

POLICY AND PROCEDURE

INFECTION CONTROL, STERILIZATION AND DISINFECTION

DEN 015

INFECTION CONTROL

All employees shall practice infection control techniques as prescribed by BCHC infection control and OSHA policy. In the dental clinic this especially includes:

- Use of universal precautions by employees while in contact with any patient body fluids. This includes the use of gloves, mask and eye protection at all times that contact with patient body fluids.
- Completion of appropriate immunizations as prescribed by CHCI policy.
- All material that is soaked with patient blood or saliva shall be appropriately disposed of in a biohazard container.

STERILIZATION AND DISINFECTION

All instruments that can be sterilized by steam autoclave should be sterilized according to the manufacturer's directions. Those instruments not able to be sterilized by steam autoclave should be placed in an appropriate cold sterilization solution for at least 12 hours.

The ultrasonic cleaner should be used whenever possible to remove gross debris from instruments instead of hand scrubbing.

Instruments shall then be appropriately bagged and autoclaved.

Monitoring of sterilization effectiveness shall be completed weekly and recorded.

Place monitoring vial in the last autoclave load of the week.

Place in incubator according to the directions and allow to incubate over the weekend.

Observe and record the results at the beginning of the following week. (48 hours)

If there is a positive result, notify the Chief Dental Officer.

All smooth surfaces in the operatories shall be sprayed with an appropriate commercial disinfectant between patients according to the manufacturer's directions.

Disposable barriers shall be utilized when possible and cost effective.

WATERLINE INFECTION CONTROL

In order to decrease the risk of contamination from waterline biofilm or cross contamination between patients from waterlines, the following policy will be followed.

A rubber dam should be used whenever possible for all dental procedures

All feasible efforts will be made to implement engineering modifications in the dental operatories to decrease the presence and buildup of micro bacterial biofilm in water lines.

Any new dental operatories installed will have self-contained water delivery systems to reduce the reliance on outside waterlines.

Dental hand pieces will be run for 15 to 20 seconds before and after each patient.

In those clinics that utilize outside waterlines and no feasible engineering modifications can be made at this time, water from outside waterlines should not be used when a surgical procedure dictates the cutting of bone with a hand piece. In this case, distilled water should be used to irrigate the surgical site as needed with an appropriate syringe.



CHIEF EXECUTIVE DIRECTOR

Date: 3-4-11



CHIEF DENTAL OFFICER

Date: 3/11/2011



CHAIR, BOARD OF DIRECTORS

Date: 3, 4, 11

Date: May 6, 2009
Approved – Policy/Compliance Committee

Date: May 20, 2009
Approved - Board of Directors