

# JUVENILE COURT HEALTH SERVICES DENTAL PROCEDURES

Subject: <b>DENTAL INFECTION CONTROL</b>		Original Issue Date:	Procedure # <b>003</b>
		Supersedes:	Effective Date: 1/18/13
Departments Consulted:	Approved By: (Signature on File) Head Dentist  (Signature on File) Medical Director	Approved by: (Signature on File) Health Services Administrator	

## PURPOSE

To reduce the risk of disease transmission among Dental Health Care Workers (DHCW's) and their patients.

## PROCEDURE:

1. Standard Precautions
  - a. Standard precautions will be observed in the care of all Dental patients.
2. Hand Washing
  - a. DHCW's will wash their hands or use an alcohol hand sanitizer before and after treating each patient, DHCW's will wash hand with soap and water, whenever hands become contaminated by blood or body fluids, after removal of gloves, and before leaving the Dental Clinic.
3. Vaccines
  - a. Hepatitis B Vaccine will be offered to all DHCW's, as required by the OSHA Blood-borne Pathogens Standard.
  - b. DHCW's receive annual health screening and TB screening. DHCW's are screened for Rubella, Measles, Mumps, and Varicella, will receive immunization from Employee Health if needed. Influenza and DPT Vaccine are also offered in a yearly basis.
4. Personal Protective Equipment
  - a. Gloves
    - Non-sterile nitrile or vinyl gloves will be worn when there is a risk for exposure to blood, body fluids or contact with mucus membranes, and also for surgical procedures, i.e. tooth extraction, bone spicules removal.
    - New gloves will be put on before each treatment and they must be removed after treatment of each patient.
  - b. Face Shields, Masks, Protective Eyewear
    - Face shields or masks, and protective eyewear will be worn during dental procedures in which there is potential for splashing or splattering of blood, body fluids, tooth structures or dental restorative debris.
    - Masks will be changed between patients or if they become moist or wet.
    - Face shields and protective eyewear will be cleaned and disinfected between patients.
  - c. Gowns, Lab Coats
    - Gowns or lab coats will be worn when clothing is likely to be soiled with

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1/18/13

Procedure #  
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Health Services Administrator's Initials:  
(Initials on File)

- blood or body fluids.
- Protective clothing will be changed at daily, or if it becomes visibly soiled.
- Face shields and protective eyewear will be cleaned and disinfected between patients.
- d. **Plastic Surface Covers**
  - Plastic surface covers will be used to protect items and surfaces (e.g. light handles) that are difficult to clean and disinfect, and that may become contaminated by blood or saliva during use.
  - Plastic surface covers will be removed, discarded, and replaced between patients.
  - Rubber dams, high-velocity air evacuation and patient positioning will be used to minimize the formation of droplets, spatter and aerosols during patient treatment.
- 5. **Sharp Instruments and Needles**
  - a. To prevent injuries, sharp items will be handled with care.
  - b. Used needles will never be recapped, bent, broken or otherwise manipulated utilizing both hands. If recapping is necessary, a one-handed "scoop" technique or a mechanical device will be used.
  - c. Used disposable syringes and needles, scalpel blades, and other sharp items will be placed in needle disposal units.
- 6. **Sterilization or Disinfection of Dental Instruments**
  - a. All dental instruments will be classified as: Critical (penetrate soft tissue or bone), Semi-Critical (contacts oral tissue, but does not penetrate soft tissue or bone) or, Non-Critical (contact intact skin only).
  - b. All critical and semi-critical dental instruments that are heat stable will be sterilized after each use.
  - c. Proper functioning of sterilization cycles will be verified each sterilization cycle (daily) with *STEAMPlus* Class 5 steam sterilization integrator and weekly by the use of biological indicators.
  - d. Single use disposable instruments will be used for one patient only, and discarded appropriately.
- 7. **Cleaning and Disinfection of Dental Unit and Environmental Surfaces**
  - a. Countertops and dental unit surfaces at the beginning of the day, and those that may have become contaminated with blood or body fluids will be cleaned and disinfected, with an approved disinfectant, after each patient, and at the end of the day.
  - b. Handpieces, anti-retraction valves, and other intraoral dental devices attached to air and water lines of dental unit, will be cleaned and sterilized following the manufacturer's recommendations.
- 8. **Monitoring Autoclave Sterilizers**

An EMS Biological Monitoring System biological indicator (strip) by Crosstex should be used to monitor sterilized instruments weekly to ensure the effectiveness of the autoclave sterilizer.

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1/18/13

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Health Services Administrator's Initials:  
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- a. Identify the indicator by noting the sterilizer and load numbers, and the processing date (do not write on the indicators filter).
  - b. Place the biological indicator once for weekly spore monitor and a *STEAMPlus* Class 5 steam sterilization integrator / strip in the autoclave in each sterilization cycle daily as a rapid read-out to indicate proper functioning of the sterilizer. Result of the integrator is then record on a monitor log sheet and keep for review and audit purpose.
  - c. Place the biological indicator or strip in the most challenging area in the sterilizer. This would generally be the bottom shelf near the door and over the drain.
  - d. Do not overload sterilizer
  - e. Process the load as usual.
  - f. Allow test indicator to cool for at least ten minutes.
  - g. Retrieve the biological indicator from the autoclave.
  - h. Send the weekly biological indicator to the appropriate sterilizer monitoring service.
  - i. The service will inform the dental clinic of any failed tests. Weekly result can be obtained online from the service vendor.
  - j. The sterilizer must not be used when it failed the test, until retest is done and with negative result.
  - k. Dental assistants will use Maxi Test In-Office Biological Indicator, a 24-hour test kit, to retest the dental sterilizer immediately when receive phone call from the monitoring service with a positive result. (See attachment for the Information and Instructions For Use of the kit).
9. Cleaning and Sterilizing the Handpiece and Burs  
Dental handpieces and burs must be properly cleaned and sterilized before use in patient care.
- Midwest recommends that the handpieces be cleaned and lubricated before and after each autoclave cycle. Lubricating after the autoclave cycle cleans residue left from the sterilizer, and deposits a fresh film of lubricant to keep the bearings operating efficiently. This step is strongly recommended because the lubricant has a positive effect on handpiece life.
- a. Wear gloves, masks, and eye barrier during these procedures.
  - b. Handpiece must be thoroughly scrubbed clean and dried.
    - Hold handpiece over sink.
    - Spread Midwest Plus Handpiece Cleaner or handpiece prior to autoclaving.
10. Sterilization Procedures:
- a. Scrub handpiece clean. See pre-sterilization section.
  - b. Spray handpiece cleaner prior to autoclaving.
  - c. Remove bur from handpiece. Separate attachment for air motors in slow handpieces.
  - d. Place handpiece in sterilization bag and seal. Load handpiece in autoclave for maximum penetration during sterilization cycle.

**JUVENILE COURT HEALTH SERVICES DENTAL PROCEDURE**

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- e. Cycle the handpiece in the autoclave according to manufacturer's recommended procedure. (Do not exceed 275 F (135 C).
- f. Remove handpiece from autoclave and allow it to cool to handling temperature.
- g. Keep handpiece sterilized bag until next use.

**11. Cleaning and Sterilizing the Burs:**

- a. Burs can be ultrasonically cleaned if inserted in bur block or holder to prevent damage to blades (from rubbing or vibrating against each other or any hard surfaces or material).
- b. Burs can be cycled in a dry heat or steam sterilizer, chemiclave, or hot oil sterilizer. Use of corrosion inhibitor (1% sodium nitrate) prior to steam autoclaving may increase the number of cycles. Use the autoclave according to manufacturer's instructions. (Do not exceed 375 F (10 C).

**12. Employee Exposure**

- a. DHCW's will report exposure to blood or body fluid (e.g. splash, needle stick, and other sharp injury) immediately to their supervisor.
- b. DHCW's will wash off blood or body fluid, complete employee injury form and go to Employee Health Services or LAC+USC Emergency Room for immediate post-exposure treatment.

**13. Employee Education**

DHCW's will receive orientation to Infection Control, annual Infection Control updates and will follow the Infection Control Policies and Procedures.

**REFERENCE**

JCHS Policy # C-105, "Infection Control Program"

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