

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.40.27	Page 1 of 8
	Original Effective Date: 12/01/91	New Effective Date: 04/23/14
	Supersedes 500.40.27	Dated: 08/26/10
	Administrator's Approval: Cathy A. Jess, Administrator	
Required Posting or Restricted:		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Infection Control in the Dental Practice		

POLICY

All Division of Adult Institution facility dental units shall operate in compliance with all federal and state regulations and recommendations, and department policies governing infection control and job safety in the dental practice setting.

REFERENCES

Standards for Health Care in Prisons, National Commission on Correctional Health Care, P-B-01, Infection Control Program, P-B-02, Patient Safety, P-B-03, Staff Safety 2014

OSHA – Blood Borne Pathogens Standard –s 29CFR 1910.1030

UCLA Infection Control Manual – Chapter 7 – Dental Laboratory

Centers for Disease Control – Guidelines for Infection Control in Dental Health-Care Settings – 2003 – MMWR Vol. 52 No. RR-17

Health Services Policy/Procedure 200:03 – Management of Employee Exposure to Blood Borne Pathogens

DAI Policy 500.40.16 – Dental Radiation Procedure and Safety

DAI Policy 500.40.19 – Personal Protective Equipment for Dental Staff

DAI Policy 500.40.26 – Hazardous Dental Waste Management

DAI Policy 500.40.28 – Dental Unit Waterline Maintenance and Monitoring

DAI Policy 500.60.01– Infection Control Program

DAI Policy 500.60.02 – Tuberculosis Control Program

Attachment A – Ultrasonic Cleaner Foil Testing Procedure

Attachment B – Tuttnauer Operation & Maintenance Manual UL

Attachment C – Instructions for Weekly Biologic Monitoring

DEFINITIONS, ACRONYMS, AND FORMS

Blood borne pathogens – Disease-producing microorganisms spread by contact with blood or other body fluids contaminated with blood from an infected person. Examples include: HIV, Hepatitis B, Hepatitis C and others.

CDC – Centers for Disease Control

Critical items – Any instrument which will be introduced into the inmate patient's bloodstream through the inmate patient's skin or into other normally sterile areas.

DOC – Department of Corrections

DOC-3623 – Sterilizer Biologic Monitoring Log

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DOC-3624 – Dental Service Unit: Infection Control Checklist

DOC-3625 – Dental Laboratory: Infection Control Checklist

DOC-3638 – Dental Unit Cleaning Checklist for Inmate Workers

DOC-3546 – Dental Unit Nightly Checklist

Disinfection:

- Low-level disinfection – Kills some viruses and many bacteria with a chemical disinfectant registered by the Environmental Protection Agency (EPA) as a “germicide”.
- Intermediate-level disinfection – Kills bacteria including mycobacteria and most viruses, with a chemical germicide registered as a “tuberculocide” by the EPA.
- High-level disinfection kills all organisms except high levels of bacterial spores, using a chemical germicide cleared for marketing as a “sterilant” by the FDA.

Non-Critical Items – Items or equipment that come in contact with inmate patient’s intact skin.

Occupational Exposure Incident – Percutaneous injury (i.e., needlestick or cut) or contact of mucous membrane or non-intact skin with blood, saliva or tissue or any other OPIMs that may result from the performance of an employee’s duties.

Other Potentially Infectious Body Fluid (OPIM) – Any body fluid including saliva in dental procedures which is visibly contaminated with blood.

POC-40 – Infection Control – Hand Hygiene

POC-40A – Infection Control – Personal Protective Equipment (PPE)

POC-40B – Infection Control – Housekeeping/Laundry

POC-40C – Infection Control – Standard Precautions

Semi-Critical Items – Instruments which come into contact with intact mucous membranes but do not penetrate body surfaces.

Standard Precautions – Work practice precautions designed to reduce the risk of transmission of blood borne pathogens from and between inmate patients which apply to all blood, bodily fluids, secretions, and excretions except sweat, non-intact skin and mucous membranes.

Sterilizer Monitor – Biologic – Spore tests

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Sterilizer Monitor – Chemical – Chemical indicators that assess time and temperature including “external” (in the chamber) and “internal” (in the package) by color change occurring during sterilization.

Sterilizer Monitor – Mechanical – Observation for proper time, temperature and pressure.

Work Practice Controls – Practices incorporated into the everyday work routine that reduce the likelihood of exposure by altering the manner in which a task is performed. (i.e., use of a mechanical device to recap needles).

PROCEDURE

I. Maintenance of Reference Documents

- A. A current copy of the following documents shall be maintained in the Dental Unit in written or electronic format, where all staff has ready access to them.
 - 1. The Centers for Disease Control Guidelines for Infection Control in Dental Health-Care Settings (2003).
 - 2. OSHA – Blood Borne Pathogens Standard, 29 CFR s.1910.1030.
- B. The contents of these two references are incorporated into this DOC policy.

II. Preventing the Transmission of Blood Borne Pathogens

- A. Use standard precautions as referenced in POC-40C.
- B. Employ proper hand hygiene as referenced in POC-40.
- C. Use caution when handling contaminated materials, sharps and other OPIM.
- D. Use engineering and work-practice controls:
 - 1. Use safety devices that allow proper clinical technique, if available on the market.
 - 2. Annually review the market for new sharps devices having engineered safety features.
 - 3. Dispose of sharps in puncture-resistant containers.
 - 4. Use a mechanical recapper or the one-handed scoop technique to recap needles. Do not recap needles by using both hands or any technique that would point the needle at any body part. Keep needles capped when not in use.
 - 5. Inmate patient bib holders shall be disposable.
 - 6. A bulb syringe or sterilizable tubing shall be used to deliver sterile water for irrigation during surgical procedures that involve the incision, excision or reflection of tissue that exposes normally sterile areas of the oral cavity.
- E. Dispose of hazardous and/or infectious dental waste appropriately as referenced in DAI Policy 500.40.26.

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- F. In the event of an exposure, use post-exposure protocols as referenced in Health Services Policy/Procedures 200:03.
- G. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where dental materials or supplies, blood or other potentially infectious materials are present. This includes dental operatories, laboratory, and instrument processing areas.

III. Personal Protective Equipment (see DAI Policy 500.40.19)

- A. Use hand lotions to prevent skin dryness with handwashing.
- B. Use hand lotions that do not interact with integrity of gloves such as oil and petroleum free products.
- C. Keep fingernails short, smooth and clean. Artificial nails are not recommended.
- D. Do not wear hand jewelry if it compromises the integrity of gloves.
- E. Wear department-provided surgical masks, inmate patient-care gloves, protective eyewear and/or face shields, scrubs, and protective overgowns whenever treating an inmate patient or working with contaminated items. Remove or replace if visibly soiled.
- F. The mask should be replaced between inmate patients and if it becomes wet or soiled.
- G. If a mask is reused, the following procedures are implemented to prevent contamination through contact with infectious droplets on the outside of the mask:
 1. Wear a barrier such as a plastic face shield over the mask.
 2. Clean and disinfect the face shield between inmate patients.
 3. Remove the mask and either hang it in a designated area or place it in a bag labeled with the user's name.
 4. Use care when placing a used mask on the face to ensure proper fit and to avoid contact with infectious material that may be present on the outside of the mask.
 5. Perform hand hygiene after replacing a used mask on the face.
- H. Clean and disinfect all reusable facial protective equipment and loupes between inmate patients.
- I. Respiratory protection that is at least a disposable N95 filtering face piece shall be used when providing urgent dental treatment to inmate patients with suspected or confirmed tuberculosis.
- J. Dirty PPE laundry is properly handled as referenced in POC-40B.

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IV. Sterilization and Disinfection of Inmate Patient-Care Items and Areas

- A. Clean and heat-sterilize critical dental instruments before each use.
- B. Clean and heat-sterilize semi-critical items before each use.
- C. Burs and endodontic files shall be sterilized before first use.
 - 1. Endo files are considered one-use items due to inability to adequately re-sterilize.
 - 2. Burs are considered one-use items. Purchase single-use burs and diamonds rather than multiple-use burs and diamonds.
- D. Ensure that noncritical inmate patient-care items are barrier protected, and cleaned with an appropriate disinfectant after each use with an intermediate-level, tuberculocidal disinfectant.
- E. Use chemical disinfectants in a manner that safely limits staff and inmate patient exposure.
- F. Wear puncture resistant gloves during cleanup.
- G. Monitor sterilizers weekly, using mechanical, chemical and biologic monitors. If the log provided by the manufacturer is not available, use DOC-3623 to log test results. See Attachment C.
- H. Procedures are in place in the event of a positive spore test.
- I. Properly label all instrument packages before sterilization.
- J. Sterilized instrument packages are properly handled and stored.
- K. Sterilizers are operated and maintained per manufacturer's directions. See Attachment B.

V. Dental Unit Treatment Lines (see DAI Policy 500.40.28)

- A. Suction lines are maintained between inmate patients and daily.
- B. Waterlines are maintained using Blu-Tab® and per manufacturer directions.
- C. Waterlines are tested in-house quarterly, and, annually using an outside testing laboratory.
- D. To prevent backflow in lines, do not advise inmate patients to close their lips tightly around a saliva ejector.

VI. Dental Laboratory Infection Control

Dental impressions, models, instrumentation and prosthetic appliances are handled in a manner that prevents transmission of microorganisms within the

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dental unit, between inmate patients, and to and from the contracted dental laboratory.

VII. Radiation Infection Control (see DAI Policy 500.40.16)

- A. All processes involved in the making and processing of radiographs are handled in a manner that prevents cross-contamination in the dental setting.
- B. All dental film in use has a barrier packet for infection control.

VIII. Special Considerations for Infection Control

- A. Aerosol Reduction
 - 1. Pre-procedural mouth rinses:
 - a. The use of two consecutive 30-second antimicrobial mouth rinses may be used to effectively limit the number of microorganisms in aerosols and spatter.
 - b. 0.12 percent chlorhexidine or 0.05 percent cetylpyridinium chloride (Listerine) are both accepted products for pre-procedure rinse use.
 - c. The CDC makes no recommendation regarding the use of antimicrobial mouthrinses to prevent clinical infections among dental health care personnel or inmate patients.
 - 2. Use rubber dam whenever possible to limit microorganisms in aerosol.
 - 3. Use high volume evacuation during all procedures.
- B. Handling Biopsy Specimens
 - 1. Transport biopsies in sturdy, leak proof containers labeled with the biohazard symbol.
 - 2. If the container is visibly contaminated, clean and disinfect it, or place it in an impervious bag labeled with the biohazard symbol.
- C. Laser/Electrosurgery Plumes/Surgical Smoke
 - 1. Use standard precautions.
 - 2. Use high volume evacuation.
- D. Manage inmate patients known or suspected to have active tuberculosis in the manner referenced in DAI Policy 500.60.02.
- E. Test the ultrasonic cleaner monthly using the procedure in Attachment A.

IX. Dental Unit Housekeeping Procedures for Inmate Workers

- A. Use PPE when cleaning.
- B. Routinely clean floors, walls, sinks and other surfaces with a detergent and water or a low- or intermediate-level disinfectant, depending on the nature of the contamination.
- C. Clean and disinfect mops and cloths after use and allow to dry before reusing.

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- D. Prepare fresh intermediate disinfectants daily or per manufacturer's directions.
- E. Clean all surfaces in the inmate patient care area that become dusty or visibly soiled.
- F. Clean spills of blood or OPIM and disinfect with a low- or intermediate-level disinfectant.
- G. Reusable soap containers are cleaned and dried before refilling.
- H. Complete DOC-3638 whenever tasks are completed.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

_____ **Date Signed:** _____
Dr. Barbara De Lap, Dental Director

Administrator's Approval: _____ **Date Signed:** _____
Cathy A. Jess, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.40.27	Page 8 of 8
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Infection Control in the Dental Practice		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.
- II.
- III.

RESPONSIBILITY

- I. Staff
- II. Inmate
- III. Other