2014 UNMC COLLEGE OF DENTISTRY
INFECTIOUS DISEASE CONTROL POLICIES

Revised by Asepsis Committee June 25, 2014
Approved by Leadership Council September 8, 2014
Applicable CODA Standard(s) 1-2, 5-8

TABLE OF CONTENTS

INTRODUCTION
REVIEW OF POLICIES
TRAINING SESSIONS
IMMUNIZATIONS AND TESTS
CARE PROVIDED BY PERSONNEL WITH INFECTIOUS DISEASES
CARE FOR PATIENTS WITH INFECTIOUS DISEASES
TREATMENT OF PATIENTS WITH ACTIVE TUBERCULOSIS
POLICY ON LATEX ALLERGIES IN PERSONNEL OR PATIENTS
TREATMENT OF CLINIC WATERLINES
MEDICAL-DENTAL HISTORIES, MEDICAL TESTS
PROCEDURES FOR DENTAL HEALTH CARE WORKERS
OPERATORIES AND CLINICAL SET UPS
CARE AND USE OF INSTRUMENTS
IMPRESSIONS AND APPLIANCES
LABORATORY CONTROLS
RADIOLOGY PROCEDURES
CLEAN UP OF SPILLS OF BLOOD OR BODY FLUIDS
INFECTIOUS WASTE DISPOSAL
INFECTIOUS WASTE MANAGEMENT PLAN
MONITORING OF COMPLIANCE
POLICIES FOR PRECLINICAL LABORATORIES
DECONTAMINATION OF EXTRACTED TEETH FOR PRECLINICAL LAB
OCCUPATIONAL BLOOD EXPOSURE POLICY
SPECIAL POLICIES: H1N1 FLU-Cold/Flu; ATP TB Protocols;
INITIAL DRAFT DOCUMENTS: Sterilization Protocols and Products in use.
INTRODUCTION

There are many infectious diseases that can be transmitted from patient to patient, patient to health care provider, and health care provider to patient. The UNMC College of Dentistry and the dental profession have the responsibility of preventing and/or controlling the potential transmission of infectious diseases as care is provided to patients.

Students, faculty, and staff must develop a total philosophy of infection control to prevent transmission of disease. Prevention of cross-contamination is not merely a series of steps to be followed. Dental health care providers must be aware of this and must be alert to any break in the chain of infection control that might compromise the established protocol. Awareness of the problem, education in the issues involved, and practical application of known principles form the basis of this philosophy.

The use of proper asepsis is consistent with the ethical principles of fidelity, autonomy, beneficence, justice, primum non nocere (Do no Harm), and veracity. It is our ethical obligation, to protect the individual personhood of our patients, to promote their welfare by providing them care in an aseptic environment that reduces their risk of exposure to infectious agents while holding each other accountable for that collective effort.

Hepatitis B/C and Human Immunodeficiency Virus (HIV) are the blood borne pathogens most commonly mentioned in association with the provision of dental care. However, numerous other serious infectious diseases can be transmitted during and after the provision of dental care by blood, saliva or other body fluids.

In order to prevent infection and cross-contamination during and after the provision of dental care, a careful systematic infection control protocol must be strictly followed. Since medical histories and examinations cannot reliably identify all patients infected by blood borne pathogens, blood, saliva, gingival fluid and other body fluids from all dental patients should be considered infectious. "Standard Precautions" must be used consistently when invasive procedures are to be undertaken. The "manipulation, cutting, or removal of any oral or periodontal tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists" is included as an invasive procedure by the CDC (this definition includes intraoral examinations). Standard Precautions include the use of standard barrier protection including the use of personal protective equipment (PPE); gloves, masks, protective eyewear and gowns during all invasive procedures.

These policies apply to all College of Dentistry faculty, staff, residents and students who provide, assist or observe chairsie dental care or support laboratory procedures. Procedures covered by this policy include all clinical or laboratory support services where patients or materials containing or possibly contaminated by their blood or body fluids are touched or handled.
REVIEW OF POLICIES
These policies are subject to ongoing review by the Asepsis Committee. Faculty, staff or students may make recommendations for changes in the policies to the Asepsis Committee for consideration at any time. The Asepsis Committee updates the policies periodically as appropriate.

TRAINING SESSIONS
The training (initial and annual) is mandatory for all clinical undergraduate and graduate students, staff and faculty. The training materials are available online including appropriate self-tests. Clinical faculty, staff and students are required to view the online presentation and pass the self-test to maintain clinical privileges.

IMMUNIZATIONS AND TESTS
A. Students entering the College are required to document immunization status in accordance with requirements set forth by UNMC Student Health for new and returning students (http://www.unmc.edu/familymed/immunizations.htm). Based upon the most recent guidelines, the following vaccinations and tests are required for new students. Returning students only require annual TB testing. Immunization records are maintained in the UNMC Track System and/or PeopleSoft system maintained by the University system. A shadow database will be maintained by the College to assist in managing annual compliance.
   1. MMR – Rubeola, Mumps, Rubella
   2. Chicken Pox vaccination (or document immunity from previous exposure)
   3. Tetanus/Diptheria/Pertusis
   4. TB Screening
   5. Hepatitis B vaccination (at least 1st in vaccination series or HBV antibody positive)
   6. Polio

B. Dental students must provide proof of completed HBV vaccination series or HBV antibodies from previous exposure no later than the start of spring semester of the D2 year and Dental Hygiene students by the start of spring semester of the DH3 year. Postgraduate students must provide proof of completed HBV vaccination series or HBV antibodies from previous exposure prior to providing care for any COD patient. After the HBV vaccination series, a HBV antibody test is recommended (no sooner than 2 months and no longer than 6 months after the last inoculation). If seroconversion to HBV antibody positive status is not confirmed, the student should consult with a physician about a booster or second vaccination series and report the recommendations of the physician to the Assistant Dean for Patient Services.

C. Full time faculty and staff involved in clinical care are required to have the Hepatitis B virus vaccination (or document that they are HBV antibody positive, or start and complete a standard series HBV vaccinations) and the
chicken pox vaccine (or document immunity from previous exposure). Part time clinical faculty and other faculty and staff who have indirect potential exposure to Blood borne pathogens (patient records, etc.) may have the HBV and chicken pox vaccination but are not required to do so.

1. HBV and chicken pox vaccinations will be provided by the College through UNMC Employee Health at no expense to full time faculty and staff.
2. Full time faculty and staff who prefer to have the vaccines administered by a private provider or who wish to have antibody tests before receiving the initial vaccination or a booster may do so at their own expense.
3. HBV vaccination leads to seroconversion (immunity) after the first series of vaccinations for about 95% of those vaccinated. The only means to determine seroconversion after the immunization series is by an HBV surface antibody test. Such a test is recommended and is covered by the College.

D. UNMC and the COD require faculty, staff and students involved in clinical care to have annual TB tests (unless they have already tested positive for TB or have had a TB Vaccination).

1. The college will arrange for TB tests at the college at no charge for all students, faculty and staff.
2. Faculty or staff who miss the TB test at the College may have it done at no fee at UNMC Employee Health in Omaha, or may have it done by a private provider at their own expense.
3. Students who miss the TB test at the College must have it done by a private provider at their own expense.
4. Faculty, staff or students who have previously had a positive TB test or document a previous BCG inoculation (“TB Vaccination”) need not have an annual TB test, but should have Interferon Gamma Release Assay (IGRA) for confirmation of TB status.
5. Faculty, staff or students who have a positive TB test must document completion of recommended follow-up procedures. Such follow-up procedures are at their own expense.

E. On occasion, a physician may recommend that a vaccination or TB test be delayed due to illness or physical condition. In such cases, a temporary delay in the vaccination series or test will be granted if recommended in writing by the physician.

F. Clinical faculty and staff are urged, but not required, to have diphtheria, tetanus (within past 10 years), measles (Rubeola and Rubella), mumps and polio vaccinations.
POLICY ON PATIENT CARE PROVIDED BY PERSONNEL WITH INFECTIOUS DISEASES
The College of Dentistry complies with all UNMC Policies on protection of the rights of health care providers who themselves have infectious diseases. Health care providers who have any infectious disease(s) will be allowed to participate in clinical activities that do not result in risks to themselves, patients or other health care providers. Such participation, of course, assumes the application of Standard Precautions and standard barrier protection. The Asepsis Committee or a duly constituted review panel will consider any modifications of clinical training or assignments, lab assignments or patient contacts for faculty, staff or students with active infectious diseases on a case-by-case basis considering the nature of the activity, the risk factors involved, transmission of the infectious agents involved and physicians' recommendations.

POLICY ON CARE FOR PATIENTS WITH BLOOD BORNE INFECTIOUS DISEASES
Standard precautions and standard barrier protection are applied for every patient treated at the College of Dentistry to provide maximum protection to COD providers against possible transmission of Blood borne infections from patients. Patients with known Blood borne infections are treated using the same Standard Precautions and standard barrier protection that are used for all patients (some of whom may have undetected Blood borne infections). All COD faculty, staff and students who provide patient care are required to provide care for all assigned patients, including patients with known Blood borne infections.

TREATMENT OF PATIENTS WITH ACTIVE TUBERCULOSIS
TB is an airborne infection that is not controlled by normal standard precautions. Highly specialized equipment is required to treat patients with active TB. The COD does not have such specialized equipment to treat patients with active TB. Such patients should be addressed as soon as possible according to the following protocol:

A. Patients with possible active TB may have the following identifiable symptoms:
   - Persistent, hacking productive cough
   - Blood in the sputum
   - General debilitated status

B. Faculty, staff or students at the COD who identifies a patient within the COD with symptoms indicating possible TB should alert any clinical faculty member or member of the administration. That person should immediately interview the patient or arrange for another appropriate faculty member to interview the patient.

C. The faculty member seeing the patient and the patient must wear facemasks until the possible TB status is determined. The patient should be briefly questioned about the symptoms and history related to the current problem. If it is determined that there is reason to suspect active TB, the patient should be asked to leave the COD immediately to minimize possible exposure to others in the building.
D. The patient should be advised to see a physician immediately for evaluation for possible TB and appropriate public health resources contacted (see below).

E. Written notification from a physician of negative TB status is required for such patients before they can be treated at the COD.

F. Patients with active TB who require immediate emergency dental care should be referred to the Nebraska Department of Health for assistance in locating an appropriate site for treatment. Patients should be provided with appropriate level of pain/infection management for control of symptoms.

G. Patients who have had active TB may be treated at the COD as soon as they provide written documentation from a physician that they are no longer contagious and are cleared for routine dental care.

H. Key Community Contacts

- Lincoln Lancaster County Health
  Brenda Christy RN, BSN
  402-472-6214
  Responsibility: Direct Observation Therapy (DOT) coordinator and observes patient taking medications. Upon diagnosis patient is admitted to hospital or isolated at home.

- Nebraska Department of Health and Human Services
  Tuberculosis Program Manager
  Pat Infield, RN, BSN
  402-471-6441
  (see Nebraska Department Health and Human Services website. Go to Topics A-Z, enter TB).

- Tuberculosis Focal Point and Refugee Health Coordinator
  Kristin Gall, RN, BSN
  402-471-1372

Immigrant Services and Classification

CL-A = Not allowed to travel/immigrate (infectious). With documented TB they are isolated to the home environment until producing three negative sputum samples and then allowed to travel.

CL-B = Has a suspicious chest film, can enter the country but must report to a health department.
POLICY ON LATEX ALLERGIES IN PERSONNEL OR PATIENTS

A. Latex-free materials for routine and emergency procedures are available through central dispensing.

B. A licensed M.D., the equivalent (D.O.) or a specialist in allergy/immune systems must establish a diagnosis for college clinical personnel with symptoms consistent with contact dermatitis or type 1 latex allergy. The College Asepsis Committee will determine appropriate accommodations/work restrictions for college clinic personnel diagnosed with contact dermatitis or type 1 latex allergy.

C. As per UNMC policy, latex balloons are not allowed in any UNMC building, including the College of Dentistry (http://wiki.unmc.edu/Latex_Sensitivity).

TREATMENT OF CLINIC WATERLINES

Immunocompromised patients may be at risk of infection from microbes displaced from untreated dental waterlines. These patients should be treated in operatories where the waterlines meet ADA recommendations (less than 200 cfu/ml) (http://www.ada.org/1856.aspx).

All College of Dentistry operatories are equipped with independent waterline supply systems. These systems provide chemically treated water to dental handpieces, ultrasonic scalers and air/water syringes from independent water bottles. This treatment provides water that meets the ADA recommendations.

Full water bottles for the independent waterline system are available in each clinical area. The water is supplied through the Sterisil® system which is maintained by staff in Central Dispensing and the Pediatric Dentistry Management Room. The water is treated with a low concentration silver ion solution that is safe for patients and does not adversely affect dental materials or equipment. Any faculty, staff or student who places and/or uses untreated water in the waterline bottles is subject to disciplinary action up to and including dismissal. When replacing the water bottle, hands should not touch internal tubing.

Empty water bottles must be returned (with cap on) to the contaminated instrument drop window or down the chute if the instrument window has closed. They are cleaned, disinfected and refilled by staff and stocked for pick-up in water bottle storage cabinets in each clinic area.

Random samples of effluent water from COD clinic waterlines are sampled monthly for bacteria (<200 cfu/ml) and fungus/mold (<200 cfu/ml). (Data is maintained in the QA database and reported in the annual Clinical Quality Assurance Report). Faculty, staff and students should visually monitor water bottles/water lines for any evidence of
growth and metal parts in or attached to water lines for any evidence of corrosion. Any visual evidence of growth or corrosion must be reported to dispensing.

The presence of bacteria or fungus/mold in numbers above those set by this document will lead to removal of the offending operatory from service until the system can be “shocked” with an appropriate cleansing material (Bioclenz®). While the “shocking” process can be completed over the course of one hour in order to return to service, an overnight process is preferred. The waterline will then be retested to assure reduced cfu/ml. Annual “shocking” of all dental units with a silver nitrate product will occur at least once annually.

Sterile water dispensed from sterile independent squeeze bottles is used for irrigation for all surgical procedures. Water from unit waterlines must not be used for surgical procedures, even if treated and dispensed from independent water bottles.

MEDICAL-DENTAL HISTORIES, MEDICAL TESTS AND PATIENT COUNSELING
A. New and former patients seen in any clinical area must have up-to-date (considered as authorized within past 12 months), thorough medical-dental histories reviewed by assigned faculty before any extraoral or intraoral examinations are accomplished or treatment is initiated. If further information or consultation is needed, a consultation with Treatment Planning or Oral Pathology faculty should be arranged. Any requests for laboratory tests and/or counseling must be requested in writing by faculty only.

B. At the start of every appointment, patients receiving ongoing care must be verbally questioned as follows:
   1. Have you seen a physician or have there been any changes in your medical status since your last visit?
   2. Has there been any change in medications you were taking? (or any new medications or are you still taking the medications).
   3. If taking medications - Have you taken your medications as prescribed?

C. Any changes must be dated and noted on the medical-dental history. The EDR progress note entry must include an entry noting review of the medical status using the appropriate drop-down choice. RMHx is a sufficient entry, with a note to refer to changes, if any, on the medical history. If there are no changes, RMHx – no changes alone is a sufficient entry. This review and entry should be completed before seeking a starting check from faculty.

D. The medical-dental histories of all assigned patients under ongoing care must be reviewed in detail and updated when significant change has taken place or upon recall.
PROCEDURES FOR DENTAL HEALTH CARE WORKERS: Donning and Doffing of PPE.

All faculty, students and staff working in direct contact with patients must follow these guidelines. The Asepsis Committee will periodically review the literature and new asepsis products, and may at any time approve other products or procedures.

A. HAND WASHING AND CARE OF HANDS

1. Hand washing is mandatory before and after treatment of individual patients (i.e. before and after wearing gloves) or when handling contaminated items, and when hands are obviously soiled.

2. Hand washing is an extremely effective procedure for the prevention of many infections that are acquired from the transmission of organisms on the hands. Cool water minimizes the shedding of microorganisms from the subsurface layers of the skin. "Residual" antiseptic (PCMX - chloroxylenol) hand wash has a long-lasting antimicrobial effect on the skin that improves with more frequent use throughout the day.

3. Anyone with exudative lesions or weeping dermatitis on the hands should refrain from all direct patient care and from handling contaminated dental instruments or equipment until the condition resolves.

4. Hand Washing Protocol
   a. Remove all jewelry from the arms if the long sleeve clinic gown will not cover them.
   b. Remove all jewelry from the hands that might damage gloves or require use of poorly fitting gloves.
   c. If necessary, remove visible debris from hands and arms with appropriate cleaner/solvent. Do not abrade skin by using a brush or sharp instrument.
   d. Wet hands and wrists under cool running water.
   e. Dispense sufficient antimicrobial soap (Provan Foaming Handwash® - PCMX) to wash hands and wrists.
   f. Rub the hand wash gently onto all areas, with particular emphasis on areas around nails and between fingers for 15 seconds minimum before rinsing under cool water.
   g. Repeat steps d, e and f for a second time and dry thoroughly with a paper towel.

5. A more rigid "surgical scrub" may be required by departmental policies for "surgical procedures."

6. Faculty, staff and students may use alcohol gels or hand wipes in lieu of hand washing prior to regloving between patients if the hands are not visibly soiled.
   a. If the integrity of the previous gloves was breached, the hand should be washed prior to regloving.
   b. The hands should be washed if visibly soiled.
B. GLOVES

1. Well-fitting nitrile gloves must be worn whenever patient care involves contact with any intraoral tissue.
   a. Rings, watches or jewelry must not be worn under gloves if they might damage gloves or require use of poorly fitting gloves.
   b. Unused nitrile gloves may be stored in a clean cubicle or cart drawer.
   c. Sterile gloves are provided for use in surgical procedures, notably, implant and bone graft procedures.
   d. Gloves, masks and eye protection need not be worn when seating the patient, taking histories, monitoring vital signs or talking with the patient before or after providing care.

2. When in use during patient treatment, the operatory is considered a contaminated area. If it is necessary to leave the operatory, gloves must be removed and discarded in the regular waste container.

3. In general, gloves should be removed and hands washed prior to handling paper patient records. **However, even with these precautions, the paper patient record is to be considered contaminated.**

4. Nitrile treatment gloves must not be worn outside of clinic work areas under any circumstances.
   a. Personnel working in clinic related work areas such as dispensing, the sterilization area, the chart room or other areas may use nitrile treatment gloves within the specific work area where the contaminated items may be handled.
   b. Employees or students who need to wear gloves outside of clinical/clinic related work areas for medical reasons must wear clear fitted vinyl gloves that will not be confused with treatment gloves by others.
      1) These gloves will be provided by the college on request.
      2) These gloves may be used to transport paper patient records from the clinics to the chart room if the employee/student wishes to do so.

5. Nitrile gloves or utility gloves are recommended while cleaning cubicles and while preparing contaminated waste for disposal or contaminated instruments for sterilization either during or after an appointment. Hands must be washed before and after use of the nitrile/utility gloves. Dispensing personnel must wear nitrile/utility gloves when cleaning cubicles or contaminated instruments.

6. Staff must wear gloves when preparing potentially contaminated clinic gowns or other clinic linens for laundering.

C. FACE MASKS

1. A facemask (with or without a concomitant face shield) must be worn fully in place whenever patient care involves contact with any intraoral tissue and/or when generating aerosol spray/particulate matter
(high/low speed handpieces, ultrasonic scaler or air-water syringe). The face shield without a mask is not acceptable in such situations. A facemask is recommended but not required for radiology (see Radiology Procedures).

2. Once engaged in patient care, the mask should be treated as contaminated; the mask receives aerosolized and particulate matter on its external surface and moisture contamination on both its internal and external surfaces allowing microbial flow in both directions.

3. Masks must be placed and adjusted after hand washing but before donning gloves. At no time should the masks be touched after donning (wearing) gloves.

4. Masks should be doffed (removed) and not be worn outside of clinic treatment areas such as into the appointment, billing or reception areas.

5. Masks worn by operators must be changed after each patient, when grossly contaminated by particulate matter/splatter or more often if it becomes moist. Studies show that through and through moisture occurs in as little as twenty minutes of use. Periodic mask changes are recommended during extended patient care sessions. Faculty are encouraged to change masks during the course of clinic sessions depending upon their clinical judgment as to the extent of exposure to aerosols and splatter given their respective clinical assignments.

D. PROVIDER EYE PROTECTION.

1. OSHA approved eye protection must be worn whenever patient care involves contact with any intraoral tissue (Recommended but not required for radiology - see Radiology Procedures). Approved eye protection may include:
   a. Glasses with side shields
   b. Full face shields

2. Glasses or other eye protection should be treated as contaminated.
   a. Eyewear must be washed and then disinfected at the end of each patient appointment. Disinfection should be by an intermediate level disinfection solution for the amount of time directed by the manufacturer (3 minutes with Isopropanol/Quaternary ammonium chloride wipe). This includes patient, operator, and assistant eyewear. Faculty should disinfect glasses at the end of each clinic session (they should be treated as contaminated during the clinic session and should not be touched after gloving).

E. COD CLINICAL DRESS CODE POLICY

Faculty, staff and students should always be aware that the dental clinic is a health care facility and should maintain professional decorum to gain the confidence of patients. Concern for patients as individuals is reflected in dress and personal conduct. Unclean or eccentric personal appearances
provoke uneasiness and a negative attitude in patients. A professional atmosphere and clean, professionally attired clinicians help establish and maintain rapport. Professional clinic appearance should meet the following criteria:

1. All clothing must be neat and clean.
2. Personal hygiene must be maintained at the highest possible level with particular attention to avoiding body or breath odors.
3. Footwear must be neat and clean and should be worn with socks/hosiery. Canvas athletic shoes, open toe shoes, shoes with holes (Crocs), sandals, flip flops, and hiking boots are unacceptable.
4. Overall dress should follow these categories:
   A. **Students** (Surgical scrubs):
      * Matching/complementary colors of scrub top and pants; pants must be hemmed to the appropriate length.
      * Clean leather athletic or hospital shoes (white or colored) with socks
      * Bib overalls, blue jeans, shorts, cut-offs, sweat shirts, t-shirts, tank tops, halter tops, etc. are unacceptable attire.
   B. **Faculty** (Street dress):
      * Dress slacks/pants/skirts are worn with a shirt or blouse. (Men’s shirts should be collared and may be worn with a tie; dressy knit shirts without a collar are acceptable.) Bib overalls, blue jeans, shorts, cut-offs, sweat shirts, t-shirts, tank tops, halter tops, etc. are unacceptable attire.
      * Dress shoes with dress socks or hosiery
      * Faculty may also opt to wear surgical scrubs as described for students.
   C. **Clinical Support Personnel**:
      * Clinic personnel attire will be as designated by the employee’s supervisor.

**NOTE:** For either the “street dress” or “surgical scrub” clinical attire categories, students or employees with direct patient contact must also wear a clinic gown (personal protective equipment, PPE) as provided by the College of Dentistry. The gown must be fully snapped, zipped or buttoned and shirt/blouse sleeve length must not exceed the gown length. A UNMC identification badge must be worn. Watches or other jewelry on the hands/arms that are not covered by the gown or gloves must be removed.

5. Hair must be neat, clean and well-groomed. If hair is long, it must be contained or tied back while in patient care so that the field of vision is not restricted and aseptic technique is maintained.
6. Hands must be clean and well-manicured; fingernails/artificial nails must be short and properly trimmed to avoid rough edges, gaps or
loose edges and infections of the nail bed. Nail polish and shellac are discouraged but allowable only if maintained without chipping as poorly maintained nails harbor bacteria and risk damage to gloves. Under ideal asepsis conditions, artificial nails should not be worn and natural fingernails should be free of nail polish/shellac. With respect to jewelry, smooth, round bands can be worn, but no rings with prongs and stones should be worn under gloves due to the risk of micro-puncture. Any rings or jewelry that might tear gloves should be removed.

7. No caps, hats, stocking caps, etc. (other than surgical caps) are to be worn in the clinical areas.

8. COD clinic gowns worn by those in direct patient contact are not to be worn outside of the designated clinical areas. Drop-off hampers are located throughout the COD.

**Defined Clinical Areas:** The COD considers clinical areas to be limited to those areas of the building that are dedicated to the delivery of patient care, to include: Level 2 reception and waiting room areas, dental clinic support labs, all areas where clinical care is provided as well as adjoining and connecting hallways of patient care/patient services areas. Clinical areas of Level 1 of the COD include the elevators and stairwells, the east west hallway extending from the gown distribution and instrument pick up areas east to include the student lockers, and also the connecting hallway south into the ARD QA room.

Clinical gowns should not be worn in faculty, departmental and administrative offices of Level 1 or 2 and their adjoining hallways, restrooms, lounge areas, Dixon Auditorium, classrooms, IS areas, or any conference rooms. Faculty or departmental offices which adjoin clinics or adjoining hallways are also considered non-clinical areas and faculty in these areas should refrain from wearing clinic gowns into their offices. If entering non-clinical areas, gowns should be removed and placed in soiled linen containers, placed on hooks strategically placed outside of hallways or doors, or folded in on themselves, placed over the arm and carried into the non-clinical area where they should be placed on a hook. Faculty, students, residents and staff should refrain from using easy “pass-through” such as moving from Level 2 clinic areas down from Cruzan, by Dixon and into the Level 1 designated clinic areas while wearing clinic gowns.

**F. CLINIC GOWNS**

1. Approved long sleeve clinical gowns or disposable surgical gowns provided by the College **must be** worn over scrubs or work clothing when involved in patient care.
a. Clean clinic gowns are available in closets in the hall to the west of Instrument Management Center and near the entrance to the Pre-Clinic Laboratory #1480. Some areas maintain (for example, Surgical Specialties) a limited number of gowns in their areas.
b. Gowns should be considered contaminated if worn during treatment of more than one patient.
c. Contaminated gowns must be placed in soiled gown containers in each clinic area immediately after each clinic session or more frequently if soiled.
d. The upper level of the College of Dentistry, to include the reception area and all areas to the north of the reception area, is considered "clinical area" (see definition E. 8). When involved in patient care in this area, students, faculty and staff must wear approved clinical attire.
e. Clinic gowns must not be worn outside the clinical areas. (see definition E. 8).

2. Faculty, staff and students involved in preclinical activities must wear Lab coats (white) in the preclinical laboratories. They may not wear the lab coats in clinical treatment and administrative areas.

3. Staff must wear clinic gowns and gloves when preparing potentially contaminated clinic gowns or other linens for laundering.

4. Clinic gowns must be worn at extramural/service learning sites. Gowns are provided by the College of Dentistry or the assigned affiliate. Students should take the appropriate number of gowns with them to the extramural site and change prior to each clinic session. Contaminated gowns must be placed in an appropriate bag marked “BIOHAZARD LAUNDRY “and kept in a rigid tote also appropriately marked. Gowns should then be returned to the College for laundering or laundered on site using an appropriate protocol.

G. PATIENT MANAGEMENT

1. Patients must wear safety glasses for all procedures (Recommended but not required for radiology - see Radiology Procedures).
2. If care is likely to generate aerosol (high speed handpiece, ultrasonic scaler), patients must rinse before treatment with an antimicrobial mouth rinse. Patients sensitive to substances in available mouth rinses may rinse with tap water.
3. Patients will be strongly encouraged to comply with recommended oral hygiene procedures in order to reduce the potential for spread of oral microbes during treatment.
4. A rubber dam and high volume evacuator (HVE) must be used whenever feasible for all restorative procedures (including fixed prosthodontics) generating aerosol spray. Use of rubber dam and HVE in such cases has been shown to greatly reduce contamination by the aerosol spray.
5. Saliva ejectors
   a. Saliva ejectors should not be used when High Volume Evacuators are being used to control liquids in a patient’s mouth.
   b. Saliva ejector tubing should be kept below the level of the ejector in the patient’s mouth.
   c. Patients should be instructed not to close their lips around saliva ejectors to purge saliva or other liquids from their mouths.

H. FOOD, DRINK AND COSMETICS
   Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in clinical areas such as cubicles, dispensing or the laboratory. When clinic is not in session, food and drink may be allowed in the reception area or other "clinical areas" with the specific approval of the Assistant Dean of Clinics.

STANDARD OF CARE FOR OPERATORIES AND FOR CLINICAL SET UPS

The operatory should be considered to include the following categories of environmental surfaces; clinical contact surfaces—those areas which carry a high potential for direct contamination, are directly touched with contaminated gloves, instruments, spray or spatter and can contaminate other instruments, gloves, hands or devices used during care, (these areas require the use of intermediate level disinfectant or a barrier prior to/after each patient session), and housekeeping surfaces—which do not come into contact with patients or care related armamentarium and which carry the least risk for transmission in the dental setting, they acquire contaminants indirectly such as the floor, operatory walls (these areas require routine cleaning with EPA registered detergents/hospital disinfectant or cleaning when they become visibly contaminated). Contact surfaces in the dental setting can become contaminated with microorganisms during patient care although they have not been associated directly with disease transmission to patients or dental health care workers.
(http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/ppt.htm)

The following procedures are the standard of care for instruments, equipment, supplies, and materials.

A. Surface Disinfection
   1. Gloves, masks and glasses must be worn during surface disinfection procedures.
   2. A synthetic intermediate level disinfectant spray or wipe is the standard procedure for surface disinfection.
   3. When using disinfectant spray, a paper towel or 4x4 gauze must be saturated with the disinfectant and wiped over all areas to be disinfected. The paper towel should not be stored in a container of disinfectant since it may inactivate the compound over long periods of contact.
4. The protocol when using a disinfectant wipe (quaternary ammonium chloride) is to wipe clean the surface then re-wipe with a freshly moistened wipe/towel/gauze. (The first wipe physically removes particulate matter and the second wipe lays down the disinfectant at the desired surface level) The intermediate level quaternary ammonium chloride disinfectant should remain wet on the surface for 3 minutes.

5. Previously covered dental chairs and operator and assistant stools should be wiped with a damp paper towel unless visibly soiled with blood or body fluids. If contaminated, the protocol for use of a quaternary ammonium chloride disinfection wipe should be followed.

B. Before the first appointment each day, the following must be disinfected using quaternary ammonium chloride wipe:
   1. Unit - light pole and handles, evacuation system, all tubing, bracket table, holders, hoses and arms and soap dispenser. NOTE: The foot control should be left on floor and does not require disinfection.
   2. Counter tops, drawer handles, record holder and mobile cabinet tops and handles
   3. Computer keyboards
      Please note: During patient care, keyboards, covered or uncovered, are considered to be contaminated. Faculty must use clean gloves for data entry or make entries ungloved and then immediately wash with soap/water or use alcohol based gel prior to entering the next operatory.
   4. Safety glasses, hand mirrors, plastic handle bib clips
   5. Writing instruments
   6. Clipboards
   7. The light back should not be wiped with phenol since the phenol damages the reflective paint. This surface should be considered contaminated and should not be touched during patient care.

C. Before the first patient of the day the air/water syringe line and the handpiece/ultrasonic scaler lines must be flushed for 30 seconds into the sink or into the high evacuation tubing.

D. Before seating any patient:
   1. The operator’s chair should be adjusted to proper height and position prior to gloving. If the chair must be readjusted, it should be done using a paper towel or gauze to avoid contact of contaminated gloves with the chair.
   2. Check that the treated waterline bottle has sufficient water for the planned procedures and replace if necessary.
   3. Place a sterile tip on the air/water syringe.
   4. Place sterile tips on the high volume evacuator and the saliva ejector.
   5. Place surface covers
a) Plastic bags or plastic wrap over the patient chair back, unit, 3-way syringe, evacuator, evacuator bracket arm, operating light switch, light handle and sink handles.
b) Plastic backed white butcher paper secured with tape over the sink cabinet work space, the mobile cabinet top and any other flat work surfaces to be exposed during the procedure.
c) Sticky plastic film covers are to be placed over view boxes and their associated switches. Light toggle switches are to be wrapped with a plastic bag or sticky plastic film.
d) Clear Plastic bags over the computer keyboard (if it is not a type that can be disinfected) and the optical computer mouse. NOTE: the optical mouse must be operated over a butcher paper surface cover. It will not work properly over the uncovered countertop.
   a. Stick on “Barrier” films covers over the mouse.

6. Place an appropriate IMS cassette on the bracket table. Do not place instruments directly on the bracket tray or on a surface cover over the bracket tray.

7. Set out all necessary sterilized instruments and supplies for the entire procedure. Save paper autoclave bags and plastic autoclave bags for storage of contaminated instruments if they cannot be returned to the sterilization area immediately after use.

E. Between patients:
   1. Clean debris from instruments or equipment.
   2. Remove air/water syringe tip and evacuator tip and place in cassette for sterilization.
   3. Remove and discard all disposable items including saliva ejectors, rubber dam, paper, disposable plastic products and surface covers.
   4. Clean and disinfect surfaces that had not had surface covers, plastic bib clips, hand mirrors, pens/pencils, clip boards and any other equipment that cannot be sterilized. Areas that had been covered by intact surface covers do not require surface disinfection. They can simply be recovered by new surface covers.
   5. Wipe uncovered portions of the dental chair/operator and assistant stools that are not visibly soiled with a paper towel or 4x4 gauze moistened with water. Use a quaternary ammonium chloride disinfectant wipe (or other disinfectant products available from dispensing) to disinfect dental chairs/stools if visibly soiled with blood or body fluids. If a phenol based disinfectant is used from dispensing, the surface must be kept wet for the appropriate length of time (typically 10 minutes) as recommended by the manufacturer. The areas wiped should be cleaned with a damp paper towel to remove any residue from the chair (the residue damages the surface finish of the chair).
Special attention should be made to removing blood or debris splatter that has accumulated on the head light shield.

6. Gross debris on the floor can be removed with broom and dust pan available for check out from central dispensing.

7. Run water through the evacuation system for 30 seconds.

8. Turn in all contaminated cassettes, instruments and equipment to sterilization area.

9. Flush the air water syringe by running for 30 seconds into the sink.

10. If high-speed handpiece or ultrasonic scaler is to be used, flush the water lines over the sink for 30 seconds. Please note that new Cavitron units have a 2 minute purge function which should be followed prior to use.

11. Follow instructions for "before seating any patient."

F. After the last patient of the day:

1. Follow procedures 1-10 for "between patients."

2. Close and seal the trash bag with top knot closure. Place sealed bag in general trash collection sites in each clinic. DO NOT PLACE BAGS IN AISLES.

3. New traps are placed every 30 days in the pre-doctoral clinic areas, every week in Priority Care and daily in Surgical Specialties.

4. Saliva injection screens are available in central dispensing for replacement as needed.

5. Position operatory equipment:

   a) position all parts and the unit to avoid breakage, then raise the chair to its full height and forward position. Some units are preprogrammed on the touch pads for positioning the chair at the end of the day (Typically Position #2 on your touchpad control).

   b) place the unit over the chair (behind the chair for cart units)

   c) operator stool behind the chair

   d) turn the master switch off.

G. Personal belongings of students, faculty or staff must not be stored in operatories. This includes books, notebooks, briefcases, book bags, clothing,
etc. Patients may hang their coats in the operatory if they wish to do so rather than using public hangers in the reception area.

H. If cell phones are brought into the clinic setting, they are to be placed on vibrate and should be stored in areas where they will not be exposed to aerosol and other contaminants. As such, they should not be used in areas where direct patient care is being completed.

CARE AND USE OF INSTRUMENTS

A. Sterilization and Disinfection Criteria:

1. CRITICAL - Items that penetrate the oral mucosa or contact bone such as needles, scalpels, burs, endodontic instruments, suture needles and material, curettes, hand instruments and surgical suction tips. CRITICAL items must always be sterilized, or discarded.

2. SEMI-CRITICAL - Items that touch, but do not penetrate the mucosa, such as impression trays, handpieces, mouth mirrors, plastic suction tips and air-water syringe tips. SEMI-CRITICAL items must be sterilized, when possible, or disinfected properly (Intermediate/High level disinfectants under guidance of central dispensing and sterilization services).

3. LEAST CRITICAL - Items that DO NOT touch the oral mucosa, but may be contacted by saliva or blood contaminated hands. Examples are light adjustment handles, chair switches, counter tops, amalgamators, cabinets, etc. LEAST CRITICAL items must be properly disinfected and/or their surface covered. (Intermediate/High level disinfectants are used under guidance of central dispensing and sterilization services). Environmental surfaces (contact surfaces and housekeeping surfaces) fall under this category of LEAST CRITICAL and require the appropriate level of disinfection as described previously.

B. General Sterilization/Disinfection Policies

1. Critical items must be disposed of or sterilized if dropped on the floor or other contaminated areas.

2. If a semi-critical or least critical instrument or other items involved in patient care falls on the floor a new item should be obtained from dispensing. If no instrument is available and it must be used (e.g., a crucial instrument which cannot be replaced, or an appliance), it must be disinfected by an intermediate level disinfectant (obtained from dispensing – Sporax/Cidex OPA®, Vital Defense D®, Cavicide®) for the appropriate number of minutes recommended by the manufacturer before reuse or autoclaved in the STATIM®.

3. Patients must not handle instruments!

4. Unnecessary contaminated items must not be brought into the operating area.
5. Avoid cross contamination from touching glasses, mask, hair or gown after gloving.

6. Pens or pencils should not be kept in the pockets of clinic gowns during the treatment of patients. Pens and pencils should be kept only on the chart holder.

7. For clinical situations where paper charting is used, the patient record must be considered contaminated. However, reasonable steps must be taken to decrease the likelihood of further contamination. The record should not be kept in an area used and contaminated during patient care. If the record must be consulted during provision of care, hands should be washed before and after handling the record. If already gloved, vinyl over gloves may be used when handling the record.

8. Lead aprons used in radiology and endodontics should be hung after use. The smooth side should be surface disinfected using phenol wipe. The spongy side may not be surface disinfected.

9. Contaminated cassettes, instruments, equipment and/or large sharps (which cannot be disposed in the small "sharps" containers) must be returned to the sterilization area immediately after use by means of a rigid, properly labeled tote obtained from dispensing. Contaminated cassettes, instruments etc. must be placed in the sterilization bag/wrap in which they were dispensed for return to the sterilization area (to avoid possible aerosol contamination during return).

10. If the dispensing return window is closed (5:30 p.m., 4:30 p.m. summer) before the contaminated items can be turned in, they should be returned in the contaminated instrument return chutes in dispensing. If the chutes are closed, contaminated instruments are to be placed in a plastic bag and stored in a lower level locker until morning. Contaminated cassettes, instruments, equipment and sharps must not be placed in the dispensing lockers.

11. A ten minute flash sterilization cycle is available in the IMC area for items requiring a rapid turnover.

C. Sterilization, Storage and Handling of Instruments

1. Hand instruments in IMS Cassettes, handpieces in cassettes, and individual instruments are wrapped and sterilized by autoclave if they can withstand the autoclave conditions.

2. A Level 5 chemical sterilization integrator is placed inside every packet to be sterilized which contains instrumentation designated to penetrate tissues (As an example, instrument cassettes would be included, a Fox plane would not). If it does not register proper sterilization conditions, the contents of the packet must not be used until they are resterilized.

3. Instruments that cannot withstand autoclave conditions are sterilized in hospital level chemical sterilizing solutions (Sporox® or Opticide®).

4. Contaminated (or unused) metal impression trays, facebows and biteplates must be cleaned by the student and turned in to the...
sterilization area for sterilization after each use. Mixing bowls and spatulas are disposable.

5. Flash sterilization of unwrapped instruments or devices will not be used except in situations where an essential instrument or device has been contaminated during use and no wrapped sterile replacement is available. However, in no case will contaminated implant devices be used until a Class 5 integrator from the sterilization run is confirmed as negative. Any instrument or equipment not specifically mentioned must be sterilized or disinfected in compliance with the most rigid protocol that is feasible for the item.

6. Wrapped and autoclaved instruments (and other packaged and autoclaved armamentarium) are considered sterile unless there is damage to their packaging or if the packaging becomes wet.

D. Testing for Sterilization Devices
   1. Culture tests involving biological indicator strips containing bacterial spores (Spordi®, AMSCO Biological Systems, Erie, PA). Bacterial spore test strips contain Bacillus atrophaeus and Geobacillus stearothermophilus in the control and are used to determine the effectiveness of the sterilization procedures. Each sterilization device is monitored weekly (Wednesday) when clinics are in session following the recommended conventional procedure. Testing should include spores and controls from the same manufacturer lot. All tests for sterility are conducted aseptically in the laboratory in a clean and dust free inoculating hood. The strips are exposed to the appropriate temperature for seven days and then read. Notifications occur within the first ten hours if growth occurs.

   2. If a positive spore test from a sterilization device is identified, the spore test technician immediately notifies the person who is responsible for the spore test and the dispensing supervisor to immediately run another spore test.

   3. The sterilization device is taken out of service until the result of the second spore test is known. If the second test is negative, the sterilization device can continue in normal use. If the second test is positive, the sterilization device must be taken out of service until the problem is resolved and spore tests confirm that it is working properly.

   4. If the second test is positive, the spore test technician immediately notifies the Asepsis Committee so that appropriate steps can be taken to address the problem. All packets that have been sterilized in any sterilizing device and stored since the last negative spore test for the sterilizing device in question are resterilized in another sterilizer prior to use.

   5. If multiple positive tests for a sterilization device are recorded over a period of time (but not 2 in a row), the Asepsis Committee determines an appropriate course of action.
6. Autoclaves which create a vacuum are tested each morning with a Bowie Dick indicator. Failing of the Bowie Dick test will result in the autoclave being pulled from service until checked for mechanical failure by an authorized service technician.

E. Storage for Expendable Supplies
   1. Expendable supplies are stored in autoclave bags on storage shelves.
   2. Small objects such as prophy cups, disks, wedges, etc. are stored in small containers on the self-help cart outside of central dispensing. Disposable packaging for the procedure should be removed after gloving but before any patient contact or other possible contamination. The packaging and unused contents should be disposed after completion of care for the patient at that clinic session.
   3. Care must be used to avoid contamination of all materials stored in reusable containers.
      a. The necessary amount of such materials for the procedure should be removed from the reusable container and placed in a clean container or on a clean pad for use in the procedure. If an instrument is necessary for such removal, it should be a sterile instrument that has not had any chance of contamination by patient care.
      b. Material in a reusable container must not be touched by any instrument or material used or possibly contaminated in the care of a patient.
      c. Any unused portion of the dispensed material should be disposed and must not be returned to the reusable container.
      d. The reusable container should be returned to the sterilization area for disinfection by dispensing personnel. Such reusable items must not be used for other patient care until disinfected.

F. Burs
   1. Burs must be cleaned of debris with a bur brush located in the cassette. Burs are then placed back into the block. This is completed in the cubicle prior to turning in for sterilization.
   2. Acrylic burs contaminated by acrylic and/or wax should be heated gently over a flame to remove the debris before being placed in bur blocks and returned for sterilization.

G. Single use vials for I.V. medicaments
   1. Only single use vials are used for I.V. medicaments.
   2. Only new sterile needles may be used to withdraw medicaments from I.V. medicament vials.
   3. A single use medicaments vial may not be used a second time under any circumstances.
IMPRESSIONS AND APPLIANCES
A. Polyvinyl Impressions
   1. Rinse saliva and residual blood from impression.
   2. Spray impression with phenol disinfectant (Vital Defense®) and place in plastic bag with a saturated intermediate level phenol disinfectant (Discide® available in central dispensing) for 10 minutes.
   3. Remove from bag, rinse thoroughly with water, and allow to bench dry for 1 hour prior to pouring impressions.

B. Alginate Impressions and Polysulfide Impressions
   1. Rinse saliva and residual blood from impression.
   2. Spray impression with intermediate level phenol disinfectant (Vital Defense®) and place in plastic bag with a saturated gauze (Discide® available in central dispensing) for 10 minutes.
   3. Remove from bag, rinse thoroughly with water, and pour the impression immediately.

C. Gypsum Casts (if transferred to/from a storage area from/to a treatment area).
   1. Spray with an intermediate level disinfectant (phenol or Isopropanol/Quaternary ammonium chloride) and allow to set for the appropriate amount of time as recommended by the manufacturer (10 minutes for phenols or 3 minutes for Isopropanol/quaternary ammonium chloride).
   2. Rinse thoroughly with water.

D. Appliances that have accumulated calculus or stain may be cleaned in the ultrasonic cleaner after disinfection for 10 minutes in intermediate level phenol disinfectant solution. They should be placed in a "zip lock" plastic bag and covered with Premier ProClean® packet to 16 oz of very warm water (available from dispensing). The bagged appliance should be run in the ultrasonic which is located in the Student lab for 3 to 5 minutes or longer. It must then be washed, rinsed and disinfected prior to returning to the patient without further disinfection (provided the bag remained intact during the ultrasonic run).

E. All of the following must be disinfected by spraying with phenol and placing in a plastic bag with a saturated intermediate level disinfectant (Discide®) gauze for 10 minutes followed by a thorough water rinse whenever transported from the clinic to the laboratory (for adjustment or quality assurance) or vice versa.
   1. Complete dentures
   2. Removable partial dentures.
   3. Single or multiple cast metal, porcelain (or PFM) restorations
   4. Trays, wax ups, trial bases, etc.
F. All other work related items (articulators, case pans, etc.) that are transferred from clinic to the lab or vice versa must be disinfected by an intermediate level disinfectant (phenol or Isopropanol/quaternary ammonium chloride) wipe.
   NOTE: Moving parts of articulators should not be wiped with an intermediate level disinfectant (phenol or Isopropanol/Quaternary ammonium chloride) since it may impair function of the articulator.

G. Since disinfection of any appliance or restoration taken to the lab is rather time consuming, patients, whose treatment may require lab adjustment, polishing, etc. may not be scheduled after 11:00 a.m. or 4:00 p.m. (3:00 p.m. summer).

H. Where possible, adjustment and polishing procedures should be accomplished in the operatory rather than in the laboratory. This will decrease the possibility of cross contamination of the lab or operatory.

I. Disinfection procedures used on materials sent to a dental laboratory outside of the College must be indicated on the laboratory prescription.

**Summary:** It is the intent to control the possible cross-contamination of patients and health care providers. Therefore, any prosthesis, material, or equipment taken either to or from the lab must be disinfected. Adequate disinfection can be obtained by using an intermediate level disinfectant solution kept moist on the item for 10 minutes (appropriate time frame as recommended by the manufacturer). Phenol based disinfectant sprays are to be used for impressions and prosthetics to insure dimensional stability. Quaternary ammonium chloride wipes can be used on articulators, case pans or other metal/plastic items where dimensional stability is not a concern as they contain a synergist alcohol ingredient.
LABORATORY CONTROLS

A. Common areas of the laboratory are cleaned daily. All materials, casts, equipment, etc. are removed during time of cleaning. Therefore, please do not leave these items on the workbenches or they may be lost.

B. Control of contamination during finishing or polishing procedures.
   1. Gloves should be worn when performing adjustment or polishing procedures in the lab. They should be discarded and new gloves should be used when re-entering the clinic.
   2. Any burs or other instruments used in adjusting or polishing must be cleaned and sterilized after each use.
   3. Intermediate level phenol disinfectant (Discide® – available through dispensing) should be used as the wetting agent for pumice or other polishing agents.
   4. Sterile prepackaged finishing and polishing bar-coded containers are available from dispensing and must be used for all laboratory finishing and polishing procedures for prostheses. It includes:
      - 1 Rag wheel, 1 Felt cone, 1-#11 Robinson wheel, 1 Styrofoam tray (to trap waste pumice), 1 bottle of disinfectant and 1 bag of pumice.
   5. After use, contaminated and unused pumice, plastic bag (tray liner) and Styrofoam tray must be discarded in the laboratory trash receptacle. The rag wheel, felt cone, #11 Robinson wheel and disinfectant must be cleaned of debris and returned to dispensing in bar coded container.

C. Pressure pots and water baths must be disinfected after every use.

D. Protocol for working in laboratory.
   1. Wear approved clinic gown or protective apron. Do not work in the lab at any time without a clinic gown or protective apron.
   2. Wear OSHA approved eye protection.
   3. Use facemasks when working with grinding and polishing equipment.
   4. Wash hands frequently with antibacterial soap. Wear gloves when working with contaminated items (prior to disinfection).
   5. No food or drink is permitted in the laboratory.
   6. Do not apply cosmetics or lip balm or handle contact lenses in the laboratory.

RADIOLOGY PROCEDURES

Intraoral Radiography

A. Before bringing a patient into the cubicle, prepare the room as follows:
   1. Use moisture-proof, disposable barriers, such as plastic wrap or plastic bags, to cover all surfaces that are likely to be touched with contaminated gloves. These surfaces include the tube head with
positioning indicating device (PID), headrest, chair controls, x-ray machine control panel, and exposure button. Covered surfaces do not need to be cleaned and disinfected following dismissal of the patient. Surfaces that are not covered but are touched and therefore contaminated require cleaning and disinfection after patient dismissal.

2. Cover the work surface outside the cubicle with at least one unfolded paper towel.
3. Cover the x-ray machine control panel (on/off button, timer dial, kVp dial) and exposure button with pieces of plastic wrap.
4. Cover the headrest and back of the chair, including the chair controls, with a plastic bag. Cover the tube head and PID with a plastic bag.

B. Thoroughly wash hands before putting on clean gloves. Protective gowns and disposable gloves must be worn when taking intraoral digital radiographs. Use of facemasks and/or eye protection is recommended.

C. Prepare the following items before examining the patient's oral cavity and contaminating your gloves:
   1. Unwrap sterile instruments. Assemble instruments and place them on the covered work surface.
   2. Once gloved, do not reach into drawers or boxes for supplies but ask for assistance.

D. When all exposures are completed, the radiology cubicle must be put back into proper order:
   1. Discard all disposable barriers into trash receptacles.
   2. Clean and disinfect all contaminated surfaces that were not covered with barriers with a disinfectant wipe. *(Note: DO NOT SPRAY X-RAY MACHINE CONTROL PANEL)*
   3. Place the thyroid collar on the counter behind the chair. Clean the outside surface of the collar with quaternary ammonium chloride product if it was contaminated. DO NOT WIPE THE FOAM SIDE OF THE COLLAR.
   4. Fold the x-ray machine arm assembly as far as it will go towards the wall mount. Rotate the tube head so that the PID points down toward the floor.

**Panoramic Radiography**

A. When taking panoramic radiographs, hands should be washed before the procedure, but gloves are not necessary since there is no contact with intraoral fluids.

B. The bite block must be covered with a plastic wrap.

C. No other surface covers are required in this area.
D. After making the exposure, clean the patient positioning area of the panoramic x-ray unit, including head holders, chin rest and hand grips, with a disinfectant wipe.

CLEAN UP OF SPILLS OF BLOOD OR BODY FLUIDS
A. All spills of blood or body fluids are considered potentially infectious and Standard Precautions (gown, gloves, mask and eye protection) must be followed during clean up.

B. Bulk clean-up of spills
   1. High volume evacuator if possible
   2. Gauze sponges or paper towels if evacuation is not available. Excess fluid on gauze or paper towel may be allowed to flow down sink drain.

C. The soaked gauze or paper towels must be treated as infectious waste and disposed in a red bag according to infectious waste disposal guidelines.

D. The contaminated surface must be disinfected by the phenol wipe protocol after clean-up of the spill.

MEDICAL (Regulated/Non-Regulated) WASTE DISPOSAL

Please Note: Although definitions may vary in the literature, a 2003 CDC document on infection control in the Dental Health Care Setting (http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/slides/073.htm) establishes the difference between medical waste (not considered infectious and can be discarded in the regular trash) and regulated medical waste (poses a potential risk of infection during handling and disposal). The following protocols uses language seeking to make this distinction as to non-regulated verses regulated as well as the non-infectious or infectious potential of that waste.

A. Procedures for Management of Medical Waste at End of the Last Clinic Session of the Day.
   1. Protection While Handling Medical Waste
      a. Hands must be washed and then protected by nitrile or heavy utility gloves.
      b. Eyes must be protected by OSHA approved eye protection.
      c. Masks or shields must be worn.
   2. Non-Sharps Waste Collection
      a. As noted, waste must be distinguished as non-regulated medical waste and regulated medical (infectious) waste. Any product or material that is saturated with blood, that is pourable, dripping, dried and flaking is regulated medical waste and must be placed in the red infectious biohazardous waste container provided. All other paper products or materials with minimal blood/body fluids may be disposed of
in regular trash (medical) waste containers located in the cubicles under the sinks.

b. Infectious regulated medical waste
   1) The majority of regulated medical infectious waste generated in the pre-doctoral clinic setting is minimal in volume and is to be disposed of in the red sharps biohazardous waste containers located in each operatory.
   2) Extracted teeth (except teeth with amalgam restorations), pieces of teeth, and gauze, cotton or other disposable items that are saturated with blood should be disposed in the red infectious biohazardous waste container. Teeth containing amalgam should be placed in the Amalgam disposal containers.
   3) Staff will dispose of three quarters full infectious biohazardous waste containers and replace them with empty ones.
   4) Pourable quantities of blood or blood products should be poured into the sanitary sewer (i.e., sink or toilet) and rinsed down with water.

c. Non-infectious medical waste
   1) After using the treatment area, pick up all disposable, non-sharp materials from the counters, floors, units, etc. and place in the plastic garbage bags for non-regulated medical waste. These items are not considered to be infectious and will be disposed of with other waste. In clinics, there are 2 trash receptacles under the sink, both receptacles are used for this non-regulated medical waste and other trash.
   2) Disinfect the treatment area and place all contaminated cleaning materials in the plastic garbage bag to be disposed with other waste.
   3) Pull up the sides of the bag, twist and tie in a top knot. (DO NOT OVER-FILL BAG).
   4) Place sealed bag in general trash collection sites in each clinic. DO NOT PLACE BAGS IN AISLES.
   5) Place a new bag in the holder.
   6) Discard mask and nitrile gloves in the new bag.
   7) Disinfect the glasses.
   8) Wash and dry hands after removal of gloves.

B. Handling of Needles
Protective "Stick Shields" must be placed over all needle covers prior to use. The operator who will use the needle must unsheathe the needle before use, then immediately resheath the needle after use with a one-handed resheathing technique. A needle being held by the operator must not be
resheathed by a dental assistant nor passed to a dental assistant while unsheathed. One-handed resheathing of the needle using the stick shield can be accomplished as follows:

1. After unsheathing the needle, place the stick shield with sheath on a flat surface. The sheath will then be held at about a 30° angle from the surface.
2. Immediately following use of the needle, place the needlepoint into the sheath using only the hand holding the syringe. Keep the other hand away from the sheath and stick shield.
3. When the needle is inserted into sheath, slowly rotate the sheath to vertical while pushing downward with controlled pressure to seat the needle into the sheath to the hub. Check carefully to assure the needle has not penetrated the needle cover prior to disassembling. As soon as finished with use, the syringe must be disassembled and the sheathed needle and the cartridges must be placed in the red infectious sharps container in the operatory. Unused needles and cartridges should also be disposed in this manner in the operatory. All syringes should be disassembled before placing in the instrument cassette or returned to the central dispensing area.

C. All other disposable "sharps" such as scalpel blades, jagged metal or broken glass, etc. must be disposed of in the red biohazardous waste sharps container located in each cubicle.

D. Any accidents involving breaking the skin while handling regulated medical infectious waste must be reported as outlined in Protocol for Blood or Body Fluid Exposures. Confidential Report of Occurrence forms to report blood or body fluid exposures are located in the horizontal cabinet file in Cubicle #8 (ATP Faculty Station) in the North clinic or accessible via COD APPS.

INFECTIOUS WASTE MANAGEMENT PLAN

A. Wastes Generated at the UNMC College of Dentistry Include:
   1. Sharps contaminated by blood or blood products
   2. Sharps not contaminated by blood or blood products
   3. Hard and soft tissues removed during surgical procedures
   4. Blood or other body fluids
   5. Gloves, masks, cotton, gauze, paper or other disposable materials with visible blood on them.
   6. Gloves, masks, cotton, gauze, paper or other disposable materials which do not have visible blood on them but which have been exposed to aerosol spray or contact with saliva or contaminated items during patient care in an operatory
   7. Medical laboratory wastes
   8. Animal wastes from animals not infected with zoonotic diseases

B. Medical Waste Segregation:
1. Clinically Generated Medical Waste
   a. All sharps, whether contaminated or uncontaminated, are segregated in red, labeled infectious biohazardous waste sharps containers located in each cubicle. This includes all potentially contaminated glassware.
   b. Hard or soft tissues removed from a patient are segregated in red infectious biohazardous waste sharps containers at the site of production. Staff collect and place these containers in specifically labeled infectious biohazardous waste containers for separate disposal. Extracted teeth that have amalgam restorations are segregated in separate containers that are appropriately labeled, disinfected and are disposed by an amalgam recycling company.

   **NOTE:** Extracted teeth or other removed body tissues may be given to the patient from whom they were removed if the patient requests them and are not subject to OSHA Blood borne Pathogens Standard.

   http://www.cdc.gov/OralHealth/infectioncontrol/faq/extracted_teeth.htm

   c. Blood or other body fluids in liquid form are poured down the sanitary sewer. Non-breakable disposal containers that held these products are then considered infectious waste. Each department or clinic area has an infectious biohazardous waste container for these items.
   d. Gloves, masks, cotton, gauze, paper or other disposable materials which have been exposed to or are tinged/streaked with blood, body fluids, aerosol spray or contact with saliva or contaminated items during patient care are disposed of as non-infectious medical waste.

2. Regulated Medical Laboratory Waste
   a. Blood or blood products and urine in liquid form are poured down the sanitary sewer. Used blood collection tubes are not to be opened for disposal. They are disposed directly as infectious waste in red infectious biohazardous waste sharps containers. **Biohazard bags** that are placed into infectious waste disposal containers for proper disposal as noted under Handling of Infectious Waste.
   b. All breakable containers and cotton or paper products contaminated with blood or bodily fluids at a level where the fluids are pourable, dripping, or dried and flaking are disposed in leakproof infectious disease biohazardous waste containers supplied by Stericycle. When full, the containers are transferred to the specific storage area in North clinic by medical lab or clinical staff for storage as noted under Handling of Infectious Waste. Samples sent out for analysis are disposed by the receiving entity.

3. Regulated Animal Wastes from Animals not Infected with Zoonotic Diseases
a. Any animals exposed to radiographic products are frozen and then transported to UNMC (Omaha) by radiation safety staff where they are disposed according to Radioactive Waste Guidelines.

b. Dead animals are transported to the Veterinary Science incinerator by UNL Landscape Services staff and incinerated.

c. Animal litter and associated wastes are double bagged and disposed as non-infectious waste by our normal waste handlers.

C. Handling of Regulated Infectious Medical Waste
Clinical generated regulated medical infectious waste, including red infectious waste sharps containers (containing contaminated and uncontaminated sharps, blood soaked gauze, paper or other disposable materials) are transported to the clinic area’s leak proof container (i.e., Stericycle box with red biohazard bag liner) for disposal by clinical staff. Extracted teeth (except teeth with amalgam restorations) and excised tissues are place directly in infectious biohazardous waste containers. Stericycle picks up the containers of regulated medical infectious waste approximately weekly. Their handling of the infectious waste is described in the Stericycle service agreement.

D. Training
New employees shall undergo online infectious disease control training and then complete a self-test. Faculty, staff, residents and students must view and complete annual online Blood borne Pathogen (BBP) and Safety training and testing as part of the UNMC Compliance program.

E. Contingency Plan
If service for disposing of regulated medical waste is interrupted for any reason, UNMC personnel will transport the regulated medical infectious waste to UNMC for disposal.

F. Responsible Parties in Case of Emergency

Dr. Joan Sivers – Office Phone 472-1282
Home Phone 489-2782

Julie Heyl – Office 472-9458

Julie Wagner – Office 472-9493

Dean of the College – Office Phone 472-1344
MONITORING OF COMPLIANCE

A. Faculty are responsible for monitoring compliance with Infectious Disease Control Policies in all clinical situations. They may, at any time, stop a procedure or dismiss a student from clinic for non-compliance with these policies or downgrade student performance on competencies or procedure grades.

B. Clinical Infection Control Evaluation – Patient Management and Professionalism

1. Students are monitored for and receive feedback about infection control procedures during clinic sessions. Reports of deviation from infection control policies are made on the Student Patient Management and Professionalism Exception Report (see “D” Consequences of Non-Compliance as listed below). Hygiene students are graded upon each patient contact.

2. Students receive a grade of competent or not competent for clinic asepsis for every clinic competency examination in which they treat a patient. The grade is entered on the Patient Management and Professionalism Competency Evaluation form as part of the Patient Management and Professionalism course.

3. Examples of unacceptable deviation in Infection Control:
   - sharps in solid waste receptacle instead of puncture-resistant sharps container.
   - using instruments which have not been sterilized or disinfected according to protocol.
   - using instruments or equipment which have been dropped on the floor.
   - placing an indirect restoration or appliance which has been worked on in the lab or dropped on the floor without 10 minute disinfection.
   - not reporting a needle stick or blood exposure.
   - not bagging infectious waste.

4. In order to pass the Patient Management and Professionalism courses, dental students must receive honors or acceptable evaluations for Infection Control on all clinical competency examinations during the D3 and D4 year as well as address any deficiencies reported on Student Patient Management and Professionalism Exception Reports that have been submitted to the course director(s). Students who do not receive an acceptable evaluation on a competency examination for infection control must redo that portion of the examination (on any clinical procedure of a similar nature to the competency procedure) at an acceptable level to re-establish competency in this area to pass the Patient Management and Professionalism course.

C. A person assigned by the Asepsis Committee may conduct unannounced checks for compliance with the Infectious Disease Control Policy by students,
faculty and staff providing care in all clinical and associated laboratory areas in the College. The committee may request that inspections be done by the UNMC Safety Officer or UNMC/NMC Infection Control Committee representatives.

D. Consequences of Non-Compliance with Policy

Patient Management and Professionalism Exception Reports for student related clinical and laboratory (clinical and pre-clinical) events will be forwarded to the Patient Management and Professionalism course director(s). The form will be copied and distributed back to the student with the following note: “A copy of this report has been placed in your academic file.” A copy will then be placed in the student’s academic file. Individuals filing these reports may waive their right to confidentiality (see below). The following consequences of non-compliance may also apply.

1. Students: Purposeful or repeated failure by a student to comply with infectious disease control policies will result in:
   a. Grade reduction
   and/or b. Suspension from clinic
   and/or c. Student Affairs Disciplinary Action
   and/or d. Dismissal

2. Staff: Purposeful or repeated failure by the staff to comply with infectious disease control policies will result in:
   a. Review by supervisor(s)
   and/or b. UNMC disciplinary procedures
   and/or c. Dismissal

3. Faculty: Purposeful or repeated failure by the faculty to comply with infectious disease control policies will result in:
   a. Review by the department chairperson
   and/or b. Review by the Dean
   and/or c. Dismissal

4. Patient: Patient non-compliance or falsification of records will result in dismissal as a patient of the College of Dentistry.

All personnel have the responsibility to report non-compliance with the UNMC College of Dentistry Infectious Disease Control Policies. The reports will remain confidential with no repercussions or penalties for the individuals filing the reports.
POLICIES FOR PRE-CLINICAL LABORATORIES

A. When working in pre-clinical laboratories, all faculty, staff and students must wear approved College of Dentistry pre-clinic gowns. These pre-clinic gowns should not be worn outside of the pre-clinical laboratories.

B. OSHA approved eye protection with side shields (or face shields) must be worn by faculty, staff and students whenever in pre-clinical laboratories – no exceptions.

C. Nitrile gloves must be worn by faculty, staff and students whenever working with hand or rotary instruments which would be used in clinic or in the clinical laboratory where gloves are required. This does not apply to wax ups, working around grinders/polishing wheels or other procedures where the use of gloves may be inappropriate or unsafe.

D. Face masks must be worn whenever rotary instruments are in use by anyone working in the lab.

E. Eyewash stations, resuscitation shield facemasks for CPR, emergency shower, fire extinguisher and fire blankets are located in each pre-clinical laboratory. Faculty, staff and students should locate each before commencing any activities in these laboratories. The course directors must familiarize faculty, staff and students in their courses with the use of these items.

F. It is the intent of these policies to protect faculty, staff and students while working in the pre-clinical laboratories and also to train students in proper infection control procedures prior to their entry into clinic. The laboratory policy sheet is located in the appendices of this document.

DECONTAMINATION OF EXTRACTED TEETH OR OTHER TISSUES FOR USE IN PRE-CLINICAL LABS

These policies are based directly on Centers for Disease Control recommendations.
http://www.cdc.gov/oralhealth/infectioncontrol/faq/extracted_teeth.htm

A. All extracted teeth, oral tissue or other tissues are considered infectious and classified as clinical specimens because they contain blood. All persons who collect, transport, or manipulate extracted teeth, oral tissue or other tissues should handle them with the same precautions as a specimen for biopsy. Standard Precautions must be adhered to whenever extracted teeth are handled.

B. All specimens should be transported and stored in a securely sealed specimen container with a "bio-hazard" label and a sufficient amount of liquid to maintain hydration.
   1. Water or saline
   2. Liquid chemical germicides
C. Before manipulating extracted teeth, they first must be cleaned of adherent patient material (by scrubbing with detergent and water, or by using an ultrasonic cleaner), and then sterilized in an autoclave. NOTE: TEETH WITH AMALGAM RESTORATIONS MUST NOT BE AUTOCLAVED. If it is essential to use extracted teeth with amalgam restorations, they must be treated for 14 days in 10% formalin or similar disinfectant (diluted bleach) and then thoroughly washed prior to use.

D. Persons handling extracted teeth (prior to sterilization), oral tissues or other tissues must wear protective gowns, glasses with side shields (or a face shield), mask and gloves. Gloves must be disposed of properly and hands must be washed after completion of handling. Additional personal protective equipment (e.g. mask and eyewear, or face shield) should be worn if mucous membrane contact with debris or spatter is anticipated when handling, cleaning, or manipulating the specimen.

E. Work surfaces and equipment must be cleaned and then disinfected using the phenol disinfection protocol after cleaning extracted teeth for sterilization.

PROTOCOL FOR POSSIBLE OCCUPATIONAL BLOOD EXPOSURES
The following are defined as blood exposures when treating patients or working with "contaminated" instruments, appliances, etc. These policies apply only to possible blood exposure related to patient care. They do not apply to preclinical laboratory exposures (except exposure related to teeth or other tissues which have not been sterilized or disinfected).

- Blood or serum in any cut, scratch, or open area on the skin.
- Blood or serum in the eye, mouth, or nose or any other mucous membrane surface.
- Any perforation of the skin by a needle, sharp instrument, or item contaminated with blood, saliva or other body fluids.

1. Immediate Care
   A. Thoroughly wash skin exposures/punctures ASAP
   B. Thoroughly flush eye or other mucous membrane exposures ASAP

2. Notification
   A. Notify the following individuals as soon as possible

<table>
<thead>
<tr>
<th>Injury to</th>
<th>Notify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Faculty supervisor</td>
</tr>
<tr>
<td>Faculty</td>
<td>Department chair</td>
</tr>
<tr>
<td>Staff</td>
<td>Staff supervisor</td>
</tr>
</tbody>
</table>

   B. As soon as feasible, notify Dr. Durham, Assistant Dean for Patient Services or Jan John in Room 2801.1 (phone 472-1339). Questions may be addressed to Dr. Durham.
3. Written reports of injuries
   A. Any clinic related injury or possible blood/body fluid exposure must be reported on the UNMC Confidential Report of Occurrence.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>LOCATION OF OCCURRENCE</th>
<th>NATURE OF OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td>Laboratory</td>
<td>Infection</td>
</tr>
<tr>
<td>Corridors</td>
<td>Corridors</td>
<td>Infection</td>
</tr>
<tr>
<td>Stairs</td>
<td>Stairs</td>
<td>Infection</td>
</tr>
<tr>
<td>Streets</td>
<td>Streets</td>
<td>Infection</td>
</tr>
<tr>
<td>102</td>
<td>Laboratory</td>
<td>Infection</td>
</tr>
<tr>
<td>112</td>
<td>Emergency Room</td>
<td>Infection</td>
</tr>
<tr>
<td>121</td>
<td>Hospital</td>
<td>Infection</td>
</tr>
<tr>
<td>122</td>
<td>Hospital</td>
<td>Infection</td>
</tr>
<tr>
<td>131</td>
<td>Hospital</td>
<td>Infection</td>
</tr>
<tr>
<td>132</td>
<td>Hospital</td>
<td>Infection</td>
</tr>
<tr>
<td>141</td>
<td>Hospital</td>
<td>Infection</td>
</tr>
<tr>
<td>143</td>
<td>Hospital</td>
<td>Infection</td>
</tr>
<tr>
<td>151</td>
<td>Hospital</td>
<td>Infection</td>
</tr>
<tr>
<td>161</td>
<td>Hospital</td>
<td>Infection</td>
</tr>
</tbody>
</table>

B. This report may be prepared by the injured person or by the supervising faculty (for students) or the staff supervisor (for staff). It must be signed by the supervising faculty (for students), staff supervisor (for staff) or the department chair or Assistant Dean for Patient Services (for faculty).

C. If the exposed faculty, staff or student seeks care for a blood/body fluid exposure, this form should be brought to the physician providing care who should report “findings and recommendations” on the back and sign the form.

D. The completed form should be turned in to Jan John in Room 2801.1 for forwarding to UNMC as is appropriate.

4. Medical care for clinical injuries with exposure to the blood of another person
   A. The College of Dentistry has arranged for care by:
      Monday – Friday 7:00am – 4:00 pm (except holidays)
      **St. Elizabeth Company Care**
      5000 N 26th St
      Autumn Ridge Medical Plaza
      Phone number: (402) 475-6656
      After 5:00 pm weekdays and on weekends and holidays
      - St. Elizabeth Emergency Room
      - 555 S 70th St
      - Phone number: (402) 219-7142
B. Call for an appointment as soon as possible after the injury. If at all possible, the appointment should be scheduled within 24 hours of the injury.
   1. The College strongly recommends that any faculty, staff or student who has an injury with possible exposure to the blood or body fluids of another person seek medical care. Treatment as soon as possible is imperative for those exposed to blood from patients with known serious infectious disease such as HIV. However, the decision on whether or not to seek medical care rests ultimately with the injured person.
   2. The College covers the costs for the injured COD personnel and source patients for initial medical care and recommended follow-up for clinical injuries with possible exposure to the blood of another person when provided by St. Elizabeth Company Care.
   3. The injured person and/or source patient may seek medical care from another physician but this may lead to delays due to lack of familiarity with UNMC protocols for treatment and payment. In such cases, the Assistant Dean for Patient Services should be notified and the treating physician must complete the "findings and recommendations" section of the UNMC Confidential Report of Occurrence.

C. When reporting for the appointment at St. Elizabeth Company Care, bring the following:
   2. A copy of the medical history and medical history notes of the patient (if the patient is known).
   3. UNMC COD HBV Immunization Status (available in Room 2801.1).
   4. UNMC COD Patient Consent for Blood Test form signed by the source patient, if patient is known and available to sign the form, (available in Room 2801.1).
   5. UNMC COD Authorization for Care for Blood and Body Fluid Exposure to authorize payment for tests for the source patient (if known).

D. The treating physician will determine the need and provide or arrange for:
   1. Laboratory procedures for the injured person and the source patient (if known and willing to undergo lab tests). The College will cover costs for laboratory procedures for source patients.
   2. Medications and/or immunizing agents.
   3. Counseling related to the injury/exposure.
   4. Follow-up care.

E. The treating physician will maintain the confidentiality of records of care except for the report of care provided on the UNMC Confidential Report of Occurrence and other reports to UNMC as are required by regulations or law.
Special Infectious Disease Situations and Examples

H1N1 – Cold/Flu Season Protocols

A. Each patient will be given a brief statement of our efforts to protect patients, students, faculty and staff against Flu/H1N1 flu or other formally identified strains/diseases posing community health risks.

B. The Flu/H1N1 flu Questionnaire card will be given to students and appointment clerks to guide Flu/H1N1 flu questions to patients and to ATP patients and other patients who are undergoing registration.

<table>
<thead>
<tr>
<th>UNMC COLLEGE OF DENTISTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu/H1N1 flu Questionnaire</td>
</tr>
</tbody>
</table>

In the past week have you had any of the following symptoms?

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Body Aches</td>
<td></td>
</tr>
<tr>
<td>Runny Nose</td>
<td></td>
</tr>
<tr>
<td>Sore Throat</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Vomiting or Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Currently experiencing dental pain</td>
<td></td>
</tr>
</tbody>
</table>

A student will review this information and may check your temperature.

C. Appointment clerks will use the questions as a guide when confirming appointments. These questions are imbedded into the medical history form distributed to all new patients and found in the general information section of the EDR Medical/Dental Hx questionnaire.
1. They should ask patients if they have experienced flu-like symptoms in the past week such as:
   a. Fever
   b. Body aches
   c. Runny nose
   d. Sore throat
   e. Nausea
   f. Vomiting or diarrhea
   g. Fever
   h. Are you currently experiencing dental pain and/or swelling?

2. If patient indicates they are not feeling well, clerk should ask patient to call back the following day to confirm their symptoms or reschedule the appointment (confirming is usually 2 days prior to appointment). The recommendation from the CDC is to state the following:
   a. “I am so sorry you are not feeling well. The college follows the recommendations of the Center for Disease Control and Prevention (CDC) to help keep our patients, students and staff safe. The CDC advises people to stay home when they are sick and avoid contact with other people as much as possible to keep from spreading their illness to others. May I reschedule you (or the patient)? Let’s look at a week (7 days) from now. However, if you are still feeling sick, we’ll need to wait until you no longer have any symptoms.”
   b. If patient has a severe dental emergency (such as trauma or infection with significant swelling) and needs to be seen, consult with faculty in the emergency clinic about possible treatment options.
      • Refer to a suitably equipped hospital emergency room (recommended by the CDC for patients with confirmed Flu/H1N1 flu).
      • Schedule the patient in an isolation cubicle (Pedi management room) under the supervision of faculty and staff fitted with appropriate filter masks.
   c. If patient is very sick and asks clerk if they should go to the doctor, clerk should advise them to call their physician and let the office advise them what should be done.

D. Protocol for screening patients when national epidemic/pandemic conditions regarding Flu/H1N1 flu (or other identified strains posing community risk)
1. Students should meet appointed patients in the reception room and ask the Flu/H1N1 questions on the Flu/H1N1 Questionnaire before taking them to clinic.
   a. If patient responds yes to one or more symptoms on the card, take the patient’s temperature with a forehead swipe thermometer in a designated semi isolated space in the reception area
      • If temp is ≥ 100°, DO NOT TAKE THE PATIENT TO THE CLINIC. Suggest that the patient go home and check with their physician about possible Flu/H1N1 flu. Arrange with the clerk to call the patient to reschedule the appointment.
      • If the temp is < 100°, take the patient to the clinic and check with faculty about whether or not to treat the patient at this appointment.
   b. If the patient seems to have a severe dental emergency (such as trauma or infection with significant swelling), consult with Priority Care Faculty in the emergency clinic before releasing the patient. If it is determined that the patient needs immediate care, the faculty member can decide on the appropriate option for care:
      • Refer to a suitably equipped hospital emergency room (recommended by the CDC for patients with confirmed Flu/H1N1)
      • Treat the patient in a cubicle in an isolation cubicle (Pedi management room) with appropriate and designated level of filter mask.

2. ATP patients and other patients who need to register.
   c. As ATP and other patients who have not registered check in, the receptionist should give the patient a Flu/H1N1 card and ask them to complete it and give it to registration clerk before going through the registration process.
   d. If the patient indicates 1 or more possible Flu/H1N1 symptoms on the card, the registration clerk should have an assigned PCC take the patient’s temperature.
      • If the temp is ≥ 100°, the patient should not continue the registration process. Suggest that the patient go home and check with their physician about possible Flu/H1N1. Arrange with the clerk to call the patient to reschedule the appointment.
• If the temp is < 100°, the patient should continue the registration process. The assigned ATP (or other) student should then take the patient to the clinic and check with faculty about whether or not to treat the patient at this appointment.

E. Protocols for protection of patients and those accompanying patients within the college.
   1. Alcohol based antibacterial gel pumps are available for use in the reception area.
   2. Masks are available in the reception upon request.
   3. Kleenex and waste basket are available in the reception area.
   4. Pens, surfaces used by patients etc. should be sprayed or wiped down during the day by staff members who work in the area.
   5. If a patient is coughing and appears to be sick, the receptionist or roving greeter should ask the patient to use the bacterial gel and wear a mask until their student can visit with them.

**TB Assessment in the ATP Clinic Setting**

The following information is condensed directly from the Centers for Disease Control and Prevention website: [http://www.cdc.gov/tb/topic/basics](http://www.cdc.gov/tb/topic/basics)

Tuberculosis infection can result in two TB-related conditions; **TB disease or Latent TB**. TB disease means that the bacteria are active and can attack the lungs and other parts of the body. Such individuals are typically demonstratively sick and will cough a lot, cough up mucus, cough up blood or have chest pain when coughing. They will complain of weakness, loss of appetite, loss of weight, fever or complain of night sweats.

When a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings, TB is spread. People nearby may breathe in the bacteria and become infected. TB is not spread by shaking hands, sharing food or drink, touching of bed clothing or toilet seats, sharing toothbrushes or kissing.

Individuals with active forms of TB disease are typically under strict infection control guidelines and are followed closely for compliance with their medications.

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop it from actively growing, resulting in Latent TB infection (LTBI). The only sign of this form of TB could be a positive reaction to the tuberculin skin test. People with latent TB infection do not feel sick, do not have any symptoms and are not infectious. However, if TB bacteria become active in the body (such as through a severe immune challenge) and multiply, the person will get sick with TB disease.

In the clinical setting you may run into individuals who are being treated for their LTBI.
LTBI is treated in certain circumstances because it substantially reduces the risk that TB infection will progress to active forms of the disease and will mitigate the public health risk. As opposed to the treatment of TB disease, the length of time on LTBI medication does not substantially impact your decision to see the patient because by definition, it is a non-infectious TB condition. Certain population groups are at very high risk of developing an active form of TB disease once infected and such information may afford some insight during screening procedures; HIV infected persons, recent contacts of TB, persons with fibrotic changes on chest radiographs consistent with old TB, organ transplant patients, persons who are immunosuppressed, recent arrivals (< 5 years) from high prevalence countries, IV drug users, residents/employees of high risk congregate settings (correctional facilities, etc), mycobacteriology lab personnel, persons with high risk clinical conditions, children under the age of 4 exposed to adults in high risk categories.

**Classic Signs and Symptoms Associated with TB related conditions.**
http://www.cdc.gov/tb/topic/basics

<table>
<thead>
<tr>
<th>A Person with Latent TB Infection</th>
<th>A Person with TB Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has no symptoms</td>
<td>• Has symptoms that may include:</td>
</tr>
<tr>
<td></td>
<td>- a bad cough that lasts 3 weeks or longer</td>
</tr>
<tr>
<td></td>
<td>- pain in the chest</td>
</tr>
<tr>
<td></td>
<td>- coughing up blood or sputum</td>
</tr>
<tr>
<td></td>
<td>- weakness or fatigue</td>
</tr>
<tr>
<td></td>
<td>- weight loss</td>
</tr>
<tr>
<td></td>
<td>- no appetite</td>
</tr>
<tr>
<td></td>
<td>- chills</td>
</tr>
<tr>
<td></td>
<td>- fever</td>
</tr>
<tr>
<td></td>
<td>- sweating at night</td>
</tr>
<tr>
<td>• Does not feel sick</td>
<td>• Usually feels sick</td>
</tr>
<tr>
<td>• Cannot spread TB bacteria to others</td>
<td>• May spread TB bacteria to others</td>
</tr>
<tr>
<td>• Usually has a skin test or blood test result indicating TB exposure</td>
<td>• Usually has a skin test or blood test result indicating TB exposure</td>
</tr>
<tr>
<td>• Has a normal chest x-ray and a negative sputum smear</td>
<td>• May have an abnormal chest x-ray, or positive sputum smear or culture</td>
</tr>
<tr>
<td>• Needs treatment for latent TB infection to prevent active TB disease</td>
<td>• Needs treatment to treat active TB disease</td>
</tr>
</tbody>
</table>

**Table: Drug Regimens for the Treatment of LTBI**
http://www.cdc.gov/tb/topic/basics

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Duration (months)</th>
<th>Interval</th>
<th>Minimum doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoniazid</td>
<td>9</td>
<td>Daily</td>
<td>270</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Twice weekly</td>
<td>76</td>
</tr>
<tr>
<td>Isoniazid</td>
<td>6</td>
<td>Daily</td>
<td>180</td>
</tr>
</tbody>
</table>
When performing intake/screening examinations at the College of Dentistry whether for ATP clinic or other clinics, a number of questions can be asked to guide you in establishing a TB history from your patient. If you receive positive answers (YES) to these questions, consultation with a physician is appropriate in order to clarify the patient’s status. The patient should not advance into the main clinic area until their status is clarified, discussed with your faculty and it is properly documented in the record.

**Have you ever been diagnosed with TB?**

If the patient states “NO”, you may inquire about recent signs and symptoms of TB; cough, bloody sputum, weakness, fatigue, chest pain, etc. You can also inquire if the patient has ever had a positive TB skin test? Additional “NO” responses to these questions allow you to move on with other screening questions and your examination in the clinic area.

If the patient states “YES”, you will need to establish whether there has been a diagnosis of TB disease or latent TB infection and any subsequent treatment for said condition.

**Follow-up clarifying question: Have you had a positive TB skin test?**

*What does this mean?* A positive skin test only establishes that they have had a TB exposure and the body has produced an immune response. It does not establish or distinguish between latent TB and TB disease. Possible outcomes at this point could reflect an infection that was cleared, some form of TB disease for which they may or may not have received treatment or they have LTBI. It is unlikely that an individual with a positive TB-Skin test and active TB disease would be visiting the clinic given the close scrutiny of such cases unless they have been on medication and have negative sputum smears/cultures. Further, if they have been treated for TB disease in the past, they will have a positive skin test and likely be able to provide some history regarding sputum samples and lengthy antibiotic treatment. The full history of the disease process and its treatment should be reviewed with the patient’s physician especially when the information is sketchy, inconsistent with known facts regarding TB or being received through a third party such as interpreter. Positive TB skin tests, in an apparent healthy individual, and in the absence of any detailed history of TB symptoms/disease/treatment is likely to be LTBI and allows you to move on with other screening questions and your examination in the clinic area.

**Follow-up clarifying question: Are you currently being treated for your TB?**

If the patient is on TB medications, you again must distinguish between treatment for TB disease and Latent TB.
Antibiotic treatment of TB disease is lengthy and the patient is considered infectious until they have had multiple (usually two), serial negative sputum cultures. Culture growth times vary so the patient will likely be on the medications for weeks prior to being cleared by their physician. Under such conditions, do not take the patient back into the main clinic area and get clarification of the patient’s status with respect to their treatment and culture history directly from their physician. Also, it is important to discuss with the physician the open bay and aerosolization risks associated with dental care at the College of Dentistry.

*If the patient is on TB medications for Latent TBI,* they are by definition not infectious and can be seen in the clinic. If the patient is not feeling well or suffering from flu or cold like symptoms it is best to dismiss the patient and reappoint for care and advise the patient to follow up with their physician.
PRE-CLINICAL LABORATORY POLICIES

1. Please read the laboratory handout and be familiar with the protocol prior to each exercise.
2. Clothing must be clean, professionally appropriate, and safe. A clean gown is necessary. **DO NOT WEAR** shorts, sandals, hats or caps. Wear your name tag / lanyard at all times.
3. Wear PPE (Personal Protective Equipment) gloves, mask, and safety glasses whenever using a high or low speed handpiece, when using the model trimmers or the grinding/polishing lathes.
4. When handling extracted natural teeth wear gloves, mask and safety glasses. The containers used for storing of natural teeth are to be properly labeled; 1:10 Sodium Hypochlorite (Bleach) solution.
5. Food and/or drink are not allowed in the lab. The use of headphones, radios, or cell phones is not permitted during lecture or laboratory sessions.
6. Please leave the laboratory neat and orderly. Cleaning your work area after each session includes the following tasks:
   - Report equipment failures ASAP to Pre-Clinical Dispensing Clerk (Ms. Bonnie Johnson).
   - Individual bench tops - Remove all materials, including the removal of plaster and wax from bench top and knee hole space. Dust and wipe down area with ProSpray wipes located on the glove/mask cart. Also, wipe down light, air/gas jets, sharps containers, etc.
   - Put away handpieces and replace hoses.
   - Lab coats should not be left out in the laboratory • Clean out trash/debris drawer (Lock all 4 drawers)
   - Your assigned bench top must be covered with brown paper before starting work for the next session,

Common work Areas
The common workbench areas are to be cleaned following each laboratory period by an **assigned group of students**. Consult the schedule for your assigned day. Failure to clean your work space or take your turn in cleaning the common areas will result in a grade reduction for that session.

Common workbench duties includes the following tasks:

- Tubs in the sink must be cleaned out and turned upside down/slanted in the sinks to drain and dry.
- The plastic covers for the scales and vibrators are to be replaced. They are located in the bins on common area counter tops.
- Clean up common work areas as scheduled – each student should clean up any mess he/she makes as it occurs. Wash and dry counters, sinks, faucets, and shelves. Replace dirty and/or wet brown paper.
- Dust pans, brooms, and whisk brooms have been provided for your use.
7. All laboratory sessions end at 11:45 A.M. or 4:45 P.M. Please do not use the common areas after this time in order that they may be cleaned.

**Assignments for Laboratory Clean-Up**
The East and West common bench areas must be cleaned at the end of each laboratory session. Weekly assignments are provided by Ms. Bonnie Johnson, Dispensary Clerk, and it is the student’s responsibility to determine when she/he is assigned to clean-up. Failure to appear for clean-up will result in the deduction of points for that laboratory.

**Weekend and Out of class Lab use**
Anyone using the lab on the weekend or during non-scheduled lab time is responsible for cleaning up after themselves, making sure to leave the whole lab neat and orderly. Failure to do so may result in closure of the lab for after hour and week-end sessions.

This policy and associated protocols ensure that the laboratories are safe and clean areas for you and future classes. They also establish patterns of behavior that translate to clinical care and increase your knowledge of and working with infectious and environmental waste. Thank you for your cooperation and taking pride in maintaining the pre-clinical labs.
Purpose:
The purpose of this guide is to familiarize employees / Sterilization Techs with the basic procedures within the Sterilization and Dispensing area.

Responsibility:
It is the responsibility of all Supervisors, employees, and designates to enforce the procedures and policies involved in the Sterilization and Dispensing area.

Intent:
It is the intent of this guide to give an overview of the general duties to be performed and NOT to be interpreted as the sole means of training.

Topics covered within this guide:
- Autoclaves
- Belimed washers
- Ultrasonic cleaner
- Sporox
- Transport of sterile and contaminated equipment
- Types of and contents of dental cassettes
- General cleaning
- Packaging technique
- Aseptic technique
- Contaminated receiving or “Drop off Room”
- Prep packets
- General responsibilities
- Areas of responsibility, Growth and Development Department = (Orthodontics & Pediatric Dentistry), Surgical Specialties Department = (Endodontic, Periodontics, Oral Surgery) Oral Biology Department (Radiology), Priority Care Department, Hygiene Department, University Dental Associates, Undergrad - Adult Restorative, Periodontics, Prosthodontics (Removable and Fixed)
- Chemicals
- Computer
- Spray down
- Restocking of supplies
- Tornado shelter locations or designated areas of safety
- Schedules
- Personal notes
Use of the Primus Sterilizers

Equipment Purpose: To provide sterilization to critical and semi-critical instruments and materials.


2. Phase Graphs are displayed on Page 8-10 of the Primus Sterilizer Manual.

3. Alarms are located on Pages 17-19 of the primus Sterilizer Manual.


I. Control Panel Display

The control panel consists of the following buttons:

a. Door
b. Cycles 1,2,3,4
c. ON/OFF
d. ADV (Advance)
e. Enter
f. Up Arrow
g. Down Arrow
h. Sterile Temp
i. Sterile Time
j. Dry Time
k. * (Asterisk)
l. Start

II. To Open and Close

To Open: Press and release the “Door” button.

To Close: Press and hold the “Door” button

III. Cycles

<table>
<thead>
<tr>
<th>Cycle #1</th>
<th>Cycle #2</th>
<th>Cycle #3</th>
<th>Cycle #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gravity</td>
<td>Gravity</td>
<td>Liquids</td>
<td>Vacuum</td>
</tr>
<tr>
<td>Handpieces</td>
<td>All non-dry items</td>
<td>Cassettes</td>
<td></td>
</tr>
<tr>
<td>Cassettes</td>
<td></td>
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</tr>
</tbody>
</table>

IV. Loading Instruments

a. Place clean, packaged instruments onto chosen sterilizer rack. Fill out integrator information and place in package on lower level of rack closest to drain.

b. Open door.

c. Roll matching rack to appropriate sterilizer.

d. Forks on the rack should fit into the tracks inside the sterilizer.

e. Set brakes on the cart.

f. Pull release bar on rack and slide the rack into the sterilizer.

g. Unlock cart and pull away.
h. Close sterilizer door.
i. Choose appropriate cycle setting on the control panel.
j. Push “Start” button. (Green light disappears)

V. Unloading of Instruments
a. Check panel print out to see appropriate sterilization parameters have been met during cycle run.
b. Initials on print out to take responsibility for the load.
c. Open sterilizer door.
d. Roll cart to sterilizer making sure the forks fit properly into the tracks.
e. Set brakes.
f. Wearing heat resistant gloves pull rack onto the cart.
g. Release brakes and park cart.
h. Place sterilized equipment at appropriate locations.
i. In case of an inappropriate run, notify Rhonda Simpson or Lori Spracklen.

Use of the Belimed WD-240 Washer/Decontaminator
Equipment purpose: To wash and disinfect dental and surgical instruments, basins, containers and other washable items prior to packaging for sterilization.

I. Washer steps:
   a. Pre-wash
   b. Wash
   c. Neutralizer
   d. Pre-rinse
   e. Thermal disinfection
   f. Lube
   g. Dry
   h. Program times are 30-35 minutes
   i. Water inlet ports, when in place, line up with the holes on the right side of the rack. Note: When loading the rack, the magnets MUST be on the right side.
   j. These washers are set up with a Rack Recognition System. The number and position of the magnets tell the washer which program to use.
   k. Temperature: LCD window shows temperature in Celsius: 60*C=140*F (Wash) 93*C=200*F (thermal disinfection) 99*C=211*F (Dry)
   l. When loading the washer racks, do not obstruct the spray arms with trays etc.

II. Loading Racks
   a. Put any items known to trap water on the bottom shelf. Small items or items that drain easily on the top shelf.
   b. Tilt items to keep surfaces at an angle for drain off.
   c. Open hinged instruments – scissors, surgical forceps, etc.
   d. Keep instruments in a basket.
   e. DO NOT obstruct spray arms.
III. Instrument Normal – Wash Program
   a. Units are fed with Reverse osmosis water. This cuts down on water spotting.
   b. Pre-wash cycle is at 20°C for 2 minutes; the wash at 60°C for 4 minutes; neutralizer is at the
temperature of the hot water supply for 2 minutes; pre-rinse is at the temperature of the hot water
supply for 30 seconds; thermal disinfection is at 93°C for 2 minutes; dry step consists of 99°C
forced air for 12 minutes; high alkaline detergent at a normal setting of 3 milliliters per 1 liter of
water.

IV. Enzyme Wash
   a. Used for washing aluminum or painted items. Enzymatic detergent is used at 5.0 milliliters per
liter of water. Pre-wash is at 20°C for 1 minute; wash is at 45°C for 5 minutes; NO neutralizer; 2
pre-rinse steps at 60°C for 30 seconds; thermal disinfection is at 93°C for 2 minutes; drying is at
99°C forced air temperature for 12 minutes.

V. Manual Override of Rack Recognition System
   a. Push “Start/Reset” button three times.
   b. The first push interrupts the program, which was selected by the magnets.
   c. Second push turns off the LCD display.
   d. Third push turns LCD display back on.
   e. Select program from the display menu and push corresponding button once.

VI. Cleaning solutions
   a. High Alkaline – detergent, neutralizer, lubricant

VII. Cleaning of the Washer
   a. From dirty side (loading side) of washer, clean primary and secondary screens.

VIII. Clearing Faults
   a. A “Dozer” fault on LCD display means detergent is low. When LCD display shows a fault with a
number recording the fault #, unit #, and date on the fault sheet located in the drawer to the right
of the units. Notify Rhonda ASAP or leave a note on her desk if not present.

Use of the Castle 2415UW Ultrasonic Cleaner

Refer to Operation Manual, Section 2.1 for Operating Instructions

I. Control Panel:
   A. Power button
   B. Lid Button
   C. Degas Button
   D. Fill Button
E. Drain Button  
F. The “Stop” Button is located on the front center of Ultrasonic Cleaner.

II. Foil test is to be run to test function (see picture)

**Sporox® High Level Disinfection**

All semi critical items touched only mucous membranes. As such, they have a lower risk of transmission than critical items. Most items in this category are heat tolerant. Those items can be heat sterilized. Items that are not heat tolerant need to be processed using the liquid sterilization/high level disinfection method. The items are to be placed in the solution for cleaning of gross debris prior to immersion in the disinfection solution. When the manufacturer’s instructions are followed, soaking instruments can be processed using a liquid sterilant/high level disinfectant which destroys or inactivates most microorganisms to a number that poses no threat of disease. Sporox® is a hydrogen peroxide base liquid that can achieve sterilization after six hours of immersion in the solution. When the items are removed and rinsed and hit the air they are technically no longer sterile and are classified as having gone through a high level disinfection process.

Testing of the solution should be done on the first day of use and then weekly to assure concentration passes test for the level of effectiveness. This is recorded in a log.

Items to be processed this way:
- a. All plastic that cannot tolerate high heat:  
- b. Some examples:  
- c. Safety glasses  
- d. Vita shade guides  
- e. Alginate water measures  
- f. Free flow tips  
- g. Crown Spreaders  
- h. Orthodontic Elastics  
- i. Radiology tabs  
- j. Any additional items that fall into this category
Transporting of Sterile and Managing Contaminated Equipment

a. The following applies to items that are used at chairside that cannot be immersed in a sterilant / high level disinfection solution and cannot withstand high heat sterilization. Most of these items are dental medicaments such as impression materials, disbursement guns, plastic mixing tips, medicament containers, paper mixing pads, composite and bonding materials, temporary cements, and all laminated directions for dental material use.

b. After donning appropriate PPE, spray down the items.

c. The items are received and separated at the return window upstairs and brought down to the Instrument Management Center and placed on the counter under the vented ceiling. The items are placed on plastic backed paper and sprayed down with Vital Defense with a timer set to 10 minutes. The items are to be placed on their ends so that all sides can be wetted with the spray. When the timer goes off, the items are examined and wiped down with a Prospray disinfectant wipe. The Vital Defense leaves a sticky green residue substance so it is important to wipe it off with the Prospray wipes before returning them for redistribution.
2014 Products in Use
(This is an initial draft presentation of this document for ongoing review and revision)

Name, Agents, Use

Bioclenz ®— Chlorine dioxide, water line cleansing system.
Provan Foaming Handwash® – PCMX - chloroxylenol; handwash.
ProSpray Wipes® – Phenol, operatory surface disinfection.
Cavicide Wipe® – Quaternary ammonium with synergistic isopropanol, operatory and surface disinfection.
Sporox® – Hydrogen peroxide based sterilant and high level disinfectant, semi-critical instruments.
Cidex OPA® – Glutaraldehyde, sterilant and high level disinfectant, critical/semi-critical instruments.
Opticide ®– Quaternary ammonium chloride with synergistic isopropanol, for semi-critical instrument disinfection.
Discide® – Phenol, for impression materials when transferring to lab, pumice wetting agent.
ProClean® – Citric and Sulfamic acid, prosthesis cleaning
Spordi® – bacterial spore test strip.
Bowie Dick – vacuum testing strip.