



Dental Program Policy and Procedure Manual

CATEGORY: Dental Manual- Section D

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SECTION D: DENTAL INFECTION CONTROL & ENVIRONMENT

(Refer to Infection Control Manual for additional details)

CATEGORY: Dental Manual	POLICY NAME: Dental Environment and Infection Control
PROGRAM/DEPARTMENT: FCHC Dental Services	BOARD APPROVED: 10/20/2026
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1. Policy

Family Centers Health Care (FCHC) Dental Services is committed to protecting dental personnel from work-related exposure to infectious agents and to protecting patients from exposure to infectious agents resulting from dental treatment. This policy establishes the infection-prevention, personnel health, personal protective equipment (PPE), instrument reprocessing, environmental infection-control, and water-quality standards that govern the dental environment.

2. Purpose

The purpose of this policy is to:

- Protect dental staff and patients from the transmission of infectious agents during dental treatment.
- Establish standardized, evidence-based practices for personnel health, hand hygiene, PPE use, and instrument reprocessing.
- Define staff responsibilities for infection prevention according to role, training, and assigned duties.
- Establish a consistent response when sterilization monitoring identifies a failure, including patient notification when indicated.
- Ensure the dental environment, water systems, and waste management practices comply with current CDC, OSHA, ADA, and CT DPH standards.

3. Procedure

A. Guide Administration and Authority

This policy is maintained under the numbering convention IC/D (Infection Control/Dental). Authority for the policies in this section is drawn from the following sources:

- Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings—2003. MMWR 2003;52(No. RR-17).
- Handpiece and other dental equipment manufacturer recommendations for maintenance and sterilization of high- and low-speed handpieces.
- Family Centers Health Care infection-control policies relating to ambulatory patient care.
- Family Centers Health Care safety policies relating to infection control.
- Family Centers Health Care personnel policies relating to infection control.
- Health Insurance Portability and Accountability Act (HIPAA).

Administration:

1. Whenever possible, this policy defers to Family Centers Inc. agency-wide policy. Questions should be directed to the Family Centers Director of Compliance, or another appropriate authority at Family Centers Inc.
2. When this section is updated, current authoritative sources should be referenced and, where possible, incorporated into this guide as supporting reference material.
3. This guide should be updated biannually or as soon as new recommendations become available.
4. A copy of this guide will be maintained at Family Centers Health Care.
5. Periodic quality assurance reviews will be conducted to confirm compliance with this guide. Instances of non-compliance or proposed changes in procedure will be discussed at dental staff meetings. The Dental Director must approve any change to this guide before it is implemented.

B. Personnel Health Program**General Recommendations**

- Maintain a written personnel health program that addresses education and training; immunizations; exposure prevention and post-exposure management; medical conditions, work-related illness, and associated work restrictions; contact dermatitis and latex hypersensitivity; and recordkeeping, data management, and confidentiality.
- Establish referral arrangements with qualified health-care professionals to ensure prompt, appropriate preventive services, occupational medical services, and post-exposure management with medical follow-up.

Education and Training

- Provide education and training on occupational exposure to infectious agents and applicable infection-control procedures (1) upon initial employment, (2) whenever new tasks or procedures affect an employee's occupational exposure, and (3) at least annually.
- Present training content and vocabulary appropriate to each staff member's educational level, literacy, and language.

Immunization Program

- Maintain a written policy on staff immunization, including a list of all required and recommended immunizations.
- Refer staff to a designated qualified health-care professional, or their own provider, to receive appropriate immunizations based on current recommendations, medical history, and risk of occupational exposure.

Exposure Prevention and Post-Exposure Management

A comprehensive post-exposure management and medical follow-up program shall be maintained, including:

- Policies and procedures for prompt reporting, evaluation, counseling, treatment, and medical follow-up of occupational exposures.
- Established referral mechanisms to a qualified health-care professional for medical evaluation and follow-up.
- A baseline tuberculin skin test (TST), preferably using a two-step protocol, or a blood IGRA for all staff who may have contact with persons with suspected or confirmed infectious tuberculosis (TB), regardless of the risk classification of the setting. Repeat testing to be completed in 8-10 weeks after exposure.

Medical Conditions, Work-Related Illness, and Work Restrictions

- Maintain comprehensive written work-restriction and exclusion policies, readily available to all staff, that identify who has the authority to implement them.
- Design work-restriction and exclusion policies to encourage staff to seek preventive and curative care and to report illnesses, medical conditions, or treatments that may increase susceptibility to infection or exposure, without penalizing staff through loss of wages, benefits, or job status.
- Maintain policies and procedures for the evaluation, diagnosis, and management of staff with suspected or confirmed occupational contact dermatitis.
- Refer any staff member with suspected latex allergy to a qualified health-care professional for definitive diagnosis, including determination of etiology, appropriate treatment, and any necessary work restrictions or accommodations.

Records Maintenance, Data Management, and Confidentiality

- Establish and maintain confidential medical records for all staff (e.g., immunization records and documentation of testing following occupational exposure).
- Ensure recordkeeping and confidentiality practices comply with all applicable federal, state, and local law.

C. Preventing Transmission of Bloodborne Pathogens

Hepatitis B Virus (HBV) Vaccination

- Offer the HBV vaccination series to all staff with potential occupational exposure to blood or other potentially infectious material (OPIM).
- Follow current U.S. Public Health Service/CDC recommendations for hepatitis B vaccination, serologic testing, follow-up, and booster dosing.
- If no antibody response occurs following the primary series, staff should complete a second three-dose series or be evaluated for HBsAg status.
- Retest for anti-HBs at completion of the second vaccine series. If there is still no response, non-responders should be tested for HBsAg.
- Counsel HBsAg-negative non-responders regarding their susceptibility to HBV infection and appropriate precautions.
- Provide employees with education on the risks of HBV transmission and the availability of the vaccine. Employees who decline vaccination must sign a declination form, which is retained on file with the employer.

Preventing Exposure to Blood and OPIM

- Use Standard Precautions for all patient encounters.
- Treat sharp items contaminated with patient blood or saliva (e.g., needles, scalers, burs, lab knives, wires) as potentially infective, and use engineering controls and work practices designed to prevent injury.
- Maintain a written, comprehensive program designed to minimize and manage staff exposure to blood and body fluids.

Engineering and Work-Practice Controls

- Identify, evaluate, and select devices with engineered safety features at least annually and as new options become available (e.g., safety-engineered anesthetic syringes, blunt suture needles).
- Place used disposable syringes, needles, scalpel blades, and other sharp items in puncture-resistant containers located as close as feasible to their point of use.
- Do not recap used needles using both hands or any technique that directs the needle point toward any part of the body. Do not bend, break, or remove needles before disposal.
- When recapping is necessary (e.g., between injections or before removing a needle from a non-disposable aspirating syringe), use a one-handed scoop technique or a mechanical recapping device.

Post-Exposure Management and Prophylaxis

Follow current CDC recommendations for management following percutaneous, mucous-membrane, or non-intact-skin exposure to blood or OPIM.

D. Hand Hygiene

General Considerations

Perform hand hygiene with nonantimicrobial or antimicrobial soap and water when hands are visibly dirty or contaminated with blood or OPIM. If hands are not visibly soiled, an alcohol-based hand rub may be used instead, consistent with the manufacturer's instructions.

Hand hygiene is required:

- When hands are visibly soiled;
- After bare-handed contact with inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions;
- Before and after treating each patient;
- Before donning gloves; and
- Immediately after removing gloves.

Store liquid hand-care products in disposable closed containers, or in closed containers that are washed and dried before refilling. Do not add soap or lotion to a partially empty dispenser.

Special Considerations for Hand Hygiene and Glove Use

- Use hand lotion to prevent the skin dryness associated with frequent handwashing.
- Consider the compatibility of lotion and antiseptic products, and the effect of petroleum or other oil-based emollients on glove integrity, when selecting products.
- Keep fingernails short, with smooth, filed edges, to allow thorough cleaning and reduce the risk of glove tears.
- Do not wear artificial fingernails or extenders when providing direct care to high-risk patients (e.g., intensive care or operating room settings).
- Use of artificial fingernails is generally discouraged.
- Do not wear hand or nail jewelry that makes donning gloves more difficult, or compromises glove fit and integrity.

E. Personal Protective Equipment (PPE)

FCHC Dental Services maintains Standard Precautions and appropriate PPE, cleaning, disinfection, and sterilization practices for all dental patient-care activities. Responsibilities are assigned according to staff role, training, competency, occupational exposure, and manufacturer instructions for use. Only appropriately trained personnel may perform instrument reprocessing, and reusable patient-care items must be cleaned, disinfected, or sterilized according to their classification and intended use before reuse on another patient.

PPE Definitions

Term	Definition
Personal Protective Equipment (PPE)	Specialized clothing or equipment worn to protect staff from exposure to blood, saliva, body fluids, infectious materials, chemicals, contaminated instruments, or other occupational hazards.
Patient-Care Gloves	Single-use gloves worn when contact with blood, saliva, mucous membranes, non-intact skin, or contaminated equipment is anticipated. Not to be washed or reused.
Utility Gloves	Heavy-duty, puncture- and chemical-resistant gloves used for instrument cleaning and reprocessing activities requiring greater hand protection.

Term	Definition
Protective Eyewear	Protective glasses with side shields designed to protect the eyes from splash, spray, spatter, and debris.
Face Shield	Face protection covering the front and sides of the face; does not replace a mask or respirator when respiratory protection is otherwise required.
Protective Clothing	Gown, clinic jacket, lab coat, or similar clothing that protects skin and personal clothing from contamination.
Surgical/Procedure Mask	Mask used as part of Standard Precautions to protect the mouth and nose from splash and spatter.
Respirator	Respiratory protective device, such as an N95, used when respiratory protection is indicated.

PPE Requirements by Staff Role

PPE/Protective Measure	Administrative Staff	Dental Providers	Clinical Support Staff
Hand hygiene	Required as indicated	Required	Required
Patient-care gloves	Not routinely required	Required when exposure is anticipated	Required when exposure is anticipated
Surgical/procedure mask	Based on task/exposure	When splash, spray, or spatter is anticipated	When splash, spray, or spatter is anticipated
Protective eyewear/face shield	Not routinely required	When splash, spray, spatter, or debris is anticipated	When splash, spray, spatter, or debris is anticipated
Protective gown/clinic jacket	Not routinely required	When skin/clothing exposure is anticipated	When skin/clothing exposure is anticipated
Heavy-duty utility gloves	Only if trained/assigned	When manually cleaning contaminated instruments, if assigned	Required for manual instrument cleaning/handling where puncture or chemical exposure risk exists
Respirator (e.g., N95)	As indicated by respiratory precautions	As indicated by respiratory precautions	As indicated by respiratory precautions

Masks, Protective Eyewear, and Face Shields

- Wear a surgical mask and eye protection with solid side shields, or a face shield, to protect the mucous membranes of the eyes, nose, and mouth during procedures likely to generate splash or spatter of blood or other body fluids.
- Change masks between patients, or during treatment if the mask becomes wet.
- Clean reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) with soap and water, or disinfect if visibly soiled, between patients.

Protective Clothing

- Wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM.
- Change protective clothing if visibly soiled, and immediately, or as soon as feasible, if penetrated by blood or other potentially infectious fluid.
- Remove barrier protection, including gloves, mask, eyewear, and gown, before leaving the work area (e.g., patient care, instrument processing, or laboratory areas).

Gloves

- Wear medical gloves whenever contact with blood, saliva, OPIM, or mucous membranes is possible.
- Wear a new pair of medical gloves for each patient, remove them promptly after use, and wash hands or use hand sanitizer immediately to prevent transfer of microorganisms to other patients or the environment.

- Remove gloves that are torn, cut, or punctured as soon as feasible, and wash hands before re-gloving.
- Do not wash surgeon's or patient examination gloves before use, and do not wash, disinfect, or sterilize gloves for reuse.
- Ensure that appropriately sized gloves are readily accessible.
- Use puncture- and chemical-resistant utility gloves when cleaning instruments or performing housekeeping tasks involving contact with blood or OPIM.
- Consult glove manufacturers regarding the chemical compatibility of glove material with dental materials in use.

PPE Provided by FCHC

Family Centers Health Care will provide suitable gowns, eye protection, masks, gloves, hair covers, and shoe covers needed to provide dental treatment.

Protection for Patients

- Patients will be provided with safety glasses to be worn throughout dental treatment.
- When the introduction of minimal contaminants would compromise dental treatment, additional protection, such as a towel draped over the patient, may be used.

Contact Dermatitis and Latex Sensitivity

- Educate staff regarding the signs, symptoms, and diagnosis of skin reactions associated with frequent hand hygiene and glove use.
- Screen all patients for latex allergy (e.g., obtain health history and refer for medical consultation when latex allergy is suspected).
- Ensure a latex-safe environment for patients and staff with late-style allergies.
- Maintain CPR treatment kits containing latex-free products, available at all times.

F. Infection-Prevention Staff Roles and Responsibilities

Staff Category	Definition	Examples	Infection-Prevention Responsibility
Administrative Staff	Personnel whose primary responsibilities are non-clinical and who do not routinely provide direct patient care or handle contaminated instruments.	Receptionist, scheduler, billing staff, financial coordinator, administrative assistant	Maintain hand and respiratory hygiene; use PPE when assigned duties create an exposure risk; do not handle contaminated instruments unless trained and authorized.
Dental Providers	Licensed or credentialed personnel who directly evaluate, diagnose, treat, or provide preventive oral health services.	Dentist, dental hygienist, dental specialist	Follow Standard Precautions; use task-appropriate PPE; safely handle sharps and contaminated instruments; ensure patient-care items are appropriately sterile, disinfected, or single-use.
Clinical Support Staff	Personnel who directly support patient care, operator turnover, instrument handling, sterilization, or other clinical functions.	Dental assistant, expanded-function dental assistant, sterilization technician	Follow Standard Precautions; use task-appropriate PPE; transport, clean, package, sterilize, store, and monitor reusable instruments when trained and assigned; disinfect clinical contact surfaces.

Only personnel who have received appropriate training and demonstrated competency may be assigned instrument-reprocessing responsibilities.

Infection-Control Responsibility Matrix

Activity	Administrative Staff	Dental Provider	Clinical Support Staff
Hand hygiene/Standard Precautions	Required	Required	Required
Maintain clean administrative workspace	Primary	Support	Support
Wear clinical PPE based on exposure	As applicable	Required	Required
Place/remove clinical barriers	Not routinely assigned	May perform	Primary responsibility
Operatory cleaning/disinfection	Not routinely assigned	May perform	Primary responsibility
Transport contaminated instruments	Not routinely assigned	If trained/assigned	Primary responsibility
Clean/package instruments	Not routinely assigned	If trained/assigned	Primary responsibility
Operate sterilizer	Not routinely assigned	If trained/assigned	Primary responsibility – trained staff
Review chemical indicators	Not routinely assigned	If assigned	Primary responsibility
Biological monitoring/documentation	Not routinely assigned	Oversight as assigned	Primary responsibility – trained staff
Maintain sterilization logs	Not routinely assigned	Oversight	Primary responsibility
Respond to failed sterilization monitoring	Not routinely assigned	Clinical oversight	Immediately report and follow protocol
Sharps safety	Not routinely applicable	Required	Required
PPE supply inventory	May order/track supplies	Report needs	Monitor and report needs
Infection-control training/competency	Required for assigned duties	Required	Required

Administrative Staff Limitation: Administrative staff should not routinely perform instrument reprocessing or operatory disinfection solely because they are available. Before an administrative employee is assigned a task involving exposure to blood, saliva, contaminated instruments, chemicals, or other potentially infectious materials, the employee must first receive appropriate training, required PPE, occupational-exposure education and protections, and task-specific competency validation.

G. Classification and Processing of Patient-Care Instruments

Reusable dental instruments and patient-care devices are classified according to intended use and infection-transmission risk. Cleaning must occur before sterilization or disinfection, and manufacturer instructions for use (IFU) must be followed.

Classification	Definition	Dental Examples	Required Processing
Critical	Penetrates soft tissue or bone, or enters normally sterile tissue or the bloodstream.	Surgical instruments, extraction forceps, periodontal scalers, surgical burs, scalpel blades	Clean, package as appropriate, and heat sterilize after each use.
Semicritical	Contacts mucous membranes or non-intact skin without ordinarily penetrating tissue.	Mouth mirrors, amalgam condensers, reusable impression trays	Heat sterilize whenever heat-tolerant. For heat-sensitive items, follow validated IFU and applicable high-level disinfection requirements.
Dental Handpieces & Attachments	Semicritical devices whose internal surfaces can become contaminated.	High-/low-speed handpieces, reusable prophylaxis angles and attachments	Clean and heat sterilize between every patient according to IFU. Surface disinfection alone is not acceptable.
Noncritical	Contacts intact skin only.	Blood pressure cuff, facebow, portions of radiographic equipment	Clean and disinfect when indicated, using an appropriate EPA-registered hospital disinfectant according to IFU.
Single-Use/Disposable	Manufacturer-designated for one patient/one use.	Disposable prophy angles, saliva ejectors, needles, and other designated single-use items	One patient, one use. Dispose of appropriately; do not reprocess for reuse.

Source: CDC, 2003, p. 20 (Levels of Sterilization and Disinfection).

H. Methods of Sterilization and Disinfection

Sterilization (Autoclave)

Used for heat-tolerant critical and semi-critical patient-care items.

High-Level Disinfection

Liquid immersion using an appropriate product according to the manufacturer's instructions for use.

Intermediate-Level Disinfection

Liquid contact using an EPA-registered hospital disinfectant with a label claim for tuberculocidal activity. This includes chlorine-containing products, such as a 1:100 dilution (¼ cup of 5.25% household chlorine bleach to 1 gallon of water). Alternative products, such as Biocide or Lysol IC, may be used on surfaces that could be damaged by bleach-containing products.

Low-Level Disinfection

Liquid contact using an EPA-registered disinfectant with no tuberculocidal claim (e.g., soap and water, alcohol).

I. Instrument Reprocessing Workflow

Workflow

Contaminated → Transport → Clean → Rinse/Dry → Inspect → Package → Sterilize → Monitor/Document → Store → Ready for Patient Use

1. Use only FDA-cleared medical devices for sterilization and follow the manufacturer's instructions for correct use.
2. Clean and heat sterilize critical dental instruments before each use.
3. Clean and heat sterilize semi-critical items before each use.
4. Allow packages to dry completely in the sterilizer before handling, to avoid contamination.
5. Label each package with the sterilization date and load number.
6. Use of heat-stable semi-critical alternatives is encouraged in place of heat-sensitive devices.
7. Reprocess heat-sensitive critical and semi-critical instruments using an FDA-cleared sterilant/high-level disinfectant or an FDA-cleared low-temperature sterilization method (e.g., ethylene oxide), following the manufacturer's instructions.
8. Single-use disposable instruments are an acceptable alternative, provided they are used only once and disposed of correctly.
9. Do not use liquid chemical sterilant or high-level disinfectants for environmental surface disinfection or as instrument-holding solutions.
10. If visibly contaminated with blood, use an EPA-registered hospital disinfectant with a tuberculocidal claim (i.e., intermediate level).
11. Inform staff of all OSHA guidelines applicable to chemical agents used for disinfection and sterilization, and use this information to identify tasks and areas with potential for exposure.

J. Instrument Processing Area and Work Practices

Instrument Processing Area

1. Designate a central processing area, divided — physically or, at minimum, spatially — into distinct zones for (1) receiving, cleaning, and decontamination; (2) preparation and packaging; (3) sterilization; and (4) storage. Do not store instruments in an area where contaminated instruments are

held or cleaned.

2. Train staff in work practices that prevent contamination of clean areas.

Receiving, Cleaning, and Decontamination

1. Minimize handling of loose contaminated instruments during transport to the processing area. Use work-practice controls, such as a covered container, to reduce exposure. Clean all visible blood and other contamination from instruments and devices before sterilization or disinfection.
2. Use automated cleaning equipment (e.g., ultrasonic cleaner or washer-disinfector) to remove debris, improve cleaning effectiveness, and reduce worker exposure to blood.
3. If manual cleaning is necessary, use work-practice controls that minimize contact with sharp instruments (e.g., a long-handled brush).
4. Wear puncture- and chemical-resistant, heavy-duty utility gloves for instrument cleaning and decontamination.
5. Wear appropriate PPE (e.g., mask, protective eyewear, gown) when splashing or spraying is anticipated during cleaning.

K. Preparation, Packaging, and Sterilization

Preparation and Packaging

1. Use an internal chemical indicator in each package. If the internal indicator cannot be seen from outside the package, use an external indicator.
2. Use a container system or wrapping compatible with the sterilization process and cleared by the FDA.
3. Before sterilizing critical and semi-critical instruments, inspect them for cleanliness, then wrap or place them in containers designed to maintain sterility during storage (e.g., cassettes, organizing trays).
4. Label each package with the sterilization date and load number.

Sterilization of Unwrapped Instruments

1. Clean and dry instruments before an unwrapped sterilization cycle.
2. Use mechanical and chemical indicators for each unwrapped sterilization cycle, placing an internal chemical indicator among the items being sterilized.
3. Allow unwrapped instruments to dry and cool in the sterilizer before handling, to avoid contamination and thermal injury.
4. Semicritical instruments intended for immediate or short-term use may be sterilized unwrapped on a tray or in a container system, provided they are handled aseptically during removal and transport to the point of use.
5. Critical instruments intended for immediate reuse may be sterilized unwrapped only if sterility is maintained during removal and transport to the point of use (e.g., transported in a sterile, covered container).
6. Do not sterilize implantable devices unwrapped. (Note: FCHC Dental Services does not currently place implantable devices; this requirement is included for completeness.)
7. Do not store critical instruments unwrapped.

L. Sterilization Monitoring

1. Use mechanical, chemical, and biological monitors according to the manufacturer's instructions to verify the effectiveness of each sterilization cycle.
2. Monitor each load using mechanical indicators (e.g., time, temperature, pressure) and chemical indicators.

3. Place a chemical indicator inside each package. If the internal indicator is not visible from outside the package, also place an external chemical indicator on the package.
4. Load items and packages correctly and loosely into the sterilizer so as not to impede penetration of the sterilant.
5. Do not use instrument packs if mechanical or chemical indicators show inadequate processing.
6. Monitor sterilizers at least weekly using a biological indicator with a matching control from the same lot number.
7. Use a biological indicator for every sterilizer load containing an implantable device, and verify results before the device is used, whenever possible. (Note: this requirement does not currently apply, as FCHC Dental Services does not place implantable devices.)
8. Maintain sterilization records (mechanical, chemical, and biological) in compliance with state and local regulations.

Sterilization monitoring failures — whether mechanical, chemical, or biological — are commonly caused by improper instrument cleaning, incorrect sterilizer operation, improper loading or overloading, or improper packaging or packaging-material selection.

M. Response to a Positive Biological Indicator (Spore Test)

If the mechanical (e.g., time, temperature, pressure) and chemical (internal or external) indicators show that the sterilizer is functioning properly, a single positive spore test result may not, by itself, indicate a sterilizer malfunction. The following escalating procedure applies.

Step 1 – Immediate Sterilizer Response

1. Remove the sterilizer from service and place a “Do Not Use” sign on the affected unit.
2. Review sterilization operating procedures (e.g., work practices, use of mechanical and chemical indicators) to identify potential causes of the failed test and correct any identified problems.
3. Repeat the spore test immediately, using the same cycle that produced the positive result.

Step 2 – If the Repeat Test Is Negative

If the repeat spore test is negative and mechanical and chemical indicators are within normal limits, the sterilizer may be returned to service.

Step 3 – If the Repeat Test Is Positive

Do not use the sterilizer until it has been inspected or repaired, and the cause of the failure has been identified and corrected. Before returning the unit to service, rechallenge it with biological indicator tests in three consecutive empty-chamber sterilization cycles. Recall and reprocess, to the extent possible, all items processed since the last negative spore test.

Step 4 – Instrument Recall and Patient-Exposure Assessment

If the repeat test confirms a sterilization failure, the following actions must be taken immediately to protect patient safety and maintain compliance with infection-control standards:

- Cancel remaining clinical procedures for the day, if necessary, to allow the response to proceed without further instrument use.
- Review all sterilization pouches processed during the affected period, confirming that each is labeled with the sterilization date, load number, and identification of the autoclave used.
- Identify and isolate all instruments potentially processed during the suspected time frame.
- Move items from the suspected load(s) to the designated Sterilized Instrument Holding (SIH) area. Recall, rewrap, and re-sterilize these loads, dating back to the last negative spore test.

- Remove all instruments sterilized during the affected period from circulation immediately, and do not release or use them until they have been re-sterilized in a functioning autoclave. If no functioning autoclave is available, cancel affected patient appointments.

Example: If spore testing occurs on Tuesdays and Thursdays, instruments sterilized on Wednesday and Thursday must remain in the SIH area until cleared on Friday, and instruments sterilized on Friday, Monday, and Tuesday must remain in the SIH area until cleared on the following Wednesday. Instruments held in the SIH area must be re-sterilized before use.

Step 5 – Patient Notification, if Required

Ideally, only instruments cleared by a passed spore test are placed into circulation. However, if instruments were used before spore test results were available, staff must check the applicable tracking log (see Section N, Sterile Storage and Instrument Holding) and notify any affected patients. This includes:

- Reviewing instrument tracking logs to identify and contact patients who may have been exposed during the affected period.
- Following organizational risk-management and reporting protocols.
- Ensuring communication is consistent with CDC, OSHA, and Connecticut Department of Public Health (DPH) guidance.

Patient notification must be timely, transparent, and documented, and must be approved by Risk Management and clinic leadership before it is sent. The notification process consists of at least three phone call attempts within 24 hours, followed, if the patient cannot be reached, by a certified letter or a secure patient-portal message.

Patient Communication Template

The following template may be adapted, with Risk Management and leadership approval, for required patient notifications:

Subject: Important Health Information Regarding Your Recent Visit

We are contacting you regarding your recent visit to our dental clinic. During routine quality assurance procedures, we identified an issue with one of our sterilization processes.

While the risk of infection is considered very low, we are recommending precautionary testing for bloodborne pathogens, including Hepatitis B, Hepatitis C, and HIV.

We sincerely apologize for this situation. Your safety is our highest priority, and we are taking all necessary steps to address the issue and prevent recurrence.

We recommend that you complete laboratory testing at our clinic or at our partner facility. This testing will be provided at no cost to you.

Please contact us at [Insert Contact Number] so we can assist you with next steps.

Step 6 – Patient Testing and Follow-Up

- Obtain informed consent before any testing, and provide pre-test counseling consistent with CDC guidelines.
- Offer testing for Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV), either at the on-site clinic laboratory or at a partner facility.
- Provide post-test counseling, ensure confidentiality consistent with HIPAA, arrange appropriate medical referrals as needed, and document all interactions.

Step 7 – Source Testing Considerations

When applicable, FCHC will attempt to identify and test the source patient(s), obtaining informed consent and maintaining confidentiality. Testing without consent is not permitted except where allowed by law. Results guide follow-up recommendations for affected patients.

Step 8 – External Reporting Thresholds

Reporting thresholds are adjusted per state-specific requirements. As a general guide: fewer than 100 patients impacted requires notification of the local DPH; 101–1,000 patients impacted requires notification of both local and state DPH; and large-scale exposures warrant consideration of media notification in coordination with leadership and legal counsel.

Step 9 – Quality Improvement and Prevention

Following any confirmed sterilization failure, FCHC will conduct a Root Cause Analysis (RCA); implement staff retraining and competency validation, process improvements, and monitoring audits (weekly biological indicator testing at a minimum, per CDC guidance, or more frequently if implantable devices are involved); and report findings to the Quality Committee and Infection Control Committee.

Step 10 – Documentation Requirements

The following records must be maintained for every sterilization failure and response:

- Biological indicator test results and logs
- Equipment maintenance and repair records
- Staff training records
- Patient notification logs
- Testing and follow-up documentation
- Incident and Root Cause Analysis reports

N. Sterile Storage and Instrument Holding

1. Base storage practices for wrapped, sterilized instruments and devices on date- or event-related shelf life.
2. Even for event-related packaging, mark the outside of each package, at minimum, with the sterilization date and, if multiple sterilizers are used, the sterilizer identification, to facilitate retrieval in the event of a sterilization failure.
3. Examine wrapped packages before opening to confirm the barrier wrap has not been compromised during storage.
4. Reclean, repack, and re-sterilize any instrument package found to be compromised.
5. Store sterile items and dental supplies in covered or closed cabinets where possible.

Sterilized Instrument Holding (SIH) Area

Sterilized instruments are not moved directly to exam rooms for use. They are held in the SIH, a designated cabinet, until the corresponding biological indicator test has passed, ensuring that only instruments cleared by a passed spore test are placed into circulation.

If instruments must be used before spore test results are available, staff must maintain a separate tracking log recording the instrument name/type, date of use, sterilizer identification, and patient medical record number (MRN). This log must be retained until a passing spore test result is confirmed, after which it may be securely discarded in accordance with the organizational record-retention policy.

O. Environmental Infection Control

General Recommendations

- Follow manufacturer instructions for the correct use of cleaning and EPA-registered hospital disinfecting products.
- Do not use liquid chemical sterilants or high-level disinfectants to disinfect environmental surfaces, whether clinical contact or housekeeping surfaces.
- Use appropriate PPE when cleaning and disinfecting environmental surfaces, which may include utility gloves, protective clothing, protective eyewear/face shield, and a mask.

Clinical Contact Surfaces

- Use surface barriers to protect clinical contact surfaces that are difficult to clean (e.g., dental chair switches), and change barriers between patients.
- Clean and disinfect clinical contact surfaces that are not barrier-protected after each patient, using an EPA-registered hospital disinfectant with low- to intermediate-level activity. Use an intermediate-level disinfectant if the surface is visibly contaminated with blood.

Housekeeping Surfaces

- Clean housekeeping surfaces (e.g., floors, walls, sinks) with detergent and water or an EPA-registered hospital disinfectant/detergent on a routine basis, and whenever visibly soiled.
- Clean mops and cloths after use and allow them to dry before reuse, or use single-use disposable mop heads or cloths.
- Prepare fresh cleaning or EPA-registered disinfecting solutions daily and as instructed by the manufacturer.
- Clean walls, blinds, and window curtains in patient-care areas when visibly dusty or soiled.

Spills of Blood and Body Substances

Clean spills of blood or OPIM and decontaminate the surface using an EPA-registered hospital disinfectant with low- to intermediate-level activity, as appropriate to the size of the spill and the porosity of the surface.

Carpet and Cloth Furnishings

Avoid the use of carpeting and cloth-upholstered furnishings in dental operatories, laboratories, and instrument-processing areas.

Regulated Medical Waste

- Maintain a medical-waste management program. Disposal of regulated medical waste must follow federal, state, and local regulations.
- Ensure staff who handle and dispose of regulated medical waste are trained in appropriate handling and disposal methods and informed of related health and safety hazards.
- Use a color-coded or labeled leakproof container (e.g., biohazard bag) for non-sharp regulated medical waste.
- Place sharp items (e.g., needles, scalpel blades, orthodontic bands, broken metal instruments, burs) in an appropriate puncture-resistant, color-coded, leakproof sharps container, and close the container immediately before removal or replacement to prevent spillage.
- Where local sewage discharge requirements permit, carefully pour blood, suctioned fluid, or other liquid waste into a drain connected to a sanitary sewer system, wearing appropriate PPE while performing this task.

P. Dental Waterlines, Biofilm, and Water Quality

General Recommendations

- Use water that meets EPA regulatory standards for drinking water (fewer than 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.
- Consult the dental unit manufacturer for appropriate methods and equipment to maintain recommended water quality, and follow the manufacturer's monitoring recommendations for the unit or waterline treatment product.
- Discharge water and air for a minimum of 20–30 seconds after each patient from any device connected to the dental water system that enters the patient's mouth (e.g., handpieces, ultrasonic scalers, air/water syringes).
- Consult the dental unit manufacturer regarding periodic maintenance of anti-retraction mechanisms.
- Maintain a log of waterline test results in the dental clinic.

Boil-Water Advisories

While a boil-water advisory is in effect:

- Do not deliver water from the public water system to the patient through the dental operative unit, ultrasonic scaler, or other equipment connected to the public water system.
- Do not use public-system water for dental treatment, patient rinsing, or handwashing. For handwashing, use antimicrobial products that do not require water (e.g., alcohol-based hand rubs); if hands are visibly contaminated, use bottled water and soap, or an antiseptic towelette.

When the advisory is cancelled:

- Follow guidance from the local water utility on adequate waterline flushing. If no guidance is provided, flush dental waterlines and faucets for 1–5 minutes before use in patient care.
- Disinfect dental waterlines as recommended by the dental unit manufacturer.

Q. Special Considerations

Dental Handpieces and Other Devices Attached to Air and Waterlines

- Clean and heat sterilize handpieces and other intraoral instruments removable from the air and waterlines of dental units, between patients.
- Follow the manufacturer's instructions for cleaning, lubrication, and sterilization of these devices.
- Do not surface-disinfect, or use liquid chemical sterilants or ethylene oxide on, handpieces and other intraoral instruments removable from dental unit air and waterlines.
- Do not advise patients to close their lips tightly around the tip of the saliva ejector to evacuate oral fluids.

Aseptic Technique for Parenteral Medications

1. Do not administer medication from a single syringe to multiple patients, even if the needle is changed.
2. Use single-dose vials for parenteral medications whenever possible, and do not combine leftover contents of single-use vials for later use.
3. When multidose vials must be used: cleanse the access diaphragm with 70% alcohol before inserting a device into the vial; use a sterile device to access the vial and avoid touching the diaphragm; keep the vial away from the immediate patient treatment area to prevent contamination by spray or spatter; and discard the vial if sterility is compromised. Never reuse a syringe, even if the needle is changed.
4. Use fluid infusion and administration sets (IV bags, tubing, connections) for one patient only and dispose of them appropriately.

Single-Use (Disposable) Devices

Use single-use devices for one patient only and dispose of them appropriately.

Oral Surgical Procedures

- Perform surgical hand antisepsis using an antimicrobial product (e.g., antimicrobial soap and water, or soap and water followed by an alcohol-based surgical hand scrub with persistent activity) before donning surgeon's gloves.
- Use sterile saline or sterile water as a coolant/irrigant during oral surgical procedures, delivered by devices designed for sterile irrigating fluids (e.g., bulb syringe, single-use disposable products, sterilizable tubing).

Handling of Extracted Teeth

- Dispose of extracted teeth as regulated medical waste unless returned to the patient.
- Do not dispose of extracted teeth containing amalgam in regulated medical waste intended for incineration.
- Clean and place extracted teeth in a leakproof, biohazard-labeled container, and maintain hydration when transporting them to an educational institution or dental laboratory.

Dental Laboratory

- Use PPE when handling items received in the laboratory until they have been decontaminated.
- Before handling in the laboratory, clean, disinfect, and rinse all dental prostheses and prosthodontic materials (e.g., impressions, bite registrations, occlusal rims, extracted teeth) using an EPA-registered hospital disinfectant with at least intermediate-level (tuberculocidal) activity.
- Consult manufacturers regarding the stability of specific materials (e.g., impression materials) relative to disinfection procedures.
- When laboratory cases are sent off-site and upon their return, include specific information regarding the disinfection technique used (e.g., solution and duration).
- Clean and heat sterilize heat-tolerant items used in the mouth (e.g., metal impression trays, face-bow forks).
- Follow manufacturer instructions for cleaning and sterilizing or disinfecting items that become contaminated but do not normally contact the patient (e.g., burs, polishing points, rag wheels, articulators, case pans, lathes). If manufacturer instructions are unavailable, clean and heat sterilize heat-tolerant items, or clean and disinfect using an EPA-registered hospital disinfectant with low- to intermediate-level activity, depending on the degree of contamination.

Laser/Electrosurgery Plumes and Surgical Smoke

No formal recommendation currently exists regarding practices to reduce staff exposure to laser plumes or surgical smoke in dental practice. Suggested practices to reduce exposure include the use of Standard Precautions (e.g., high-filtration surgical masks and, where appropriate, full face shields), central room suction units with in-line filters to capture particulate matter from minimal plumes, and dedicated mechanical smoke-exhaust systems with high-efficiency filters to remove substantial amounts of laser-plume particles. The health effects of dental laser-plume exposure on staff have not been fully evaluated, and this remains an unresolved issue in the infection-control literature.

Mycobacterium Tuberculosis (TB)

- Educate all staff on the recognition of signs, symptoms, and transmission of TB.
- Conduct a baseline TST, preferably using a two-step protocol, for all staff who may have contact with persons with suspected or confirmed active TB, regardless of the risk classification of the setting.
- Assess each patient for a history of TB and for symptoms indicative of TB, and document findings on the medical history form.
- Follow CDC recommendations for developing, maintaining, and implementing a written TB infection-control plan; managing a patient with suspected or active TB; completing a community risk assessment to guide staff TSTs and follow-up; and managing staff with TB disease.

For patients known or suspected to have active TB:

- Defer elective dental treatment until the patient is noninfectious.

Creutzfeldt-Jakob Disease (CJD) and Other Prion Diseases

No formal recommendation currently exists regarding the use of precautions in addition to Standard Precautions when treating known CJD or variant CJD (vCJD) patients. Available scientific data indicate that the risk, if any, of sporadic CJD transmission during dental and oral surgical procedures is low to nil. This remains an unresolved issue in the infection-control literature, and additional precautions beyond Standard Precautions may be considered for known CJD or vCJD patients as more information becomes available.

R. Program Evaluation

1. Establish routine evaluation of the infection-control program, including review of performance indicators, at a defined frequency.
2. The monitoring tool for this evaluation is maintained in the Quality Assurance section of this manual.

4. References

Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings—2003. MMWR 2003;52(No. RR-17).

Occupational Safety and Health Administration (OSHA). Bloodborne Pathogens Standard, 29 CFR 1910.1030.

U.S. Environmental Protection Agency (EPA). List of EPA-Registered Hospital Disinfectants and Sterilants.

American Dental Association (ADA). Infection Control Recommendations.

Connecticut Department of Public Health (CT DPH) dental practice regulations.

Health Insurance Portability and Accountability Act (HIPAA), 2014.

Family Centers Health Care Dental Services Infection Control Policy and Procedure Manual.

Radiological Protection

1. Purpose

To establish procedures that ensure the safe operation of all radiology equipment, minimize radiation exposure to both patients and dental staff, and comply with **CT DPH** regulations.

2. Procedure

Appropriate lead aprons will be placed over the patient for all radiographs. Lead aprons will be stored hanging; they will not be folded or creased when not in use, as this will increase the risk of holes or tears in the lead shield. **Every year all lead aprons used for x-ray protection will be sent to Landauer for evaluation.** All aprons which fail the inspection, will be discarded. Records of testing will be maintained by **Site Manager/Coordinator**.

Each staff member shall be shown the radiation detection report each quarter that it is issued.

"X-ray", will be loudly announced before any staff member begins to take any radiograph. This announcement will serve to inform all personnel in the area to stand clear of the path of the radiation beam. The operator will also inform patients who are moving to and from the operatories to stand clear of the path of the x-ray beam.

All radiographs will be taken using a sensor positioner.

X-Ray Machine Certification

See: Sections 19-24-1 through 19-25d-11, inclusive, of the [Regulations of Connecticut State Agencies \(RCSA\)](#)

Equipment Maintenance And Product Recalls

1. Purpose

To establish procedures that ensure the safe operation of all equipment, comply with facility safety policies, and comply with applicable State and federal regulations.

2. Procedure

Maintenance

Each dental unit will have a logbook pertaining to maintenance. Any maintenance that is required is entered into the book for that particular unit. The Site Manager for maintenance required will check the logbooks weekly. If maintenance is required the **Site Manager/Dental Assistant** will complete the necessary maintenance request.

Product Recalls

When the dental clinic receives notice that a product is subject to a recall Site Manager/Dental Assistant will check lot numbers, serial numbers or other product designators, gather all affected products, and comply with manufacturer's instructions regarding the recall.

Nitrous Oxide Safety

1. Purpose

To establish procedures for the safe and effective use of nitrous oxide/oxygen therapy to protect patients and facility employees.

2. Procedure

The Family Centers Health Care Dental Clinic does not use or store Nitrous Oxide on site.

Fire Plan

1. Purpose

To establish procedures that ensure the safe evacuation in case of a fire, minimize risk of injury to both patients and dental staff, and comply with facility safety regulations.

2. Procedure

FIRE EVACUATION PLAN

The dental site will comply with all Fire Procedures set by the **Family Centers**. A copy of the **Family Centers** Fire Plan is located overall Policy and Procedure manual.

The evacuation of the dental clinic in case of fire is outlined in the Facility's Fire and Safety Manual. Maps of primary and secondary escape routes are posted throughout the clinic. All staff will become familiar with this map and evacuation procedures. There are assigned locations of specific dental personnel as described in the plan

When a fire is discovered in the dental area, the person discovering the fire initiates evacuation of the clinic.

If a fire is announced in another part of the facility, evacuation will commence.

Patients in the area will be moved out of the fire area following the primary exit. If that exit is not accessible, the secondary route will be used. All dental staff and dental patients will gather in the parking lot immediately in front of the building to facilitate accounting for all persons present in the dental clinic at the time of the evacuation.

Mercury Hygiene

1. Purpose

To establish procedures that ensure the recycling of products containing mercury, minimize mercury exposure to both patients and dental staff, and comply with State regulations.

2. Procedure

Dentists and their staff use certain toxic substances that may lead to the contamination of water systems and the environment. In order to prevent contamination, dental offices should implement proper waste management procedures.

Dental amalgam can contain up to 50 percent mercury. Although mercury in amalgam form is very stable, it should not be disposed of or rinsed down the drain. This is important because the amalgam waste could end up in municipal garbage, medical waste, or in the sewer system. If the waste is incinerated the mercury could be released to the environment, and if it reaches the sewer system it could contaminate drinking water or accumulate in fish. The best method of dealing with amalgam waste is by recycling it. Mercury can be recovered through a distillation process and reused in other products.

“Amalgam waste will be collected using amalgam separators in wastewater.”

Types of Amalgam Wastes

- **Non-contact amalgam (scrap):** Excess mixture that is left over after a dental procedure.
- **Contact amalgam:** Amalgam that has been in contact with the patient. Examples include extracted teeth with amalgam restorations, carving scrap collected at the chair, and amalgam captured by the chair side traps, filters or screens.
- **Chair side traps:** Amalgam that is captured during amalgam placement or removal procedures.
- **Vacuum pump filters:** Filters and traps contain amalgam sludge or water. Some recyclers will accept whole filters, while others may require special handling requirements for this material.
- **Amalgam sludge:** This is a mixture of liquid and solid material collected within the vacuum pump filters.
- **Empty amalgam capsules:** Amalgam that may be left over in the capsules after mixing the precapsulated dental amalgam.

Amalgam Waste Management Practices

Scrap Amalgam Handling

- Dental scrap amalgam should be collected and stored in two designated, air-tight, wide-mouthed plastic containers. One should be labeled CONTACT AMALGAM (amalgam that has been in contact with the patient's mouth), and the other should be labeled NONCONTACT AMALGAM.
- NOTE: some recyclers may require special handling requirements for extracted teeth such as shipping the tooth in a disinfectant.
- Make sure that the container lid is tightly sealed.

Amalgam Capsule Handling

- Stock capsules in a variety of different sizes.
- After mixing the amalgam, place the empty capsules in a wide-mouthed, airtight container that is labeled AMALGAM CAPSULE WASTE.
- Capsules that cannot be emptied should also be placed in containers labeled AMALGAM CAPSULE WASTE.
- Make sure that the container lid is tightly sealed.

Disposable chair-side traps

- Open the chair-side unit to expose the trap.
- Remove the trap and empty its contents into a wide-mouthed, airtight container that is marked CONTACT AMALGAM.
- Make sure that the container lid is tightly sealed.
- Chair-side traps that are only used for procedures not involving amalgam can be thrown in the regular garbage.
- Different states have different requirements for the disposal of infectious waste that is in the traps with the amalgam such as blood or saliva. Check with your local recycler or contact the Area Office of Environmental Health for the proper procedures.

Reusable Chair-side Traps

- Open the chair-side unit to expose the trap.
- Remove the trap and empty its contents into a wide-mouthed, airtight container that is marked CONTACT AMALGAM.
- Make sure that the container lid is tightly sealed.
- **DO NOT** rinse the trap under running water.
- Replace the trap into the chair-side compartment.
- Different states have different requirements for the disposal of infectious waste that is in the traps with the amalgam such as blood or saliva. Check with your local recycler or contact the Area Office of Environmental Health for the proper procedures.

Vacuum Pump Filters

- Change the filter to the manufacturer's suggested schedule.
- Remove the filter. Hold the filter over a tray or another container that can catch any spills. Next pour out as much liquid as possible without losing any noticeable amalgam. The amalgam-free liquid can then be rinsed down the drain.
- Place the lid on the filter and put it in the box in which it was originally shipped. Once the box is full, the filters can be recycled.

Line Cleaners

- Use only non-bleach, non-chlorine containing solutions when flushing the wastewater lines and vacuum systems. A list of ADA approved cleaners is posted at the end of this document.

American Dental Association (ADA)
Do's and Don'ts for Dealing with Amalgam Waste

DO	DON'T
Do use precapsulated alloys and stock a variety of capsule sizes. Do recycle used disposable amalgam capsules. Do salvage, store, and recycle noncontact amalgam (scrap amalgam). Do salvage contact amalgam pieces from restorations after removal and recycle the amalgam waste. Do use side-chair traps to retain amalgam and recycle the contents. Do recycle contents retained by the vacuum pump filter or other amalgam collection devices, if they contain amalgam. Do recycle teeth that contain amalgam restorations. (<i>Note:</i> Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection) Do manage amalgam waste through recycling as much as possible. Do use line cleaners that minimize the dissolution of amalgam.	Don't use bulk mercury. Don't put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage. Don't put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags), or regular garbage. Don't put contact amalgam waste in biohazard containers, infectious waste containers (red bags), or regular garbage. Don't rinse chair-side traps containing amalgam over drains or sinks. Don't rinse vacuum pump filters containing amalgam or other amalgam collection devices over drains or sinks. Don't dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers, or regular garbage. Don't flush amalgam waste down the drain or toilet. Don't use bleach or chlorine-containing cleaners to flush waste water lines.

Recycling

As mentioned earlier the recommended method for amalgam disposal is by recycling the waste through an Environmental Protection Agency (EPA) approved vendor. The following actions should be taken to properly recycle your amalgam waste.

- Carry the amalgam capsules in a variety of different sizes to reduce the amount of waste produced.
- Personal protective equipment such as gloves, masks, and protective eyewear should be worn when handling amalgam waste.
- Some vendors have special requirements for the handling, storing, and transportation of amalgam waste, so be aware of any special conditions. Dental clinics that need to find a recycler should contact their county or local waste authority to inquire about an amalgam waste recycling program.
- Amalgam waste should be stored in covered plastic containers that are clearly labeled.
- Always store different types of amalgam waste (e.g., contact and noncontact) in separate containers.
- Do not store amalgam waste under liquid. This would require the liquid to be treated as hazardous waste. Storage in tight-fitting covered containers and routine recycling should minimize any occupational exposures.

ADA Approved Line Cleaners

The following line cleaners do not contain bleach or chlorine:

- Biocide (Biotrol International), BirexSe (Biotrol International), DRNA Vac (Dental Recycling North American Inc.), E-Vac (L&R Manufacturing Co.), Fresh-Vac (Huntington), GC Spray-Cide (GC America Inc.), Green and Clean (Metasys), Microstat 2 (Septodont USA), Patterson Brand Concentrated Ultrasonic Cleaner/Disinfectant Solution (Patterson Dental Supply, Inc.), ProE-Vac (Cottrell Ltd.), Pure-Vac (Sultan Chemists Inc.), Sani-Treet Plus (Enzyme Industries Inc.), SRG Evacuation (Icon Labs), Stay Clean (Apollo Dental Products), Turbo-Vac (Pinnacle Products), Vacusol Ultra (Biotrol International), Cavicide (Metrex Research Corp.), Vacuum Clean (Palmero Health Care).

Use of a chlorine free cleaner will reduce the dissolution of amalgam. Check with your manufacturer to determine which line cleaner would be appropriate for use with your equipment.

Safety

1. Purpose

To establish procedures that ensure the safety of both patients and dental staff, and comply with facility safety regulations.

2. Procedure

All dental personnel will have eye protection such as safety glasses, safety side shields for prescription glasses, full face shields, goggles or other eye protection approved by **Family Centers Health Care Dental Clinic**. Eye protection will be worn when the individual is using the high or slow speed handpiece or is assisting when these headpieces are being used. The **Site Manager** will delegate the authority of requiring protective wear for dental personnel to the provider in charge of their assigned area of dental care delivery.

Appropriate eye protection will be provided to the employee and patients at no cost to the employee.

There will be no smoking in the dental clinic or in the offices.

No open toed shoes will be worn in the patient care or dental laboratory areas (See Dress Code, Section A.12)

The Facility Safety Policy and Procedure will be adhered to on all occasions and a copy of this document is found in **Family Centers Health Care Policy and Procedure Manual**.

All dental personnel will be familiar with Facility Fire, Safety and Disaster Plan. All dental personnel will know the emergency codes and how to report them to the correct location for emergency response.

All dental personnel will adhere to protocol within the Infection Control Policies and Procedures.

All job injury related incidents would be reported according to protocol set forth by **Family Centers Health Care Dental Clinic**. (see Critical Incident form).

All OSHA safety regulations will be strictly followed. Posted notification of guidelines will appear in the sterilization area and a copy of the regulations kept in this binder

Eye wash stations are located **at sinks** throughout the clinic for quick access as needed.

Other Individuals in Treatment Areas

The dental provider will determine if an individual not receiving dental treatment may be present in the dental operatory during treatment. Family, siblings, or other individuals who pose a safety threat to themselves or others, or who potentially interfere with safe and effective dental treatment may be asked to wait outside the treatment area.

Precious Metal Recovery

1. Purpose

To establish procedures that ensure the safe recovery and recycling of all precious metals used in dental clinic operations, minimize metal exposure to both patients and dental staff, and comply with State regulations.

2. Procedure

The dental director will be responsible for all scrap precious metal collected in the dental clinic to specific officials for their disposal.

Amalgam

See Mercury Hygiene Policy

Gold

All gold removed from a patient will be given to the patient. If the patient does not want the gold it will be placed with the amalgam scrap.

Hazardous Communications

1. Purpose:

The purpose of this Written Hazard Communication program is to ensure that:

1. Hazardous substances present in the work place are properly identified and labeled.
2. Employees have access to information on the hazards of these substances.
3. Employees are provided with information on how to prevent injuries or illnesses due to exposure to these substances.
4. Identify by job title who has the responsibility for maintaining the program, the SDS sheets, conduct training, etc.

2. Procedure:

The dental clinic will follow all Hazardous Communications policies and procedures in place at **Family Centers Health Care Dental Site**.

AUTHORITY AND REFERENCE

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1200

Dept. of Commerce (Chapter 32) (COMM) 32.15

HAZARD DETERMINATION

- A. A "hazardous substance" is a physical or health hazard that is listed as such in either:
1. 29 CFR Part 1910, Subpart Z, *Toxic and Hazardous Substances*, Occupational Safety and Health Administration.
 2. *Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment* (latest edition), American Conference of Governmental Industrial Hygienists (ACGIH).
- B. A "hazardous substance" is regarded as a carcinogen or potential carcinogen if it is identified as such by:
1. National Toxicology Program (NTP), *Annual Report on Carcinogens* (latest edition).
 2. International Agency for Research on Cancer (IARC) *Monographs* (latest edition).
 3. 29 CFR Part 1910, Subpart Z, *Toxic and Hazardous Substances*, Occupational Safety and Health Administration.
- C. Manufacturers, importers and distributors will be relied upon to perform the appropriate hazard determination for the substances they produce or sell.
- D. The following materials are not covered by the Hazard Communication Standard:

1. Any hazardous waste as defined by the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended (42 USC 6901 et seq.) when subject to regulations issued under that act by the Environmental Protection Agency.
2. Tobacco or tobacco products.
3. Wood or wood products. **NOTE:** Wood dust is not exempt since the hazards of wood dust are not "self-evident" as are the hazards of wood or wood products.
4. Consumer products (including pens, pencils, adhesive tape) used in the work place under typical consumer usage.
5. Articles (i.e. plastic chairs).
6. Foods, drugs, or cosmetics intended for personal consumption by employees while in the work place.
7. Foods, drugs, cosmetics, or alcoholic beverages in retail stores packaged for retail sale.
8. Any drug in solid form used for direct administration to the patient (i.e. tablets or pills).

APPLICATION

This program applies to the use of any hazardous substance which is known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

RESPONSIBILITY FOR COMPLIANCE

- A. The administration of this program will be the responsibility of designated persons such as the Site Manager/Dental Assistant or Hygienist. The administrative responsibilities of this individual/position will include:
 1. Identification of the employees to be included in the Hazard Communication Program.
 2. Development and maintenance of a hazardous substance master inventory.
 3. Coordination and supervision of employee training.
 4. Coordination and supervision of the facility's container labeling program.
 5. Coordination of any necessary exposure monitoring.
 6. Coordination and supervision of required recordkeeping.
 7. Periodic evaluation of the overall program.
- B. Employees are responsible for following all safe work practices and using proper precautions required by the guidelines in this program.

HAZARDOUS SUBSTANCE INVENTORY

- A. Site Manager/Dental Assistant or Hygienist is responsible for compiling, maintaining, and updating, when necessary, a master list of hazardous substances used or produced in the facility. The inventory list will include the common identity or trade name of the product and the name and address of the manufacturer. Hazardous substances will be listed alphabetically by manufacturers. Substances which are not in containers will also be included on the inventory list, e.g., welding fumes, carbon monoxide from a fork lift, etc. (See Form #1)

LABELING

- A. Site Manager/Dental Assistant or Hygienist is responsible for evaluating labels on incoming containers. Each label must contain the following information:
1. Identity of the substance.
 2. Appropriate hazard warning.
 3. Name and address of the manufacturer.
- B. If the label is not appropriate, Site Manager/Dental Assistant or Hygienist will notify the manufacturer (or supplier) that the label is not adequate. (See Form #2)

Site Manager/Dental Assistant or Hygienist will send a second request to the manufacturer if the correct label is not received within 30 days. (See Form #3)

Site Manager/Dental Assistant or Hygienist is responsible for preparing an appropriate label if one is not supplied by the manufacturer within the second 30 days.

A container will not be released for use until an appropriate label is affixed to the container.

- C. Labels will be removed if they are incorrect. When the container is empty it may be used for other materials provided it is properly cleaned and relabeled.
- D. Each department supervisor is responsible for ensuring that all containers used in his/her department are labeled properly and remain legible. Defacing labels or using them improperly is prohibited.
- E. Unlabeled portable containers, such as pails and buckets, should be used by one employee and emptied at the end of each shift. If the secondary containers are used by more than one employee and/or its contents are not emptied at the end of the shift, the department supervisor is responsible for labeling the container with either a copy of the original label or with a generic label which has a space available for appropriate hazard warnings.

MATERIAL SAFETY DATA SHEETS

- A. SDS's will be available to the employees on all hazardous substances to which there is potential or actual exposure. Site Manager/Dental Assistant or Hygienist is responsible for ensuring that SDS are available on all incoming products. A product will not be released for use until a completed SDS is on file. (See Form #4)
- a. If the SDS is not available, Site Manager/Dental Assistant or Hygienist will notify the manufacturer

that SDS is needed. (See Form #5).

- b. Site Manager/Dental Assistant or Hygienist will send a second request to the manufacturer if the SDS is not received within 30 days. (See Form #6)
- B. Site Manager/Dental Assistant or Hygienist is responsible for the review of all incoming SDS's. If the SDS is not complete, it will be returned to the manufacturer with a request for the missing information. (See Form #7)
 - a. Site Manager/Dental Assistant or Hygienist will send a second request for the missing information if a complete SDS is not received within 30 days. (See Form #8)
- C. Site Manager/Dental Assistant or Hygienist is responsible for compiling and updating the master SDS file. This file will be kept in a locked cabinet.
- D. Employees will have access to these SDS's during all work shifts. Copies will be made available upon request to Site Manager/Dental Assistant or Hygienist. (See Form #10)
- E. Site Manager/Dental Assistant or Hygienist is responsible for updating the data sheets to include new information as it is received. A notice will be posted to inform employees that revised information has been received. (See Form #11)

EMPLOYEE TRAINING

- A. Prior to starting work with hazardous substances, each employee will attend a Hazard Communication Training Session where they will receive information on the following topics:
 - 1. Policies and procedures related to the Hazard Communication Standard.
 - 2. Location of the written Hazard Communication Program.
 - 3. How to read and interpret an SDS.
 - 4. Location of SDS's.
 - 5. Physical and health hazards of hazardous substances in their work area.
 - 6. Methods and observation techniques to determine the presence or release of hazardous chemicals.
 - 7. Work practices that may result in exposure.
 - 8. How to prevent or reduce exposure to hazardous substances.
 - 9. Personal protective equipment.
 - 10. Procedures to follow if exposure occurs.
 - 11. Emergency response procedures for hazardous chemical spills.
- B. Upon completion of the training program, each employee will sign a form documenting that he/she has received the training. (See Form 12)

- C. Whenever a new employee is transferred or hired, he/she will be provided training regarding the Hazard Communication Standard. The training session will be conducted by dental director before the start of his/her employment if possible.
- D. Site Manager/Dental Assistant or Hygienist is responsible for identifying and listing any non-routine hazardous task performed at this facility. Dental Director will conduct training on the specific hazards of the job and the appropriate personal protective equipment and safety precautions and procedures. (See Form 13)
- E. When a new substance is added to the inventory list, Site Manager/Dental Assistant or Hygienist is responsible for reviewing the SDS for potential health effects. If the product presents a new health hazard (causes health effects unlike those covered in the training session), the Site Manager/Dental Assistant/Hygienist is responsible for notifying all affected employees about the new health effects which result from exposure to the new substance.

*A copy of the new Safety Data Sheet (SDS) will be posted by Site Manager for 30 days. Both the new Safety Data Sheet and the Employees New Substance Signature Form will be placed above or near the SDS information binder. Each affected employee must read the SDS and sign the signature form. (See Form #11)

INFORMATION TO CONTRACTORS

- A. Site Manager/Dental Assistant or Hygienist responsible for providing outside contractors with the following information:
 - 1. Hazardous chemicals to which they may be exposed as a result of working in this facility.
 - 2. Suggestions for appropriate protective measures.
- B. Contractors that are potentially exposed to hazardous chemicals present at the facility will not be allowed to begin work until they have been provided information concerning these hazards and have signed a form to document this exchange. (See Form #14)
- C. Site Manager/Dental Assistant or Hygienist is responsible for obtaining information from contractors on all hazardous substances to which State employees may be exposed as a result of the contractor's work at the facility. (See Form #15). Site Manager will notify affected employees about the health effects that may result from exposure to each substance.

PERSONNEL POLICIES

When an employee is not following safety and health rules regarding working with a hazardous substance, disciplinary action will be taken.

RECORD KEEPING

- A. All SDS's will be kept for a period of 7 years after the use of the substance has been discontinued. **EXCEPTION:** If an employee exposure to a particular hazardous chemical occurs, the SDS for that product will become part of the employee's medical records. Medical records must be kept for 7 years.

Note: “Exposure” or “exposed” means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure, but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

EMERGENCY RESPONSE PROCEDURES FOR HAZARDOUS CHEMICAL SPILLS

A. When a hazardous chemical spill occurs, follow these procedures:

1. Move all employees away from spill to a safe environment.
2. Call 911 or the designated emergency response number in your area to notify the necessary response team for the hazardous chemical spill.
3. Retrieve the Hazard Communication Information Binder, if possible.
 - a. Locate the SDS for the hazardous chemical which spilled.
 - b. If requested, provide the SDS to the Emergency Response Team.

Note: Do not try to contain the spill. The Emergency or Hazardous Material Response Team is trained to deal with hazardous chemical spills.

PROGRAM EVALUATION

Site Manager/Director of Compliance will conduct an evaluation of the Hazard Communication program annually. The individual responsible for the items identified for improvement will be notified in writing. It is expected that action will be taken to correct the item within five working days. (See Form #16)

The program was adapted from a written program originally developed by the Occupational Safety and Health Administration (OSHA).

Note: When there is an asterisk (*) placed in front of a guideline, then this policy is not required by the Hazard Communication Standard or the Employees Right-To-Know Law.

TO: Chemical Manufacturer, Vendor, Distributor

FROM: Family Centers Health Care

DATE:

RE: Hazard Communication Responsibilities

Attached to this letter is a purchase order for the chemicals which we plan to utilize in our facility. Our receiving personnel have been instructed to accept only containers which have been properly labeled and identified. Improperly labeled containers will result in refusal of the shipment. We would appreciate your cooperation in this matter.

We expect to receive Safety Data Sheets (SDS) prior to receipt of our initial order and/or when an SDS has been revised. If your policy is different, or has changed since our last order, please notify us as soon as possible. To assist us, we would appreciate if you would record the responsible party information on the shipping papers.

If you have any questions, please do not hesitate to contact me. Thank you for your cooperation. I look forward to working with you in the future.

Yours truly,

Site Manager

NOTE: THIS LETTER SHOULD BE ATTACHED TO THE INITIAL AND/OR TO EACH PURCHASE ORDER FOR CHEMICALS OR HAZARDOUS SUBSTANCES