***SHIELDING YOUR PRACTICE THROUGH COMPLIANCE, SAFETY, AND INFECTION CONTROL***

* **INFECTION CONTROL**

**ENVIRONMENTAL SURFACE DISINFECTING**:

**COVID UPDATE** **FOR CLINICAL CONTACT SURFACE (CCS) DISINFECTANT:**

**\*\*Check the label on your disinfectant to see if it kills TB and what the kill time is (length of time items or surfaces need to remain**

**wet with the disinfectant)**

**\*\*When your regular disinfectant is available and you are given a new disinfectant to use in the interim….CHECK THE KILL TIME!!!**

**\*\*Review with ALL persons using the disinfectant: the kill time and either spray, wipe, spray OR wipe, discard, wipe technique is**

**being done correctly**

**\*\*Remove ALL excess items from treatment rooms immediately. Instruments used in dentistry creates a visible spray that contains large particle droplets of water, saliva, blood, microorganisms, and other debris. These extra items will collect and contain the spatter that is produced during procedures. These items are generally difficult to clean & disinfect. The use of rubber dams is being encouraged.**

**\*\*Currently there are no specific claims for COVID-19 because it is a new virus. The label on your surface disinfectant most likely reads that it is effective against enveloped coronavirus or it may make a claim that it has been tested for efficacy for human coronavirus. Do NOT panic! This is a fragile virus. If your disinfectant says it kills TB, that is the benchmark. At this time, CDC states that it should be killing the coronavirus if it is killing TB. New testing will begin soon and changes to labels will reflect any new findings against the coronavirus.**

**\*\*COVID-19 virus has been found in saliva, which puts DHCP at risk and patients at risk if disinfecting and sterilization procedures are not followed. Currently, the virus can live up to 3 days on plastic and stainless-steel items, 4 hours on copper surfaces, and up to three hours suspended in a fine mist.**

**\*\*Please review and follow disinfecting techniques!! We DO NOT want to have any disease transmissions!!**

**\*\*The disinfectant(s) used in your office can be checked on its efficacy against human coronavirus, enveloped coronavirus or human coronavirus by going to this website: (Future testing results will be posted at this site)**

[**http://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2**](http://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)**.**

**GENERAL DISINFECTION PROCEDURE GUIDELINES:**

* All clinical personnel will need to know the contact (kill time) of the disinfectants used in the clinical setting
* Disinfectant should be labeled as a cleaner and disinfectant
* Follow pre-cleaning instructions
* Product(s) should be EPA registered
* All clinicians should use the same disinfecting system: Spray, Wipe, Spray or Wipe, Discard, Wipe
* Wear required PPE
* Avoid mixing brands (eg.; one brand of spray and a different brand of wipes)
* Rules apply when refilling bottles; checking to not mix expiration dates
* Do NOT soak products, such as gauze, in the disinfectant
* Be aware of ALL contaminated areas prior to disinfecting procedure…Relay information to cross-trained personnel
* Train cross-trained personnel when changes occur, such as new products and contact time

 **WRITTEN HOUSEKEEPING SCHEDULE**

 ***OSHA required document that outlines:***

1) what is cleaned, types of surfaces

2) products used

3) process on how surfaces and items are cleaned

4) who is responsible

5) frequency

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**WATERLINE MAINTENANCE:**

* **Follow current ADA and CDC recommendations**
* **DO NOT** heat dental unit water
* **Consider implementing equipment** **and procedures** to ensure <500CFU/ml heterotrophic bacteria
* **Use a separate water reservoir system** such as self-contained water bottles with tablets, cartridges or straws

(e.g.; DentaPure or Sterisil)

* **If using self-contained water bottle** and tablets, you must shock waterlines monthly to maintain <500CFY/ml
* **Check where hygiene water source is supplied**; may need to treat water separately
* **Use sterile solutions** for surgical procedures and pulpal exposures. Refer to new legislation and CDC guidelines.
* **Use proper hand hygiene** when handling self-contained water bottles and tablets
* **Educate and train DHCP** on treatment measures to ensure compliance
* **FOLLOW ALL INSTRUCTIONS FOR USE** by manufacturer including use of tablets, shocking waterlines, and

waterline systems. Consider calling manufacturer for directions and clarification. They are a valuable

source of information!!

* Ensure that devices marketed have received **FDA clearance**
* **Monitor** (test) dental unit water **quarterly**
* **Shut off** or eliminate **waterlines no longer used**
* **Distilled water** **DOES NOT** limit the growth of biofilm. **DO NOT** rely on distilled water only in your water

bottles. Tablet must be added or cartridge or straw placed or additional equipment or devices to maintain <500CFU/ml

**CURRENT GUIDELINES:**

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**CENTRAL STERILIZATION FLOW:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECEIVING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ULTRASONIC CLEANING and TESTING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OSHA REGULATION REGARDING ULTRASONIC UNITS AND HOLDING SOLUTIONS: 29CFR 1910.1030**

 “Reusable sharps contaminated with blood or OPIM shall not be stored or processed in a manner that

 requires employees to reach by hand into the containers where these sharps have been placed.”

 **RINSING and DRYING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSPECTING INSTRUMENTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PACKAGING, DATING, AND LABELING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOADING STERILIZER and STERILIZING PROCESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STERILIZATION PITFALLS:**

1) Improper Training 4) No Use of Packaging or Wraps

2) Over-Packing and Improper Loading 5) Faulty Gaskets or Seals

3) Inadequate Sealing  6) Removing Instrument Packages Prior to Complete Drying Cycle (Wet Packs)

**STORAGE:**

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**BIOLOGICAL INDICATORS/ SPORE TESTING:**

In addition to routine biological monitoring, equipment users should perform B.I. monitoring for the following occurrence(s):

• Whenever a new type of packaging material or tray being used

• After training new sterilization personnel

• After a sterilizer process failure is indicated by a failed (positive) BI+

• After a sterilizer has been repaired

• After any changes in the sterilizer loading procedures

• During initial use of a new sterilizer

• After relocating an existing sterilizer and after electrical/ power failure

 **\*Always run spore testing in a full chamber load unless sterilizer is being tested\***

 **\*Refer to CDC guidelines when a failed biological monitoring test fails\***

**ONE-TIME USE ITEMS: List items you are using more than once that are a one-time use item!!!**

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**LIQUID STERILANT (COLD STERILE/HIGH-LEVEL DISINFECTANT):**

**DO NOT** use as a holding solution or environmental surface disinfectant

Solutions include Gluteraldehyde; 1:10 bleach; or 70-90% Ethyl alcohol

Evaluate current use of liquid sterilant and consider eliminating solution in your facility due to the following reasons:

**DISADVANTAGES OF USING LIQUID STERILANT**

* Instruments are not packaged for reprocessing and therefore cannot remain sterile.
* Biological monitoring process is impossible; sterilization cannot be verified.
* Chemicals must be stored, mixed, and used according to manufacturer’s instructions. Instructions are sometimes not followed accordingly, such as monitoring weekly & using sterile water to rinse instruments
* Chemicals may pose health risks and are known sensitizers; generally liquid sterilant is a very toxic chemical.
* Cleaning of instruments prior to placing in sterilant is critical. The chemical is affected by bioburden and may

become ineffective.

* Items must be rinsed with sterile water after being immersed for designated time.

**OPERATING A CLEAN DENTAL LAB:**

* **Begins in the dental operatory by disinfecting all impressions and lab materials that were placed in the patient’s mouth, prior to delivering to your in-house lab and re-checking prior to sending out to the dental lab**
* **Items used in the dental lab should be routinely cleaned and disinfected. This includes rubber mixing bowls, articulators, mixing spatulas, countertops, etc.**
* **PPE is worn at all times, including safety eyewear while utilizing a model trimmer that has a shield in place**
* **Model trimmers should have shields attached to the unit**
* **Take time to evaluate the area where pumice is used to polish dentures and partials. Eliminate all cross-contamination areas. Consider using separate pieces of tinfoil to dispense pumice on to for each patient.**
* **Pumice wheels can be washed and sterilized between patients**