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Academy  
of General Dentistry™

# ***Got OSHA and Infection Control?***

*Infection Control*

*OSHA*

*Dental Practice Act*

*HIPAA*

## **Objectives**

- ✓ **Recognize Hazards**
- ✓ **Explain How to Manage an Exposure Incident**
- ✓ **Employ CDC Guidelines for Infection Control**
- ✓ **Achieve A Culture of Infection Prevention and Safety**

✓

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## 6 Easy Steps to Office Safety & OSHA Compliance

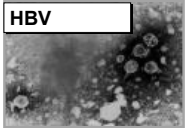
1. Training and Immunizations
2. Exposure Control
3. Chemical & Office Safety
4. Explain Labels, signs and symbols
5. Locate items in the office
6. Documentation and safety inspection

### Step 1 Training and Immunization

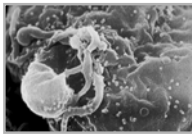
- Initial OSHA Training
- Bloodborne Pathogen Training Annually
- Medical forms & Hepatitis B Vaccinations
- Safe Work Conditions \_\_\_\_\_
- Written Injury and Illness Prevention Plans

### Criminal Microbes & Desperate Office Germs

**HBV**

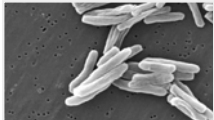


**HIV**



Cytomegalovirus  
Hepatitis B  
Hepatitis C  
Herpes simplex virus types 1 and 2  
Human Immunodeficiency Virus (HIV)  
Mycobacterium tuberculosis  
Staphylococci  
Streptococci  
Plus other viruses that colonize or infect the oral cavity and respiratory tract

**TB**



### Hepatitis B Vaccine

Within 10 Days of employment  
3 Vaccinations

- #1 Today
- #2 at **1** month
- #3 at **6** months



**Important**  
Blood draw at 4-6 weeks after series to check for Hepatitis B surface antibodies (immunity).

### Step 2 Exposure Control

- Exposure Determinations
- Schedule & Method of Implementation
- Hepatitis B vaccination and Post exposure follow up
- Communications of hazards
- Record keeping
- Work practice controls
- Engineering controls

### Exposure Control Plan

Exposure Determination means who is exposed to infectious agents?

1. Dentists
2. Assistants
3. Hygienists
4. Sterilization Assistants
5. Treatment Coordinators or Receptionists who help in the clinical area

Schedule & Method of Implementation

Means when do we Schedule?  
Annually in R } ^

What is our method of Implementation?

We conduct training, offer HEP B Vaccine conduct office inspection

## Written Protocol for the Management of Injuries-Exposure Incidents

OSHA defines an **exposure incident** as a specific incident involving contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, other mucous membrane, non-intact skin, or parenteral under the skin (e.g. needlestick) that occurs during the performance of an employee's duties.

When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee.

1. **Provide immediate care to the exposure site.**
  - Wash wounds and skin with soap and water.
  - Flush mucous membranes with water.
  - Involved in the exposure as a patient!
  - Employee must report incident immediately to supervisor/employer
2. **Determine risk associated with exposure by**
  - Type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue).
  - Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure).
3. **Evaluate exposure source**
  - Assess the risk of infection using available information.
  - The source individual (patient) must be asked if they know their HBV, HBC, HIV status, if not known, will they consent to testing.
4. **The exposed employee is referred as soon as possible \* to a health care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.**
  - Note "ASAP\*" because certain interventions that may be indicated must be initiated promptly to be effective.
  - The exposed employee may refuse any medical evaluation, testing, or follow-up recommendation. This refusal is documented.
5. **Send all of the following with the exposed employee to the health care provider:**
  - A copy of the Bloodborne Pathogen Standard.
  - A description of the exposed employee's duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form)
  - Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form).
  - All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual's HBV/HCV/HIV status, if known.
6. **Health Care Provider (HCP)**
  - Evaluates exposure incident.
  - Arranges for testing of employee and source individual (if status not already known).
  - Notifies employee of results of all testing.
  - Provides counseling and post-exposure prophylaxis.
  - Evaluates reported illnesses.
  - HCP sends written opinion to employer:
    - Documentation that employee was informed of evaluation results and the need for further follow-up.
    - Whether Hepatitis B vaccine is indicated and if vaccine was received.
7. **Employer**
  - Receives HCP's written opinion.
  - Provides copy of HCP written opinion to employee (within 15 days of completed evaluation).
  - Documents events on
    - Employee Accident/Body Fluid Exposure and Follow- Up Form and Employee Medical Record Form.
    - If the exposure incident involved a sharp, a Sharps Injury Log is completed within 14 days.
  - Treat all blood test results for employee and source individual as *confidential*.

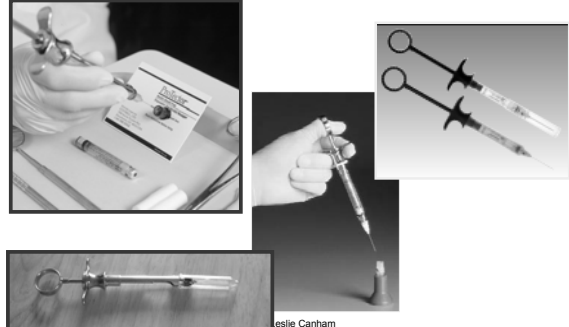
## Exposure Incidents

Have a Written Exposure Incident Plan  
First Aid  
Medical evaluation  
Accidental Bodily Fluid Report Form  
Sharps Injury Log  
Physician's written opinion form  
Follow up with Healthcare Provider if needed  
All testing results confidential



## Engineering Controls

Engineered Sharps & Needle Recapping devices



## Work Practice Controls

Altering the manner in which the task is performed



By prohibiting re-capping of needles with a "Two-Handed Technique"

## Provide Personal Protective Attire

- Protective Eyewear
- Surgical Face Mask
- Clinical Jacket
- Gloves

**Employees May Not Take Contaminated Clinical Jackets Home**

## Step 3

Review:










- Chemical Safety
- Office Safety, Fire & Emergency Plans

## Communications of Hazards

1. Inventory all hazardous substances in the workplace
2. Maintain current Safety Data Sheets (formerly called MSDS)
3. Labels for containers not identified
4. Employee training on hazards and personal protective equipment



## HCS Pictograms and Hazards

<p style="text-align: center;"><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>▪ Carcinogen</li> <li>▪ Mutagenicity</li> <li>▪ Reproductive Toxicity</li> <li>▪ Respiratory Sensitizer</li> <li>▪ Target Organ Toxicity</li> <li>▪ Aspiration Toxicity</li> </ul>	<p style="text-align: center;"><b>Flame</b></p>  <ul style="list-style-type: none"> <li>▪ Flammables</li> <li>▪ Pyrophorics</li> <li>▪ Self-Heating</li> <li>▪ Emits Flammable Gas</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>	<p style="text-align: center;"><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>▪ Irritant (skin and eye)</li> <li>▪ Skin Sensitizer</li> <li>▪ Acute Toxicity</li> <li>▪ Narcotic Effects</li> <li>▪ Respiratory Tract Irritant</li> <li>▪ Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p style="text-align: center;"><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>▪ Gases Under Pressure</li> </ul>	<p style="text-align: center;"><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>▪ Skin Corrosion/Burns</li> <li>▪ Eye Damage</li> <li>▪ Corrosive to Metals</li> </ul>	<p style="text-align: center;"><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>▪ Explosives</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>
<p style="text-align: center;"><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>▪ Oxidizers</li> </ul>	<p style="text-align: center;"><b>Environment</b> (Non-Mandatory)</p>  <ul style="list-style-type: none"> <li>▪ Aquatic Toxicity</li> </ul>	<p style="text-align: center;"><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>▪ Acute Toxicity (fatal or toxic)</li> </ul>

## SAMPLE LABEL

### PRODUCT IDENTIFIER

CODE \_\_\_\_\_

Product Name \_\_\_\_\_

### SUPPLIER IDENTIFICATION

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

### PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.

Keep away from heat/sparks/open flame. No smoking.

Only use non-sparking tools.

Use explosion-proof electrical equipment.

Take precautionary measure against static discharge.

Ground and bond container and receiving equipment.

Do not breathe vapors.

Wear Protective gloves.

Do not eat, drink or smoke when using this product.

Wash hands thoroughly after handling.

Dispose of in accordance with local, regional, national, international regulations as specified.

**In Case of Fire:** use dry chemical (BC) or Carbon dioxide (CO<sub>2</sub>) fire extinguisher to extinguish.

### First Aid

If exposed call Poison Center.

If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

### HAZARD PICTOGRAMS



### SIGNAL WORD

**Danger**

### HAZARD STATEMENT

**Highly flammable liquid and vapor.  
May cause liver and kidney damage.**

### SUPPLEMENTAL INFORMATION

#### Directions for use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill weight: \_\_\_\_\_ Lot Number \_\_\_\_\_

Gross weight: \_\_\_\_\_ Fill Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Office Safety

- Work Areas, Aisles, Hallways free of trip and fall hazards
- First Aid Kit
- Exits Marked & Accessible
- Fire Extinguisher charged and visible
- Eyewash station working
- Ergonomics

## Step 4

Explain the meaning of

- Labels

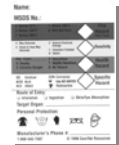


- Signs



- Symbols

- Color-coding



## Step 5

Locate items in your office with the "Find It!" checklist

## Step 6

Make sure documentation is complete

Employee Training Records (*Keep 3 yrs*)

Medical and Hepatitis B forms  
(*Keep duration of employment plus 30 years*)

Inspect Office (*Note areas that need to be brought into compliance*)

Employees fill out medical record keeping form

Include Hep B documentation

Dentists keep 30 plus years

**Employee Medical Record Form**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Employee Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

**Medical History**

MR Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_  
 Blood Sugar: \_\_\_\_\_  
 Cholesterol: \_\_\_\_\_  
 Vision: \_\_\_\_\_  
 Hearing: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Current Medications: \_\_\_\_\_  
 Past Medical History: \_\_\_\_\_  
 Family History: \_\_\_\_\_  
 Current Health Status: \_\_\_\_\_  
 Date of Last Exam: \_\_\_\_\_  
 Date of Last Physical: \_\_\_\_\_  
 Date of Last Dental Exam: \_\_\_\_\_  
 Date of Last Hepatitis B Test: \_\_\_\_\_  
 Date of Last TB Test: \_\_\_\_\_  
 Date of Last HIV Test: \_\_\_\_\_  
 Date of Last Syphilis Test: \_\_\_\_\_  
 Date of Last Malaria Test: \_\_\_\_\_  
 Date of Last Dengue Test: \_\_\_\_\_  
 Date of Last Zika Test: \_\_\_\_\_  
 Date of Last Chlamydia Test: \_\_\_\_\_  
 Date of Last Gonorrhea Test: \_\_\_\_\_  
 Date of Last HIV Test: \_\_\_\_\_  
 Date of Last Syphilis Test: \_\_\_\_\_  
 Date of Last Malaria Test: \_\_\_\_\_  
 Date of Last Dengue Test: \_\_\_\_\_  
 Date of Last Zika Test: \_\_\_\_\_  
 Date of Last Chlamydia Test: \_\_\_\_\_  
 Date of Last Gonorrhea Test: \_\_\_\_\_

**Notes of Physical Exam by Practitioner (to Complete Section)**

Date: \_\_\_\_\_ Initial of Exam: \_\_\_\_\_  
 Initial of Practitioner: \_\_\_\_\_  
 Initial of Employee: \_\_\_\_\_  
 Date of Exam: \_\_\_\_\_  
 Date of Completion: \_\_\_\_\_

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## Step 5: Locate these items in your office

### Find It! Checklist

Item	Find It! Checklist ✓	Location
Emergency Phone Numbers		
First Aid Kit		
Emergency Medical Kit		
Oxygen Tank		
Blood-pressure monitoring device		
Eyewash Station		
Fire Extinguishers		
Fire Alarm		
Floor plan for evacuation		
All Exits of office		
Main water shut-off for office		
Main gas shut off for office		
Main Electric breaker		
Safety Data Sheets (formerly MSDS)		
Office OSHA Manual Bloodborne Pathogen Standard (Hint: in OSHA Manual) Exposure Incident Manual		
Standard Operating Procedure Manuals		
Employment Posters Locate Signs or Symbols for: Radiation Laser in use Biohazard		
Location Where All Hazardous Chemicals Are Stored		
Chemical Spill Kit		
Pharmaceutical Waste container		
Sharps Container		
Biohazard Waste Container		
Amalgam Recycle Container		
Lead Foil Recycle Container		
Location Of Personal Protective Attire: Mask Exam Gloves Utility Gloves Protective Eyewear Face Shield Clinical Jacket Where to Place Contaminated Laundry		



**Step 6: Complete all recordkeeping forms including training documentation and conduct your own safety inspection**

## OSHA TRAINING CHECKLIST

Use this checklist to help familiarize employees with your OSHA safety plans.

- Offer Hepatitis B Vaccination (HBV) within 10 days of employment.
  - 1) If the employee has already received the Hepatitis B Vaccination, the employer must obtain documentation of results.
  - 2) If the employee declines the offer of vaccination, the employee must sign a Declination of Hepatitis B Vaccination form.
  
- Employee fills out the Medical Record form.
  
- Give the employee a tour of the office, citing the following locations;
  - 1) Eyewash station (show employee proper use procedures)
  - 2) Locations of fire extinguishers, electrical breaker, emergency exits, and the meeting spot in the event of an emergency evacuation of the office
  - 3) Location of OSHA manual and SDS books
  - 4) Where employee may obtain a copy of the Bloodborne Pathogen Standard<sup>1</sup>
  - 5) Location of Personal Protective Equipment and instructions for proper use
  - 6) Location of first aid kit and patient emergency medical kit
  - 7) Location of required employment posters
  - 8) Areas where hazardous materials are used/kept (Explain signs, labels, and/or color coding)
  
- Explain the appropriate actions to take and persons to contact in the event of an exposure incident involving blood or other potentially infectious material, including the method of reporting the incident and the medical follow-up that will be made available.
  
- Have the employee read the following safety plans in your OSHA manual;
  - 1) Injury & Illness Prevention
  - 2) Exposure Control
  - 3) Hazard Communication
  - 4) Ergonomics
  - 5) Fire, Emergency & General Office Safety

I, \_\_\_\_\_, have received and understand the  
Employee Print Name

above information. I agree to comply with the safety and health procedures and policies required by the office. \_\_\_\_\_

Employee Signature

# Employee Medical Recordkeeping Form

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

**Immunity & Vaccinations:**

	Dates Administered	By Whom?	Copy of Bloodborne Pathogens Standard given to provider? Yes/ No
HBV Vaccine:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Anti-HBs test:	_____	_____	_____

( ) Declined vaccine. (See *Informed Refusal for HBV Vaccine* at bottom of page-Employee must sign)

( ) Vaccine unnecessary. Employee has no exposure potential.

**History of Exposure Incidents:**

Date & Brief Explanation	Checklist for Follow Up Completed? Yes/ No	Incident Report Completed? Yes/ No	Source Individual Tested? Yes/ No	Name of Source Individual
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Results of Medical Follow-Up Procedures for Exposure Incident:**

Date	Refusal of Care or Testing	Written opinion of physician obtained? Yes/No	Care Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If Employee Declines Hepatitis B Vaccination this Informed Refusal for Hepatitis B Vaccination Must Be Signed**

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If I continue to have occupational exposure to blood or OPIM and wish to be vaccinated with hepatitis B vaccine in the future, I can receive the vaccination series at no charge.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OSHA & Infection Control

- 1) Lack of Initial/Ongoing Training of Clinical Team
  - a) OSHA
  - b) Infection Control
  
- 2) Inadequate Hand Hygiene
  - a) Not washing hands adequately
  - b) Long fingernails, acrylic nails, rings, and jewelry
  - c) Cross contamination by touching items with contaminated gloves
  - d) Not changing gloves often enough
  
- 3) Improper Surface Disinfection
  - a) Not following directions for use, surface contact time
  - b) Not cleaning surfaces to remove debris before disinfection
  - c) Not using EPA registered hospital grade disinfectants
  
- 4) Barriers
  - a) Not changing barriers between patients
  
- 5) Ineffective Instrument Processing
  - a) Not cleaning instruments to remove debris
  - b) Banding instruments together in ultrasonic tank
  - c) Overloading ultrasonic tank
  - d) Using dish soap or cold sterile instead of ultrasonic solution
  
- 6) Improper Wrapping of Instruments
  - a) Using wrong type of wrap or packaging material
  - b) Not sealing the wraps or pouches correctly
  - c) Too many instruments in the wrap or pouch
  - d) Not drying instruments before wrapping
  - e) Not wrapping instruments

7) Sterilization Pit Falls

- a) Interrupting the sterilization cycle, inadequate time, temperature or pressure
- b) Overloading the sterilizer
- c) Inadequate drying cycle-(Autoclaves)
- d) Faulty gaskets or seals
- e) Inadequate spacing of instruments
- f) Improper operation of unit

8) Malfunctioning Sterilizers

- a) Not spore testing weekly
- b) Not servicing unit according to manufactures recommendations
- c) Improper voltage
- d) Not using distilled water (autoclaves)

9) Not Treating Dental Unit Waterlines

- a) Not flushing waterlines between each patient
- b) Not performing periodic testing of DUWL to monitor safe water quality
- c) Not using sterile delivery systems for surgical procedures

10) Reusing Single use disposable items on another patient such as

- a) Saliva ejectors
- b) Evacuation tips
- c) Disposable air/water syringe tips
- d) Paper/plastic sterilization pouches or wraps
- e) Any item intended to be a single use item

11) Unsafe Injection Practices

What other areas come to mind?

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## Sterilization of Instruments: Pitfalls

Pit falls in achieving sterilization

- Interrupting the sterilization cycle, inadequate time, temperature or pressure
- Inadequate pre-cleaning of instruments
- Overloading the sterilizer
- Inadequate drying cycle (Autoclaves)
- Faulty gaskets or seals
- Improper packaging
- Bulky packaging
- Inadequate spacing of instruments
- Improper operation of unit
- Using the wrong types of sterilization packaging material can hinder achieving sterilization.
  - Some packaging may prevent the sterilizing agent from reaching the instruments inside
  - Some plastics may melt
  - Some paper may burn or char
  - Thick cloths may absorb too much steam
  - Closed containers are not appropriate for steam or unsaturated chemical vapor sterilizers
  - Cloths absorb too much chemical vapor
  - Lint fibers may cause post-operative complication and serve as vehicles for microorganisms, increasing the risk of infection for surgical patients.

Sterilization of unwrapped instruments.

An unwrapped cycle (sometimes called flash sterilization) is a method for sterilizing unwrapped patient-care items for immediate use. Unwrapped sterilization should be used only under certain conditions: 1) thorough cleaning and drying of instruments precedes the unwrapped sterilization cycle; 2) mechanical monitors are checked and chemical indicators used for each cycle; 3) care is taken to avoid thermal injury to Dental workers or patients; and 4) items are transported aseptically to the point of use to maintain sterility.<sup>1</sup>

1 Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings 2003. MMWR 2003;52 (No. RR-17): 21-23

Packaging Materials for Heat Sterilization (From Policy to Practice: OSAP's Guide to the Guidelines. Annapolis, Md: OSAP, 2004)

Type of Sterilizer	Packaging Material	Precautions
Steam autoclave*	Paper wrap Nylon "plastic" tubing Paper/Plastic peel pouches Thin cloth Wrapped perforated cassettes	No closed containers Thick cloth may absorb too much steam Some plastic containers melt Use only material approved for steam
Dry heat sterilizer	Paper wrap Appropriate Nylon "plastic" tubing Closed containers** Wrapped perforated cassettes	Some plastic containers melt Use only material approved for dry heat
Unsaturated chemical vapor sterilizer	Paper wrap Paper/Plastic peel pouches Wrapped perforated cassettes	No closed containers Cloth absorbs too much chemical vapor Some plastic containers melt Use only material approved for chemical vapor

\* Flash sterilization cycles that operate at a higher temperature for shorter times indicate that the items processed do not need to be packaged

\*\*Use biological indicators (spore tests) to confirm that sterilizing conditions are achieved within any closed containers used.

# Written Protocol for Instrument Processing

Don personal protective equipment – protective gown or apron, chemical resistant utility gloves, face mask, and protective eyewear – when processing contaminated dental instruments.

## **Step One - Transporting**

Transport contaminated instruments on a tray to the sterilization area. Do not carry contaminated sharp instruments by hand.

## **Step Two – Cleaning**

Place instruments in an ultrasonic unit or instrument washer for \_\_\_\_\_ minutes.

- If manual scrubbing is necessary, use a long-handled brush.
- If instruments cannot be cleaned immediately, presoak in \_\_\_\_\_.
- Visually inspect instruments for residual debris and damage; re-clean/replace as necessary.
- Make sure that instruments are rinsed and dried thoroughly prior to packaging.
- Follow manufacturer's recommendations to lubricate and/or use rust inhibitors as needed.

## **Step Three – Packaging**

After cleaning, instruments must be packaged or wrapped before sterilization if they are not to be used immediately after being sterilized. The packages/wraps must remain sealed until the day they will be used and must be stored in a way so as to prevent contamination.

- Packaging/wrap materials should be designed for the type of sterilization process being used.
- Loose instruments should be packaged so that they lay in a single layer, and not wrapped up so tightly as to prevent exposure to the sterilizing agent.
- Hinged instruments should be processed opened and unlocked.
- Use chemical indicators to distinguish processed vs. unprocessed instruments.
- Place date of sterilization on the package or wrap and indicate which sterilizer was used if more than one sterilizer in the facility.
- Heat sensitive instruments that are processed in liquid chemical sterilant (cold sterile) should be dried, then packaged/wrapped and dated.
- Conduct biological monitoring (spore testing) weekly to evaluate the effectiveness of the sterilizer.

## **Step Four – Sterilizing**

Place instruments in sterilizer and use the \_\_\_\_\_ cycle for \_\_\_\_\_ minutes

- Load the sterilizer according to manufacturers' instructions. Do not overload. Use the manufacturers' recommended cycle times for wrapped instruments.
- Allow packages to dry before removing them from the sterilizer.
- Allow packages to cool before handling.

## **Step 5 – Storing**

Store instruments in a clean, dry environment to maintain the integrity of the package. Rotate packages so that those with the oldest sterilization dates are used first.

- Clean supplies/instruments should be stored in closed cabinets.
- Dental supplies/instruments should not be stored under sinks or in other locations that they might become wet or torn.
- Packages containing sterile supplies should be inspected before use to verify barrier integrity and dryness.
- If packaging is compromised, instruments should be re-cleaned, repackaged, and sterilized again.

## Written Protocol for Operatory Cleanliness

### Infection Control Protocol For Operatory Set Up

(Assuming operatory has already been cleaned and disinfected)

1. Perform hand hygiene.
2. Place environmental barriers.
3. Make sure engineering controls are available or are in place.
4. Assure good quality treatment water will be available.
5. Place the patient charts and x-rays in their appropriate place.
6. Bring up the computer images if using digital x-rays.
7. Remove all items not used during patient treatment from countertops.
8. Assure any needed items received from the dental lab have been decontaminated.
9. Distribute the instrument packages, trays or cassettes, equipment and supplies needed for the appointment.
10. Seat the patient and give them protective eye glasses and place the napkin.
11. Open cassettes or spill instrument packages onto a sterile surface without touching the contents.
12. Put on your mask and then your protective eyewear or face shield.
13. Wash your hands or use an alcohol hand rub and put on gloves.
14. Connect high volume evacuator and saliva ejector tips.
15. At the beginning of each workday, dental unit lines shall be purged with air, or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers and other devices. The dental unit line shall be flushed between each patient for a minimum of twenty (20) seconds.

### Infection Control Protocol for Operatory Clean-Up

1. While still wearing PPE, flush dental unit lines for 20-30 seconds (air/water syringes handpieces and ultrasonic scalers).
2. Remove and discard any environmental barriers.
3. Place instruments back in the tray or cassette.
4. Place all disposable sharps in the sharps container.
5. Place non-sharp disposable items in a plastic lined waste container
6. Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using an EPA registered, hospital grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions.
7. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or EPA registered, hospital grade disinfectant.
8. Transport instruments and handpieces to the decontamination/sterilization area.
9. Rinse and disinfect any impressions, prosthetic or orthodontic items before taking them into the in-office lab.
10. Remove and decontaminate eyewear.
11. Remove gloves and other protective attire.
12. Perform hand hygiene.



## **Follow these steps to meet and exceed CDC Guidelines**

1. *Conduct OSHA Bloodborne Pathogen Training*  
Review the Bloodborne Pathogen Standard, either read it or take a course. Training is documented and repeated annually
2. *Explain Work restrictions*  
For employees who are infected with or are exposed to major infectious diseases in the absence of state or local regulations-(see Table 1 of the CDC guidelines)
3. *Explanation of how Bloodborne Pathogens are transmitted in a dental office*  
Modes of transmission
4. *Explanation of the benefits of immunizations*  
Hepatitis B  
Influenza  
(see Appendix B of CDC Guidelines)
5. *Explain Exposure Incident Protocol*  
Needlesticks  
Bites  
Splashes to mucous membranes or non intact skin  
(see the Exposure Incident Protocol form)
6. *Discuss Hand Hygiene and Contact Dermatitis*  
Alcohol Hand Sanitizers  
Soap  
Gloves Integrity  
Types of gloves  
    Utility Gloves  
    Exam Gloves  
    Nitrile  
    Sterile Surgeon Gloves  
    Over gloves  
Contact Dermatitis/Irritant Dermatitis/Latex Sensitivity
7. *Review Sterilization and Disinfection of Patient Care Items*  
Classification of instruments  
Instrument Processing Protocol (form attached)  
Methods of sterilization or disinfection  
Storage  
Spore Testing

8. *Review Environment Infection Control*

Clinical contact surfaces  
Housekeeping surfaces  
Disinfectants  
Barriers

9. *Discuss Special Considerations*

- Dental handpieces & other devices
- Radiology
- Parental medications
- Oral surgical procedures
- Dental laboratories

**In 2008, CDC issued Guidelines for Disinfection and Sterilization in Healthcare Facilities (Highlights pertaining to Dentistry)**

- Formaldehyde-alcohol deleted as recommended chemical sterilant-high level disinfectant
- 3% phenolics and iodophors deleted as high level disinfectants
- Exposure time to required to achieve high level disinfection changed to 12 minutes or more depending on FDA label claim
- Sterilize after each use surgical and other instruments that normally penetrate soft tissue or bone
- Sterilize handpieces after each use and discontinuing use of any handpieces that cannot be heat-sterilized
- Understand the differences between clinical contact and housekeeping surfaces and what to do for each
- Understand the recommendations to reduce variability in the appropriate use of disinfectants and sterilants to reduce the potential for transmitting infectious agents

**Use the forms provided with this handout:**

1. Instrument Processing Protocol
2. Written Protocol for Exposure Incidents
3. Written Protocol for Operator Cleanliness

**The CDC Guidelines for Infection Control include information about educating and protecting Dental HealthCare Workers. Review each area in your office.**

- Initial OSHA training provided
- Annual Bloodborne Pathogen training
- Policy on work restrictions
- Transmission of Bloodborne Pathogens
- Immunization of DHCW (See Appendix B of 2003 CDC Guidelines)
- Exposure incidents
- Hand hygiene and contact dermatitis
- Sterilization and disinfection of patient care items
- Environment infection control
- Special considerations

**Appoint an Infection Control Coordinator. The responsibilities the Infection Control Coordinator are:**

- Review the office infection control for employee and patient safety
- Plan and organize an infection control and safety meeting
- Provide information to employees about OSHA, infection control, immunizations and protective attire
- Learn the key federal and state regulations for infection control (OSHA and Dental Board)

# Resources Got OSHA? 6 Easy Steps to Office Safety



Federal Regulations & State Plans [www.osha.gov](http://www.osha.gov)

Centers for Disease Control “Guidelines for Infection Control in Dental Health-Care Settings – 2003”  
[www.cdc.gov/oralhealth/InfectionControl/guidelines/index.htm](http://www.cdc.gov/oralhealth/InfectionControl/guidelines/index.htm)

## OSHA Manuals

- American Dental Association Regulatory Compliance Manual [www.ADA.org](http://www.ADA.org)
- Build your own using OSHA model plans [www.osha.gov/Publications/osha3186.pdf](http://www.osha.gov/Publications/osha3186.pdf)

## OSHA Bloodborne Pathogen Standard

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

## OSHA Hazard Communication Standard

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10099](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099)

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## Post Exposure Evaluation Protocol

CDC Post Exposure Protocol <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

HIV Post Exposure [www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm)

CDC National Clinicians Hotline 888-448-4911

## Personal Protective Equipment (Face and Eye protection)

[www.osha.gov/SLTC/etools/eyeandface/index.html](http://www.osha.gov/SLTC/etools/eyeandface/index.html)

## Evacuation Plans and Procedures

[www.osha.gov/SLTC/etools/evacuation/index.html](http://www.osha.gov/SLTC/etools/evacuation/index.html)

## List of Chemical Disinfectants/Sterilants

[www.epa.gov/oppad001/chemregindex.htm](http://www.epa.gov/oppad001/chemregindex.htm)

## Other OSHA and Infection Control Training Resources:

Leslie Canham OSHA Training System DVD and Workbook [www.lesliecanham.com](http://www.lesliecanham.com)

OSAP [www.osap.org](http://www.osap.org) From Policy to Practice: OSAP’s Guide to the Guidelines

- Workbook
- Interactive Guide to the to CDC Guidelines select “Ask Lily”
- Video – “If Saliva Were Red”

US Air Force Power point training programs <http://www.airforcemedicine.af.mil/decs/>