

**St. Joseph's Regional Medical Center
Department of Dentistry**

Policy: Departmental Infection Control Guidelines– Department of Dentistry (All Sites) Page 1 of 1	
Effective Date: May, 1993	
Revise Date: February, 2009	
Review Date: : February, 2016	Policy # INF: 01

Purpose

To provide a guide for the prevention and control of infections in the Dental Department.

II. Personnel Policy

A. Employee Health (*See Infection Control Manual Employee Health Service D-1*)

1. Employees will have annual physical assessment including PPD skin testing as per hospital policy.
2. Supervisor or designee will ensure that staff members are assigned to comply with Employee Health Service's schedule.
3. Hepatitis B vaccine is available for all employees and recommended for those who have contact with blood and body fluids.
4. Healthcare workers will comply with hospital policy concerning reporting of infections, needlestick injuries, or mucous membrane splashes.
5. In case of doubt as to whether a potential for infection exists, supervisors are to direct the employee to Employee Health Services for evaluation.
6. When reporting is not volunteered, supervisors have the responsibility for ensuring that all of their working employees are free of communicable disease. In case of doubt, employees are to be directed to Employee Health Services for evaluation.

B. Education

1. Basic Infection Control Orientation is provided as part of New Employee Orientation. Orientation to staff responsibilities and specific Infection Control Policy/Procedures will be provided by the Department of Continuing Education and by their supervisor.
2. Any changes or updates in Infection Control Regulatory Guidelines will be introduced by the Infection Control Practitioner and presented to supervisory staff.

III. Procedures

A. Care of Equipment & Supplies

1. All non-disposable instruments used orally must be cleaned and rinsed prior to sterilization. The ultrasonic cleaner in the central sterile area is used to reduce hand injury. Protective heavy-duty rubber gloves, mask, and eye protection must be worn when cleaning instruments that must be hand scrubbed.
2. Steam autoclave is the preferred method of sterilization. Ethylene oxide gas sterilization is for those items that cannot be steam autoclaved.
3. Surgical instruments are stored in the surgical cabinet in sealed and dated packs. Event related sterility guidelines are followed as per hospital policy (See Infection Control Manual E-3).
4. Packs should be opened only as needed using aseptic technique. Stock should be routinely rotated according to date.
5. All sterilized instruments must be stored in their package. Loose instruments must be packaged and reprocessed.
6. For Hospital Dental Clinic: All instruments are sent to Central Sterilization department for sterilization.

7. Instruments with devices which are used orally and may be in contact with blood/secretions:

<u>Sterilized</u>	<u>Single-Use Disposable</u>
amalgam carriers	air/water syringe tips
amalgam wells	brushes (small)
anesthetic syringes	disposable syringes used for root canal irrigation liquids
bite block (rubber)	matrix bands
burs	oral evacuator tips
Cavitron tip	Prophy Angles
crowns	saliva ejectors
hand instruments	wedges
handpieces (high speed and slow speed)	
impression trays	
mixing instruments	
mouth mirrors	
Prophy Jet polisher tips	
rubber dam clamps/holders	
surgical instruments	
XCP holders	

8. Instruments and supplies which must be disinfected in glutaraldehyde include those which cannot be routinely sterilized or do not require sterilization:

Ambu-bags® (store in clear plastic bags)
Contaminated dentures (prior to polishing and repair)
Mouth props
Glass thermometers-XCP holders that cannot withhold heat.
Plastic ortho instruments

Water and air syringe tips are disposable. High-speed handpieces are to be sterilized in the autoclave. Burs are cleaned and soaked between patients and sterilized by autoclave.

9. Dental Lab
- All intra-oral items (i.e., dentures, partials) must be disinfected prior to sending to the lab for processing.
 - Cross-contamination must be avoided in the lab by disinfecting the equipment after each use.

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10. Disinfection of Equipment between Patients:
The disinfectant should be used according to the recommended guidelines
(NOTE: The time it should be left on surface = 3 minutes)
The following equipment will be disinfected between each patient:
 Chair control switches, arms
 Cuspidors
 Light handles
 X-ray cone control switches and lead aprons
 Water lines should be flushed for several minutes between patients
 and at the beginning and end of each day.
The dental operatories are cleaned daily with germicidal detergent by the
environmental aide.

The following work surfaces/items are lined with disposable covers and/or
cleaned daily and between patients with quaternary disinfectant:

- Alabama cabinet top
- Counter top
- Handpiece holders
- Tray tops

B. Solutions Used for Cleaning & Disinfection

Note: Instruments and surfaces should be thoroughly cleaned of body fluids
prior to disinfection or sterilization.

<u>Active Ingredient</u>	<u>Use</u>
Quaternary Compound	Environmental cleaning of surface
Quaternary Compound	Environmental detergent
Hypochlorite	High-level disinfection of surfaces contaminated with blood, secretions, etc. (dilute 1:10 with water)
Enzymatic solution	Holding solution
Enzymatic solution	Suction cleaner

- C. Testing of Sterilization Equipment
1. Autoclaves are tested weekly with appropriate spore via biological indicators. A log is kept of all test results.
 2. Sterilizers yielding a positive spore test will be retested and reported if necessary.
 3. Sterilized peel-packs are marked with a sterilization date.
 4. Individual peel-packs are monitored with chemical indicator strips.

- D. Standard Precautions (See Infection Control Manual Section G-1 Reference #2005)

Employees will handle all blood, saliva, gingival fluid, and other body substances (e.g. vomit) as being potentially infectious. Employees will utilize personal protective equipment (gloves, gowns, masks/goggles or face shields) per departmental guideline.

- E. Handwashing/cleansing (See Infection Control Manual Section E-1 Reference #2002)

1. Handwashing is the single most important means of preventing the spread of infection.
2. Hands must be washed before and after every patient contact.

- F. Reporting of Infections

If a pattern develops in the incidence of odontogenic infection or if clusters of cases are noticed, this must be reported to the Infection Control Department and departmental QA program.

- G. Waste Disposal

1. Disposable sharps (including ortho wires, carpules, disposable syringes, needles, scalpel blades) are discarded directly into a Sharps container. Needles/syringes should not be purposely bent, broken, or recapped by hand. Safety devices must be engaged upon disposal of device so equipped.

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2. Other waste is placed in plastic liners and removed daily by the environmental aide.
3. Biohazard waste containers are in all operatories for items heavily soiled with blood.

IV. Traffic Control

- A. Patients will use the waiting area prior to treatment.
- B. Treatment is limited to the operatories.
- C. Visitors are discouraged from entering the operatories.

V. OSHA Regulations

- A. Personal protective equipment (PPE) for all employees includes:
 - Eye protection
 - Gloves
 - Lab coats
 - Masks

All lab coats will be cleaned by the hospital laundry service or disposable. All PPE must be removed before leaving the operatory. The wearing of lab coats must be consistent with hospital policy.

- B. MSDS sheets will be kept within the department and online.
- C. OSHA training and education will be done on a yearly basis.

Reference: CDC "Recommended Infection Control Practices for Dentistry, 1993"

Revised 1/98
Reviewed 1/01
Reviewed 7/04
Reviewed 2/09

Chairman, Department of Dentistry

Date

Chairman, Infection Control Department

Date

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Policy: Sterilization

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Effective Date: 1/1975

Review Date: February, 2016

Revise Date: March, 2014

Policy # INF:02

Policy:

It is the policy of the Department of Dentistry that all instruments that can potentially transmit disease from patient-to-patient will be sterilized. In addition, the use of disposable items is encouraged.

Procedures:

- All sterilization (with exceptions noted below) is to be done at Central Sterile Services (C.S.S.).
- Prior to instrument transfer to C.S.S., instruments are pre-soaked in enzymatic solution to remove protein/organic matter. The instruments are then sent to C.S.S.
- Intradepartmental sterilization is reserved for dental handpieces and highly specialized items. Sterilization is accomplished according to OSHA protocols and includes decontamination of all instruments followed by steam heat autoclaving. Biological monitoring of the autoclave is performed and documented regularly.
- All handling of instruments is to take place with the use of proper personal protective equipment as recommended by OSHA:
 - Fluid resistant lab coats
 - Utility gloves
 - Mask
 - Eye protection

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Policy: Communicable Diseases

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Effective Date: April, 1995

Review Date: March, 2014

Revise Date: March, 2009

Policy # INF:03

Policy:

In compliance with State Law, all Ambulatory Care Programs of St. Joseph's Regional Medical Center should report all new cases of communicable diseases to the Infection Control office of the hospital immediately after the diagnosis is made. That office is the responsible for reporting to the local Board of Health within twelve hours after the diagnosis has been made. Documentation of reporting will be made on the Board of Health forms and in the patient's chart.

Identified below is a list of communicable diseases:

Amebiasis	Poliomyelitis
Anthrax	Psittacosis
Botulism	Q-fever
Brucellosis	Rabies
Cerebral Palsy	Relapsing Fever (Louse-Born)
Cholera	Rocky Mountain Spotted Fever
Dengue	Salmonellosis (Specify)
Diarrhea of New-Born	Shigellosis
Diphtheria	Smallpox
Encephalitis (Specify)	Tetanus
Epilepsy	Trachoma
Food Poisonings	Trichinosis
Glanders	Tuberculosis, all forms
German Measles (Rubella)	Tularemia
HIV	Typhoid Fever
Hepatitis, Infectious	Typhus Fever
Hepatitis, Serum	Venereal Diseases, Including –
Leprosy	- Chancroid
Malaria	- Gonorrhea
Measles (Rubeola)	- Granuloma Inguinale
Meningitis, Aseptic (Specify)	- Ophthalmia Neonatorum
Meningitis, Meningococcal	- Syphilis
Plague	Yellow Fever

All reportable diseases are reported to Infection Control.

For additional information, please refer to the Infection Control Policies and Procedures Manual, Section # 14.

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Policy: Tuberculosis Exposure Control Plan	Page 1 of 1
Effective Date: April, 1999	
Revise Date: May, 2014	
Review Date: March, 2014	Policy # INF: 04

PURPOSE

Establish procedures to ensure proper precautions are followed for patients requiring dental intervention with a diagnosis of suspected/confirmed TB to prevent nosocomial transmission.

LEGAL/REGULATORY CITES

JCAHO - IC - 2, 3, 4, 5
NJ Administrative Code 8:57-5.3
29 CFR 1910.1030(c)(2)(ii), (d)(2)(i), (3)

PROCEDURE

- A. During initial medical history and periodic updates, dental health care workers (HCW) should routinely include any history of Tuberculosis and symptoms suggestive of TB.
- B. Elective dental treatment should be delayed until a physician confirms that the patient does not have infectious TB. If the patient is determined to have infectious TB, elective dental treatment should be deferred until the patient is no longer infectious.
- C. If urgent dental care must be provided for a patient who has or is strongly suspected of having infectious disease, attempts will be made to perform the procedure at a time when other patients are not present in the clinic and when a minimum number of personnel are present.
- D. Dental HCWs must use N-95 respirator while performing procedures on patients suspected of having infectious TB.