INFECTION CONTROL MANUAL

UNIVERSITY OF NORTH CAROLINA SCHOOL OF DENTISTRY

Updated by the Infection Control Committee
June 2016

UNC

ADAMS SCHOOL OF DENTISTRY
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Section I: Introduction

Infection control is a priority consideration in dental practice. Publicity of diseases such as HIV and hepatitis has resulted in increased numbers of patients viewing the dental environment as a potential source for infection. Dentists and allied dental personnel have also become increasingly concerned about their own safety. Consequently, infection control policies and procedures must ensure confidence as well as provide protection for both the public and the dental health care providers.

The School of Dentistry is committed to utilizing the most current research and technology to maintain an infection control program that is practical while meeting regulatory requirements. It is an imperative, ethical duty for all faculty, staff, and students to learn and adhere to the policies and procedures described in this manual.

Section II: General Policy Provisions

A. The School of Dentistry subscribes to the policy statement adopted by the American Association of Dental Schools, March 1991, which states, "Chief administrative officers of dental education institutions must establish and enforce written preclinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous-waste disposal. These protocols should be consistent with current federal, state, and/or local guidelines, and must be provided to all faculty, students and appropriate support staff. To protect faculty, students, staff and patients from the possibility of cross-contamination and infection, asepsis protocols must include policies requiring the availability and use of gloves, masks, and protective eye wear by faculty, staff, and students in clinical situations and where appropriate, in preclinical situations."

B. All employed persons and enrolled students of the School of Dentistry, who are engaged in or may become engaged in patient care activities, shall be treated in a manner and shall conduct themselves in accordance with the University of North Carolina at Chapel Hill Policy on HIV-infected and HBV-infected Employees and Students, issued April 8, 1992, revised July 2002

C. All dental personnel are ethically obligated to provide patient care with compassion and respect for human dignity. No dental personnel may ethically refuse to provide dental care solely because the patient has, or may have, an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), hepatitis B or hepatitis C infection.
D. All research personnel and clinical laboratory supervisors shall recognize their responsibility for implementing University guidelines to protect laboratory workers from hazards incumbent in handling human blood, secretions, specimens, tissues and materials contaminated with blood or secretions.

E. Hepatitis B, hepatitis C or HIV testing cannot be required for anyone except in the event of an exposure incident. For patients whose medical signs or symptoms are consistent with hepatitis B, hepatitis C, HIV or other infectious disease, with or without associated medical history, appropriate referral for medical consultation and follow-up should be made.

F. Confidentiality of results of such testing and related diagnosis is essential and is the individual responsibility of each School of Dentistry employee and student who has access to this information. This information may be shared in confidence only with others providing direct health care to the patient (based on N.C. Public Health Law). When an HIV positive patient is referred to other health care professionals, the referring doctor is responsible for communicating the patient’s medical status.

G. Notification of patients who have been treated by faculty, staff or students who have tested seropositive for HIV or who have been diagnosed with AIDS, HIV infection, HBV or HCV infection or some other infectious disease, shall be conducted in accordance with

1. University policy issued April 8, 1992
2. North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) guidelines which include the SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus published March 2010.

H. The School of Dentistry will carefully observe the Guidelines for Infection Control in Dental Health-Care Settings published by Centers for Disease Control and Prevention in 2003.

I. Infection Control Committee members for each clinical and laboratory unit are charged with responsibility for compliance with the policies and protocols outlined in the Infection Control Manual. Patients, faculty, staff and students should report infractions occurring in Student Clinics to the Associate Dean for Clinical Affairs, and report infractions occurring in the Dental Faculty Practice to the Director of the Dental Faculty Practice. Such incidents will be investigated, and when appropriate, action will be taken in accordance with rules set by the Office of Clinical Affairs and Human Resources.

Section III: Clinical Attire and Barrier Protection Procedures

A. Instructors and providers of patient care are required to wear clean clinical over garments, approved by the Infection Control Committee, each day in clinical areas. Clinical attire that has been penetrated or visibly soiled with blood and/or
OPIM (other potential infectious materials) must be exchanged for clean attire before encounter with another patient.

B. Wearing of clinical over-garments (gowns) is restricted to designated areas of Tarrson Hall, Brauer Hall and First Dental as follows:

1. Tarrson Hall is designated a patient care facility; therefore, gowns may be worn in most areas within Tarrson Hall. Gowns may be worn in the service elevator and in the southern stairwell. Gowns may not be worn in the public elevators or the northern stairwell. If a faculty, staff, or student is accompanying a patient from one floor to another, they should remove their gown and escort the patient using a public elevator or the northern stairwell.

2. Brauer Hall is considered a mixed-use facility. Gowns may be worn within all patient care areas. Gowns may not be worn in hallways or other public areas.

3. First Dental Building is considered a mixed-use facility. Gowns may be worn only inside the GO Health Clinic.

4. Koury Oral Health Sciences Building contains no patient care areas. Gowns are not permitted anywhere in the building.

5. Under no circumstances should gowns be worn outside of the above designated areas. Gowns that have been penetrated or are visibly soiled with blood and/or OPIM must be changed between patient appointments. Contaminated gowns should be placed in the laundry receptacles available in the clinic area prior to leaving the clinic.

The prohibited areas include:

6. Administrative Suites
7. Patient Simulation Laboratories
8. Student Laboratories: disposable gowns are provided to be worn for model development and fabrication.
9. Classrooms and seminar rooms
10. Locker rooms, lounges and restrooms
11. Research laboratories
12. Records Room
13. Sterilization Center
14. Outdoors

6. Gowns and surgical towels are not to be used to contain water spills. Compliance with this policy represents a good-practice of infection control procedures.
C. Disposable treatment gloves must be worn in performing and/or assisting in all intra-oral procedures. In addition, treatment gloves must be worn:
   1. In laboratory settings when there is a possibility of exposure to blood and/or OPIM.
   2. When handling equipment, instruments, and other items which have been contaminated with blood and/or OPIM, prior to being disinfected.
D. Jewelry must be removed from hands and fingernails should be trimmed sufficiently to prevent puncture of gloves. Artificial nails are not to be worn. Long hair should be styled/secured/covered so as to not fall into the operator's field of vision or touch or come near the instruments or patient's face.
E. Sterile gloves must be worn in performing and/or assisting in all surgical procedures.
F. Hands must be thoroughly washed with antiseptic hand soap before gloves are put on and after they are removed. Also, hands and other skin surfaces must be thoroughly washed with antiseptic soap whenever contact with blood and other potentially infectious materials has occurred. Alcohol hand rubs may be used in lieu of hand washing between glove changes, if hands are not visibly soiled.
G. Any patient care provider with an exposed area of weeping dermatitis or a draining lesion will not treat and/or examine patients until the condition is resolved.
H. Disposable treatment gloves must not be worn outside the clinical operatory area where the resident, student, faculty, or staff are working.
I. Treatment gloves must not be washed or disinfected for re-use with another patient.
J. Disposable mask and protective eye covering with solid side shields, or a face shield, must be worn during clinical examinations and in addition to any clinical procedure involving the generation of aerosols or spatter of blood or saliva. This applies to assisting personnel as well as to persons providing direct patient care. The disposable mask should be changed between patients or when visibly soiled. Protective eyewear should be disinfected between patients.
K. Instructors supervising patient care procedures are required to change gloves between patients.
L. Clean gloves, or paper towels should be used to touch drawer handles, chairs, and non-sterile items to avoid contaminating those items. Items should be removed using clean cotton pliers or forceps.
M. Whenever preparing an anesthetic needle for intraoral use, obtain and install a protective shield on the needle sheath. All needles shall be used with a protective shield. Use the shield to support the empty needle sheath at an angle to provide easy one-handed re-sheathing of the needle. Re-capping of anesthetic needles is only permitted with the use of a protective shield by means of a one-handed technique.
N. Syringes with an unsheathed, contaminated needle must not be passed between clinician and assistant or vice versa. The clinician should always re-sheath the needle using a one-handed technique.
O. Use of protective cap/bonnet for Surgical Procedures: In addition to Standard PPE (gown, gloves, mask, face shield), when gross contamination can be reasonably anticipated, a surgical cap/bonnet must be worn by all surgical personnel and should also be worn by the patient at his/her discretion, during the surgical procedure (oral surgery and periodontal surgical procedures). With respect to extracting teeth, anything other than a simple extraction is considered a surgical procedure and a cap/bonnet must be worn. Use of surgical cap/bonnet is also recommended for other procedures that may produce large amounts of aerosols (i.e. use of ultrasonic scaler).

P. The School of Dentistry considers the safety of its patients to be of paramount importance. Eye protection is an essential component of our safety program. Therefore, patients are required to wear protective eyewear during any treatment that might involve use of sharp instruments or result in flying debris. The treating faculty, staff or student will provide this eyewear to the patient when necessary. Patients who prefer to wear their own glasses should be discouraged from doing so, since their glasses will not have side shields. Eyewear must be disinfected after each use.

Section IV: Preparation and Disinfection of Operatories

A. Clean-up and aseptic preparation of operatory is required according to the protocol outlined below, immediately following each patient encounter. Adherence to these procedures will insure that all operatories will be left in an aseptic and sanitary condition and that minimal preparation of the operatory will be required before seating a new patient.

B. Use plastic barriers for the bracket tray, dental chair, air/water syringes, lamp handle, abdomen bar for assistant’s chair, handpieces, and suction hose handles and accessory arm. These covers provide the most effective protection from chemicals and microbes. Surfaces with an impervious barrier that has not been breached do not need to be disinfected. All other items and surfaces must be disinfected. Preparation of operatories shall be performed in accordance with the following sequence of activities.

1. Each operatory shall be stocked with the following items:
   a. paper towels
   b. liquid antiseptic hand soap and alcohol hand rub
   c. disinfectant wipes

2. Within each clinical area, the following items are available:
   a. plastic covers for bracket tables, lamp handles, dental chairs, air/water syringes, handpieces, suction hose handles and accessory arm.
   b. disinfectant spray bottles
   c. disposable treatment gloves and masks
   d. patient napkins
   e. disposable tray covers
f. disposable saliva ejectors and suction tips
g. cotton rolls, gauze, etc.
h. protective needle shields
i. leak-proof, puncture-resistant container for sharps disposal

3. Upon entering the operatory, place the foot pedal on the floor, turn on
the main switch and lower the dental chair, and check the water level in
the water bottle. Note: If the dental chair unit has a Sterisil Straw, the
water bottle stays on the unit at all times. Water may be refilled as
needed, but when refilling the bottle, leave a 1” inch space in the bottle
for proper airflow.

4. Wash hands with antiseptic soap, lather and rinse. Use a paper towel to
avoid direct contact if faucet handles are being used. An alcohol hand
rub may be used prior to putting on disposable treatment gloves.

5. Push suction tip, air/water syringe and saliva ejector through the small
plastic cover so that the tips protrude through the cover and the barrier
covers the handpiece.

6. Test air/water syringe and suction to ensure unit activates. If plastic cover
blocks activator switch in holder, simply pull plastic away from switch.
Flush water through air/water syringe and handpiece for 30 seconds.

7. Re-hang handpiece hoses and air/water syringe in their supports.

8. Collect all necessary supplies from the dispensary.

9. Place disposable napkin on surface of mobile cabinet. Set out sealed
instrument cassette and supplies for the entire treatment procedure on
the covered bracket table and covered mobile cabinet. With gloved
hands, open sterilized supplies (i.e. burs, handpieces, ultrasonic inserts)
and set-up accordingly. Remove disposable gloves. Access the patient’s
records in the EPR and/or remove radiographs and information from the
paper chart if necessary. Place computer and paper chart documents out
of the “splatter zone.”

10. Seat the patient in the operatory. Patient use of an antiseptic mouthwash
is recommended prior to treatment for reduction in patient oral bacterial
count. Provide patient with safety glasses when appropriate. When
using a disposable saliva ejector during treatment do NOT, at any time,
instruct the patient to close their lips around the saliva ejector to prevent
suckback.

11. Review medical history and check blood pressure according to the UNC
School of Dentistry Blood Pressure Monitoring Guidelines.

12. Put on mask and eye covering in accordance with Section 3, J. Wash
hands, put on disposable treatment gloves. Open sealed instrument
cassette without contaminating instruments. Locate the Steam Monitor
Strip that is taped onto the outside of the blue wrap under the first fold
and check to make sure that the white line that runs through it has
turned black. After confirming that the strip has changed color, remove it
from the cassette and discard. Retain blue sterilization wrap, write the
first seven digits of the patient’s chart number and the provider’s identification number onto the blue sterilization wrap and place the covering in a drawer or out of the “splatter zone.”

C. Clean-up and disinfecting of the operatory shall be performed according to the following sequence of activities after dismissing the patient from the operatory. All sharps should be removed from the tray and disposed of in a sharps containers before the patient leaves the treatment area in case of an accidental blood exposure. Disinfectant wipes may be substituted for spray disinfectants when available. It generally takes between 5-6 disinfectant wipes to sufficiently clean all contaminated items and surfaces in the dental operatory.

1. Wash hands with antiseptic hand soap. Rinse, dry, and put on disposable treatment gloves. With needle shield in place, remove covered needle from anesthetic syringe. Discard needle, anesthetic carpules, and all other sharp disposable items into leak-proof, puncture-resistant container. Place cotton rolls, air/water syringe tip, and other disposable items from the bracket table into the inverted plastic covering the dental chair and discard.

2. Account for all instruments originally found on the cassette. Make sure that the provider’s identification number and the first seven digits of the patient’s chart number are written on the blue sterilization wrap. Re-wrap instrument cassette(s) and set aside.

3. Using fresh disinfectant wipes, clean and disinfect any used bottles and containers. In order to assure adequate disinfection, each item/surface must be wiped once to clean it and a second wipe for disinfection before returning the item to the cabinet or drawers.

4. Remove handpieces from unit hoses and follow protocol in Section VII, H. Remove and discard plastic covers from air/water syringe, handpiece hoses, and suction hose from the supports on the unit. Discard suction and saliva ejector tips. Wipe air/water syringe, handpiece hoses, and suction hose twice with disinfectant wipes.

5. Invert, remove, and discard plastic barrier from bracket table. Remove and discard the lamp handle coverings and the patient napkin covering mobile cabinet.

6. Slow speed hand piece motors must be disinfected before returning them to the dispensary window for sterilization.

7. Using the “wipe-discard-wipe” method, clean and disinfect lamp switch, lamp face, and controls that were not covered with plastic drape. Wipe surface of the mobile cabinet, uncovered arms of dental chair, exposed drawer handles, radiographic view box and switch.

8. Wipe faucet handles, sink counter top, and trash disposal openings with disinfectant and wipe dry with paper towel.

9. Wipe-discard-wipe any additional items of clinical equipment to be returned to the dispensary with disinfectant.
10. Remove treatment gloves according to technique described in Section 5, F. Discard in operatory trash bin. Wash hands with antiseptic hand soap, rinse, and dry with paper towel.
11. Place a clean saliva ejector, air/water syringe tip and suction tip into their hoses and cover with plastic barriers.
12. Re-bag the accessory arm.
13. Re-hang the hoses in their supports.
14. Cover the back of the dental chair with plastic barrier. Cover lamp handles with plastic covers. Cover the bracket table with plastic barrier and place paper tray cover on top.
15. Raise the dental chair to its highest position. Place the rheostat on the dental unit base. Turn off the main switch.
16. Empty water bottle and invert (turn upside-down) on paper towel or in a denture cup. Do NOT place water bottles in the sink. Note: If the dental chair unit has a Sterisil Straw, the water bottle stays on the unit at all times. Water may be refilled as needed, but when refilling the bottle, leave a 1” inch space in the bottle for proper airflow.
17. Return disinfected items and wrapped instrument tray(s) to the dispensary with clean-gloved hands. Submit instruments to the dispensary for sterilization. See Section 7.

D. Contaminated equipment will be decontaminated, if possible, prior to being returned to storage servicing or shipping for service. Equipment that cannot be adequately decontaminated will be tagged “Biohazard.”

E. Housekeeping workers will wear appropriate personal protective equipment during cleaning of areas potentially contaminated with infectious materials.

Section V: Maintaining the Chain of Asepsis and Limiting Contamination

A. Only items and surfaces that have been properly disinfected and/or sterilized constitute the patient's "chain of asepsis." Contact with other items or surfaces during or prior to treatment constitutes contamination and requires changing of disposable treatment gloves before proceeding with treatment.

B. Dental personnel should minimize the field of contamination by avoiding contact with objects such as patient records, telephones and cabinets during treatment procedures.

C. One area of the operatory should be considered clean and kept separate for the placement of patient records, laptop computer, radiographs, paperwork and writing instruments. Items in this area should only be handled without gloves or with clean gloves. If a paper chart is used, radiographs and material needed for viewing during treatment should be retrieved from the patient’s record prior to patient contact, or removed with clean gloves after patient contact. Keyboard covers must be used on laptops used in the dental operatory. The computer
mouse must be covered with a plastic barrier. Gloves should be removed prior to handling telephones, keyboards or making chart entries. Care must be taken and plans must be made in making paper chart entries to avoid contamination. Covering the pen and a clean towel over the chart page upon which to rest the hand when writing. Notes may be made on a piece of paper separate from the chart and later transcribed onto the chart or into the EPR when hands are clean.

D. Remove gloves, wash hands, and put on clean gloves if the chain of asepsis is broken for any reason. Gloves should be changed during long procedures if the integrity of the gloves becomes suspect.

E. Instruments and materials that have fallen outside the "chain of asepsis" during treatment should be placed in the operatory sink for later scrubbing and disinfection.

F. To remove contaminated gloves, mask, and eye covering, the following technique should be followed:
   1. To avoid skin contamination when removing gloves, with gloved fingers of the right hand, pinch a large enough area of the left glove near the inner wrist to pull off and invert the glove. Then, insert a bare finger inside the other cuff without touching the soiled surface of the glove, to pull it off, inverting it also. Discard into the operatory trash receptacle.

   NOTE: (NEVER discard gloves or masks on the operatory floor, or outside the operatory/treatment area.)

   2. After discarding gloves, wash hands thoroughly with antiseptic hand soap or alcohol gel, rinse, and dry with paper towel.
   3. Then, remove mask by the rubber band at the sides (facial portion may be contaminated) and discard in the operatory trash receptacle.
   4. Masks should be changed between patients. Soiled masks should be removed and discarded rather than worn around the neck where contamination may spread to neck and clothes.
   5. Protective eye covering with solid side shields should be removed, sprayed or wiped with disinfectant, and wiped dry with a clean towel.

G. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in patient care areas, dental laboratories, sterilization areas, and in other areas where there is a potential for occupational exposure to blood borne pathogens.

Section VI: Handling Needles and Sharps

A. General Policy
   Departments and dental care providers within UNC School of Dentistry will use proper handling and disposal of sharps as outlined below.
B. North Carolina Waste Management

Sharps are considered medical waste. The North Carolina Solid and Hazardous Waste Management Branch has developed rules relating to the disposal of regulated medical waste. Within the School of Dentistry, the following are considered regulated medical waste: Human tissue, and blood products (including blood, serum, plasma). Incineration or sanitary sewers are appropriate means to discard those items.

Sharps as defined include, but are not limited to, needles, syringes with attached needles, burs, capillary tubes, slides and cover slips, scalpel blades and the sharps included in the Dental Tray. Sharp items may be incinerated or placed into the sanitary landfill after placement in a rigid puncture-proof container.

C. Policy for Handling Needles and Sharps

1. The health care provider will obtain a new sheath-guard/prop card with every new needle. Attach the card before attaching the needle to the syringe. All needles are to remain in the sheath until use. After use, the needle will be returned to the sheath-guard/prop until further use or disposal. The card is for one-handled re-sheathing of needles.
2. Do not bend needles for disposal. Only irrigating syringe needles used for endodontics may be carefully bent with needle forceps.
3. Use the Sharps Disposal Canister located in each operatory to discard all used needles, blades (removed with needle forceps), wire or other sharps for disposal.
4. If the canister is full, notify the supervising dental assistant.

D. Policy for Disposal of Dental Sharps

1. All used needle disposal syringes, scalpel blades, anesthetic carpules, and other sharp disposable items, must be placed in covered, puncture-resistant, leak-proof containers, labeled as Biohazard. When full, the containers are taken to a specified area in the basement of Tarrson Hall, located near Central Sterilization.
2. These materials are picked up on a monthly basis by the contracted medical waste facility.

Section VII: Sterilization and Disinfection of Instruments

A. Only properly sterilized or single-use instruments may be used in patient treatment.
B. All instruments must be submitted for sterilization promptly following use in patient care.
C. Prior to being sterilized, all instruments must be cleaned. Ultrasonic or mechanical cleaning should be used whenever feasible instead of cleaning by hand. Cleaning will be accomplished only in the Central Sterilization facility unless instruments are sterilized and repackaged on site for sterilization in individual sterilizers.

D. Only instruments that have been cleaned of debris, disinfected, and dried may be submitted for sterilization in accordance with the procedures below:

1. For dry heat sterilization:
   a. Put on heavy-duty utility gloves. Preferably, rinse, ultrasonically clean, and rinse instruments again. Otherwise, with heavy gloves, scrub debris from a few instruments at a time using hot water, disinfectant, and a scrub brush. Avoid squeezing sharp ends of double-ended instruments that can penetrate heavy gloves. Dry instruments thoroughly with paper towel.
   b. Place instruments inside the peel pack bag so that steam and EO can move freely.
   c. Internal and external indicator strips should be utilized for each peel pack.
   d. Fold and seal peel pack. Each peel pack will have a Julian date.
   e. Submit instruments for sterilization at appropriate location.
   f. Perforated metal alginate trays must be scrubbed free of debris, disinfected, and dried thoroughly.
   g. When packing dry alginate trays in the peel pack bag, do not over pack to ensure adequate space for steam to travel.
   h. Do not overload sterilizer. Place packs a finger’s width apart on the shelves.

2. For Steam Autoclaving Sterilization:
   a. Follow the same procedure as for dry-heat sterilization, for instruments that are sterilized within the clinical unit.
   b. In some areas, but not in student operatories, instruments to be submitted to the Central Sterilization Unit, also must be scrubbed free of debris, disinfected, dried, and placed in the instrument tray.
   c. In the student clinics, the tray should be properly closed and latched and re-wrapped in the sterilization wrap, for submission to be cleaned and re-sterilized. Individual instruments must be returned to the bubble pack in which they were received, for submission to be re-sterilized.
B. Instrument Cassettes: In Student Clinics, clinical cassettes of instruments will be handled as follows:

1. Check the Steam Sterilization Indicator Tape on the outside of the sterile wrap to make sure the cassette has been properly sterilized. The indicator tape should have several black lines running through it. If the tape is a solid color with no black lines, return the cassette to the dispensary immediately and alert the dispensary staff that the cassette has not been sterilized.

2. Carefully unwrap the blue sterile wrap covering and remove instrument tray, making every effort NOT to tear the wrap or damage the tape. Locate the Steam Monitor Strip that is placed in the cassette and check to make sure that the white line that runs through it has turned black. After confirming that the strip has changed color, remove it from the cassette and discard. Determine if any instruments are missing from the tray. If so, return the cassette to the dispensary and obtain a new one.

3. Carefully write the first seven digits of the patient’s chart number and your SOD student number onto the blue sterilization wrap and place the covering in a drawer or out of the “splatter zone.”

4. At the completion of patient care, place the instruments in the correct order in the cassette and securely latch the cassette, making sure that no instruments are protruding from the latched cassette, the cassette is then wrapped with the original blue sterilization wrap. DO NOT SCRUB instruments in the operatory, but make sure to remove excess cement and gross accumulations of debris prior to insertion into the cassette or bag wrapper. PLEASE NOTE: Return instruments in a neat and orderly fashion to avoid bag puncture with contaminated sharps.

5. After rewrapping the cassette in the original blue sterilization wrap, the cassette is then transported with clean-gloved hands to the dispensary where the instruments are counted and checked in. PLEASE NOTE: Transportation of two cassettes simultaneously is permitted, but carrying books, book bags, purses, or other materials while carrying clinical cassettes is not permitted. Also, please do not stack contaminated items on clean items when returning items to the dispensary. Clean items should be transported separately from contaminated items to avoid cross-contamination. FAILURE TO FOLLOW THESE RULES MAY RESULT IN LOSS OF CLINICAL PRIVILEGES.

C. Supply Containers: Dental materials and supplies that are available on mobile carts and storage boxes in the clinical areas, which have been used/contaminated during patient treatment, must be disinfected with wipes using the “wipe/discard/wipe” method.

D. Handpiece Sterilization: Sterilization of handpieces is required. The Central Sterilization Unit, which is responsible for all handpiece maintenance and sterilization, follows manufacturer’s cleaning and sterilization directions. Before autoclaving a handpiece, clean internally with Midwest cleaner; clean in washer-
decontaminator. Operate handpiece to remove solution; autoclave and re-lubricate. Handpieces are then placed in pre-sterilized peel-pockets and are distributed to dispensaries.

1. If the handpiece is stiff, fit a bur and rotate it with gloved fingers to start it. Operate the handpiece for 30 seconds or until it works freely. If the handpiece will not function properly, place a note on it with tape and return it to the sterilization center.

2. Slow speed motors are disinfected using the “wipe/discard/wipe” method.

**Section VIII: Sterilization Monitoring for Individual Sterilizer**

Sterilization unit and clinical dental assisting staff shall monitor the effectiveness of sterilization equipment in accordance with the procedures below.

A. A "slow-color-change" chemical indicator strip must be placed in each instrument peel pack or cassette of each load. Additionally, one class 5 chemical integrator strip should be placed in the each sterilizer for each load. The chemical integrator should be examined when the sterilizer is unloaded and the indicator strip from each pack must be examined when the packs are opened. The pack must be rejected if the indicator strip has not changed color and the load must be rejected if the black line on the integrator strip has not travelled into the Accept range. Save the strips and document all failed packs and loads.

With any failed indicator or integrator strip assume that the load is not sterile, and reprocess in another sterilizer known to be functioning properly. The problematic sterilizer must be taken off line until repaired and shown to be working by testing negative with at least one spore strip test.

B. Use a spore strip in a randomly selected instrument pack one day each week and send it to the Microbiology Lab for processing. Positive results indicating a problem will be communicated to the person responsible for that sterilizer. Monthly reports will be issued to each sterilization unit.

C. Mark the current date on sterilization tape on the outside of each instrument pack being sterilized. A Jilian date label may be used in lieu of marking on the sterilizer tape.

D. Maintain a daily sterilization record in a notebook:
   1. Attach one chemical integrator strip from the day's loads to a weekly calendar sheet. Date and initial both.
   2. Include monthly spore strip reports received from the Microbiology Lab.
   3. Document all problems with sterilizers and all remedial action taken to correct these problems.

E. A report must be sent to the Dean listing any sterilizers for which a spore test is not submitted to the microbiology laboratory.

F. **STERILIZERS: CONSIDERATIONS OF TIMES AND TEMPERATURES**
For small sterilizers used in offices, the major causes of failure are operator errors, including overloading and errors in time and pressure settings. However, power failures and mechanical errors are not uncommon.

DO NOT OVERLOAD STERILIZERS. READ THE MANUAL. READ GAUGES. MONITOR STERILIZATION.

1. STEAM PRESSURE STERILIZATION (AUTOCLAVE): Steam must circulate and penetrate all packs for the prescribed time. Do not overload or cram packs together. Package instruments to protect them from contamination during storage. Packaging must not block steam penetration. Leave closed containers on their sides with lids open or ajar.

The tables below (modified from Association for the Advancement of Medical Instrumentation) are guidelines for sterile processing. The User’s Manual for each sterilizer is consulted for specific information regarding cycle selection and parameters.

### Minimum Cycle Times for Terminal Sterilization

<table>
<thead>
<tr>
<th>Type of Sterilizer</th>
<th>Item</th>
<th>Exposure Time at 250° F (121° C)</th>
<th>Exposure Time at 270° F (132°C)</th>
<th>Drying Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gravity displacement</td>
<td>Wrapped instruments</td>
<td>30 min</td>
<td>15 min</td>
<td>15-30 min</td>
</tr>
<tr>
<td></td>
<td>Textile packs</td>
<td>30 min</td>
<td>25 min</td>
<td>15 min</td>
</tr>
<tr>
<td></td>
<td>Wrapped utensils</td>
<td>30 min</td>
<td>15 min</td>
<td>15-30 min</td>
</tr>
<tr>
<td>Dynamic-air-removal</td>
<td>Wrapped instruments</td>
<td></td>
<td>4 min</td>
<td>20-30 min</td>
</tr>
<tr>
<td>(e.g., prevacuum)</td>
<td>Textile packs</td>
<td></td>
<td>4 min</td>
<td>5-20 min</td>
</tr>
<tr>
<td></td>
<td>Wrapped utensils</td>
<td></td>
<td>4 min</td>
<td>20 min</td>
</tr>
</tbody>
</table>
### Flash Steam Sterilization Parameters

<table>
<thead>
<tr>
<th>Type of Sterilizer</th>
<th>Load Configuration</th>
<th>Temperature</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gravity displacement</td>
<td>Nonporous items only (i.e., routine metal instruments, no lumens)</td>
<td>132° C (270° F)</td>
<td>3 min</td>
</tr>
<tr>
<td></td>
<td>Nonporous and porous items (e.g., rubber or plastic items, items with lumens)</td>
<td>132° C (270° F)</td>
<td>10 min</td>
</tr>
<tr>
<td>Prevacuum</td>
<td>Nonporous items only (i.e., routine metal instruments, no lumens)</td>
<td>132° C (270° F)</td>
<td>3 min</td>
</tr>
<tr>
<td></td>
<td>Nonporous and porous items (e.g., rubber or plastic items, items with lumens)</td>
<td>132° C (270° F)</td>
<td>4 min</td>
</tr>
<tr>
<td>Steam-flush pressure-pulse</td>
<td>Nonporous or mixed Nonporous/porous items</td>
<td>132° C (270° F)</td>
<td>4 min</td>
</tr>
<tr>
<td></td>
<td>Manufacturer’s instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. **FOR GRAVITY AIR DISPLACEMENT STEAM AUTOCLAVE:** Air is displaced in the chamber and load by the gravity displacement principle. Air is heavier than the lighter steam flowing into the sterilizer allowing gravity to displace the air through the chamber drain. As the heavier air and steam condensate are eliminated by the inflowing steam, a thermostatic device (steam trap) allows the pressure to build to yield and maintain the set temperature.

b. **PRE-VACUUM or HIGH VACUUM STEAM AUTOCLAVE:** Used mainly in hospitals; a vacuum is pulled in the chamber before allowing steam to flow in. This process is considered to be more efficient, but is not available in most portable sterilizers. Central Sterilization uses pre-vacuum sterilizers, as they are designed for a “terminal sterilization” process. Typically, an exposure of 3 - 5 minutes 270 degrees F (+3, -0) yielded from ~ 30 psig saturated steam pressure. (Actually 26.9 psig @ sea level yields 270.0 deg F) The process continues w/ ~ 30 minutes drying time under a deep vacuum to render a dry, storable wrapped pack or peel-pack. Also Bowie-Dick air removal tests are run daily in an empty sterilizer to give instant assurance of the pre-vacuum air removal process which allows for the brief exposure time.

c. **FLASH STERILIZATION:** 273 F (134 C) at 30 lbs pressure. Flash sterilization is used only for unwrapped instruments or a tray of instruments, not
touching, generally in a container tray with a perforated bottom. 5 minutes is sufficient at a temperature of 134°F. Consult specific times prescribed in the sterilizer manufacturer's manual.

**Cautions:** Time required for the sterilizer to reach temperature is not included in the sterilization times given. Begin timing after sterilizer has reached temperature. Place packs so steam can circulate and penetrate. Crack door at cycle end to let packs dry.

2. **CHEMICAL VAPOR PRESSURE STERILIZATION (CHEMICLAVE):** Alcohol/acetone/formaldehyde vapor must penetrate thin packs and condense on dry instruments to kill spores. Requires: 270°F (131°C) and 20 lbs pressure; about 30 min. total time. Operate according to manufacturer's directions. See Operator's Manual. Also, consult operator's manual about packaging materials.

**Cautions:** Do not skimp on time if timing can be varied. Dry the cleaned instruments well before sterilizing. Use only the wrap prescribed by manufacturer, not cloth. Use only the manufacturer's sterilizer fluid. Avoid breathing vapor. When possible, let sterilizer cool before opening door to reduce fumes. Not suitable for towel packs. For problem solving, door seal leaks, etc., see operator's manual and/or consult Support Services.

3. **DRY HEAT STERILIZATION (DRYCLAVE):** Basic dry heat ovens are merely heated baking chambers that allow air to circulate by gravity flow (gravity convection). Use only good quality ovens made for professional use. Forced draft (mechanical convection) ovens suitable for clinical use should be selected from well-calibrated equipment with FDA premarket approval or less expensive, high quality, equipment rated for industrial use. Heat must range above 320°F (160°C). Individual dental instruments must actually reach above 320°F for 30 minutes to achieve sterilization. However, much additional time is needed to heat the chamber and instruments to that temperature, depending on the wattage of the unit. An oven thermometer measures only oven temperature, not instrument temperature. A thermocouple wire and pyrometer are needed to monitor instrument temperature.

4. **MECHANICAL CONVECTION (FAN-OPERATED FORCED DRAFT) OVENS:** May require an additional 0.25-0.5 hours to heat instruments; total time = 45 to 75 min., more or less depending on wattage and load size at a range of 335-345°F. Standardize with a pyrometer and verify with spore tests placed inside of bags.
5. GRAVITY CONVECTION OVENS (have no fan or blower): May require 0.5 to 1.5 hours (1-2 hours total time) to heat a lightly wrapped, properly spaced load of instrument packs to sterilization temperature. Time required in use will also depend upon the efficiency of the oven for its size, the size of the load, and how the load is packaged. Sixty to 90 minutes may be required to sterilize a medium load of lightly wrapped instruments in an oven set at a range of 330 to 345 F. Use paper, foil, or high-temp. nylon wrap or bags for dry heat. Prolonged higher temperatures may melt solder that holds instrument tip in place.

Dry heating temperatures fluctuate 5-10 degrees above and below the setting during a cycle, so a "range" rather than a specific temperature must be set. Without careful calibration, more sterilization failures are obtained with ordinary gravity convection dry heat ovens and with home-type mechanical convection ovens than any other type of sterilizer. The only accurate way to calibrate a sterilization cycle in most relatively inexpensive professional medical or professional industrial dry heat ovens is by using an external thermocouple wire attached to a temperature gauge (pyrometer). The sensing end of the wire is extended inside the oven and tied to an instrument in a centrally located pack to measure its exact temperature. Pyrometers are available from scientific supply companies at about $100. For continued use, tie the end of the probe wire to an instrument left in a package in the sterilizer as a control.

**Caution:** Instruments cannot be added during a sterilization cycle without starting timing over. Use special nylon bags, foil or paper wrapped packs, or metal trays for instruments. Place packs/trays at least a centimeter apart to allow heated air to circulate.

6. **RAPID** DRY HEAT STERILIZATION (USES FORCED DRAFT OR MECHANICAL CONVECTION; COX, DENTRONICS): Use only equipment with FDA premarket approval. Heat must reach instruments long enough to heat surfaces to oxidize spores. Forced-draft ovens that circulate air with a fan operate at approximately 370-375 F.; using 6 minutes for unwrapped and 12 minutes for wrapped instruments (Cox manufacturing Corp., and Dentronics Corp.).

7. HOT BEAD DEVICES are not suitable for sterilization of devices for re-use between patients; they are limited to use for re-disinfecting items *during* an endodontic treatment.

8. ETHYLENE OXIDE STERILIZATION (ETO): Ethylene oxide sterilization is the most appropriate method for sterilizing instruments and items that cannot withstand steam under pressure. Radiographic sensors and
delicate materials are sterilized using ETO. Porous or plastic materials require aeration for at least 48 hours before contacting skin or tissues. (See operator's manual). Metal items can be used immediately.

a. ETO CAUTIONS AND LIMITATIONS:

i. Room temperature sterilizers: Must remain above 68 F throughout operation.

ii. Gas cannot penetrate closed glass containers at any temperature, or nylon plastic bags at room temperature. Items inside closed containers will not achieve sterilization using ETO. Containers must be opened to allow ethylene oxide to circulate.

iii. Syringes must be separated before they are placed in peel packs.

iv. Liquids may not be sterilized using ethylene oxide as once they mix with ETO the chemical compound may be compromised.

v. Use only types of packaging specified by the manufacturer.

See operator's manual.

vi. Instruments must not be wet, but should be freshly cleaned and damp before processing. Again, consult manufacturer or operator's manual.

vii. Store spores for testing ETO in proper humidity, e.g. in a humidor. See manufacturer's directions.

SPECIFIC DECONTAMINATION AND STERILIZATION PROCEDURES ARE OUTLINED IN THE “CENTRAL STERILIZATION OPERATING PROCEDURES” posted on the SOD website.

IX. Disinfection of Impression Material and Dental Laboratory Procedures

A. REQUIRED CLINICAL PROCEDURES:

IMPRESSIONS, BITE REGISTRATIONS, APPLIANCES, PROSTHETIC DEVICES AND CASTINGS: After removing any attached cotton materials from the item, rinse with running water to remove saliva, blood, and debris. Disinfect item prior to leaving the operatory, pouring in die stone, or sending to the dental laboratory by either spraying or soaking as follows:

1. Most impression materials and dental items may be either sprayed as described below, or soaked as described later in this section. Do not soak polyether elastomeric impressions or reversible and irreversible hydrocolloid impressions.

2. SPRAYING: Rinse item well under running water and then spray item with intermediate level disinfectant. Leave wet for 3 minutes. Rinse
thoroughly under running water, shake gently to remove water, then re-spray with disinfectant. Leave wet for 3 minutes. After 3 minutes, the item may be rinsed and considered disinfected.

3. **BAGGING:** Place disinfected impression or other dental item in a biohazard-labeled plastic zip-lock or heat-sealed (leak-proof) plastic bag before leaving the operatory. Avoid contaminating the outside of the bag. Wipe the bag with disinfectant if contaminated. For impressions, label the bag as to whether it is merely disinfected (DIS), or has been disinfected and rinsed (OK to pour). (Note that improper rinsing of the disinfectant inhibits the set of the dental stone.)

4. **SUBMISSION GUIDELINES:** Remove gloves and wash hands prior to carrying or submitting materials to the dental laboratory.

5. **RE-ADMISSION GUIDELINES:** All prosthetic items to be returned to the patient's mouth from the laboratory are considered clean. Items may be rinsed in a small amount of mouth wash to improve their taste.

6. **INTERIM-USE GUIDELINES:** See Section VII. All re-usable instruments in high-risk use, such as burs, Tofflemire or other matrix bands and retainers, scissors, hemostats, etc., contaminated during patient treatment, must be sterilized.
   a. The previously-described disinfectant techniques must be used for such items which either cannot be sterilized or are in a low-risk usage category, such as shade guides, laboratory pliers, laboratory knives, etc.. If these are handled by gloved hands in the operatory, they must be disinfected prior to being returned to storage.
   b. Other items such as amalgamators, activators, curing lights, brushes, and polycarbonate crowns shall be disinfected prior to being returned to storage.
   c. Contaminated dentures, castings, appliances, or other prosthetic devices being taken by the provider to a remote site for further adjustment must be disinfected prior to leaving the operatory.
   d. Articulators, facebows, and other re-usable items handled by soiled gloved hands but not stored in the operatory, must be disinfected prior to removal.

B. **LABORATORY CONSIDERATIONS:**
   1. Laboratory personnel are required to wear a clean uniform or laboratory jacket/coat. Personnel receiving cases must also wear disposable treatment gloves. A disposable mask and protective eyewear are also required when there is the potential for exposure to dust or spatter. Wash hands after removing gloves and whenever changing gloves.
   2. Prior to arrival at the dental laboratory, all incoming cases must be properly disinfected and labeled. If there is a question about contamination, the case may be disinfected using a either a soak or spray technique:
a. SOAK: 5 minute soak in 1:20 dilution of Clorox, full strength or other acceptable disinfectant. Polyether materials should not be soaked, but rather sprayed, rinsed, sprayed, and rinsed again after 3 minutes as previously described.

b. Case containers must also be disinfected, and packing materials discarded to avoid cross-contamination.

c. Spray gypsum casts and articulators with disinfectant when contaminated.

3. All out-going cases must be properly cleaned and placed in a zip-lock bag or appropriate container prior to leaving the laboratory.

4. Contaminated countertops and work surfaces must be cleaned of debris and disinfected daily. After cleaning, spray surfaces with disinfectant, wipe dry with paper towels, and re-spray with disinfectant. Leave surfaces wet.

5. Contaminated ragwheels must be washed thoroughly and sterilized or disinfected in Clorox 1:10 for 20 minutes daily. Use Clorox (1:10) to wet the pumice daily. Caution should be used to avoid spatter on clothes.

6. Contaminated provisional and permanent appliances or prostheses which require ultrasonic cleaning and/or ragwheel polishing must be immersed in Clorox (1:10) for 5 minutes preceding cleaning/polishing.

7. Solid waste materials that are contaminated with blood or saliva must be placed in heavy-duty biohazardous bags trash bags and sealed for disposal.

Section X: Radiology Service Procedures

A. Approved clinical attire, treatment gloves, facemasks (when there is the potential for splatter of infectious materials) and other appropriate barrier protection are required when rendering patient care in the Radiology Clinic and in other areas when radiologic examinations are performed.

B. All waste materials will be disposed in Biohazard receptacles.

C. General Room Setup:

1. If not present, place a plastic drape on the x-ray tube head, chair back and work space. Place covers on the control dials and exposure switch. Select the correct technique factors required for the examination. Cover laptop keyboard with plastic drape if using digital radiography or CCD system.

2. Obtain the appropriate positioning instruments and image receptors needed for the examination and place them on the covered work space.


4. Wash hands and put on PPE and proceed with exam per receptor protocol.

5. Receptor Prep/Handling & Scanning PSP

   a. Obtain the number of PSP receptors needed for exam from radiology staff and place on covered work surface. Wash hands and don gloves.
Proceed with exam. After each exposure wipe receptor with a dry paper towel and place in a clean paper cup.

b. At the end of the exam, turn overhead lights off and with gloved hands, tear open the receptor packets and drop them into a light tight black box. Remove gloves and wash hands. With clean hands, take box to scanning area and process as per protocol.

c. Check images for needed retakes with faculty approval. If retakes are needed repackage in barrier covers receptors needed and proceed with exam. Once the exam is complete and receptors are erased repackage receptors in barrier covers and place in designated area for sterilization. Place receptor holders in appropriate area for sterilization.

d. Once patient has been dismissed with gloved hands remove all barrier covers and disinfect contaminated surfaces. Recover chair, tube and exposure panel with clean barrier covers.

6. CCD Receptors:
   a. With clean hands place CCD receptor in protective cover.
   b. Wash hands. With gloved hands proceed with exam.
   c. When exam is complete remove PPE and wash hands, dismiss patient. With gloved hands remove all barrier covers and disinfect contaminated surfaces. Wipe sensor and cord with appropriate disinfectant wipe.
   d. Remove gloves and wash hands.
   e. Prepare room for next patient as described in general room setup.

Section XI: Exposure Incident Reporting (Student/Faculty/Staff/Resident)

The policies regarding Exposure Incident Reporting are listed on the University of North Carolina Dental School’s website at: http://www.dent.unc.edu/admin/exposures/

Section XII: HBV Immunization and Testing

A. Employees
   Upon hire, all employees of the School of Dentistry are subject to enforcement of training and medical surveillance policies outlined in Environment, Health and Safety Manual: http://ehs.unc.edu/manuals/ehsmanual/1-11.html, whereby “each employee is responsible for completing the required New Employee Orientation specific to the employee’s work environment and any other occupational related safety training within the specified time period. Where applicable, employees are also responsible for establishing a medical surveillance appointment with the University Employee Occupational Health Clinic within the
first 10 days of employment. This is a condition of further employment with the University of North Carolina at Chapel Hill.”

The School of Dentistry makes available, at no cost to the employee, the hepatitis B vaccine to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident. Hepatitis B vaccine will be offered to all employees (unless contraindicated) who have potential exposure to blood, blood products, or body fluids that may contain blood. Immunity to hepatitis B virus is strongly encouraged for all at risk employees. However, employees may decline the hepatitis B immunization by signing the Hepatitis B Vaccine Declination form. Hepatitis B vaccination must be made available after the employee has received information and training regarding the vaccine and within ten working days of initial assignment. The School strongly encourages immunization for other infectious diseases such as mumps, measles, and rubella, pertussis and varicella. Tuberculosis testing is done on an annual basis for all School of Dentistry employees that are involved with patient care activities. Employees must have a 2-step TB skin test. They do not need to have another skin test unless there is an outbreak or exposure. Immunization and testing records for all employees are maintained in the University Employee Occupational Health Clinic.

B. Students
Immunization requirements for all students enrolled in the School of Dentistry are regulated by the UNC Campus Health Services. The specific requirements for enrollment are outlined at: http://campushealth.unc.edu/index.php?option=com_content&task=view&id=332&Itemid=85. Tuberculosis testing is done on an annual basis for all School of Dentistry currently enrolled students. Records of student immunizations and testing are maintained in the UNC Campus Health Services and the UNC School of Dentistry Office of Clinical Affairs.

Section XIII: Care of Dental Patients with Communicable Diseases including, but not limited to, Hepatitis B, Hepatitis C, or HIV

A. Patients with HBV, HCV, or HIV are treated confidentially in the clinics of the UNC School of Dentistry. The occupational risk of HBV transmission in dentistry is known and measurable (one in three percutaneous injuries in a non-vaccinated health care worker or patient - 33%), while the risk of HIV transmission is much lower. (one in 250 - 300 injuries - 0.3%). The risk of HCV transmission is approximately 3% following a percutaneous injury. The protocols and recommendations outlined in the Infection Control Manual facilitate a practical and low-risk approach to treating a patient with a known transmissible blood borne infection.
B. Treatment and Referral

1. Members of the dental team who will have direct, hands-on contact with the patients should be informed confidentially (in private) of the patient's status. Students should make this communication with supervising faculty and chairside dental assistants prior to, or at the beginning of, a treatment session. The patient's confidentiality must be protected. Breach of confidentiality of health records is a criminal misdemeanor in North Carolina, punishable by up to 2 years in jail and an unlimited fine.

2. When making a referral to a specialist or other practitioner, the referring dentist may directly inform the other practitioner of the patient's HBV, HCV or HIV status, according to the N.C. Communicable Disease Laws and Regulations.

3. Contact the patient’s physician to determine current health status, medications, tuberculin reaction status, T4 cell count (with the date of the count), and any potential harm to the patient that may result from treatment. Enter the patient’s diagnosis and relevant lab stats in the chart.

4. In the case of HIV infected patients, it is not required that all patients with low T4 cell counts be seen in the hospital dental clinic. Referral should be accomplished on an individual case basis with consideration given to the patient's medical health. When a patient with HIV infection develops a T4 cell count less than 100, intraoral Kaposi’s sarcoma, or an oral infection, which does not respond to customary therapy, he/she will require a consultation with, and possible referral to, a hospital dental clinic. Faculty in the DFP may refer patients directly after consulting with a UNC Hospital Dental Clinic attending. Students should bring the patient’s chart to their attending faculty who will contact the UNC Hospital Dental Clinic attending and assist the student in making a referral if indicated.

Section XIV: Infection Control in the Learning Resource Center

A. Photographers are required to wear appropriate personal protective equipment and clothing while in the clinical setting.

B. When taking intraoral photographs, examination gloves will be worn when retracting the buccal mucosa or performing any procedure involving contact with saliva or a risk of exposure to human pathogens.

C. Hands must be washed when gloves are removed or changed. Hand sanitizers may also be used as needed.

D. Used cheek retractors must be dropped into a paper bag with a biohazard label and sent to Central Sterilization for cleaning and sterilization.

E. Contaminated gloves must not be allowed to touch the camera or other photographic equipment.

F. Gowns must be worn in operatories.
G. Gowns must be placed in laundry hampers in clinical areas when soiled, after morning clinical session, and afternoon clinical session, or at least once a day.
H. Biohazard labels will be placed on waste containers which receive waste contaminated with saliva or blood.

Section XV: Program Implementation and Evaluation

The policies outlined in the Infection Control Manual are implemented, monitored and evaluated on an on-going basis through the Department of Clinical Affairs. The Infection Control Committee has the responsibility and authority to revise infection control policies and advise the Associate Dean for Clinical Affairs. All School of Dentistry protocols are subject to changes in University policies.