelines and Recommendations [www.cdc.gov/ncidod/dhqp/guidelines.html](http://www.cdc.gov/ncidod/dhqp/guidelines.html)

Hiv Dent [www.hivdent.org](http://www.hivdent.org)

Morbidity and Mortality Weekly Report [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

National Alliance for the Primary Prevention of Sharps Injuries(NAPPSI)

[www.nappsi.org/safety.shtml](http://www.nappsi.org/safety.shtml)

National Immunization Program [www.cdc.gov/nip/](http://www.cdc.gov/nip/)

National Institutes of Health (NIH) [www.nih.gov/](http://www.nih.gov/)

National Institute for Occupational Safety and Health NIOSH.Org

National Nosocomial Infection Surveillance (NNIS)

[www.cdc.gov/ncidod/dhqp/nnis\\_pubs.html](http://www.cdc.gov/ncidod/dhqp/nnis_pubs.html)

Occupational Safety and Health Administration (OSHA) [www.osha.gov](http://www.osha.gov)

Organization for Safety and Asepsis Procedures (OSAP) [www.osap.org/](http://www.osap.org/) Policies and Procedures Book Available here along with a ton of great resources and answers!

Tuberculosis Elimination [www.cdc.gov/nchstp/tb/](http://www.cdc.gov/nchstp/tb/)

Society for Healthcare Epidemiology of America (SHEA) [www.shea-online.org/](http://www.shea-online.org/)

World Health Organization (WHO) [www.who.int/en/](http://www.who.int/en/)

## **Regulatory**

Cal/OSHA - California Department of Industrial Relations - CA.gov

[www.dir.ca.gov/dosh/](http://www.dir.ca.gov/dosh/)

Environmental Protection Agency [www.epa.gov](http://www.epa.gov)

Food and Drug Administration [www.fda.gov/](http://www.fda.gov/)

Center for Devices and Radiological Health [www.fda.gov/cdrh/index.html](http://www.fda.gov/cdrh/index.html)

Occupational Safety and Health Administration [www.osha.gov/](http://www.osha.gov/)

## The Dental Board of California's Infection Control Regulations 2011

*Effective 8/20/2011 by Order of Adoption issued by the Office of Administrative Law 7/21/2011  
Section 1005 of Division 10 of Title 16 of the California Code of Regulations*

### **ARTICLE 1. GENERAL PROVISIONS § 1005. Minimum Standards for Infection Control**

(a) Definitions of terms used in this section:

(1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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healthcare is delivered. These include hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

(2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

(3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.

(5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

(6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

(7) "High-level disinfection" kills some, but not necessarily all, bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.

(9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms.

(10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

*1 Infection Control Regulations, Order of Adoption 7/21/2011 – Effective 8/20/11*

(11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids and OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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(12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:

- (A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- (C) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

- (i) Cell, tissue, or organ cultures from humans or experimental animals; (ii) Blood, organs, or other tissues from experimental animals; or
- (iii) Culture medium or other solutions.

(13) "Dental Healthcare Personnel" (DHCP) are all paid and non-paid 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 includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), 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).

(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to minimize the transmission of pathogens in health care settings mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

- (1) Standard precautions shall be practiced in the care of all patients.
- (2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.
- (3) A copy of this regulation shall be conspicuously posted in each dental office.

### ***Personal Protective Equipment:***

(4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and

*2 Infection Control Regulations, Order of Adoption 7/21/2011 – Effective 8/20/11*

germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

## **Hand Hygiene:**

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from direct patient care if conditions are present that may render the DHCP or patients more susceptible to opportunistic infection or exposure.

(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

## **Gloves:**

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

## **Needle and Sharps Safety:**

(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

## **Sterilization and Disinfection:**

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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- (10) All germicides must be used in accordance with intended use and label instructions.
- (11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.
- (12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.
- 3 Infection Control Regulations, Order of Adoption 7/21/2011 – Effective 8/20/11*
- (13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.
- (14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital-grade disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA- registered hospital-grade intermediate-level disinfectant with a tuberculocidal claim shall be used.
- (15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.
- (16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.
- (17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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## **Irrigation:**

(18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

## **Facilities:**

(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal-EPA) registered, hospital-grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital-grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and follow all material safety data sheet (MSDS) handling and storage instructions.

(21) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

*4 Infection Control Regulations, Order of Adoption 7/21/2011 – Effective 8/20/11*

(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

## **Lab Areas:**

(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new ragwheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be re-cleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

(24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)





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manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

*[1] Cal/EPA contacts: WEBSITE [www.cdpr.ca.gov](http://www.cdpr.ca.gov) or Main Information Center (916) 324-0419.*

*Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.*

Noel Kelsch RDHAP [n.kelsch@sbcglobal.net](mailto:n.kelsch@sbcglobal.net)

