2020 INFECTION CONTROL FOR LICENSE RENEWAL

It's in the Details!

Diane Arns

Superior Office Safety – OSHA SOS

1 Minimum Standards for Infection Control

Department of Consumer Affairs through Dental Board of California and Dental Hygiene Board of CA
California Code of Regulations Title 16, Division 10, Section 1005 (updated 2019)
The DBC & DHBC shall review this regulation annually and establish a consensus
CDC Centers for Disease Control Guidelines for Disinfection and Sterilization 2008
Federal & Cal/ OSHA – CCR Title 8; Sec 5193 Bloodborne Pathogens; Sec. 5194 Hazard Communications; Sec. 3203 IIPP

2 Continuing Education for Biennial License Renewal

CURRENT CE REQUIREMENTS
CA DENTAL PROFESSIONALS

Dental Board of California	Cal/OSHA
• Biennial Infection Control Title 16, Sec. 1005 • Biennial California Dental Practice Act Title 16, Sec. 1016-1017 • Biennial CPR Basic Life Support from American Heart Assoc. or American Red Cross	• Annual Bloodborne Pathogen Training, Title 8, Sec 5193 • Initial, Ongoing Hazard Communication Training Title 8, Sec 5194 • Annual Injury Illness Prevention Plan Training Title 8, Sec 3203 & SB198 • Annual Ergonomics Training Title 8, Sec 5110 (Only applies to office personnel after more than one identical injuries from the identical work activity)

3 Infection Control Concepts

Lower the number of pathogens so that our normal resistance can prevent infection
Stop the cycle of infection and remove opportunities for cross-contamination
Every patient and instrument must be treated as potentially infectious
Patients and Personnel must be protected from infection

4 Universal Precautions

An approach to infection control according to which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other Bloodborne pathogens. Universal Precautions shall be practiced on all patients
Universal Precautions are determined by procedure, not by the patient

5 Standard Precautions

Includes organisms spread by blood and:
Body fluids, secretions, and excretions except sweat, whether or not they contain blood, Non-intact (broken) skin, Mucous membranes

6 DBC & Cal/OSHA

All DHCP shall comply with infection control precautions and enforce the following minimum precautions to minimize the transmission of pathogens in health care settings mandated by CAL/OSHA. Dental Healthcare Personnel (DHCP) are "all paid and non-paid personnel "in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water or air.
"DHCP" includes Dentists, Dental Hygienists, Registered Dental Assistants, Dental Assistants, Dental Laboratory Technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g. administrative, clerical, housekeeping, maintenance, or volunteer personnel).
Title 8, Sec. 5193 Bloodborne Pathogens
Title 8, Sec. 5194 – Hazard Communications
Title 8, Sec. 5199 effective 2009 – Aerosol Transmitted Diseases (Appendix A)
Title 8, Sec. 3203 Injury and Illness Prevention Plan

7 Why is Infection Control important in Dentistry?

Both patients and dental health care personnel (DHCP) can be occupationally exposed to pathogens, virus, bacteria, etc.
Occupational contact with blood, oral and respiratory secretions, and contaminated equipment occurs
SURFACE CONTAMINATION HSV/HIV - Less than 1 Minute HBV/HCV – 7-30 Days TB - 6-8 Weeks

8 Modes of Transmission of Bloodborne Pathogens

Direct contact with blood or body fluids, Indirect contact with a contaminated instrument or surface, Contact of mucosa of the eyes, nose, or mouth with droplets or spatter, Inhalation of airborne microorganisms

9 Factors Influencing DHCP Occupational Risk of Bloodborne Virus Infection

Frequency of infection among patients, Risk of transmission after a blood exposure (i.e., type of virus), Type and frequency of blood or OPIM contact. Proper & consistent infection control can BREAK the chain of infection and PREVENT the transmission of disease.

10 Title 16, Division 10, Sec 1005 shall be conspicuously posted in each dental office

A written protocol shall be developed, maintained, and periodically updated for:

Instrument processing, Operatory Breakdown Protocol, Management of Injuries, Housekeeping Schedule Protocol shall be made available to all DHCP at facility. Provide staff training on each protocol. Require adherence of all staff

11 Definitions of Instruments

"**Critical items**" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

"**Semi-critical items**" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM)

"**Non-critical items**" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes

CDC has divided "**non-critical surfaces**" in dental offices into clinical contact and housekeeping surfaces.

Single use disposable items such as shall be used for one patient and discarded.

12 Levels of Decontamination Clean vs. Disinfected vs. Sterilized

"Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products. Detergent determination depends on the nature of the surface and the type and degree of contamination. Most housekeeping surfaces need to be cleaned only with detergent and water.

Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedure shall be used according to all label instructions.

If items (instruments) need to be cleaned manually, use long handled brush, holding under water to reduce risk of exposure from splash, sprays, and spatter following ultrasonic cleaning.

CDC guidelines for infection control in dental settings advise use of non-porous surfaces for floors, no carpet.

PPE for cleaning of contaminated items and surfaces includes the use of heavy-duty chemical resistant gloves, fluid resistant protective body protection, eye protection, mask to protect against splashes, sprays or spatter

"**Low-Level Disinfection**" is the <u>least</u> effective disinfection process**.** It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis. Non-critical surfaces and patient care items shall be cleaned and disinfected with Cal/EPA registered hospital(low-level disinfectant) labeled effective against HBV and HIV.

If "Non-critical" items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers.

Disposable barriers shall be changed when visibly soiled, damaged, and between patients.

Disinfection procedures for mops and cleaning cloths daily, after use, wash with detergent/bleach solution, rinse thoroughly, and allow to dry completely before reuse.

Shall use a CAL/EPA registered disinfectant (low-level) as instrument holding solutions or ultrasonic cleaner products.

PPE for "low-level disinfection" include the use of Heavy-duty chemical resistant gloves, fluid resistant body protection, eye protection, "Appropriate" mask. All to protect against splashes, sprays, or spatter and chemical absorption.

"Intermediate-Level Disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores. When Non-critical surfaces and patient care items are visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital (Intermediate-level) disinfectant with a tuberculocidal claim shall be used Clinical contact surfaces, surfaces that might be touched frequently with gloved hands (light handles, switches, drawer handles, writing instruments, telephones, doorknobs, dental x-ray equipment, chair-side computers, etc.) during patient care or that might become contaminated with blood or OPIM or is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital (Intermediate-level) disinfectant with a tuberculocidal claim shall be used.

When any environmental surface is visibly contaminated with blood or OPIM use a Cal/EPA-registered hospital (Intermediate-level) disinfectant with tuberculocidal claim shall be used: All counter tops and dental unit surfaces, Eyewear and/or reusable eyewear, Intraoral items, Heavy-duty chemical resistant gloves, Contaminated Equipment – Sterilizers, Ultrasonic, etc. All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an "Intermediate-level" disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in patient's mouth.

PPE for "Intermediate-level disinfection" includes the use of Heavy-duty chemical resistant gloves, fluid resistant body protection, eye protection, "Appropriate" mask. All to protect against splashes, sprays, or spatter and chemical absorption.

"**High-Level Disinfection**" kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses. All products must be registered with Cal/EPA. "High-level disinfection" products must be formulated in accordance with manufacturer's specifications and handled per hazards listed on SDS.

If Semi-Critical items are heat sensitive, it shall, at minimum, be processed with "High-level" disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination and shall be labeled with the date of disinfection.

CDC guidelines recommend using chemical test strips or liquid chemical monitors to determine whether effective concentration of "High-level disinfectant" is present despite repeated use and dilution. The frequency of testing should be based on how frequently the solutions are used (e.g., used daily, test daily, used weekly, test before use, used 30 times per day, test each 10th use). The test strips should not be used to extend the useful life beyond the expiration date. The results of test strip monitoring should be documented.

After high level disinfection, rinse all items. Use sterile water, distilled, filtered water or tap water followed by an alcohol rub. Many mfg. of high-level disinfectants requires the use of sterile water to rinse instruments as they come out of "High-level" disinfectants so as not to reintroduce microorganisms resulting from filtered water or tap water. Check SDS.

PPE for "High-level disinfection" includes the use of Heavy-duty chemical resistant gloves, fluid resistant body protection, eye protection, "Appropriate" mask. All to protect against splashes, sprays, or spatter and chemical absorption.

Sterilization is a "Validated" Process used to render a product free of all forms of viable microorganisms.

Methods of sterilization include: steam under pressure, chemical vapor, and dry heat.

CDC - "Prepare and package items to be sterilized so that sterility can be achieved and maintained to the point of use"

Semi-critical instruments, items, or devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. These packages or containers shall remain sealed to the point or use and shall be stored in a manner as to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in facility.

Critical items and devices shall be discarded or cleaned, packaged or wrapped, and sterilized after each use. These instruments, items, and devices shall remain sealed and stored in a manner to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer utilized in the facility.

All high-speed dental hand pieces, low-speed hand pieces, rotary components, and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be cleaned, disinfected, packaged, labeled with the date of sterilization, and heat-sterilized in a manner consistent with semi-critical items.

PPE for all Stages of Instrument Processing includes the use of Heavy-duty chemical resistant gloves, fluid resistant body protection, eye protection, "Appropriate" mask. All to protect against splashes, sprays, or spatter and chemicals.

Use FDA-cleared medical devices for Sterilization: Steam autoclave, Dry Heat, Unsaturated Chemical Vapor.

Do not overload sterilizer and allow packages to dry in the sterilizer before handling.

Monitor each load with mechanical and chemical indicators to validate sterilization parameters.

Sterilization monitoring using an internal chemical indictor in thickest part of each package. If the internal indicator is not visible from the outside, then use an external indicator.

Always inspect indicators and packaging after sterilization and at time of use!!

Proper function of the sterilization cycle and all sterilization devices shall be verified at least weekly using a biological indicator. Test results shall be documented and maintained for 12 months.

Table 2. Chemical Indicator Classifications

Class I Process indicators	Process indicators are attached to or printed on the outside of all packs to discern which packages have been processed from those that have not been processed in a sterilizer.
Class 2 Bowie-Dick test	The Bowie-Dick test is used to reveal the pass/fail rate in dynamic air removal steam sterilizers. This Class 2 chemical indicator should be used in an empty chamber daily, preferably before any loads are processed at the beginning of the day.
Class 3 Single parameter indicator	The single parameter chemical indicator is placed inside each package and provides data on time or temperature, revealing if one of these sterilization parameters has been met during a cycle.
Class 4 Multi-parameter indicators	Multiparameter indicators react to two or more sterilization parameters, such as time and temperature or time and pressure.
Class 5 Integrating indicators	React to all critical parameters of sterilization cycle over a range of temperatures; performance must equal that of the biological indicators.
Class 6 Emulating indicators	Cycle specific; react to all critical parameters for a specified sterilization level; used at the pack/tray level.

Dimensions of Dental Hygiene, March 2009

Flash Sterilization – Unwrapped devices or instruments

Do not use flash sterilization for convenience, as an alternative to purchasing additional instrument sets, or to save time. Do not flash sterilize implanted surgical devices unless doing so is unavoidable. When using flash sterilization, make sure the following parameters are met: Clean the item before placing it in the sterilizing container (that are FDA cleared for use with flash sterilization) or tray, Monitor sterilizer function with mechanical, chemical, and biologic monitors. Do not use packaging materials and containers in flash sterilization cycles unless the sterilizer and the packaging material/container are designed for this use. When necessary, use flash sterilization for patient-care items that will be used immediately (e.g., to reprocess an inadvertently dropped instrument). When necessary, use flash sterilization for processing patient-care items that cannot be packaged, sterilized, and stored before use.

Prevent exogenous contamination of the item during transport from the sterilizer to the patient.

Storage of Sterile Items

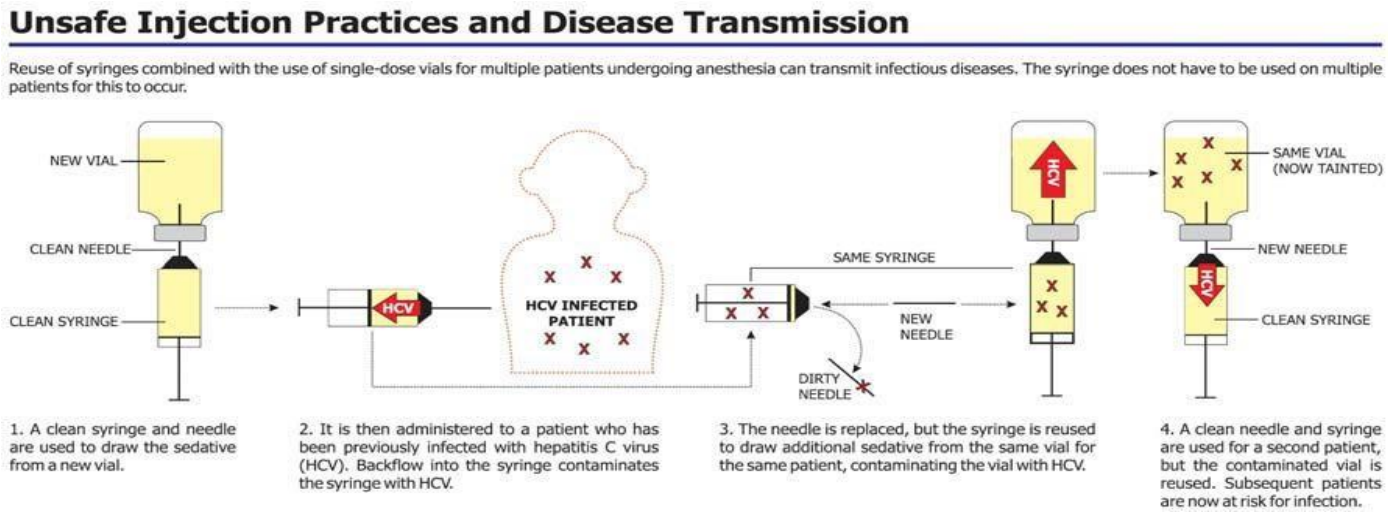
Ensure the sterile storage area is a well-ventilated area that provides protection against dust, moisture, insects, temperature and humidity extremes. Store sterile items so the packaging is not compromised, punctured or bent. Shelf life of the packaged sterile item depends on the quality of the wrapper, the storage conditions, conditions during transport, the amount of handling, and other events that compromise the integrity of the package.

Always evaluate packages before use for loss of integrity. If the integrity of the packaging is compromised, repack & sterilize.

13 Needle and Sharps Safety

Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state/federal regulations.

A clean syringe and new needle should be used each time to draw the sedative from vial to prevent the transmission of disease.



---

14 Infection Control for Dental Waterlines

EPA drinking water standard of 500 CFU/ml. ADA recommends dental water quality to not exceed 200 CFU/ml.

Quality of water used in dental procedures and disinfection of plastic small-bore tubing are areas of concern to prevent infection and cross-contamination.

Biofilms form in plastic small bore dental waterlines from the micro-organisms that occur in the water supply.

Nine potentially pathogenic organisms associated with opportunistic wound and respiratory infections have been isolated from dental unit water systems. Organisms include:

Pseudomonas, Klebsiella, Legionella, and non-Tuberculosis Mycobacterium species.

Untreated dental units cannot reliably produce water that meets drinking water standards of 500 CFU/ml.

Water Sources and Water Quality can vary widely in microbiologic quality and cannot provide consistent quality.

On-Site water processing provides best option for water that has very low levels of viable bacteria.

Available dental unit waterline technology:

Independent reservoirs, Chemical treatment – Shock and/or continuous disinfection treatments, Ozonated, Ultraviolet technology, Filtration systems, Combinations.

Daily requirements for dental waterlines. Dental unit water lines shall be anti-retractive. This engineering control needs to be maintained and evaluated periodically for effectiveness.

At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices.

Dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

Dental handpieces and other devices attached to air and waterlines must be cleaned and heat sterilized,

Intraoral devices that can be removed from air and waterlines. Follow mfg. instructions for cleaning, lubrication and sterilization.

For components or devices permanently attached to air and/or waterlines, Use barriers and change barriers between patients.

Clean and disinfect using "Intermediate-level" disinfectant if the surface of devices become contaminated.

Saliva Ejectors - Do not advise patients to close their lips tightly. Previously suctioned fluids can be retracted into patient's mouth when a seal is created.

DUWL Amendment to Minimum Standards of Infection Control 01/01/2019

CCR Title 16., Sec. 1601.6 B&P Code

(a) Consistent with and in addition to the federal CDC and Prevention recommendations for water quality, the DBC shall amend the regulations on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfection or antibacterial properties when performing dental procedures that expose dental pulp.

(b) The adoption by the DBC consistent with this section be deemed to be an emergency necessary for the immediate preservation of the public peace, health and safety.

OSAP Recommendations for Immediate compliance – Testing of all dental waterline units and all lines must pass 500 cfus. Once all dental units pass 500 cfus 2 months in a row, then waterline testing on all dental waterline units can be performed on a Quarterly basis. Record results of waterline testing for a minimum of 12 months (TBD)

Only Cal/EPA waterline disinfectants are permitted for shock or disinfection in DUWL.

15 Infection Control for Dental Radiography

Always refer to Universal and Standard Precautions, use proper & Consistent hand hygiene between each patient

Clean & disinfect equipment, Barrier protect all possible equipment, Sterilize applicable accessories (film holding devices)

Use single-use accessories whenever possible and Transport and handle exposed radiographs in an aseptic manner to prevent contamination of developing equipment.

Digital Imaging equipment is difficult to clean & disinfect – use impervious barriers; however, barriers do not always protect the item from potential contamination. Clean & disinfect after barrier removal. Check with mfg. before using chemicals on equipment

PPE for radiograph is at minimum gloves

16 Infection Control for Dental Laboratories

Always refer to Universal and Standard Precautions and Use consistent hand hygiene between patients

Clean and disinfect using a hospital "Intermediate-level" disinfectant on all laboratory items before entering the Dental lab.

Heat sterilize any items used intraorally or on contaminated appliances before entering the Dental lab

Fresh pumice and a sterilized or new rag-wheel shall be used for each patient.

Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped, and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility.

If packaging is compromised, the instruments shall be recleaned, repackaged, and sterilized.

Sterilized items will be stored in a manner so as to prevent contamination

Splash shields and equipment guards shall be used on dental laboratory lathes

PPE for laboratories are Eye protection, "Appropriate" mask, Body protection and hand protection.

17 Hand hygiene **First line of defense using Standard Precautions!**

All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday.

All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves.

DHCP shall wash contaminated or visibly soiled hands with soap and water and don new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol-based hand rub may be used as an alternative to soap and water.

Oral surgical procedures: Use antimicrobial soap and water; scrub hands and forearms for length of time recommended by mfg. (usually 2-4 minutes). OR Pre-wash hands and forearms with non-antimicrobial soap followed with an alcohol-based hand rub with persistent activity following mfg. recommendations

Hands will be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and wash immediately after glove removal.

Use of hands-free hand hygiene systems is preferable. Use hand lotions that are compatible with hand soap products to prevent skin dryness. Keep fingernails short and avoid artificial nails and hand jewelry.

All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

18 Personal Protective Equipment (PPE) Dental Board of California and Cal/OSHA

DBC – Personal Protective Equipment (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to: masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids and OPIM, and chemicals used for infection control.

General work attire such as uniforms, scrubs, pants, and shirts, are not considered PPE.

All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or splattering of blood, OPIM, or chemicals and germicidal agents. All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. the use of germicides or handling contaminated items.

Medical Exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures.

When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty chemical resistant gloves to prevent puncture wounds.

Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. Gloves shall not be washed before or after use.

After each patient, treatment masks shall be changed and disposed. After each patient, face shields and protective eyewear shall be cleaned, disinfected with intermediate-level disinfectant, or disposed.

Protective attire must be changed daily or between patients if they should become moist or visibly soiled.

All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities.

Cal/OSHA - CCR Title 8, Sec 5193 & 5194 –

Where occupational exposure remains after institution of engineering and work controls, the employer shall provide, at no cost to t the employee, "**appropriate**" personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

Select the right mask for the task!! ASTM ratings – masks should be "appropriate".

Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards

(CCR Title 8, sec 5193) – CDC guidelines Laundry Process

If hot-water laundry cycles are used, wash with detergent in water >160ºF (>71ºC) for >25 minutes (1,270). Category IC (AIA: 7.31.E3)

Follow fabric-care instructions and special laundering requirements for items used in the facility (364). Category II

Choose chemicals suitable for low-temperature washing at proper use concentration if low-temperature (<160ºF [<70ºC]) laundry cycles are used (365--370). Category II

Package, transport, and store clean textiles and fabrics by methods that will ensure their cleanliness and protect them from dust and soil during interfacility loading,

California Code of Regulations Title 8 Section 5199

Aerosol Transmissible Diseases/Pathogens

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199 (http://www.dir.ca.gov/Title8/5199.html). Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

Diseases/Pathogens Requiring Airborne Infection Isolation

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g.
Anthrax/*Bacillus anthracis*
Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient.
Localized disease in immunocompromised patient until disseminated infection ruled out
Measles (rubeola)/Measles virus
Monkeypox/Monkeypox virus
Novel or unknown pathogens
Severe acute respiratory syndrome (SARS)
Smallpox (variola)/Varioloa virus
Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
Any other disease for which public health guidelines recommend airborne infection isolation

Diseases/Pathogens Requiring Droplet Precautions

Diphtheria pharyngeal
Epiglottitis, due to *Haemophilus influenzae* type b
Haemophilus influenzae Serotype b (Hib) disease/*Haemophilus influenzae* serotype b -- Infants and children Influenza, human (typical seasonal variations)/influenza viruses Meningitis
Haemophilus influenzae, type b known or suspected
Neisseria meningitidis (meningococcal) known or suspected
Meningococcal disease sepsis, pneumonia (see also meningitis)
Mumps (infectious parotitis)/Mumps virus
Mycoplasmal pneumonia
Parvovirus B19 infection (erythema infectiosum)
Pertussis (whooping cough)
Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,
Pneumonia
Adenovirus
Haemophilus influenzae Serotype b, infants and children
Meningococcal
Mycoplasma, primary atypical
Streptococcus Group A
Pneumonic plague/*Yersinia pestis*
Rubella virus infection (German measles)/Rubella virus
Severe acute respiratory syndrome (SARS)
Streptococcal disease (group A streptococcus)
Skin, wound or burn, Major
Pharyngitis in infants and young children
Pneumonia
Scarlet fever in infants and young children
Serious invasive disease
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures) any other disease for which public health guidelines recommend droplet precautions

HARMONY DENTAL GROUP

Patient Screening for Aerosol Transmissible Diseases (ATD)

In compliance with CCR, Title 8, Section 5199, dental facilities must pre-screen patients for ATD. Dental procedures are not performed on a patient suspected or identified as having an ATD.

Do you have?
A history of Tuberculosis? Yes ☐ No ☐ If yes,
explain:_____
Symptoms of Tuberculosis?
Productive cough? (> 3 weeks): Yes ☐ No ☐ If yes,
explain:_____
Bloody sputum? Yes ☐ No ☐ If yes,
explain:_____
Night sweats Yes ☐ No ☐ Malaise Yes ☐ No ☐
Fever Yes ☐ No ☐ Fatigue Yes ☐ No ☐
Unexplained weight loss Yes ☐ No ☐
Flu & Other Aerosol transmissible diseases, including Pertussis, Measles, Mumps, Rubella, Chicken pox, Meningitis: _____

Do you have any of the following symptoms? How long? Explain:
Fever? Yes ☐ No ☐
_____
Body aches? Yes ☐ No ☐
_____
Runny nose? Yes ☐ No ☐
_____
Sore throat? Yes ☐ No ☐
_____
Headache? Yes ☐ No ☐
_____
Nausea? Yes ☐ No ☐
_____
Vomiting or Diarrhea? Yes ☐ No ☐
_____
Fever and/or Respiratory symptoms? Yes ☐ No ☐
_____
Severe Coughing Spasms? Yes ☐ No ☐
Have you traveled outside of the United States within the past 60 days ? Yes No
_____
_____

HARMONY DENTAL GROUP

WRITTEN PROTOCOL FOR INSTRUMENT PROCESSING - AUTOCLAVE

Begin Operatory Breakdown with Donning "Appropriate" PPE

Protective Eyewear, Mask, Fluid-Resistant Body Protection, Heavy-Duty Chemical Resistant Gloves

TRANSPORTING CONTAMINATED INSTRUMENTS TO STERILIZATION AREA

- ✓ Transport All Contaminated Operatory Tray To "Dirty "Area
- ✓ Using Tongs, Place Contaminated Instruments Into "Holding Solution" Next to Ultrasonic.
- ✓ Place All Handpieces In "Cleaning" Staging Area Separate From "Holding Solution Staging"
- ✓ Carpules Completely Empty - Dispose In "Empty Carpules Only" Container for General Trash Disposal.
- ✓ Carpules Containing Rx Waste (With Solution) - Dispose In (Product Name),
- ✓ Carpules with Visible Blood or Cracked or Broken – Dispose in Sharps Container
- ✓ Store Dirty Tray In "Dirty" Area for Processing.

CLEANING

- ✓ With Heavy-duty Gloves on use (Product Name) Wipes and Clean Gloves
- ✓ Wipe High Speed & Low Speed Handpieces With (Product Name) Wipes, Move to "Clean-Packaging" Area.
- ✓ Wipe Cavitron Tips With (Product Name) Wipes and Place In "Clean – Packaging" Area.
- ✓ Move Empty Ultrasonic Basket into Sink. Gently Dump Contents Of "Holding Solution Staging" Container into Ultrasonic Basket. All Hinged Instruments Processed in The Open Position.
- ✓ Refill "Holding Solution" and place back on counter.
- ✓ Rinse Contents of Basket. Allow All to Drain in Sink. Load Ultrasonic Basket Back into Ultrasonic.
- ✓ Process Ultrasonic Cycle for A Minimum Of ___ Minutes.
- ✓ When Ultrasonic Cycle Is Complete, Move Basket from Ultrasonic into Sink and allow to Drain.
- ✓ Rinse Basket Contents Thoroughly. Allow Basket to Drain in Sink.
- ✓ Dump Ultrasonic Basket Contents onto Clean Towels In "Clean-Packaging Area" For Inspection.
- ✓ Place Ultrasonic Basket Back into Sink for Next Load,
- ✓ With Heavy-Duty Gloves Still On, Clean and Disinfect Gloves with (Product Name) Wipes,
- ✓ Visually Inspect All Loose Instruments for Debris or Damage.
- ✓ If Manual Scrubbing Is Necessary, Use A Long-Handled Brush and Scrub Under Water to Prevent Splashing.
- ✓ Carefully Dry Instruments to Prepare for Packaging.

PACKAGING INSTRUMENTS

- ✓ All Instruments Must Be Packaged or Wrapped Before Sterilization.
- ✓ Loose Instruments Should Be Packaged So That They Remain in A Single Layer Within Pouches.
- ✓ Hinged Instruments Should Be Packaged So They Remain in The Open and Unlocked Position.
- ✓ Package All High Speed and Low Speed Handpieces Separately.
- ✓ Place All Packaged Items In "Sterilization Staging" Container for next available sterilizer.

STERILIZATION

- ✓ In the First Load Of the Day for Each Sterilizer, Process one "Class 5 Integrator" To Validate Multiple Parameters of Sterilization. Following Processing, Inspect Integrator, Date Stamp and Store For 1 Year.
- ✓ Load The Sterilizer Single Layer with Pouches from the "Sterilization Staging" Area. Do Not Overload.
- ✓ Add Distilled Water to Sterilizer as Needed Per Manufacturer's Recommendations.
- ✓ Press Appropriate Buttons – "Pouch" And Then "Start"
- ✓ With Heavy-Duty Gloves Still On, Clean and Disinfect Gloves with (Product Name) Wipes,
- ✓ **Sterilizer Will Vent HOT STEAM – CAUTION!**
- ✓ Allow Packages to Cool and Dry Before Removing from The Sterilizer.
- ✓ Using Hot Pads for Hand Protection, Remove Packages from Sterilizer,
- ✓ Inspect Package Process Indicators to Validate Sterilization, Only Date Stamp Packages Along Folded End That Meet Validation Parameters
- ✓ Spore Test Sterilizer Weekly and Record in Spore Test Log – Maintain Spore Test Records For 12 Months.

STORAGE OF STERILE ITEMS

- ✓ Store Sterilized Pouches in A Clean, Dry Environment to Maintain the Integrity of The Package.
- ✓ If Packaging Is Compromised, Instruments Shall Be Re-Cleaned, Repackaged, And Sterilized Again.

HARMONY DENTAL GROUP

Operatory Breakdown Cleaning and Disinfection Protocol

Begin Operatory Breakdown with Donning "Appropriate" PPE

Protective Eyewear, Mask, Fluid-Resistant Body Protection, Heavy-Duty Chemical Resistant Gloves

BREAKDOWN OF OPERATORY

Dispose of All Sharps "At Point of Use" In Operatory Sharps Containers.
Flush Air and Water Lines 2 Minutes at The Start of Each Day, And 20 Seconds Between Each Patient.
Remove All Air/Waterline Attachments for Sterilization or Disposal and Add to Transport Tray.
Place All Loose Instruments, cassettes of instruments, and other Items for Sterilization on Transport Tray.
Visually Inspect Contaminated Instruments. Using 2x2 Gauze, Carefully Wipe Off Any Visible Debris.
Transport Tray Carefully to Staging "Dirty" Area.
Using Tongs Place Instruments Into "Holding Solution" In Dirty Area.
Place Handpieces into Designated Area for Cleaning. Place Dirty Tray in Designated Area for Cleaning.
Return to Operatory
Remove All Disposable Barriers and Dispose of Garbage in Operatory Receptacle.
With Heavy Duty Gloves Still On, Use (Product Name) To Clean Heavy-Duty Gloves.

CLEANING

Starting in The Cleanest Area of The Operatory, Use (Product Name) Wipes to Clean All Items On Countertops, Countertops, X-Ray Equipment, Writing Instruments, Drawer Handles
Clean Tubing, Hand Piece Attachments, Nasal Hood, Tubing Holder and Tray.
Clean All Protective Eyewear And/or Face Shields for Patients and Personnel.
Using (Product Name) Clean Patient Chair, Clean Assistants' Chair, Clean Dentists' Chair.
With Heavy-Duty Gloves Still On, Use (Product Name) To Clean Heavy-Duty Gloves

DISINFECTION

Using Liquid (Product Name) In Spray Bottle, Turn Nozzle To "Mist". Thoroughly Saturate Fresh (Product Name) Wipes with Liquid (Product Name) for Disinfection. Saturate Wipes with Enough Liquid (Product Name) for Application which Provides ____ Minute(s) of Wet Contact Time.
Starting in The Cleanest Area of The Room, Disinfect All Items with Wipes (Product Name) – All Items on Countertops, Countertops, X-Ray Equipment, Writing Instruments, Drawer Handles, etc.
Disinfect Tubing, Hand Piece Attachments, Nasal Hood, Tubing Holder, etc.
Disinfect Patient Chair, Disinfect Assistants' Chair, Disinfect Dentists' Chair.
Disinfect All Protective Eyewear And/or Face Shields for Patients and Personnel.
With Heavy-duty Gloves Still On, Use (Product Name) To Clean and Disinfect Heavy-Duty Gloves.
Remove Heavy-Duty Gloves, Hang Gloves to Dry.
Wash Hands or Use Alcohol-Based Hand Sanitizer.

SET-UP

Don Medical Exam Gloves.
Organize and Store All Disinfected Countertop Items Back into Cabinets for Storage.
Replace Barriers on All Computer Equipment, Handpieces, X-Ray Head, Switches, Cabinet Handles, TV Remote, Light Handles, Patient Chair, Trays, Etc.
Remove Medical Exam Gloves and Use Alcohol-Based Hand Sanitizer.

HARMONY DENTAL GROUP

Written Protocol for the Management of Injuries

Exposure Incidents, as defined by Cal/OSHA, are specific incidents involving occupational contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, mucous membranes, non-intact skin, or parenteral under the skin (such as a needlestick or cut) that occurs during the performance of an employee's duties. When an exposure incident occurs, immediate action in the form of a post-exposure follow-up must be taken to assure compliance with the Cal/OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee for health and safety. Post Exposure treatment protocol should be established before exposure incidents happen and all employees should be trained at least annually.

1. Provide immediate care to the employee's exposure site.
    - Wash affected area with anti-microbial soap and water
    - Flush mucous membranes with water.
    - Employee must report incident immediately to supervisor/employer
    - If exposure incident involves chemicals or chemical waste, consult SDS for medical procedures
    - Do not continue to use contaminated instrument on patient.
2. Determine employee's risk associated with exposure
    - Type of fluid or chemical (e.g., blood, visible body fluid, OPIM such as infectious fluid or tissue
    - Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposures, or human bites resulting in exposure)
3. Evaluate exposure source
    - Asses the risk of infection using information available (health history of patient)
    - Ask source patient infectious status, if known
    - Ask source patient to consent to testing
4. The exposed employee is referred to within hours to a health care provider for follow-up evaluation. Physician shall follow recommendation of U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.
    - Note "within hours" 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 recommendations. Refusal of treatment should be documented and saved in employee's medical file for 30 years plus length of employment.
5. Employee should bring all of the following documentation to the health provider:
    - A copy of the Bloodborne Pathogen Standard – Title 8, Section 5193
    - Confidential Medical Evaluation Form which describes the duties and exposure when exposure occurred.
    - Documentation of the route(s) of exposure and circumstances under which exposure occurred
    - All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source patient status for HBV, HCV, HIV, if known
    - Name, address and policy number of employer's workman's compensation insurance
6. Post Exposure Treatment performed by Healthcare Provider (HCP)
    - Healthcare Provider evaluates exposure incident
    - Arranges for blood testing of employee and source individual is known
    - Notifies employees of results of all testing
    - Provides counseling and post-exposure prophylaxis
    - Evaluates and reports illnesses
    - HCP submits written opinion to employer:
        - Documentation that employee was informed of evaluation results and the need for follow-up testing.
        - Whether HBV vaccine is indicated and if vaccine was received.
7. Employer responsibilities
    - Receives HCP's written opinion and report
    - Provides a copy of HCP written report to employee (within 15 days of completed evaluation).
    - Documents exposure incident:
        - Employee Accident/Body Fluid Exposure and Follow-Up Form ad Employee Medical Report Form
        - Sharps Injury Log – if exposure incident involved a contaminated sharp, within 14 days of exposure. Sharps Injury Log maintained for 5 years.
        - **All results of blood tests of employee and source individual are treated as *confidential!!***

HARMONY DENTAL GROUP
HOUSEKEEPING SCHEDULE/PROTOCOL

Clinical contact surfaces not protected by impervious barriers are cleaned first, and then disinfected immediately or as soon as feasible when:

- Surfaces are visibly contaminated or there is a spill of blood or other potentially infectious material (OPIM).
- Patient procedure is completed.
- Work surfaces become contaminated since the last cleaning.

Surfaces are cleaned, then disinfected using a Cal/EPA-registered intermediate-level disinfectant with a tb claim.

Disposable impervious barriers are used to protect clinical contact surfaces that are manufactured in a manner that prevents cleaning and disinfection. The barriers are changed when visibly soiled or damaged, and between patients.

Product label instructions for all cleaning products and germicides are followed. Handling and storage instructions on the safety data sheets are followed.

Floors, walls, and sinks are cleaned using: *(check one)*

☐ Detergent and water ☐ Cal/EPA registered disinfectant

DAILY TASKS:	**WEEK___**	**WEEK___**	**WEEK___**	**WEEK___**	**PRODUCT**
			USED		
Mix chemical disinfectants	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
Purge dental unit water lines with air or flush with water for at least 2 min at beginning of the day and for at least 20 seconds between each patient	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
Mix Ultrasonic Solution _____	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
_____	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
_____	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____

CLEAN AND DISINFECT *(or change barriers)* AT THE END OF EACH PATIENT TREATMENT:

ITEM:	**WEEK___**	**WEEK___**	**WEEK___**	**WEEK___**	
Dental chair/cart	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
Light handles and switches	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
Counter surfaces	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
Cabinet doors and handles	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
Computer keyboard and mouse	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
Writing Instruments _____	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
Protective Eye-Wear _____	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____
_____	M T W T FS	M T W T FS	M T W T FS	M T W T FS	_____

CLEAN AND DISINFECT AT THE END OF EACH DAY *(or more frequently if needed)*:

ITEM:	**WEEK___**	**WEEK___**	**WEEK___**	**WEEK___**	**PRODUCT**
			USED		
Dental chairs /carts	M T W T F	M T W T F	M T W T F	M T W T F	_____
Vacuum lines	M T W T F	M T W T F	M T W T F	M T W T F	_____
Counter surfaces	M T W T F	M T W T F	M T W T F	M T W T F	_____
Light handles and switchs	M T W T F	M T W T F	M T W T F	M T W T F	_____
Outside of film processor	M T W T F	M T W T F	M T W T F	M T W T F	_____
Door handles	M T W T F	M T W T F	M T W T F	M T W T F	_____
Cabinet doors and handles	M T W T F	M T W T F	M T W T F	M T W T F	_____
Computer keyboard and m	M T W T F	M T W T F	M T W T F	M T W T F	_____
Ultrasonic cleaner	M T W T F	M T W T F	M T W T F	M T W T F	_____
Sink and faucet	M T W T F	M T W T F	M T W T F	M T W T F	_____
Outside of sterilizer	M T W T F	M T W T F	M T W T F	M T W T F	_____
Outside of cold sterile	M T W T F	M T W T F	M T W T F	M T W T F	_____
Lab equipment and surfaces	M T W T F	M T W T F	M T W T F	M T W T F	_____
OFC Phone Equipment	M T W T F	M T W T F	M T W T F	M T W T F	_____
Patient Waiting Areas	M T W T F	M T W T F	M T W T F	M T W T F	_____
Patient Clip boards and wr instruments	M T W T F	M T W T F	M T W T F	M T W T F	_____

ITEMS TO CLEAN AND DISINFECT ON A REGULAR BASIS *(at least weekly)*:

	WEEK___	**WEEK___**	**WEEK___**	**WEEK___**	
Floors/Walls	M T W T F	M T W T F	M T W T F	M T W T F	_____
Waste receptacles	M T W T F	M T W T F	M T W T F	M T W T F	_____
Laundry facilities _____	M T W T F	M T W T F	M T W T F	M T W T F	_____
_____	M T W T F	M T W T F	M T W T F	M T W T F	_____

THE FOLLOWING ARE TO BE CLEANED AND DISINFECTED ON A MONTHLY BASIS:

Inside of cabinets _____
Inside of drawers _____
Storage Areas _____