

SCHOOL OF DENTAL MEDICINE INFECTION CONTROL POLICY

Infection Control Guidelines (*Exposure Control Plan, Appendix A*) have been developed and are in effect at the School of Dental Medicine. Monitoring and recording of compliance takes place on a **weekly** basis by the *SDM Infection Control Committee, and on a daily basis by the Dental Hygiene faculty. The Guidelines are periodically revised to reflect newly established national regulations and standards which have become points of law.

All students are expected to be familiar with and strictly adhere to this policy. However, some continue to choose not to comply.

CONSEQUENCES OF NON-COMPLIANCE

1. First Infraction: Counseling and verbal warning by the Program Director.
2. Second Infraction: Counseling, verbal warning by the Program Director, and written documentation in student file.
3. Third Infraction: Suspension of clinical privileges for a time to be determined by the Program Director.
4. Fourth Infraction: Dismissal from the School of Dental Medicine.

In addition to the above consequences, 10 points will be deducted from the student clinical evaluation form for each infraction of the infection control procedures.

Hopefully, everyone appreciates the importance of adhering to the Infection Control Guidelines.

*** Members of the Infection Control Committee make regular compliance audits at irregular intervals to ensure compliance with the OSHA standard and to keep the required records.**

The following procedures are in accordance with the School of Dental Medicine Infection Control Policy (*Appendix A*).

I. Personal Protective Attire

- A. Operator Attire - to be worn at all times during patient treatment
 - 1. **Overgown**
 - a. Not to be worn outside the clinic area.
 - b. Changed for each patient and when visibly soiled.
 - 2. **Eyewear**
 - a. Protective eyewear with side shields or a face shield
 - 3. **Face Mask**
 - a. Changed for each patient and if it becomes moist.
 - 4. **Exam Gloves**
 - a. Changed for each patient and if texture changes during patient treatment.
 - 5. **Overgloves**
 - a. Worn while recording on chart and upon leaving the patient treatment area.
 - 6. **Hairnet**
 - a. May be worn when using the cavitron or air polisher.
- B. Patient Attire
 - 1. Protective eyewear must be provided for all patients. Patient's corrective lenses, if worn, are acceptable.
 - 2. Patient napkins must be provided, and disposable plastic aprons are available for use during sonic/ultrasonic instrumentation.

II. Handwashing

- A. Hands are washed with antiseptic soap and warm water while vigorously rubbing together for one minute.
- B. Handwashing is **MANDATORY**:
1. Immediately before gloving prior to patient care.
 2. Between the care of individual patients.
 3. Upon completion of patient treatment immediately following gloves removal.
 4. When hands are obviously soiled.
 5. After contact with the face, nose, hair, mask, glasses, excretions, etc.
 6. After personal toilet use.

III. Clinical Environmental Disinfection

Cleaning and disinfection of all surfaces in the clinical area is **MANDATORY BEFORE AND AFTER** patient treatment.

- A. **SPRAY-WIPE-SPRAY** technique is to be employed using the prepared solution, 4x4 gauze sponges, and paper towels.
- Saturate all surfaces with the solution.
 - Wipe small surfaces with 4x4 gauze sponge.
 - Wipe larger surfaces with paper towels (countertop, chairs).
 - Re-spray all areas.
 - Allow areas to dry 5-10 minutes.
- B. Surfaces to be cleaned and disinfected include:
- Countertops
 - Sink
 - Light switch and handles
 - Bracket tray and arm
 - Main on/off switch
 - All adjustment switches

VI-10

- Air/water syringe receptacle and tubing
- Handpiece receptacles and tubing

- Saliva ejector/evacuation receptacle and tubing
- Patient chair: headrest, arms, and seat
- Operator stool
- Protective eyewear/shield - patient and operator
- Pens/pencils to be used
- Patient mirror
- Typodont
- Lead aprons

C. Air/water syringe and suction lines are to be flushed **BEFORE AND AFTER** each patient treatment.

BEFORE: Flush the air/water syringe tip with water for one minute prior to use.

AFTER: Flush the air/water syringe tip with water for 30 seconds. Flush saliva ejector/high speed suction with Microstat in a disposable cup to disinfect the lines.

D. At the end of each clinical session, the operator must remove, clean, and disinfect the suction trap.

IV. Disposable Barrier Protectors

A. Barrier protectors are to be changed for each patient and are placed on the following surfaces:

- Light handles
- Headrest
- Air/water syringe and tubing
- Handpiece and tubing
- Saliva ejector and tubing
- Bracket tray
- X-ray machine tubehead, control panel, and activation button

V. Waste Disposal

A. All disposable products used for patient treatment (gowns, gloves, gauze, barrier protectors, etc...) are to be placed in the red BIOHAZARD containers.

B. Paper towels used for drying hands may be discarded in the receptacles underneath each sink.