Infection Prevention and Control

Infection prevention and control practices aim to prevent the spread of infections in a dental setting.

CDC recommends that dental health care settings develop and maintain an infection control program. This includes providing the supplies needed to comply with standard precautions, assigning at least one person to be responsible for the program, developing and maintaining written policies and procedures and implementing a system for early detection and management of potentially infectious persons at the initial point of encounter[1].

Additionally, it is the ADA's policy to support the implementation of standard precautions and infection control recommendations in dental health care settings[2].

Keep in mind that OSHA is the federal agency whose purpose is to protect employees. The CDC publishes guidance to not only to protect health care personnel but also the delivery of safe patient care. This sample plan is intended to capture how your practice is addressing infection prevention and control. Review and update the plan to reflect changes in your program.

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Infection Prevention and Control Plan for San Juan College Dental Hygiene Program

Implementation date: 8/1/2001

Reviewed on (Date): 9/24/2024

Safety coordinator (Name): Dr. Manz

San Juan College Dental Hygiene Program is committed to following the latest guidelines published by the CDC for dental settings, regulations published by OSHA that apply to dentistry, and the State Dental Board's infection control regulations.

Infection Prevention and Control—Administrative Measures

The CDC provides administrative recommendations for dental settings. These key administrative recommendations include:

- Maintain infection prevention and occupational health programs.
- Provide necessary supplies for standard precautions.
- Train at least one faculty member in infection prevention and assign responsibility for the program.
- Maintain written infection prevention policies and procedures for the types of services offered.
- Maintain a system for early detection and management of potentially infectious persons at initial points of patient encounter.

This policy is a brief overview of infection prevention in the Dental Hygiene Program. More detailed policies and product-specific procedures may be available. Consult with the safety coordinator to obtain more detailed or supplemental information that relates to the practice's infection control policy.

This policy and corresponding procedures are assessed annually during the OSHA compliance training. Assessment and review may take place more frequently as required by law.

The Director ensures that at least one individual is trained in infection prevention and is responsible for maintaining the infection prevention program. This individual is usually the same person responsible for OSHA compliance, referred to as the safety coordinator.

The Director and Clinic Manager maintains the supplies necessary to comply with the CDCs guidance for infection prevention and control. This includes hand hygiene products, intermediate disinfectants registered with the EPA, safer devices, and PPE. New faculty and staff are trained on PPE, proper use of PPE, replacement of PPE, and disposal.

Medical history forms are obtained on all patients and are updated during the hygiene visit or repeat visits. This information allows our dental team to detect and properly manage potentially infectious persons.

Sick faculty, staff or students, such running a fever, may not report to work. Work restrictions are based on the mode of transmission and the epidemiology of the disease. Please refer to the employee and student handbook for additional information. Director or Clinic Coordinators can assist faculty, staff and students in determining if a sick day is warranted.

Infection Prevention Education and Training

All faculty, clinical staff, and students are trained on infection prevention and control, which includes job- or task-specific training. Students receive education in infection control during the first semester coursework. In addition, all faculty and clinical staff are required to attend an annual OSHA compliance training. Such training takes place at the initial hire date and thereafter at least annually. Training topics also include immunizations for workers in a health care setting.

If a new task or procedure is introduced that involves the potential for occupational exposure, training shall take place as soon as possible. Training is also conducted when new equipment is purchased and/or a new product is introduced.

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Training is conducted as required by law and everyone shall comply with these requirements. Verification of training remains on file with the Dental Hygiene Program.

Faculty, clinical staff, and student safety is addressed in the program's Bloodborne Pathogens Exposure Control Plan.

Infection Control—Employee Safety

Upon acceptance into the Dental Hygiene Program, students are required to complete a health history including a vaccination record and the student's Hepatitis B immune status. All faculty and clinical staff are required to have documentation of Hepatitis B immunization status or a declination form on record.

The Dental Hygiene Program maintains a log of needlesticks and sharps injuries in a notebook in the Medical Emergency Kit. The post-exposure reports are maintained in the confidential medical records of the individual who was exposed.

The safety policies include a post-exposure management plan to include designation of a qualified health care professional such as an occupational health clinic or urgent care clinic to provide post-exposure management, vaccines, and occupational health services. Please refer to the sections on the written exposure control plan and post-exposure management located in the safety policies.

Infection Prevention and Control—Hand Hygiene

The Dental Hygiene Program adheres to the CDC's hand hygiene guidelines published for health care personnel. Sinks are conveniently located throughout the dental clinic, in the treatment rooms, sterilization area, laboratory, and restrooms. Alcohol-based hand rubs are also located throughout the dental clinic.

Hand hygiene is broader in scope than handwashing. Hand hygiene includes the use of alcohol-based hand rubs, the use of water, and the use of soap or antimicrobial soap. Unless hands are visibly soiled, alcohol-based hand rubs are extremely effective at reducing the bacterial counts on the hands.

Perform Hand Hygiene

Use anti-microbial soap to remove or destroy transient micro-organisms and reduce resident flora. After initial anti-microbial hand-washing an anti-microbial, alcohol-based hand rub may be used if the hands are not visibly soiled. Indications for washing hands:

- Before and after treating a patient, specifically before and after gloving
- Before leaving the dental treatment room or area
- When hands are visibly soiled
- Before regloving and after removing gloves
- After touching any surface or object likely to be contaminated
- After removing gloves that are compromised (i.e., torn, cut, or punctured)

Technique for Hand Washing with Soap and Water

- Place your hands under the faucet. Apply the manufacturer-recommended amount of product on your hands. Rub your hands together vigorously for at least 15—20 seconds.
- Rinse your hands with water and use disposable towels to dry your hands. Avoid cross-contamination by using a disposable towel to turn off the faucet.
- Place paper towels into designated trash containers (use the paper towel to open trash container; do not touch the lid of the trash container with clean hands). Faculty or students who have exudative lesions or weeping dermatitis should not perform or assist in intraoral procedures or handle equipment used for patient care.
- If wearing a bandage on a finger, clinicians may want to wear a finger cot over it for extra protection under a glove.

Technique for Alcohol-Based Hand Sanitizer

- Apply the amount of hand sanitizer on hands as recommended by the product manufacturer.
- Rub hands together.
- When rubbing the hands together, ensure all surfaces are covered. Rub hands together until product is dry (approximately 20 seconds).

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Surgical Hand Antisepsis:

- Select a hand sanitizer with "persistent" antiseptic properties. This means there is extended antimicrobial activity that inhibits the growth of microorganisms after applying the product. Follow the manufacturer's instructions.
- Remove jewelry (rings, watches, and bracelets) before beginning the surgical hand scrub.
- Remember to keep the fingernails short. Clean under the nails to remove debris.
- Perform surgical hand antisepsis before donning sterile gloves when performing surgical procedures.
- Scrub hands and forearms for the length of time recommended by the manufacturer, approximately 2—6 minutes when washing hands with an antimicrobial soap.
- Allow hands and forearms to dry thoroughly before donning sterile gloves after having applied the alcohol-based product.

Personal Protective Equipment (PPE)

The Dental Hygiene Program provides single-use patient exam gloves in all sizes. Utility gloves are provided in specific hand sizes. Replace gloves immediately if compromised.

Select a mask according to the anticipated amount of fluid, spray, and aerosol. The American Society of Testing and Materials (ASTM) publishes industry standards for health care face masks. Masks are classified into three basic categories, as shown in table 3.1.

Table 3.1: Selection criteria for medical face masks

Protection	Level
Low barrier protection	ASTM Level 1
Moderate barrier protection	ASTM Level 2
High barrier protection	ASTM Level 3

Source: ASTM: F2100-21 Standard Specification for Performance of Materials Used in Medical Face Masks[1].

The CDC provides a list of NIOSH-approved N95 particulate filtering facepiece respirators on its website[2].
Note: KN95s are not NIOSH-approved.

Protective clothing, including disposable gowns and fluid resistant lab jackets, are provided by the Dental Hygiene Program. Fluid-resistant cloth jackets are maintained by the Dental Hygiene Program.

Goggles and face shields are provided. Prescription glasses or "readers" are not safety eyewear.

Respiratory Hygiene and Cough Etiquette

The Dental Hygiene Program maintains a box of tissue, hand sanitizer, and a no-touch waste basket in the reception room to encourage respiratory hygiene. Coughing patients are offered a face mask. The "Cover Your Cough" poster[3] may be posted in the designated reception area.

Faculty, staff and students practice cough etiquette. Cover your mouth and nose with a tissue when you cough or sneeze. Put the used tissue in the waste basket. If you do not have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

Practice hand hygiene after blowing your nose or contaminating your hands.

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Figure 3.1: CDC's Cover Your Cough Poster

Infection Control—Sharps Safety

The Dental Hygiene Program identifies, evaluates, and selects devices with engineered safety features. Documentation of the evaluation of safer devices is maintained with the safety policies. SJC Environmental Department is responsible for the ordering and maintenance of safer devices used in the Dental Hygiene Clinic. For further information, consult the exposure control plan.

The Dental Hygiene Program incorporates safer devices such as Safe Mate anesthetic needles to prevent an accidental exposure.

If contaminated reusable sharps are used, they are to be transported to the sterilization area in a transport container marked with a biohazard label. The Dental Hygiene Program does not use reusable sharps.

Infection Control—Safe Injection Practices

The Dental Hygiene Program utilizes single-dose ampules of anesthetic. Needles and syringes are single use. If a medication vial is used, the rubber septum is disinfected with alcohol prior to piercing.

Medication containers (single- and multi-dose vials, ampules, and bags) are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.

Dispose of any leftover medication in a single-use vial in accordance with federal, state, and local regulations.

Cleaning the Treatment Room

Before preparing your operatory, wash hands according to hand wash procedures outlined earlier in this section.

Follow these steps to pre-clean and disinfect the treatment room:

1. Don the type of PPE recommended by the product manufacturer (i.e., exam gloves, utility gloves, mask, gowns).
2. Isolate and remove instruments. Transport instruments in cassettes or loose instruments in transport container. Containers should be puncture resistant and leakproof on the sides and bottom. The container is labeled or color coded red and contains the biohazard symbol.
3. Remove and dispose of barriers.

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4. Remove waste and dispose of waste.
5. Decontaminate utility gloves in accordance with instructions for use (IFU).
6. Clean and disinfect the surfaces with utility gloves in place (or in accordance with the PPE instructions provided by the product's manufacturer). Consult and follow the manufacturer's instructions for pre-cleaning and disinfecting. Follow the recommended contact time.

   All surfaces must be clean before they can be disinfected. A “squirt, wipe, squirt, wipe, wait” technique is used.

   ProSpray™ C-60 surface disinfectant will be used in the clinic, sterilization area and the darkroom. All containers must be properly labeled and include expiration dates.

   Using a wet disinfectant wipe, vigorously scrub down all of the following surfaces, replacing the wipe when it gets dry or when it becomes visibly soiled.
7. Wash hands as recommended.
8. Place barriers as follows.

   - Head rest to cover:
     - headrest of dental chair. Position so that there is sufficient room to adjust the headrest.
     - foot control of the Cavijet when stored in drawer.
   - Sticky back plastic to cover:
     - chair control panels
     - handles of the operator and assistant stools
     - x-ray control panel
     - computer mouse
     - call lights
     - dental unit light button
   - Small plastic sleeves – a variety- to cover:
     - handles on both sides of the dental unit light
     - saliva ejector head and hose
     - air/water syringe head and hose (both syringes)
     - high speed suction head and hose
     - pens and pencils
     - x-ray exposure button
   - Tray cover barrier to cover:
     - Plastic tray on the dental operating unit
   - Large plastic barrier bag to cover:
     - Cavijet and Dual Select units to protect controls and handpiece rest.
     - cover x-ray tube-head if images are to be taken during the appointment
     - dental operating unit

   Wrap other equipment needed for appointment, such as electric pulp tester, curing lights, intra-oral camera, with appropriate barriers.

   Place a plastic cup on the tray for disposables contaminated with blood or saliva. You may use the same cup used for the pre-procedural rinse. If disposables are dripping with blood or saliva, dispose of them in the red biohazard bag.

   Set up tray according to treatment plan. Check heat sensitive tape for sterilization. Do not open sterile instrument packages until just prior to procedures and in front of patient.

   Prepare tray immediately prior to seating patient. If a delay should occur, place a patient bib over tray to minimize airborne contamination.

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Place a patient napkin or tray cover on the counter near the operator's position to hold items that will be needed during treatment, but which should not go on the instrument tray. This may include: disclosing solution, sealant materials, fluoride varnish, floss, topical anesthetic, etc. Place extra disposable supplies such as gauze, cotton tipped applicators, etc. on this cover. Also place sterile cotton pliers half-on and half-off this cover to use to retrieve items from the drawer during treatment, keeping the working end of the pliers free from contamination. For example, extra gauze, sealant brushes, etc.

9. Plan treatment.

Cleaning Instruments (Mechanical)

If instruments cannot be cleaned soon after use, pre-soak in an enzymatic or detergent solution or enzymatic foam. Follow manufacturer's IFU for mixing, storage, shelf life, and disposal. Avoid hand scrubbing.

Ultrasonic and Washers—Disinfectors and Monitoring

The Dental Hygiene Program utilizes automatic cleaning of the instruments and patient care items. Please consult the equipment IFUs.

Instruments and patient care items are not considered to be disinfected simply because these items were precleaned in the ultrasonic unit. Appropriate PPE must be worn when handling instruments and patient care items. For the ultrasonic tank, ensure the lid is in place during its operation. Utilize the basket to lift out instruments and patient care items.

Affix a biohazard label and chemical ID label on the ultrasonic tank and instrument washer.

Monitor the performance of the ultrasonic and washer-disinfectors.

- **Ultrasonic Foil Test:** A foil test is an inexpensive way to help you determine if the ultrasonic cleaner is cavitating properly. Purchase lightweight aluminum foil. Cut a piece of foil the width of the ultrasonic tank. Fill the tank with the ultrasonic cleaning solution according to the manufacturer's instructions. Turn on the unit and run it on the high temperature to degas. Next, hold the foil lengthwise but do not touch the foil to the bottom of the tank. Hold the foil for approximately 20 seconds with the unit turned on. Uniform pitting and indentations across the foil indicates the unit is functioning. If you note blind spots, retest the unit. If you see blind spots again on the foil, contact your service technician.

- **Cleaning:** Change ultrasonic cleaning solution daily. Thoroughly clean ultrasonic and allow tank to dry prior to refilling. If debris is still present after the cycle, wear utility gloves and use a long handle scrub brush to clean.

- **Chemical monitors** are available through dental manufacturers.

- **Frequency:** Perform the test periodically (once a month or in compliance with the product manufacturer's instructions).

Instrument Preparation and Sterilization

Wear PPE including a mask and utility gloves during all instrument preparation and sterilization procedures. Protective eyewear must be worn by anyone who is in or passing through the sterilization area.

1. All contaminated instruments (except handpieces) are run through the HyrdrIM and/or ultrasonic cleaner.
2. In the ultrasonic cleaner, instruments run for minimum of 10 minutes or longer if required. Loose instruments must be placed in baskets and suspended in solution. Then, rinsed with water and dried. Handpieces are wiped with disinfectant, oiled, and bagged for sterilization.
3. After ultrasonic cleaning, a sterilization monitoring strip is placed inside each cassette. The cassette is closed, wrapped, and taped shut with a strip of autoclave tape. The package is labeled (in autoclavable black sharpie ink) with the clinician's name and bin number.
4. For instruments that are to be bagged separately, a monitoring strip must be placed inside the bag. If a bag is used that has a built-in internal monitoring system no monitoring strip is needed. Seal bags and label as you would a cassette.
5. Heat sterilize all non-disposable instruments according to the autoclave manufacturer's instructions. Be sure to load machines loosely. Place a multi-parameter sterilization monitoring strip (the integrator) in a small Wrapped

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cassette and then place towards the door. When the sterilization cycle is complete, check to ensure that the sterilization cycle has run properly by:

- Checking for color change of the autoclave tape
- Checking for color change of the monitoring strips, strips must be checked, initialed by two observers, date stamped, color coded and stored.
- Ensure that adequate pressure has been reached according to the autoclave manufacturer's recommendations.

6. Remove the packages and place them on the "clean counter". Date stamp each package as it comes out of the sterilizer, using the color-coded stamp for the machine used, before placing them into students' or faculty drawers.
7. Non-sterilized cassettes or instruments should not be stacked, stored or left in any autoclave. Once an autoclave is loaded, it should be run thru to completion. If time does not permit a complete cycle, stack non sterilized contents on top of the autoclave, not inside. This will help to prevent the inadvertent unloading of non-sterilized instruments from the autoclave which has been incorrectly assumed to have been run.
8. The Clinic Manager will monitor autoclave operation with weekly spore tests.
9. Disinfect the instrument tray and return it to the clinic unit.

Sterilization and Disinfection of Patient Care Items and Devices

Define the "dirty" to "clean" flow (area to receive, hold, clean, rinse, dry, inspect, replace, add rust inhibitor, package, sterilize, and store). Trash receptacles and sharps containers are located on the "dirty" side. Use "dirty" and "clean" signage to assist in defining areas.

Do not store dental supplies and instruments under sinks where there can be moisture or a water leak. Store sterile instrument packages and clean patient care items in closed or covered drawers or cabinets to protect from droplet spatter and other contaminants.

Heat-tolerant instrumentation and patient care items are heat sterilized according to table 3.2.

Load the sterilizer according to the IFU. For example, some models are loaded with the pouches paper side down. The IFUs are located in the device's Quality Control Manual. You may also access training videos created by the manufacturer on YouTube.

The sterilizers are monitored at least weekly with a biological spore test. Implantable devices are monitored per load.

Table 3.2: Minimum cycle times for steam sterilization cycles in dentistry

Category	Time	Temperature
Steam Autoclave: Gravity Displacement-wrapped instruments	30 min.	121°C / 250°F
Steam Autoclave: Pre-vacuum Sterilizer-wrapped instruments	4 min.	Not applicable
Dry Heat Sterilizer: Static Air	60 min.	170°C / 340°F
Dry Heat Sterilizer: Static Air	120 min.	160°C / 320°F
Dry Heat Sterilizer: Static Air	150 min.	150°C / 300°F
Dry Heat Sterilizer: Forced Air	12 min.	190°C / 375°F
Unsaturated Chemical Vapor Sterilizer	20 min.	132°C / 270°F

Table adapted from the CDC's "Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008." Updated May 2019[4].

Note: Always consult the manufacturer's instructions for time and temperature settings. Time in table 3.2 does not include warm-up, cooling, and drying time. Allow packages to dry in the sterilizer before handling them or storing them.

Flash Sterilization. Flash sterilization is not recommended as a routine sterilization process. Items are placed in an open tray and not wrapped. Without protective packaging and monitors for sterilization cycle parameters such as time, temperature, and pressure, there is no quality assurance. Plus, items can become contaminated during transport without protective wrap. In some cases, such as when there is an instrument of one kind that is needed for immediate use and will not be stored, flash sterilization may be an option.

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Boil-water advisories. During a boil-water advisory, do not deliver water from the public water system to the patient. This includes the use of water that passes through the dental unit, the ultrasonic scaler, or other dental equipment that uses the public water system.

For hand hygiene, alcohol-based hand rubs or a detergent-containing towelette are acceptable. For soiled hands, use bottled water to rinse hands.

When the boil-water advisory is lifted, follow guidance given by the local water utility on proper flushing of waterlines. If guidance is not provided, flush dental waterlines and faucets for 1 to 5 minutes before using for patient care. Disinfect dental waterlines as recommended by the dental unit manufacturer.

Sterilization Duty Responsibilities

There are two sterilization areas that are centrally located and designed so that the "Contaminated Area" is separate from the "Sterilized Area." The contaminated areas are labeled with red signage and the sterilized areas are labeled with green signage. The processing flow is in one direction. This processing steps are as follows:

- ultrasonic bath, rinsed in sink, dry
  OR
- ultrasonic washer
- wrap instruments
- load into the autoclaves
- unload in the "Sterilized Area" and clean storage. Autoclave doors are to be considered "clean" and should be touched by ungloved, clean hands.

Sterilization supplies are stored over and under the counters labeled with their contents. Sterile Department instruments are stored in labeled cupboards, drawers and in marked plastic bins.

Beginning of a Clinic Session

The student on sterilization duty must disinfect counters, faucets, cupboard and drawer handles, lid handles, sterilizer handles and doors, etc. with ProSpray C 60 or other disinfectant wipes to disinfect the sterilization area. See "*Sterilization Rotation"* sheet in Appendix 14.

At the beginning of each clinic session, check the water level in all autoclaves and replenish with de-ionized water from the red water tap prior to turning on the power to warm up the machines. (See: Section 8 Equipment and Supply Maintenance and read machine instruction manuals as needed).

If necessary, fill the counter-sunk ultrasonic cleaner with tap water and recommended amount of ultrasonic concentrated cleaning solution. Prepare the small counter ultrasonic for use. (See: Section 8 Equipment and Supply Maintenance for more information.)

All sterilization supplies must be restocked as needed including preparation of Pro-Spray C60 disinfecting solution, restocking dry wipes and/ or restocking manufactured disinfectant wipes for the clinic, sterilization area and darkroom.

End of Each Clinic Session

The person on sterilization duty will prepare all contaminated instruments for sterilization and run all sterilizers if there is sufficient time to wait until the cycles are complete (about 15 minutes after the close of clinic.) If the cycle cannot be completed in that time DO NOT start the cycle.

The sterilization area must be disinfected and all equipment and supplies must be put away.

The ultrasonic cleaners must be drained and wiped with ProSpray C 60.

All sterile instruments must be put away once they have cooled.

All equipment including room lights must be turned off.

Infection Prevention and Control—Sharps Containers

Sharps can penetrate the skin. Sharps include:

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- needles
- laser tips
- etch and sealant tips
- oraqix tips
- anesthetic cartridge
- orthodontic wire
- glass microbiology slide
- broken instruments
- burs
- matrix bands

Wear appropriate PPE when handling sharps. Careful handling can prevent injury and reduce the risk of an injury that can lead to infection.

Needles should never be broken, bent or recapped by hand. Use the One-handed Scoop technique or commercial sheath holders to recap needles. Needles should be capped on the tray. Dispose of used needles in an approved Sharps container.

To avoid injuries, dispose of sharps immediately or as soon as possible. Containers need to be a standard recognized Sharps container, labeled, closable, puncture-resistant, and shatter-proof. Sharps containers are located near the hazard, within arm's reach and placed at a height that is below eye level for users (typically 52—56 inches from the floor when wall mounted or 38—42 inches for a seated workstation)[5].

Do not allow sharps containers to overfill past ¾ mark. Close the container prior to removal. Place the closed sharps container in the secondary container located in a secure area. Containers are picked up by the SJC Environmental Health Dept. and disposed of according to state and federal law.

Management of Occupational Exposures to Bloodborne Pathogens, Including Post-Exposure Prophylaxis (PEP)

In the event of an occupational exposure to blood or other potentially infectious materials including saliva, the post-exposure follow-up outlined in the Bloodborne Pathogens Standard must be followed. Occupational exposure includes incidents such as a needlestick, cut or poke with a contaminated instrument or a splash to the face or mucous membranes, such as eyes or mouth.

Please refer to the section titled "Post-Exposure Evaluation and Follow-Up" in the Exposure Control Plan for additional information.

Handling Dental Laboratory Items

The chain of infection prevention and control cannot be broken in the dental lab. There is a risk of exposure to microorganisms such as HBV, HCV, herpes, HIV, *Streptococci, Staphylococci*, *Candida* species, methicillin-resistant S. *aureus* (MRSA), P. *aeruginosa*, and *Mycobacterium tuberculosis* when handling contaminated impressions, prostheses, orthodontic appliances, and other oral appliances. Establish a protocol for responsibility for disinfection of the final prostheses, whether it is within the dental practice or while working with an outside dental laboratory.

Similar to the sterilization area, the dental laboratory is laid out to accommodate a space to receive contaminated lab items and a dedicated space to disinfect lab items in order to reduce the risk of cross contamination.

When performing laboratory procedures on contaminated material, protective cover-up, gloves, mask, and glasses should be worn. Use materials that are individually packaged or that may be sterilized.

Steps for Impressions

1. Use disposable or sterilizable impression trays
2. Mix impression material with a disinfected bowl and spatula
3. After taking the impression, rinse and clean the appliance or impression with running water to remove blood, saliva, or bioburden while wearing the appropriate personal protective equipment. Use an approved disinfectant

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product that has no harmful effects to the surface of the impression. Consult the manufacturer's instructions on how to use the product. If soaking the impression, use a disposable sealable sandwich bag. If a disinfectant spray is used, spray the impression and wrap it with a moistened paper towel. Satisfy the recommended contact time for disinfection and then thoroughly rinse to remove any residue of disinfectant.
4. Rinse impression with running water before pouring up the study model
5. Handel the impressions with gloved hands only

Steps for Study Models

1. Disinfect the laboratory area
2. Mix stone/plaster in bowl with spatula with gloved hands
3. Pour model and allow to set up; place models in a lab pan with proper identification
4. Carefully separate the study model from the impression material using gloved hands
5. Trim model using a model trimmer connected to water. Label completed models
6. Disinfect area when procedure is complete
7. Complete the lab form, place models in lab tray with patient and student names

If the impression tray is disposable, do not attempt to re-use. If the impression tray is metal, use heat sterilization. Do not re-use disposable impression trays even if the tray was only used to obtain the correct size. You may find it advantageous to use a metal tray for sizing (autoclaveable) and the disposable tray for the actual impression.

Heat sterilize items used on contaminated appliances such as burs, polishing wheels, lab knives, etc.

If an impression is sent to an outside lab and has not been decontaminated, place the item in a sealed bag and affix a biohazard label to it.

Handpieces and Other Devices Attached to Air and Waterlines

Clean and heat sterilize intraoral devices that can be removed from air and waterlines, including the slow-speed handpieces after each patient. Consult the manufacturer's instructions for recommended cleaning, lubrication, and sterilization. Do not use liquid germicides or ethylene oxide. Do not apply surface disinfectant. Refer to the IFU for detailed instructions.

Cavitron Ultrasonic Scaler Units

For complete operating instructions of the Cavitron Jet & Dual Select System see manufacturers guidelines.

At the beginning of the day:

1. Attach waterline to the back of the DualSelect System.
2. Install a sterilized Steri-Mate Handpiece onto the handpiece cable.
3. Place DualSelect bottles with clean water in position “A & B.”
4. Close Shield and set Selector Knob to position “A.”
5. Operate ultrasonic Cavitron System at maximum water flow for at least one minute, per the Centers for Disease Control and Prevention (CDC) guidelines.
6. Repeat the above step for position “B.”
7. Unit is now ready for operation.
8. Set the Power Level Control to minimum and the Lavage Control to maximum.
9. Turn the system ON.
10. Hold the sterilized handpiece (without insert installed) over a sink or drain. Activate the Purge Mode by pressing the Purge icon.
11. The Purge screen will appear indicating proper activation of the purge function. Time icon will count down indicating completion of purge cycle.
12. The Purge function can be interrupted at any time during the two minute cycle by pressing the Scale icon or by pressing the Foot Pedal.
13. After completing the purge cycle, place a sterilized 30kHz Cavitron Ultrasonic Insert into the handpiece by:
    a. Holding the handpiece straight up vertically and fill completely with water.
    b. Lubricate the insert o-ring with the water from the top of the handpiece before placing the insert down into the handpiece.

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14. Set the Power Level Control and Lavage Control to your preferred operating position for ultrasonic scaling.

Between patients:

1. Remove the used Cavitron Ultrasonic Insert, place in insert cassette, run through instrument washer that uses a neutral pH solution and then wrap and sterilize. If there is no cassette, place inserts in the instrument washer basket.
2. Flush the handpiece line over the sink or trash for 30 seconds. **If solutions such as chlorhexidine or iodine are allowed to remain in the lines it will crystallize and ruin the machine.**
3. Remove handpiece, wipe clean, bag and sterilize at 270° for 3 minutes.
4. Clean and disinfect all components of the machine and the storage drawer area.

Shut down procedures at the end of the day:

1. Follow the "Between Patients" maintenance procedures, Steps 1 through 4.
2. If a quick-disconnect is attached to the end of the hose:
    a. Relieve the water pressure by pressing the tip of the connector into an appropriate container and allow water to drain.

Extended periods of closure:

1. Refer to "Shut-Down Procedures (end of day)" maintenance, in addition:
    a. Remove the hose from the system, by pushing on the outer ring of the system's water inlet and gently pull out the waterline.
    b. As an additional precaution, blowing air through the waterline (using an air/water syringe) may also be helpful when preparing for extended inactive use of a Cavitron Ultrasonic Scaling System
    c. Turn off the machine, coil cords and place the foot control in a plastic bag and return all to the storage drawer.

Air Powder Polisher

Start-Up Procedures (beginning of day):

1. With the Cavitron Jet Plus System OFF, unscrew the powder bowl cap. Verify the powder bowl is empty. Turn the system ON for 15 seconds to eliminate residual moisture in the lines. Turn the system OFF.
2. Shake the powder bottle well to create an even consistency of powder mixture.
3. Pour enough powder into the bowl for the procedure to be performed. Do not fill above the top of the center tube.
4. Secure the cap on the powder bowl.
5. Install a sterilized Jet-Mate Handpiece onto the handpiece cable. Keep the wire for both the insert and the handpiece in the top drawer.
6. Set the Power Level Control to minimum and the Lavage Control to maximum.
7. Turn the system ON.
8. If powder fluffing is observed when the Tap-On Foot Pedal is not in use, this would indicate an air leak. To correct, turn the System OFF, remove the Powder Cap, clean any residual powder from the O-ring seal and threads, replace the Powder Cap, tighten, and turn the System back ON.
9. Hold the sterilized handpiece (without an insert or nozzle insert installed) over a sink or drain. Activate the Purge Control button.
    - The Purge button will light for two minutes indicating proper activation of the purge function.
    - If the Purge button is activated with an insert present in the handpiece, the button will blink for 3 seconds and disable. Remove the insert from the handpiece and press the Purge button again.
    - The Purge function can be interrupted at any time during the two minute cycle by pressing the Purge button again or by pressing the Tap-On Foot Pedal.
10. After completing the purge cycle, place a sterilized Jet Air Polishing Insert into the handpiece and adjust the Power Level Control to Prophy Mode, and the Powder Flow and Lavage Controls to your preferred operating positions.

Shut-Down Procedures (End of day, SJC policy is after each patient)

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1. Remove the used Jet Air Polishing Insert. Remove excess powder from the insert by inserting the applicable cleaning wire into the center tube and moving it back and forth several times. This might require the use of pliers to avoid bending or kinking the wire. **Remove wire for cleaning and sterilization.**
2. Washer-disinfector or manual ultrasonic bath can be used to clean the insert. Sterilize at 270° for 10 minutes. Dry for 20-30 minutes.
3. Hold the handpiece over a sink or drain and activate Purge function as described in Step 10 of the Start-Up procedure.
4. After the purge cycle is complete, turn the System to the OFF (0) position.
5. Remove the Jet-Mate handpiece.
6. Remove excess powder from the handpiece by inserting the applicable cleaning wire into the center tube and moving it back and forth several times. **Remove wire for cleaning and sterilization.**
7. Washer-disinfector can be used to clean the insert. **DO NOT immerse handpiece in ultrasonic bath.**
8. Sterilize at 270° for 3 minutes. Dry for 20-30 minutes.
9. Both the small insert wire and the long handpiece wire are to be bagged with the Jet Air Polishing Insert.
10. Disinfect the surfaces of the cabinet, Power Cord, Handpiece Cable, Tap-On Foot Pedal and Cable assembly (if applicable), Water Supply and Air Supply lines as instructed in the Cavitron Systems Infection Control Procedures Booklet.

    DO NOT SPRAY DISINFECTANT SOLUTION DIRECTLY ON SYSTEM SURFACES*.
11. If a quick-disconnect is attached to the end of the hose:
    - Disconnect the water supply line from the dental clinic water supply.
    - Relieve the water pressure by pressing the tip of the connector into an appropriate container and allow water to drain.
12. Unscrew the powder bowl cap.
13. Remove the powder bowl from the unit and discard the unused powder.
14. A high-volume evacuator can be used to remove any residual powder.
15. Clean the o-ring seal from the powder bowl cap and using a soft dry cloth or cotton tip applicator, wipe residual powder from the cap, the o-ring and the powder bowl threads. Be careful not to scratch or otherwise damage the cap.

Extended periods of closure:

1. Complete "Shut-Down Procedures (end of day)", in addition:
    a. Remove the hose from the system, by pushing on the outer ring of the system's water inlet and gently pull out the waterline.
    b. As an additional precaution, blowing air through the waterline (using an air/water syringe) may also be helpful when preparing for extended inactive use of a Cavitron Ultrasonic Scaling System.

Dual Select Dispensing System

At the Beginning of the Day:

1. Place bottle with clean water in position "A."
2. Close Shield and set Selector Knob to position "A."
3. Operate ultrasonic Cavitron System at maximum water flow for at least one minute, per the Centers for Disease Control and Prevention (CDC) guidelines.
4. Set selector knob to "Open • H2O" position.
5. Lift shield, remove bottle from position "A" and place it in position "B." Repeat steps 2 & 3 in position "B."
6. Open shield and remove bottle from "B" position.
7. Place bottle with clean water/medicament in one or both positions, close shield and set Selector Knob to appropriate position.
    a. Chlorhexidine Gluconate 0.12%
    b. Cetylpyridinium Cholride (Cepacol®)
    c. Essential Oils (Listerine®)
    d. Hydrogen Peroxide, 3% USP
    e. Providone Iodine, 10% Solution
    f. Saline Solution
    g. Filtered water (for irrigating and system maintenance purposes)

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8. Place a sterilized Cavitron Ultrasonic or Air Polishing Insert into the handpiece.
9. Unit is now ready for operation.

Between Patients:

1. Remove the used Cavitron Ultrasonic or Air Polishing Insert. Clean and sterilize following the Infection Control Procedures that were enclosed with your insert.
2. Place bottle with clean water in position "A." Close Shield and set Selector Knob to position "A."
3. Operate Cavitron System at maximum water flow for at least 30 seconds, as per the Centers for Disease Control and Prevention (CDC) guidelines, to flush all previously used fluids from the system.
4. Set Selector Knob to "Open•H2O" position and open Shield. Remove bottle with clean water from position "A" and place it in position "B." Repeat steps 2 & 3 in position "B." Set selector knob to "Open•H2O" position, open shield and remove bottle with clean water from position "B."
5. Clean and disinfect all surfaces of the DualSelect Dispensing System and attachments as instructed in the Cavitron Systems Infection Control Procedures booklet.
6. Place bottle with clean water/medicament in one or both positions, close Shield and set Selector Knob to appropriate position.
7. Place a freshly sterilized insert/nozzle into the handpiece.
8. Unit is now ready for operation.

End of Day:

1. Remove the used Cavitron Ultrasonic or Air Polishing Insert. Clean and sterilize following the Infection Control Procedures that were enclosed with your insert.
2. Place bottle with clean water in position "A." Close Shield and set Selector Knob to position "A."
3. Operate Cavitron System at maximum water flow for at least 30 seconds to flush all previously used fluids from the system.
4. Set selector knob to "Open•H2O" position and open Shield. Remove bottle with clean water from position "A" and place it in position "B". Repeat steps 2 & 3 in position "B". Set Selector Knob to "Open•H2O" position, open Shield and remove bottle with clean water.
5. Place an empty bottle in position "A" and close Shield. Set Selector Knob to position "A" and operate ultrasonic scaler/JET for 30 seconds at maximum water flow to air purge the line. Set Selector Knob to "Open•H2O" position and open Shield.
6. Remove empty bottle from position "A" and place it in position "B". Repeat step 5 in position "B". Set Selector Knob to "Open•H2O" position, open Shield and remove empty bottle from position "B". At the end of the cycle, the line should be relatively dry.
7. Clean and disinfect all surfaces of the DualSelect Dispensing System and attachments as instructed in the Cavitron Systems Infection Control Procedures booklet.

End of the Week

1. Remove the used Cavitron Ultrasonic or Air Polishing Insert. Clean and sterilize following the Infection Control Procedures that were enclosed with your insert.
2. Place bottle with clean water in position "A." Close Shield and set Selector Knob to position "A."
3. Operate Cavitron System at maximum water flow for at least 30 seconds to flush all previously used fluids from the system. Set Selector Knob to "Open•H2O" position and open Shield.
4. Remove bottle with water from position "A" and place it in position "B". Repeat steps 2 & 3 in position "B". Remove bottle with clean water from position "B".
5. Place an empty bottle in "A" position, close Shield and set Selector Knob to position "A". Operate Cavitron System for 30 seconds at maximum water flow to air purge the line. Set Selector Knob to "Open•H2O" position and open Shield.
6. Remove empty bottle from position "A" and place it in position "B". Repeat step 5 in position "B". Remove empty bottle from position "B".
7. Prepare a 1:10 solution hypochlorite (NaOCl) solution by filling 5.25% sodium hypochlorite to the designated line on the disinfectant bottle. Fill the remainder of the disinfectant bottle with clean water. Place disinfectant bottle in position "A".

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8. Close Shield and set Selector Knob to position “A”. Operate ultrasonic scaler/JET at maximum water flow for at least 30 seconds until solution drains from the handpiece.

Endodontic Files and Dental Burs

Endodontic files and dental burs must contain validated cleaning and sterilization instructions. Follow the IFU. If no instructions are provided by the manufacturer, treat as single use.

Sterilization Pouches and Wrap

Instruments must be dry prior to packaging. If using pouches, remove all excess air prior to sealing and seal the pouch along the designated edge to avoid gaps. If using cassette wrap, use two layers of cassette wrap or double-ply wrap for surgical set ups.

Never place multiple instruments of the same kind in the same bag—for example, a bag of mirrors. Instruments remain wrapped until point of use. Instruments processed in the unwrapped cycle must be intended for immediate use. Process hinged instruments in the open position. Date the cassettes, packages, and pouches and indicate the sterilizer used. The pen or stamp ink used should be non-toxic ink.

Sterilization Monitoring[6]

Sterilization procedures should be monitored using biological, mechanical, and chemical indicators. Biological indicators, commonly known as spore tests, assess the sterilization process directly by killing highly resistant microorganisms (e.g., *Geobacillus stearothermophilus* and *Bacillus atrophaeus*). Because spore tests are only performed weekly, and the results are usually not obtained immediately, mechanical and chemical monitoring should also be performed to supplement the quality control program.

Mechanical and chemical indicators are not a guarantee of the sterilization process but a means to detect procedural errors. These types of errors include overloading the sterilizer or using the incorrect packaging. It can also detect equipment malfunction. Perform mechanical and chemical monitoring with every sterilizer load.

Mechanical monitoring involves physically checking and observing the gauges on the sterilizer, its computer displays, or printouts. Document results in your sterilization records to verify that pressure, temperature, and exposure time were satisfied.

Chemical monitoring provides an excellent visual indication that the sterilizer is functioning properly. Chemical monitors use sensitive chemicals that change color when exposed to high temperatures or the combination of both time and temperature, known as a **multiparameter**. **Chemical indicators (CIS)**, include chemical indicator tapes, strips, or tabs. Cls can also be special markings on packaging materials.

An advantage of using Cls is that the results are obtained immediately following the sterilization cycle. Although Cls are not a substitute for biological monitoring, they can provide information about the status of the load prior to releasing instruments for distribution.

Use a CI in every package, including cassettes and pouches. This allows quality assurance that the sterilizer penetrated the package well enough to affect the instruments inside of the pouch or cassette.

External indicators are used when the internal indicator is not visible to detect issues with sterilization when items are removed from the chamber. Cls are a visual cue to differentiate between processed and unprocessed items to prevent distribution of unprocessed instruments. If the color change did not occur, do not use the instruments.

Type 5 indicators known as **integrators** react to all critical parameters for sterilization to include time, temperature, and pressure. These integrators provide quality assurance each time a load is processed rather than awaiting results for the weekly biological monitoring. However, despite the effectiveness of the integrators, they do not replace weekly biological monitoring.

The CDC recommends weekly biological monitoring, and most states require it. This is one of the most important aspects of our quality control program for patient safety and that of the faculty, staff and student’s.

To reduce the risk of serious post-surgical infection, spore test with every load that contains an implantable device.

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Biological Spore Test Monitoring

Biological indicators may either be paper strips or ampules that contain *Geobacillus stearothermophilus* and *Bacillus atrophaeus*, which is used for steam and chemical vapor sterilization. For dry heat or ethylene oxide sterilization, the spore used is *Bacillus atrophaeus*.

If using a mail in service, do not associate the practice's account with your personal email address. Use a work-issued email approved by management.

Rapid biological spore assurance tests are available and provide a quick turnaround time for results. If this method is employed, the individual who will be conducting the monitoring will participate in product training and learn how to maintain recordkeeping. Electronic recordkeeping is preferred, as paper logs can be more easily lost.

Once per week all sterilizers will be tested using a spore ampules test and incubator manufactured by 3M Health Care, "Attest", and consists of a small steam incubator pre-set at 56 degrees Celsius. The spore used to evaluate steam sterilization is Bacillus stearothermophilus. The Clinic Manager will run the tests according to the manufacturer's instructions and will record the results in the "Attest" log which is kept in the sterilization area. A load test indicator and a control indicator will be run for each evaluation.

Procedure for Third-Party Monitoring

1. Once a month the Clinic Manager will test all sterilizers using a third-party monitoring system.
2. Test strips are placed in sterilizers per manufacturers' instructions and the cycle is completed.
3. Test strips are removed from sterilizer and put in an appropriate envelope and mailed to the third-party laboratory.
4. Data sheets will be returned quickly. As a rule, the lab will call if test results are positive. Then the inadequate sterilizer can be taken out of service.
5. The machine will be repaired and sterilization will be documented prior to placing the machine back in service.
6. All third-party data sheets are filed in a three-ring binder, monitoring log marked "Monthly and Weekly Maintenance". This notebook is kept in the Clinic Manager's office. The results from the Midmark #1 is recorded under A1, the Tuttnauer results are recorded under A2, the STAT-IM results are recorded under A3, the Midmark #3 is recorded under A4 and Midmark #5 is recorded under A5.

Sterilization Failure

If the biological spore test indicates positive results, meaning a failure to kill the test spores, immediate action is required. **If the load ampule tests positive (yellow)**, the dental hygiene faculty, staff, and students will follow these steps to ensure patient safety[6].

1. Remove the sterilizer from use.
2. Determine the cause of failure.
    - Improper cleaning of instruments
    - Improper packaging
    - Incorrect packaging material for the method of sterilization
    - Excessive packaging material
    - Improper loading of the sterilizer
    - Overloading
    - No separation between packages or cassettes even if the chamber is not overloaded
    - Improper timing and temperature
    - Incorrect operation of the sterilizer

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3. **Do not use** the processed instrument packs or cassettes related to the failed sterilization period until a second test is repeated to avoid releasing non-sterile instruments for patient care or handling by faculty, clinical staff and students. All instrument packs and pouches that relate to the failed autoclave should be pulled from storage.
4. Repeat the spore test and chemical monitoring (i.e., a Type 5 integrator) immediately after correctly loading the sterilizer and using the same cycle that produced the failure.
5. If the second test is negative, plus the chemical and mechanical monitoring show a pass result, the sterilizer can return to service. Add a narrative to the sterilization log indicating the cause of failure such as, "Confirmed operator error and repeated test to confirm the sterilizer is functioning properly."
6. If the repeat spore test is positive, and packaging, loading, and operating procedures were corrected, the sterilizer should be removed from service immediately.
7. Obtain a loaner sterilizer from the practice's vendor if an alternative sterilizer is not available. Spore test the unit prior to use.
8. Recall the affected instrument packages or cassettes that were sterilized during this failed period. Repackage and reprocess these sets.
9. Contact the practice's vendor to inspect and repair the unit. After the unit is repaired and has achieved three consecutive passed spore tests, return to the sterilizer to use.
10. If sterilization failure is confirmed and instruments have been released for distribution and used on patients, contact the practice's management team immediately for further action.

Storage

Patient care items and instruments may be stored using date-related or event-related storage practices. Date-related storage means first in, first out. Event-related storage means items remain sterile unless an event occurs that compromises the integrity of the package such as moisture, a tear, etc. If the pouch/ cassette is compromised, repackage and reprocess.

The Dental Hygiene Program utilizes event-related storage. Each semester during clinic clean-up, pouches and cassettes with stamp dates that exceed one year will be reprocessed.

High-Level Disinfectant

The Dental Hygiene Program does not use high-level disinfectant (HLD). Heat sterilization is preferred and the Dental Hygiene Program only uses heat tolerant or disposable items during patient care procedures.

Environmental Infection Prevention and Control

Environmental surfaces are divided into two categories: 1) clinical contact surfaces and 2) housekeeping surfaces. Utilize a disinfectant product with a tuberculocidal claim. Clinical contact surfaces include light handles, on/off switches, dental radiograph equipment, computer keyboards, drawer handles, countertops, and faucets. Housekeeping surfaces include floors, walls, and sinks.

A tuberculocidal claim means that the disinfectant has the capability to kill Mycobacterium tuberculosis which is one of the most highly resistant microorganisms. Clean the surfaces prior to disinfection unless the product is a one-step product that satisfies both cleaning and disinfection. Cleaning involves removing organic material prior to the disinfection phase.

Wear the appropriate PPE including gloves, eye protection, respiratory protection, and barrier clothing.
Note any specific type of gloves recommended by the product manufacturer.

Satisfy the recommended contact time.

Current surface disinfectant in use: **Pro Spray C-60**

Contact Time: **5-minute kill-time**

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Use barriers on surfaces that cannot be cleaned and disinfected such as light handles, keyboard, mouse, x-ray control switch, etc.

Unit-dose dental materials when appropriate to avoid cross-contamination. Instruments remain wrapped until point of use.

Carefully clean and disinfect reusable dispensing syringes such as impression dispensers after patient treatment. To avoid cross-contamination, do not store items on countertops when items are not in use for the patient service scheduled. Items such as containers present on the countertops during the patient service must be thoroughly wiped with a hospital-level disinfectant.

Clean vacuum lines in compliance with the product manufacturer's IFU.

Consult the dental chair manufacturer for specific instructions regarding cleaning and maintenance of the chair. Surface disinfectants that contain alcohol may dry and crack the vinyl.

Suction

According to the CDC, backflow occurs when previously suctioned fluids present in the suction tubing flow back into the patient's mouth.

According to CDC, backflow can occur when [8]:

- The patient closes their lips forming a seal around the tip of the saliva ejector, like a drinking straw
- The suction tubing is positioned above the patient's mouth
- A saliva ejector is used the same time as the high-volume evacuation (HVE)

To prevent backflow and the risk of cross-contamination, use a backflow-prevention valve.

At the end of the last clinic session each week, prepare a liquid cleaning agent for the vacuum system and run the prescribed amount down each suction hose on each unit.

Current product used for suction hoses: **Or- Vac**

Blood Spills

Don PPE including gloves, gown, goggles or face shield, and mask to clean a blood spill. Use paper towels to soak up and remove organic material. Dispose of the used paper towel in a red bag. Clean and decontaminate with a low- to intermediate-level disinfectant to clean and decontaminate the blood spill (or OPIM) with kill claims on HBV and HIV. Follow the manufacturer's IFU.

Dental Unit Water Quality and Monitoring

The Environmental Protection Agency (EPA) regulatory standards for drinking water is less than 500 CFU/ mL of water bacteria. If the dental unit water is not treated, high numbers of microorganisms may be present and result in infection to the patient. The Dental Hygiene Program must assure that the safe drinking water standard is being met.

Current waterline treatment products:

ICX Tablet for dental unit water line

1:10 solution hypochlorite (NaOCl) for Dual Select/Cavitron/Cavi-Jet water lines.

To assure this result, conduct water quality monitors according to the schedule recommended by the waterline product's manufacturer and in compliance with state law. According to OSAP, water quality testing should be performed at least monthly on each dental unit following the installation or the start of new protocols. If the results are acceptable two months in a row, the frequency may be reduced to every three months.

Current waterline monitoring product: **Agenics MyCheck** paddle tester

Frequency of Monitoring: **Quarterly**

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Water lines are tested quarterly. If a test result comes back greater than 500 cfu, that unit will undergo a shock system. The clinic manager is responsible for sampling the lines and documenting the test results. To assure this result, conduct water quality monitors according to the schedule recommended by the waterline product's manufacturer and in compliance with state law. According to OSAP, water quality testing should be performed at least monthly on each dental unit following the installation or the start of new protocols. If the results are acceptable two months in a row, the frequency may be reduced to every three months.

Infection Control—Waste Management

The Dental Hygiene Program should evaluate the types of waste generated in the facility. The Dental Hygiene Program is considered a conditionally exempt small quantity generator according to the federal guidelines. The safety coordinator will make regular assessments of generated waste to ensure compliance with state and local authorities.

Trash receptacles are available near each sink, under counters in operatories and sterilization area etc. These are for "regular trash" anything that is not a sharp or considered a biohazard. Biohazard trash bins are under the counters in operatories and in the sterilization area. ONLY BIOHAZARDOUS material should be disposed of in these marked, red bag-lined containers! NO "regular trash" in these bags! Biohazard bags are picked up periodically by SJC Environmental Health Department for proper disposal.

A biohazardous waste receptacle is stored in a secure location in the clinic. When sharps containers and red bags are full, place the containers and bags in the box with the red liner in the secure area. Notify SJC Environmental Department for pick-up. Wear appropriate PPE to include gloves, eye and face protection, and protective clothing.

Regulated waste is handled by a regulated waste hauler to remove sharps containers and biohazardous waste. An alternative is a waste management mailback service.

Pharmaceutical waste is placed in the designated containers for disposal in compliance with the federal, state, and local authorities.

Scrap amalgam is placed in the designated receptacles for recycling. Please refer to our waste management plan located in the compliance materials for more detailed information and recordkeeping.

If amalgam separators are in use, follow the maintenance schedule provided by the manufacturer.

Infection Control—Immunization Schedule

The Dental Hygiene Program recognizes the latest CDC guidelines for vaccination of health care workers. The Dental Hygiene Program requires clinical faculty, clinical staff and students to provide proof of the HBV vaccine in compliance with OSHA. Inquire of the safety coordinator and office manager for the current policy on the flu vaccine and other vaccines recommended by the CDC9 for health care workers:

Hepatitis B
Flu (Influenza)
MMR (Measles, Mumps, and Rubella)
Varicella (Chickenpox)
Tdap (Tetanus, Diphtheria, Pertussis)
COVID-19

At the time of this printing, the FDA granted Emergency Use Authorizations (EUA) for three COVID-19 vaccines shown to be safe and effective as determined by data from manufacturers and findings from large clinical trials.

Fact Sheets

- Pfizer-BioNTech COVID-19 Vaccine[10]
- Moderna COVID-19 Vaccine[11]
- Janssen COVID-19 Vaccine[12]

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Form 3.1 References

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