

# Infection Control Procedures and Exposure Control Plan

Medical College of Georgia  
School of Dentistry: Revision 05152009

<b>I.</b>	<b>Exposure Determination and Hepatitis Testing .....</b>	<b>2</b>
<b>II.</b>	<b>Training and Records .....</b>	<b>2</b>
<b>III.</b>	<b>Infection Control Procedures.....</b>	<b>3</b>
<b>IV.</b>	<b>Preparation and Sterilization of Instruments .....</b>	<b>8</b>
<b>V.</b>	<b>Infection Control Protocol in Dental Radiology.....</b>	<b>9</b>
<b>VI.</b>	<b>Department of Oral Rehabilitation Protocol.....</b>	<b>10</b>
<b>VII.</b>	<b>Guidelines for Handling of Tissues Removed From Human Subjects within the School of Dentistry .....</b>	<b>11</b>
<b>VIII.</b>	<b>Students/Patients with Communicable Diseases: Treatment Policies and Procedures .....</b>	<b>12</b>
<b>IX.</b>	<b>Health Care Workers with Communicable Diseases - Faculty and Staff: Policy and Procedures.....</b>	<b>13</b>
<b>X.</b>	<b>Student and Employee Health and Injuries .....</b>	<b>14</b>
<b>XI.</b>	<b>Human Immunodeficiency Virus-Post Exposure Management: General Procedures .....</b>	<b>16</b>
<b>XII.</b>	<b>Post Exposure-Hepatitis B &amp; C Management: General Procedures.....</b>	<b>16</b>
<b>XIII.</b>	<b>Compliance with Infection Control Procedures.....</b>	<b>16</b>
	<b>Addendum 1: .....</b>	<b>17</b>
	<b>Addendum 2: .....</b>	<b>17</b>
	<b>Addendum 3: .....</b>	<b>18</b>
	<b>Addendum 4: .....</b>	<b>19</b>
<b>Appendix 2:</b>	<b>Infection Control Inspection Checklist.....</b>	<b>20</b>
<b>Appendix 3:</b>	<b>MCG School of Dentistry Garment Wear Policy .....</b>	<b>20</b>
<b>Appendix 4:</b>	<b>Disposal of extracted teeth containing amalgam restorations.....</b>	<b>20</b>

## **I. Exposure Determination and Hepatitis Testing**

- A. Employees will be classified into Occupational, Safety and Health Administration (OSHA) categories I, II, or III according to 29 CFR 1910.1030 by the department chairman or the designated department individual within 10 working days of employment. The categories are as follows:
- I. - Job requires exposure to blood, body fluids, or tissues (BBFT) as routine part of assignment.
  - II. - No exposure to BBFT normally but employee may be required to perform unplanned category I tasks.
  - III. - No exposure to BBFT and category I tasks as condition of employment.

The above determination will be based upon the job description prepared for MCG employment. Employees include faculty, post-doctoral students and staff. Pre-doctoral students are, by definition, in category I.

- B. At the time of employment and classification, the office of the Assistant Dean for Business will determine whether the employee has been immunized against Hepatitis B Virus. All employees will be counseled and encouraged to be immunized. The vaccine will be offered through employee health at no expense to the employee. If the employee desires to be tested for antibodies before vaccination, this will also be done, as will follow-up testing for seroconversion. Testing will be at no cost to employees who have not been immunized previously.

Employees who do not wish to receive hepatitis vaccine will be required to sign a refusal statement (See Addendum 1). However, should the employee later desire to be vaccinated, testing and the vaccine will be provided at no expense to the employee.

Employees who have been vaccinated previously but wish to be re-vaccinated, or tested for seroconversion may do so at their expense. Students are required to have initiated immunizations prior to admission to the School of Dentistry (SOD) and have been notified of this at the time of acceptance to school. It is recommended that students be tested for seroconversion 6-12 months after completing the initial series. This may be done through student health or a private laboratory.

- C. Information on employee classification and hepatitis status shall be communicated to the Office of the Assistant Dean for Business within 10 working days of employment. The employee classification and vaccination status information will be maintained by the Office of the Assistant Dean for Business.

## **II. Training and Records**

- A. Prior to beginning assigned duties, employees in OSHA categories I and II will receive training in infection control procedures in the dental setting as well as those procedures unique to our institutional setting. This includes epidemiology and modes of transmission of infectious diseases, the MCG SOD exposure control plan, methods to reduce exposure, preparation and clean-up of the work site and steps to take in the event of exposure to an infectious disease. This training will be coordinated by the department responsible for the employee (See Addendum 2). The Infection Control Committee will be available to provide assistance. Training must be completed within 10 working days of beginning work. Each clinical specialty area will be responsible for developing and implementing acceptable training procedures for activities unique to the discipline. Specialty specific training will be in addition to standard requirements.

Newly trained staff should be monitored by their immediate supervisor for several days to ensure appropriate procedures are being followed. During this time period an evaluation of performance will be completed for each trainee. (Addendum 3). Upon completion of training the department must notify the Infection Control Committee and the office of the Assistant Dean for Business Operations of successful completion so it may be recorded. Training records will be maintained by the office of the Assistant Dean for Business Operations.

- B. Annual training in infection control is required. Training will be conducted on a departmental basis and monitored by the Infection Control Committee. Training will include staff, post-doctoral students and faculty. Students will receive annual training by the Infection Control Committee. Training records will be maintained by the Assistant Dean for Business Operations.
- C. Required Medical records will be maintained by Student or Employee Health.

### III. Infection Control Procedures

Dental procedures are done in a septic environment that poses significant hazards to dental personnel and patients. Over the past several decades the problems have gradually become more complex. The use of equipment producing aerosols of saliva, blood and plaque has increased (high-speed handpieces, Prophy-Jet, Cavitron, air/water syringes). The number of patients seen by dentists has increased, as has the number of patients carrying life-threatening communicable diseases (hepatitis, AIDS, tuberculosis, etc). Aseptic techniques and procedures are vital disciplines that must be learned, practiced and performed for every patient encounter. Patients often do not know that they carry life threatening diseases. This is the basis for standard precautions (previously known as universal precautions), for example, each patient must be treated as if he had a communicable disease.

The following guidelines have been developed for your protection and are consistent with recent guidelines and recommendations for infection control in dental practice published by the Centers for Disease Control and Prevention (Guidelines for Infection Control in Dental Health Care Settings 2003, MMWR Recommendations and Reports, Dec 19, 2003, Volume 52, Number RR-17) and the American Dental Association. These guidelines are the established standards of care in dental practice. Under the RULES OF THE GEORGIA BOARD OF DENTISTRY, Chapter 150-8, ETHICS, this point is addressed as follows:

Rule 150-8-.03 "Unprofessional Conduct Defined. The Board has the authority to refuse to grant a license to an applicant, or to discipline a dentist or dental hygienist in Georgia if that individual has engaged in unprofessional conduct. For the purpose of the implementation of this rule unprofessional conduct is defined as, but not limited to, practicing or in aiding the following:

Failing to conform to current recommendations of the Centers for Disease Control and Prevention (CDC) for preventing transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients. It is the responsibility of all currently licensed dentists and dental hygienists to maintain familiarity with these recommendations, which are considered by the Board to be minimum standards of acceptable and prevailing dental practice."

The responsibility for control of infection within dental clinical facilities, identification of potential sources of infection or cross-contamination and monitoring to maintain and assure compliance, on a daily basis, is the obligation of all dental students, post-doctoral students, faculty and auxiliary personnel. Non-compliance with infection control guidelines will be addressed immediately to correct the problem. It is the responsibility of all clinical personnel to identify and correct non-compliance issues. Serious or continued infractions by pre- and post-doctoral students, faculty or staff will be reported in writing to the Chair of the Infection Control Committee.

#### A. Basic Infection Control Guidelines

1. All treatment personnel **MUST** wear gloves and appropriate clinical attire (Personal Protective Equipment–PPE) during treatment.
2. All treatment personnel **MUST** wear properly fitting masks during treatment.
3. All treatment personnel **MUST** wear eye-protection (the type of eye protection is determined by the procedure. Protection from projectiles requires protection that meets American National Standards Institute (ANSI) Standard Z87) during treatment.
4. All instruments and items used in or near the oral cavity **MUST** be sterilized in a heat, heat-pressure, ethylene oxide, or chemical vapor sterilizer.
5. All "touch and splash" surfaces **MUST** be disinfected with an EPA registered, hospital-grade, tuberculocidal disinfectant.
6. All waste **MUST** be disposed of properly. Waste that meets the definition of "medically regulated" waste must be disposed of in properly marked bags and placed in designated medical waste containers. In dentistry, medically regulated waste is defined as blood and body fluids, tissues and disposable items that are soaked with blood or saliva.
7. If treatment personnel leaves an operatory, gloves **MUST** be removed.
8. All "touch and splash" surfaces **MUST** be barrier protected. Items in the treatment area that are in the "splash and spray" zone or will be handled with contaminated gloves should be barrier protected.
9. Instruments and sterile supplies cannot be set up prior to patient arrival unless the operatory is in an access controlled environment where the person responsible for use of the items can maintain reasonable surveillance of the equipment. For example, instruments cannot be set up and then left while personnel

leave the area for lunch or at the end of the day.

## B. Aseptic And Barrier Techniques:

Aseptic procedures are not designed to provide a sterile intraoral environment. Rather, the goal is to protect patients and dental personnel from cross-contamination or infection. The distinction among the terms "sterilization", "disinfection" and "cleanliness" is an important one. **Sterilization** is the use of physical or chemical agents to eliminate ALL microbial forms, including viruses and bacterial spores. **Disinfection** refers to the use of a chemical agent to reduce the number of microorganisms and reduce the capability of pathogenic microorganisms to transmit disease. **Cleanliness** is being free from dirt, debris or pollutants and is accomplished by using detergent and water or other cleaning agents.

## C. Dental Personnel Cleanliness

The following guidelines apply to **all** clinic personnel including faculty, pre- and post-doctoral students, and staff who have patient contact and may come into contact with blood, body fluids, and tissues.

### 1. Personal Hygiene

Hair must be secured away from the face and not contact clinical surfaces during treatment.

Beards or mustaches must be covered by a face mask and shield if still exposed when the mask is properly worn.

Jewelry should not be worn on the hands or arms during patient treatment. This includes rings other than wedding bands and watches. Watches are discouraged due to contamination potential if the garment sleeve and gloves do not cover the watch area consistently.

Nails must be clean and short. Artificial nails have been shown to harbor microorganisms and are highly discouraged.

Hand washing:

Hand washing is the single most important means of preventing the spread of infection. It is mandatory before treatment, between patients, after glove removal, during treatment if the gloves are damaged, and before leaving the clinic area. See Table 1.

- Using the antiseptic soap provided, wash the hands twice for 15 seconds each prior to seeing the first patient. Hands should be washed to well above the wrists by vigorous and thorough scrubbing. They should be rinsed and then dried using fresh paper towels. Faucet handles are considered contaminated and should be turned off using dry paper towels.
- The hands must be washed for 15 seconds each time, after the initial time. If hands are not visibly soiled, an alcohol based antiseptic hand rub is also adequate.
- Thoroughly dry the hands before putting on gloves.
- Surgical hand scrubs must be carried out as defined by the appropriate department.

**Table 1. Hand Hygiene**

Method	Agent	Purpose	Duration (minimum)	Indication
Routine handwash	Water and nonantimicrobial soap (e.g., plain soap <sup>¶</sup> )	Remove soil and transient microorganisms	15 seconds*	Before and after treating each patient (e.g., before glove placement and after glove removal). After barehanded touching of inanimate objects likely to be contaminated by blood or saliva.
Antiseptic handwash	Water and antimicrobial soap (e.g., chlorhexidine, iodine and iodophors, chloroxylenol [PCMX], triclosan)	Remove or destroy transient microorganisms and reduce resident flora	15 seconds*	Before leaving the dental operatory or the dental laboratory. When visibly soiled. ± Before regloving after removing gloves that are torn, cut, or punctured
Antiseptic hand rub	Alcohol-based hand rub <sup>±</sup>	Remove or destroy transient microorganisms and reduce resident flora	Rub hands until the agent is dry <sup>±</sup>	
Surgical antiseptics	Water and antimicrobial soap (e.g., chlorhexidine, iodine and iodophors, chloroxylenol [PCMX], triclosan)  Water and non-antimicrobial soap (e.g., plain soap <sup>¶</sup> ) followed by an alcohol-based surgical hand-scrub product with persistent activity	Remove or destroy transient microorganisms and reduce resident flora (persistent effect)	2—6 minutes  Follow manufacturer instructions for surgical hand-scrub product with persistent activity <sup>±**</sup>	Before donning sterile surgeon's gloves for surgical procedures. tt

<sup>¶</sup> Pathogenic organisms have been found on or around bar soap during and after use. Use of liquid soap with hands-free dispensing controls is preferable.

\* Time reported as effective in removing most transient flora from the skin. For most procedures, a vigorous rubbing together of all surfaces of premoistened lathered hands and fingers for 15 seconds, followed by rinsing under a stream of cool or tepid water is recommended. Hands should always be dried thoroughly before donning gloves.

<sup>±</sup> Alcohol-based hand rubs should contain 60%—95% ethanol or isopropanol and should not be used in the presence of visible soil or organic material. If using an alcohol-based hand rub, apply adequate amount to palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry. Follow manufacturer's recommendations regarding the volume of product to use. If hands feel dry after rubbing them together for 10—15 seconds, an insufficient volume of product likely was applied. The drying effect of alcohol can be reduced or eliminated by adding 1%—3% glycerol or other skin-conditioning agents.

\*\* After application of alcohol-based surgical hand-scrub product with persistent activity as recommended, allow hands and forearms to dry thoroughly and immediately don sterile surgeon's gloves. Follow manufacturer instructions.

tt Before beginning surgical hand scrub, remove all arm jewelry and any hand jewelry that may make donning gloves more difficult, cause gloves to tear more readily, or interfere with glove usage (e.g., ability to wear the correct-sized glove or altered glove integrity).

## D. Personal Protection

Routine use of barriers for personal protection, such as glasses, masks, gloves and isolation gowns are required when exposed to blood, saliva, gingival fluid and aerosols generated during treatment since all are considered to be contaminated and potentially infectious.

Departmental variations on these procedures are possible but these must be reviewed by the Infection Control Committee and approved in writing prior to implementation.

### 1. Clinical Attire

Appropriate clinical attire must be worn under the conditions described above. With the exceptions noted below, the following are guidelines for acceptable clinical attire.

- a. Protective glasses with side shields or a face shield must be worn when treating patients or performing lab work. These will be provided for faculty, staff and students use from the supply station in each clinic. Protective lenses should be washed when soiled. This may be done using detergent and water or an appropriate cleaning disinfectant.

A properly fitted mask must be worn and must be changed when wet or for each treatment session. When removing the mask do not touch the mask itself; use the strap(s).

Gloves must be worn for all patient contact. They must be changed between patients or if torn, worn or punctured. Hands must be washed or sanitized before donning and after removing gloves. Gloves are not to be worn outside of the operatory. Examination gloves are satisfactory for most procedures. Sterile surgical gloves are available for procedures which require them to be used. Gloves should fit over the knit cuffs of protective garments.

Long sleeve clinic jackets or isolation gowns are provided for faculty, post-doctoral students, students and staff who assist at the chairside. These must be worn at all times during patient contact. Bare skin cannot be exposed when spray, splatter, or aerosols are anticipated. Garments shall be zipped or closed so that street clothes do not show above the neck. These gowns are not to be worn outside of the operatory area, nor are they to be worn in simulation lab or laboratories. Patient treatment garments may not be worn in classrooms, office areas or personal offices. Garments should be changed after each 2 clinic sessions (a session is one-half day) or when visibly soiled. Clinic PPE cannot be worn into the Sterile Central Supply Area.

Soiled isolation gowns are to be placed in the containers provided in the clinic areas. The faculty, staff, post-doctoral students and students are to clean their own clinic jackets. Water soluble bags are

available from the dispensary for carrying clinic jackets to a laundry facility.

In simulation labs, a lab coat (**NOT the isolation gown**) must be worn.

In Oral and Maxillofacial Surgery and in Periodontics clinics during surgery or root planning, isolation gowns may be worn. These are available in the respective departments. Gowns must be deposited in the proper receptacle. They will be collected from those areas and laundered.

2. Clinical protocol for the use of non-sterile gloves during routine dental care.
  - a. Gloves are worn for the operator's protection **AS WELL AS** the protection of the patient. Examination gloves are dispensed by the box provided by the Central Supply station and are available in each clinic area.
  - b. Gloves are to be worn in the operatory while involved in direct patient care or evaluation.
  - c. When the student, faculty, post-doctoral student or assistant leaves the operatory for any reason, the gloves must be removed and discarded. Hands should be washed or sanitized.
  - d. Upon return to the operatory hands must be washed or sanitized.
  - e. When hands are gloved, practice scrupulous aseptic technique. Do not touch anything other than instruments and devices used in treatment. Remove gloves when obtaining items from movable supply carts.
  - f. Should gloves become torn for any reason, immediately stop the procedure, remove gloves, thoroughly wash hands and re-glove.

### 3. Needle Recapping and Sharp Disposal

Needles may be recapped for re-injecting the same patient, however they are not to be recapped using two hands. The cap should be placed on the counter or bracket tray, the tip of the needle placed in the cap and the cap "scooped" up onto the needle and tapped to place. Do not hold the cap with the other hand when putting the needle into the cap. The instrument cassettes contain a device for holding the needle cap. This also may be used. Uncapped needles may not be present on trays or other areas during treatment. Use a hemostat or cotton pliers to hold the capped needle when removing it from the syringe barrel. Used anesthetic needles and other "sharps" must be disposed of in the proper puncture-proof containers available in each clinic. These are disposed of by environmental services. Anesthetic cartridges are not considered "sharps", medically regulated waste (unless visible aspirated blood is present) or hazardous chemical waste. They should be disposed of into safe containers such as empty plastic bottles or other containers and disposed of in the general waste.

### E. Dental Instruments/Items

**ALL INSTRUMENTS AND ITEMS USED INTRAORALLY MUST BE STERILIZED USING ONE OF THE FOUR ACCEPTED METHODS OF STERILIZATION AS DESCRIBED UNDER SECTION IV. A.**

**No unpackaged instruments may be kept or stored for patient treatment! All instruments must be sterilized and packaged appropriately for use.**

### F. "Touch or Splash" Surfaces

Those areas that do not ordinarily contact the patient directly or contact only unbroken skin, but may be splashed or touched by contaminated substances are "touch and splash" surfaces. These include the countertops, chairs and other surfaces. Proper disinfection, with an EPA registered hospital-grade, tuberculocidal disinfectant, is a reasonable means of controlling the risk of infection. Operatory countertops are not to be cluttered with extra supplies or personal items. Only those items necessary for immediate treatment are to be on the countertop. If patient charts are being used, they should be kept away from the "touch or splash" areas. Charts are never to be handled with gloves!

### G. Infection Control Outline: Step by Step

One goal of the following infection control protocol is to assure complete operatory disinfection following patient treatment. This will minimize student operatory "set-up" time and maximize patient care time.

#### 1. Unit Set-Up

- a. Inspect the operatory for cleanliness. Clean any obvious debris with soap and water or an appropriate cleaner/disinfectant.

- b. Collect disposable supplies:
  - Counter paper, bracket tray cover (instrument cassette wrapping may be used instead of bracket tray covers) and headrest covers
  - Plastic wrap or disposable covers
  - Red plastic waste bag with tape
  - Disposable suction tips
  - Patient napkin
  - Mask, gloves, protective eyewear
  - Disposables (cotton rolls, gauze pads)
  - Unit dose items necessary for treatment
2. Turn on the unit control.
3. Rinse water bottles and perform waterline disinfection procedures (See Addendum 4) if needed, connect to appropriate unit.
4. Flush water through all lines for 20-30 seconds. If a second patient is to be seen during that clinic period, flush all lines for 20-30 seconds prior to seating the second patient.
5. Place air/water syringe tips and cover surfaces with barriers.
6. Place plastic wrap or fitted barriers around or over the following:
  - 1 water faucet handle
  - 2 natural gas outlet/air handles (when working in Prosthodontics)
  - 2 air/water syringe handle – place the tip on the syringe first and then place the tip through the barrier and the barrier over the syringe handle
  - 2 suction handles (high volume evacuator and slow speed saliva ejector)
  - 2 dental light handles
  - 1 dental light switch
  - Back of dental chair to cover patient positioning switches
  - CPU keyboard and mouse
7. Tape red trash bag near back of operator for operator's convenience. This red bag is for medically regulated waste (teeth-containing no amalgam, tissue, blood or saliva soaked items). Extracted teeth with amalgam restorations will be disinfected and turned placed in special containers for these items. (SEE APPENDIX 4 for more details)
8. Attach saliva ejector, HV evacuator and dental handpieces. The sterile high-speed handpiece must be flushed before using. Place a sterile bur in the chuck, then flush with water by running it for 30-60 seconds. Wipe external surface dry. Replace sterilization wrap over handpieces to maintain cleanliness.
9. Arrange headrest cover, disposable patient supplies, mask, gloves and instruments in the operator.
10. Prepare all necessary paperwork, including placement of pertinent radiographs on the view box. Patient records should be present for review but must remain away from the immediate treatment area. Barrier protect the keyboard and mouse for the CPU in the operator.
11. Seat patient, place patient napkin and open the instrument kit. Students must obtain a faculty member's pretreatment evaluation before proceeding. Patients must wear safety glasses if any procedure will result in possible eye injury (rotary instruments, passing instruments over face, etc)
12. Place mask on face, rewash and dry hands, don gloves, perform dental treatment. Remove gloves and wash hands.
13. Record treatment rendered in Axium. If an entry must be made during treatment, handle only barrier protected computer entry equipment.
14. Dismiss patient.

#### H. Unit Cleanup and Disinfection

1. Wearing utility gloves, dispose of syringe needle, scalpel blades, or any other potentially sharp object in the puncture proof "SHARPS" container. Handle with hemostats or cotton pliers.
2. Dispose of amalgam scraps in the labeled containers located in clinics where restorative procedures are performed. Dry storage of amalgam waste is the most current recommendation. All amalgam waste must be disposed of through the Environmental Services Department.
3. Collect instruments and handpieces used intraorally for subsequent sterilization.

4. Collect all blood or saliva *soaked* disposable patient items (cotton rolls, 2x2 gauze, Q-tips, cotton pellets) and place in the red plastic trash bag. All other waste is disposed of in the general waste receptacles.
5. Remove all surface covers and place in the operatory trash can.
6. Remove gross debris by washing obviously contaminated areas with a paper towel moistened with an approved liquid disinfectant.
7. Fill gallon jug with hot water, add soap. Insert saliva ejector/evacuator hoses into the soap solution and flush the suction lines with the content of the jug.
8. The water bottle can be removed from the unit..
9. Surface disinfection: Using a bottle of approved disinfectant, spray operatory surfaces and wipe well with clean paper towels. Allow the surfaces to remain damp. Alternately, wipe surfaces with paper towels moistened with the disinfectant. Disinfectant wipes are also appropriate for this action. All disinfectants should be removed after the appropriate contact time by wiping with a disposable towel.
10. Dispose of red plastic waste bag in the clinic's biohazard waste container.
11. Replace chairs, carts, light in proper position. (Chair up, operator chair under foot rest, light squared over chair)
12. Remove gloves and wash hands.
13. Turn off unit control.
14. The clinic dental assistant will change or provide a clean suction trap weekly. Amalgam scrap recovered should be disinfected, allowed to dry and placed in the Amalgam Scrap Containers.
15. Procedures that involve removal of tissue not sent to pathology, tissue debris or teeth(not containing amalgam), require these items be treated as medically regulated waste and disposed in the proper biohazard waste container.
16. After Hours Dental Care (Other than scheduled clinics):
  - a. Operatory clean up will proceed in a normal manner in regard to waste disposal and surface disinfection. Under no circumstances may environmental surfaces be left contaminated. All non-disposable items and instruments must be cleaned of debris and returned to their storage containers. All used instruments will be placed in **red** containers designated for contaminated instruments and placed in instrument processing areas in clear view. No visible blood or contaminant should be left on the instruments. Used instruments are never left in patient treatment areas!

#### **IV. Preparation and Sterilization of Instruments**

Instrument preparation for faculty, post-doctoral student, and student patient care will be completed by the Central Sterilization staff.

##### **A. Acceptable Methods of Sterilization**

1. Steam under pressure: 121<sup>0</sup>C (250<sup>0</sup>F) at 15 psi for 15 minutes is the most efficient and rapid method. Non-stainless steel instruments must be protected from damage by using a reducing agent prior to sterilization.
1. Dry heat: 170<sup>0</sup>C (338<sup>0</sup>F) for 1-1.5 hr. or 160<sup>0</sup>C (320<sup>0</sup>F) for two (2) hours. Instruments must be completely dry and cleansed of organic debris prior to this process.
2. Ethylene Oxide: This sterilant is used at low temperatures, thus, the method of choice for heat-sensitive instrument/items. The sterilization cycle requires four (4) hours.
3. Chemical vapor: 132<sup>0</sup>C (270<sup>0</sup>F) at 20 psi for 20-30 minutes. The package wraps must be loose to allow the chemical vapors to condense on the instruments. Sealed trays will prevent penetration of the sterilizing vapors. Instruments **MUST BE DRY PRIOR TO STERILIZATION** or the chemicals will accumulate and corrosion will occur.
4. The Dental School Central Sterilization staff uses only steam under pressure or ethylene oxide to sterilize instruments/items.

##### **B. Instrument Shelf Life**

The sterile shelf life of packaged instruments is indefinite, as long as the package is intact. The package must be dated with the date sterilization was completed. Instruments for intraoral use must not be stored unwrapped. They may be stored in packages or trays. There must be evidence on the wrapping, such as a sterilization indicator, indicating proper treatment. Instruments must be rewrapped and re-sterilized if there is evidence of damage to the wrapping. Instruments must be rotated for use according to the sterilization dates.

First in-First out inventory control must be utilized.

### C. Clinic Responsibilities for Instrument Handling

1. Only instruments with an MCG SOD Inventory Control Bar Code will be accepted for sterilization procedures.
2. All instruments must be turned into Central Sterilization in a manner that will allow inspection before packaging for sterilization.
3. Multi-instrument specialty kits which allow selection of components based on size and shape (for example: Implant Drill Kits) will be packaged with an auxiliary container in which to place instruments that were actually used for patient care. All unused instruments will remain in the original kit. Used instruments will be placed in the auxiliary container to insure proper reprocessing prior to sterilization. Cleaning and debridement of all implant drills and components will be the responsibility of the clinical department using the kit. After proper debridement and cleaning the instruments will be placed in the auxiliary container for transportation to the Central Sterilization Area. Final inspection of all components will be the responsibility of Central Sterilization personnel. Items not cleaned and debrided to proper standards will be returned to the clinical department for proper cleaning.

## V. Infection Control Protocol in Dental Radiology

### A. Intraoral Radiographic Procedures

Operators must not assume that the x-ray operatories were cleaned and disinfected by the previous person. Before bringing the patient into the area, clean and disinfect all surfaces that may be touched, including the chair, entire tube head, counter surface and door knob.

#### 1. Instrument Sterilization

All non-disposable instruments used for film positioning will be autoclaved in an appropriate sealed autoclave bag. The bag must not be opened until the time of the radiographic procedure. At the completion of the radiographic procedure, the instruments must be returned to the proper area.

#### 2. Personal Protection

The following items and their appropriate use are mandatory during any intraoral radiographic procedure:

- a. Disposable gloves
- b. The gloves must be worn for the procedure and then discarded.
- c. Mask
- d. Protective eyewear
- e. Appropriate clinical attire

#### 3. Room Set-up

The following areas and items should be barrier protected prior to exposing radiographs:

- a. Chair headrest (Use disposable headrest cover)
- b. Bench area outside each operator (Plastic wrap-on which the films and positioning devices are placed.)
- c. Exposure button (Plastic wrap)
- d. Control panel (Wrap all buttons and dials-both for those units inside and those outside the operator with Plastic)
- e. Door knob (Plastic wrap)
- f. Tube head and extension cone (Plastic wrap *any* portion of the tube head or support arms that may be touched)

#### 4. Digital Processors – See Axium training site concerning the proper procedures for this area. <http://www.mcg.edu/sod/axium/assets/movies/digital-radiograph/radiography2.swf>

#### 5. Operator Cleanup Procedures

Remove and discard the headrest cover and all protective plastic wrap (wear gloves).

Disinfect the entire tube head assembly and extension cone, the chair and head rest, the bench top outside the operatory, the doorknob if they were contaminated during the procedure. The protective aprons and thyroid shields must be disinfected if contaminated during the procedures.

#### B. Extraoral Radiographic Procedures

Under normal circumstances, the only area of potential contamination is the biteblock of the panoramic unit. The dispensary staff maintains a supply of sterilized and packaged bite blocks. A sterile biteblock should be appropriately positioned for each new patient. If special circumstances or patient management situations arise where a possibility of further contamination exists, then the particular areas should be covered with plastic wrap.

### VI. Department of Oral Rehabilitation Protocol

- A. These policies are intended to preclude bringing any contaminated material from the operatory into the laboratory work area or from the laboratory into the operatory. Many items and procedures must be considered.
1. Non-disposable impression trays and facebow forks must be sterile prior to use. Facebow earpieces should be cleaned and disinfected with an approved liquid disinfectant.
  2. Stainless steel bowls must be sterilized.
  3. Sanitized rubber mixing bowls are provided by Central Sterilization.
  4. Compound heater inserts in Clinics 14 and 17 will be sterilized.
  5. Shade guide teeth, articulators and hand torches must be sprayed and wiped with liquid disinfectant prior to patient use.
  6. All interim prosthodontic items (acrylic resin trays, wax occlusion rims, record bases, etc.) must be disinfected if they are when removed from the operatory during treatment. All interim prosthodontic items must be disinfected before they are removed from the operatory at the conclusion of patient treatment. The attending faculty or area assistant will indicate the disinfection occurred on the work authorization concerning that particular item. Students are responsible for ensuring a faculty member or assistant observes the disinfection process.
  7. Once an impression is made, thoroughly rinse off any saliva, blood, mucus or debris with a gentle stream of running water. Saturate the impression with an EPA-registered spray disinfectant. Allow the disinfectant to remain in contact with the impression for the proper time frame for disinfection. Rinse with water transport the clean impression to the laboratory. Do not send a contaminated impression or prosthesis to any laboratory. Do not remove the impression from the operatory unless it has been disinfected. Once disinfected, impressions are to be handled with bare hands (no gloves).
  8. Casts - as an added precaution, the poured cast can also be sprayed with the liquid disinfectant after it has been separated and prior to trimming. Cast may also be disinfected if they are contaminated by use in the operatory.
  9. Cast trimmer - once the cast has been trimmed, rinse the cutting surface of the trimmer with tap water (2 plaster bowls full of water).
  10. Articulators - disinfect following the guidelines for surface disinfection. Remove any gross debris with moist paper towels; follow by careful cleansing with liquid disinfectant. Articulators can also be barrier-protected with plastic wrap. The most common areas to be wrapped are the posterior posts and the incisal pins. Casts may be loosely covered with plastic wrap to prevent contamination from interim prosthodontic step items during patient care.
  11. Articulators must be disinfected before leaving the operatory.
  12. Laboratory work areas - cover the work area with non-porous paper.
  13. Prostheses/castings - work received from the dental laboratory or fabricated by the student should be washed with soap and water, disinfected with liquid disinfectant and rinsed well, prior to placing intraorally. Dental prostheses which have been inserted intraorally should be disinfected prior to grinding, adjusting and polishing outside the dental operatory or being returned to the dental laboratory.
  14. For acrylic resin polishing, a plastic tray containing a bag of pumice and one rag wheel is to be used for each individual patient. After use, discard the pumice, plastic tray and rag wheel. The acrylic resin item must be disinfected prior to using the equipment.

15. All work submitted to the Fixed/Restorative or Removable/Prosthodontic laboratory must be turned in to the central case management area.

A "Barrier system" exists between patients and the Fixed, Removable Prosthodontic Laboratories or any commercial laboratories. This minimizes the possibility of patient-patient or patient-laboratory cross-contamination. This "Barrier System" is created by having all prosthodontic patient-related material, with a single exception, submitted to the proper area properly disinfected. Acceptable patient-related materials will enter the laboratory system, have the appropriate work completed, returned to the Central Case Management Area, and packaged. The clinician will be notified that the patient-related material is completed and ready for retrieval.

B. Patient-related Materials Covered by These Policies:

All materials requiring the services of either the in-house Fixed or Removable Laboratory or a commercial laboratory.

These patient-related materials, with the following noted exception, will be submitted to and retrieved from the designated area properly disinfected.

Exception - Work requiring "**Immediate Laboratory Attention**", such as porcelain staining and glazing. Students must have faculty confirmation that patient-related material needs "Immediate Laboratory Attention."

Staining of porcelain cannot be disinfected and must be handled properly to avoid contamination of equipment and personnel while placing the article in a porcelain oven.

Retrieved Patient-related Material:

All work completed by a laboratory will be returned to the clinician in an industrially clean condition. All items must be disinfected prior to placing intraorally.

Completed patient-related material returned from one of the prosthodontic laboratories will be cleaned and packaged for return to the clinician. These items are safe to handle but must be properly disinfected before placing intraorally. It is the responsibility of the clinician to perform this disinfection step, preferably in front of the patient.

## VII. Guidelines for Handling of Tissues Removed From Human Subjects within the School of Dentistry

- A. All tissues which are removed as part of a surgical procedure must be subjected to examination. Such examination may be either microscopic and/or gross. Removed tissue includes all surgically removed tissues both soft and hard including teeth. After careful consideration, the clinician should determine the disposition of the removed tissue. If there is no reason to suspect a pathologic process other than that which is clinically apparent, the specimen may be disposed of as regulated medical waste (except extracted teeth containing amalgam). If there is any doubt about the diagnosis, the tissue should be submitted for histopathologic examination in the routine manner. Teeth may be given to patients at their request.

All tissues, soft and hard (including teeth), for pathological examination are to be managed by placing them in 10% neutral buffered formalin as soon as possible after removal from the oral cavity. They may be transported to the pathology service in the formalin and faculty members from the Pathology Section will process them from that point. If bottles of 10% formalin are needed in the clinics or departmental areas, contact the Department of Oral Biology and Oral and Maxillofacial Pathology.

The dental record must reflect the reason for the removal of the tissue, a gross description of it, and the disposition for the tissue. When tissue is submitted for histopathological evaluation, the pathology report must be filed in the patient record, the patient must be informed of the diagnosis, and a record entry must be made to document that the patient has been notified.

- B. CDC Recommendations for the Decontamination of Extracted Teeth For Use in Dental Educational Settings

Extracted teeth are occasionally collected for use in preclinical educational training. These teeth should be cleaned of visible blood and gross debris and maintained in a hydrated state in a well-constructed closed container during transport. The container should be labeled with the biohazard symbol. Because these teeth will be autoclaved before clinical exercises or study, use of the most economical storage solution (water or

saline) may be practical. Liquid chemical germicides can also be used but do not reliably disinfect both external surface and interior pulp tissue. Before being used in an educational setting, the teeth should be heat-sterilized to allow safe handling. Microbial growth can be eliminated by using an autoclave cycle for 40 minutes, but because preclinical educational exercises simulate clinical experiences, students enrolled in dental programs must follow standard precautions. Autoclaving teeth for preclinical laboratory exercises does not appear to alter their physical properties sufficiently to compromise the learning experience. However, whether autoclave sterilization of extracted teeth affects dentinal structure to the point that the chemical and microchemical relationship between dental materials and the dentin would be affected for research purposes on dental materials is unknown.

Use of teeth that do not contain amalgam is preferred in educational settings because they can be safely autoclaved. Extracted teeth containing amalgam restorations should not be heat-sterilized because of the potential health hazard from mercury vaporization and exposure. If extracted teeth containing amalgam restorations are to be used, immersion in 10% formalin solution for 2 weeks should be effective in disinfecting both the internal and external structures of the teeth. If using formalin, manufacturer Material Safety Data Sheets (MSDS) should be reviewed for occupational safety and health concerns and to ensure compliance with OSHA regulations.

#### C. Surgical Oral Pathology Biopsy Procedure Protocol

To protect persons handling and transporting biopsy specimens, each specimen must be placed in a sturdy, leakproof container with a secure lid for transportation. Care should be taken when collecting the specimen to avoid contaminating the outside of the container. If the outside of the container becomes visibly contaminated, it should be cleaned and disinfected or placed in an impervious bag (2,13). The container must be labeled with the biohazard symbol during storage, transport, shipment, and disposal. Proper biopsy procedures will be prescribed by the department supervising the procedure.

### **VIII. Students/Patients with Communicable Diseases: Treatment Policies and Procedures**

#### A. Purpose:

Pre-doctoral dental students who are learning to provide care using currently recommended infection control procedures may not as yet have the knowledge and experience to treat patients who are in the contagious stage of an infectious disease. In addition, students who are in the contagious stage of an infectious disease may present an unnecessary risk to patients.

#### B. Policy

1. Palliative, emergency or other necessary treatment of patients who are in the contagious stage of a systemic infectious disease will be referred to more advanced pre-doctoral students, post-doctoral students, or faculty. These patients should not be referred to first or second year students or beginning juniors. Junior and senior students who are appointing patients for freshman and sophomores should be reminded that it is inappropriate to arrange for a freshman or a sophomore student to treat patients with communicable diseases. Secondly, faculty members are responsible for reviewing the health history with each patient. When they identify a patient with communicable disease who is appointed with a beginning student, the faculty is responsible for assuring that the patient is referred to a suitable student, post-doctoral student or faculty member.
2. Patients with communicable diseases may not be appointed for competency examinations. These procedures require the patient to move from one operatory to another or require anonymous grading in which the faculty may not have access to the patient's health history. If a student proposes to treat any patient with a medically compromising condition, whether it be a communicable disease, cardiovascular disease, diabetes, etc., the student should discuss and have the written approval of the supervising faculty prior to the examination.
3. Students, staff, post-doctoral students and faculty in the School of Dentistry who are in the infectious phase of a transmissible disease may not be allowed to treat patients.

#### C. Procedure

1. Treatment may be delayed on patients who are in the contagious phase of an infectious disease or referred to the faculty or post-doctoral students for necessary emergency treatment.

2. Any clinician who knows or has reason to believe that he/she is in the contagious stage of an infectious disease such as hepatitis, tuberculosis, HIV infection, or any communicable disease that may affect their ability to safely perform patient care is required to report the information to the Associate Dean for Patient Services.
3. The Associate Dean for Patient Services will report the information to the Dean. The Dean may remove the clinician from clinical activities pending evaluation. The Dean will report this action to the President.
4. Any clinician with a disease as described above will be evaluated by an Assignment Review Committee of the MCG School of Dentistry and by MCG physicians to determine if the disease may impair the clinician's ability and the extent of such impairment. The committee will report their findings and make recommendations regarding curriculum modifications/restrictions to the Dean. The Dean's decision is final for the School of Dentistry. The dean's decision may be appealed to the President in accordance with Board of Regents' policy.
5. Failure of a student to report a known infectious disease may result in disciplinary action, up to and including dismissal.

**IX. Health Care Workers with Communicable Diseases - Faculty and Staff: Policy and Procedures.**

The purposes of this policy are twofold: 1) to ensure that reasonable accommodations are made for the health care worker with a communicable disease to enable them to function in the work place and to protect his/her privacy; and 2) to provide and maintain a safe working environment through the protection of patients and MCG Hospital and Clinics health care workers.

**A. Policy**

1. Any School of Dentistry health care worker who knows or has reason to believe that she/he has HIV infection, hepatitis B, tuberculosis or any communicable disease which may affect their abilities to safely treat patients or work in a clinical setting shall report this information to his/her department Chair who will report to the Dean. For the purpose of this policy, "health care worker" is defined to include all faculty, post-doctoral students and fellows, staff, and employees with patient care duties.
2. Health care workers with infections as described above (A1) shall not be subject to discrimination in employment practices.
3. All information related to the health status of a health care worker with known or potential infection or illness will be considered confidential information.

**B. Procedures**

**1. Reporting**

- a. Any health care worker, as defined above, who knows or has reason to believe that she/he has a communicable disease, as defined in 7-9A, is responsible for reporting the information to the department Chair who will report to the Dean. The Dean may inform those individuals who must have such information in order to assess the individual and make a recommendation regarding an appropriate work assignment, in accordance with section 7-9B. Additionally, if the health care worker performs services at the Medical College of Georgia Hospitals and Clinics, she/he is subject to the policies and procedures of the Hospital and Clinics and is responsible for any additional reporting requirements that may be contained therein.
- b. Failure on the part of the health care worker to report a known communicable disease, as defined in 7-9A,1, may result in disciplinary action, up to and including termination. As in any case involving suspension or termination, such decisions resulting from failure to report infection should be reviewed by the EEO office.

**2. Assignment Review Committee**

- a. The Dean will appoint an Assignment Review Committee to review the health care worker's case and make recommendations about the individual's scope of work duties.

The Assignment Review Committee will be chaired by the Associate Dean for Patient Services. It will include, in addition to the Associate Dean for Patient Services, a representative from the involved clinical department and from the Infection Control Committee. The Hospital Epidemiologist will serve as a consultant to the committee. Other members may be appointed by the Dean if required.

The Assignment Review Committee will:

Perform a confidential review of each health care worker's case, focusing on those work duties associated with

risk of exposure for/to patients and/or other health care workers in the School.

Based on the above stated reviews, recommend any necessary modification of the health care worker's duties, as well as indicate specific areas in which the health care worker is unable to function. The committee shall report to the Dean. The Dean's action is final for the School of Dentistry. The dean's decision may be appealed to the President in accordance with Regents' policy.

3. Counseling

The Dean shall provide for appropriate counseling to each infected health care worker about the use of barrier precautions to protect patients and others from exposure. Failure to adhere to the barrier precautions may result in disciplinary action against the health care worker.

**X. Student and Employee Health and Injuries**

A. Employees who are classified in OSHA categories I and II will be tested regularly for tuberculin sensitivity according to standard procedures. This will be done by Employee Health. Individuals who seroconvert may be placed on a prophylactic antibiotic regimen, if recommended by Employee Health. **SEROCONVERSION DOES NOT MEAN YOU HAVE OR WILL GET TUBERCULOSIS.** It means that you have been exposed to the extent that you have developed an immune response. The antibiotics are preventive. Tuberculin testing and any subsequent prophylaxis for students is done by Student Health.

B. Employees or students who are injured by contaminated sharps during patient treatment or at other times in the performance of their duties will terminate their participation in the procedure as expeditiously as possible, then notify Admissions at 1-8582 or 1-6832.

C. Event of a Blood borne Pathogen Exposure

In the event of a blood borne pathogen exposure, the Employee and/or Student will immediately stop the procedure in progress.

1. Patient/Employee/Student/Post-doctoral student: If a Patient, Employee, Student or Post-doctoral student treating, observing, or assisting on a patient is the injury recipient and the patient being treated is the source, the attending Faculty must be notified immediately. The attending Faculty will stabilize the patient to a point that work may stop on the procedure in progress.
2. Faculty: If a Faculty member working on a patient is the injury recipient and the patient being treated is the source, another Faculty member will be asked to stabilize the patient to a point that work may stop on the procedure in progress.
3. Admissions will be immediately notified by dialing 1-8582 or 1-6832.
4. An Admission employee will immediately notify Oral and Maxillofacial Surgery at 1-9744 that an incident has occurred, and for a nurse to be ready to receive the source patient to draw blood for the lab. If a blood borne pathogen exposure occurs after 4 pm and a patient is directly involved, a nurse at Employee Health must be contacted at 1-3420 to draw the patient's blood for testing.
5. The Source and Recipient will proceed to Patient Admissions. Data collection will be done discreetly and involved parties will be counseled in a private area. The **Blood borne Pathogen Exposure Packet** contains:

a. One (1) **MCG Student Incident Report Form**: this form requests any and all information as required by, but not limited to, OSHA, CDC, and Georgia House of Representatives HB 1448.

b. One (1) **Medical College of Georgia Employee's Report of Accident /Injury Form**: this form requests any and all information as required by, but not limited to, OSHA, CDC, and Georgia House of Representatives HB 1448.

One (1) **Blood/Body Fluid Exposure Form**: This form requests information as needed and required by Student and Employee Health.

One (1) **Clinical Immunology IV Lab Request Form\*\***: This form is a request for evaluation for blood work drawn on the Source. Evaluation includes testing for:

- HILV-III Antibody (EIA)
- HbsAg: RPR and Hepatitis C
- 

1. The Attending Faculty, Recipient, and Source will complete (as required) the appropriate Accident/Injury Form and Blood/Body Exposure Form.

\*Two forms of the Clinical Immunology IV Lab Request form are used when an incident involves Visitor/Patient's as both Recipient and Source. Each form is marked with the ID number followed by either an "R" or "S" as determined who the Source is and who is the Recipient.

2. The attending Faculty of a blood borne pathogen exposure is responsible for the following:
  - a. Notifying the patient as soon as possible after the exposure has occurred.
  - b. Counseling the patient about the exposure and HIV testing.
3. Upon completion of the blood borne pathogen exposure packets, the Recipient and Source will immediately proceed to the appropriate clinic area:

**Recipient:** Recipient is defined as that person who experiences exposure (e.g. parenteral, mucous membrane, intact skin exposure, or puncture exposure) to blood or substances during a course of treatment.

- a. Student/Post-doctoral student. The Student or Post-doctoral student will proceed directly to Student Health with a copy of the Post Exposure Source Patient Data Form and with the Blood/Body Fluid Exposure form.
  - Upon arrival to Student Health, the Student or Post-doctoral student will sign in.
  - The Student or Post-doctoral student will complete the required forms and will be presented with a discharge form and counseled on the appropriate course of action to take until the results of the blood work of both the Recipient and the Source are determined. When blood is drawn on the Recipient, the ID number is followed with an "R" and the account number "A6001178" is also included on the label of the blood sample.

Employee/Faculty. The Faculty or Employee will proceed directly to Employee Health with a copy of the Post Exposure Source Patient Data Form and with the Blood/Body Fluid Exposure Form.

- The Employee/Faculty will check in with Employee Health.
- The Employee or Faculty will complete the required forms and will be counseled on the appropriate course of action to take until the results of the blood work of both the Recipient and the Source are determined. When blood is drawn on the Recipient, the ID number is followed with an "R" and the account number "A6001178" is also included on the label of the blood sample.

Visitor/Patient: The Visitor or Patient will be escorted directly to Oral and Maxillofacial Surgery with the Clinical Immunology IV Lab Request Form. The Visitor or Patient will have been counseled by the attending Faculty member as described in the Exposure section of the *Blood borne Pathogen Exposure Control Plan*.

- The attending nurse in Oral Surgery will draw two (2) yellow topped vials of blood. The specimens will be handled in accordance with procedures set forth in the *Blood borne Pathogen Exposure Control Plan*, Policy: Standard Precautions, Section 13 (page 8).
- The specimens will be labeled with the Incident ID number followed by an "R" and the account number "A6001178" is also included on the label of the blood samples. The specimens will immediately be transported to the Lab by the attending Employee from Admissions.

**Source:** The Source is defined as that person from whom the contamination (e.g., parenteral, mucous membrane, intact skin exposure, or puncture exposure to blood or substances during a course of treatment) extends.

- a. Student/Post-doctoral student: The Student or Post-doctoral student will proceed directly to Student Health with a copy of the Post Exposure Source Patient Data Form and with the Blood/Body Fluid Exposure Form.
  - Upon arrival to Student Health, the Student or Post-doctoral student will sign in.
  - The Student or Post-doctoral student will complete the required forms

**Employee/Faculty:** The Faculty or Student will proceed directly to Employee Health with a copy of the Post Exposure Source Patient Data Form and with the Blood/Body/Fluid Exposure Form.

- The Employee/Faculty will check in with Employee Health.
- The Employee or Faculty will complete the required forms and will be counseled on the appropriate course of action to take until the results of the blood work of both the Recipient and the Source are determined. When blood is drawn on the Recipient, the ID number is followed

with an “R” and the account number “A6001178” is also included on the label of the blood sample.

**Visitor/Patient:** The Visitor or Patient will be escorted directly to Oral and Maxillofacial Surgery with the Clinical Immunology IV Lab Request Form. The Visitor or Patient will have been counseled by the attending Faculty member as described in the Exposure section of the *Blood borne Pathogen Exposure Control Plan*. The attending nurse in Oral Surgery will draw two (2) yellow topped vials of blood. The specimens will be handled in accordance with procedures set forth in the *Blood borne Pathogen Exposure Control Plan*, Policy: Standard Precautions, Section 13 (page 8). The specimens will be labeled with the Incident ID number followed by an “S” and the account number “A6001178” is also included on the label of the blood samples. The specimens will immediately be transported to the Lab by the attending Employee from Admissions.

The clinic or area responsible for obtaining the result of the blood tests (of both Recipient and Source) as well as providing post-test counseling is dependent on who is directly involved (i.e. the Recipient and/or Source). The following chart dictates who is responsible.

<b>Designated Area Responsible</b>	
Student/Post-doctoral student	Student Health
Faculty Employee	Employee Health

4. In the event that a Blood Pathogen Exposure occurs after the Source has left, every attempt must be made to contact the Source as soon as possible to return for HIV counseling and to have blood drawn for testing. The Source **must** return as soon as possible for the appropriate blood work, etc.
5. The Source has the right to refuse counseling and testing. If the Source is a patient, the School of Dentistry reserves the right to refuse further treatment of that patient until testing is completed.
6. In the event that a Blood Pathogen Exposure occurs after Student/Employee Health has closed for the day: the faculty, staff, resident, or student will be advised to report to the Emergency Room for appropriate counseling/treatment. Please refer to the **Accident/Injury Protocol for Medical College of Georgia School of Dentistry** regarding responsibility of treatment.

**XI. Human Immunodeficiency Virus-Post Exposure Management: General Procedures**

All workers should be counseled according to the latest recommendations from the Centers for Disease Control and Prevention.

**XII. Post Exposure-Hepatitis B & C Management: General Procedures**

All workers should be counseled according to the latest recommendations from the Centers for Disease Control and Prevention.

**XIII. Compliance with Infection Control Procedures**

Monitoring of student compliance with infection control policies is done by the faculty and staff. Representatives of the infection control committee also conduct unannounced observations. Areas in student grading modules can be used to make comments concerning infection control procedures. All violations of these safety policies may be reported through representatives of the Infection Control Committee or any other supervisory chain from any employee or student of the School of Dentistry. Violations of these policies are subject to disciplinary actions and can result in suspension of clinical privileges in the School of Dentistry clinics.

**Addendum 1:**

<b>Part Number:</b>	1910
<b>Part Title:</b>	Occupational Safety and Health Standards
<b>Subpart:</b>	Z
<b>Subpart Title:</b>	Toxic and Hazardous Substances
<b>Standard Number:</b>	1910.1030 App A
<b>Title:</b>	Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**Addendum 2:**

New employees must receive training in the following areas and also those that are specific to their job site:

a. [A copy of the Blood borne Pathogen Standard \(29 CFR 1910.1030\)](#)

[A copy of the MCG SOD Exposure Control Plan](#)

[Epidemiology of Blood borne Pathogens and Infectious Diseases](#)

Department specific training on clinic specific procedures to include operator preparation, operator clean-up and specialty specific operations.

Items 1 and 2 can be obtained from the Assistant Dean for Business Operations

Item 3 is completed by a [Self Assessment Exam](#) after reviewing appropriate training material available from the Assistant Dean for Business Operations

Item 4 must be completed in the appropriate department. This department specific training must be documented in writing with the content of the training outlined, the name of the trainer, the date and then forwarded to the Assistant Dean for Business Operations for record keeping.

**Addendum 3:**

Monitoring of new staff must be accomplished and documented. The employees' immediate supervisor or their designee will use the following checklist to record performance of the new employee. The completed checklist will be forwarded to the Assistant Dean for Business Operations for recordkeeping purposes.

a. Employee is knowledgeable concerning proper use of protective equipment needed for patient care or laboratory procedures:

YES     NO     Addition Training Required

Employee uses correct procedures for handling disposable "sharps" items:

YES     NO     Addition Training Required

Employee uses proper barrier protection for "splash and spray" surfaces:

YES     NO     Addition Training Required

Employee has received Chemical Hazard Information concerning cleaning agents and chemical disinfectants and uses them according to manufacturer's recommendations:

YES     NO     Addition Training Required

Employee demonstrates correct procedures for clean-up and set-up of patient care area:

YES     NO     Addition Training Required

Proper hand washing techniques used by the employee:

YES     NO     Addition Training Required

Specialty specific operations concerning infection control performed correctly:

YES     NO     Addition Training Required

Employee knows the proper protocol for an injury or event that causes a possible exposure to a blood borne pathogen:

YES     NO     Addition Training Required

## Addendum 4:

### Waterline Maintenance Protocol

Units are protected by chemical treatment from the uptake tubing. There is no specific maintenance needed for these units other than replacement of the tubing at the proper interval.

#### Appendix 1: Guidelines for Infection Control in Dental Health-Care Settings 2003

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>

#### Appendix 2: Infection Control Inspection Checklist

Clinical inspections shall be performed randomly in each clinical area at least once a month. The results will be addressed and corrections made as needed. The documentation of the inspection will be recorded on the checklist and notations concerning actions taken will be kept on the form. These forms will be assembled in a clinic notebook which shall be readily available for review by members of the Infection Control Committee. A member of the Infection Control Committee shall be designated to make semi-annual inspections of clinical areas and review the notebooks of the assigned clinic. This inspection and findings, along with required actions will be recorded on an Infection Control Checklist and placed in the clinical areas' notebook.

#### Appendix 3: Garment Wear Policy

1. Clinics and departments may make decisions concerning what will constitute general garments for wear in non-treatment situations. Clothing may be “street clothes”, scrubs or other appropriate professional dress that meets the SOD Dress code. These garments may not be worn uncovered during patient care procedures other than casual examinations not requiring instrumentation other than a mirror ([See exceptions listed below](#)).
2. Garments for patient treatment must meet the standards of care for the practice of dentistry. For procedures that may produce any splatter, spray or other possible contamination, the garment must have long sleeves and be closable at the neck. For the purpose of clarity and to insure proper use of garments, this definition will mean any patient care other than a casual examination.  
These clinical care garments may not be worn (except for casual pass thru traffic) in other areas of the building to include offices, classrooms, meeting rooms, break areas and dental laboratories (dental laboratories are considered “clean” areas and only items that have been properly disinfected may be carried into those areas). Clinic garments should ideally be left in the operatory if clinicians are leaving the treatment area to accomplish administrative tasks or laboratory work and plan to return to the treatment area. Laboratory coats or disposable aprons should be worn in the laboratory areas.
3. Faculty, post-doctoral students and clinical staff may wear clinic garments in the performance of their supervision duties throughout a general clinical area; however they should not be worn into office areas except for casual pass thru of the area. Chairs and tables in clinical areas where patient care occurs (example-chairs and tables in Clinic 14 bays) shall be considered part of the clinic and as such are “contaminated” areas and clinic garments can be worn in those areas.
4. Clinical garments are considered “contaminated” and should be turned inside out and placed on a hook or hanger for storage in offices or conference rooms.
5. Exceptions
  - I. Treatment Planning Board: Long white “Laboratory” coat type garments can be worn by the faculty or post-doctoral students participating in Treatment Planning Board. Since little or no risk of splatter or spray exists in this clinical area, these exams shall be considered “casual examinations” ([see paragraph A.1](#)). Faculty and post-doctoral students could also wear their normal clinical garments but must remove them when in conference areas. Students shall wear their normal clinical garments but must remove them when in conference areas.
  - II. Diagnostic Clinic: Long white “Laboratory” coat type garments can be worn by the faculty or post-doctoral students participating in Diagnostic Clinic. Since little or no risk of splatter or spray exists in this clinical area, these exams shall be considered “casual examinations” ([see paragraph A.1](#)). Faculty and post-doctoral students could also wear their normal clinical garments but must remove them when in

conference areas. Students shall wear their normal clinical garments but must remove them when in conference areas.

III. Admissions Screening/Radiology Area: Long white “Laboratory” coat type garments can be worn by the faculty or post-doctoral students participating in Admissions Screening/Radiology. Since little or no risk of splatter or spray exists in this clinical area, these exams shall be considered “casual examinations” (see [paragraph A.1](#)). Faculty and post-doctoral students could also wear their normal clinical garments but must remove them when in conference areas. Students shall wear their normal clinical garments but must remove them when in conference areas.

6. Garment Color Code: Faculty: White “laboratory” type coats for classrooms, preclinical areas, etc... White long sleeved closable clinic jacket with knit cuffs for patient care in areas other than those noted in Paragraphs 5. I-III.

I. Post-doctoral students: White “laboratory” type coats for classrooms, preclinical areas, etc... White long sleeved closable clinic jacket with knit cuffs for patient care in areas other than those noted in Paragraphs 5. I-III.

II. Pre-doctoral students: White “laboratory” type coats for classrooms, preclinical areas, etc... Blue long sleeved closable clinic jacket with knit cuffs for patient care in areas.

III. Staff with patient cares responsibilities:

a. Green long sleeved closable clinic jacket with knit cuffs for all patient contact procedures.

b. For non-patient contact duties, tan jackets or jackets of color choice which do not mimic those jackets indicated for patient care.

IV. Staff with no patient care responsibilities: Tan jackets or jackets of choice which do not mimic those jackets indicated for patient care.

7. Questions and comments should be directed to the Chair, Infection Control and Hazards Committee

#### **Appendix 4: Disposal of extracted teeth containing amalgam restorations**

1. All teeth with amalgam restorations must be handled in accordance with the MCG waste management processes.

2. The regulated medical waste stream (Red Bag Waste) at MCG will not accept any medical waste containing amalgam due to the process they use for final disposition of the waste.

3. Extracted teeth containing amalgam can be handled by two methods:

a. Return the teeth to the patient if they desire

b. Disinfect the teeth with a hospital level disinfectant (Dispatch® for example) for the appropriate contact time, rinse, allow to dry and store in a sealable container. Place the disinfected teeth in a sealable rigid container for storage. See the [CDC Guidelines](#) for Infection Control in Dental Health-Care Setting – 2003, MMWR December 19, 2003, VOL 51/No. RR-17, p. 33 for more information. The container will be turned into the Central Sterilization Service (CSS) for final disposal.

Collection of teeth in local clinics should not exceed one week before turning in the teeth to the CSS.

The CSS will contact MCG Environmental Health and Occupational Safety Office for pick up as needed.

4. Under no circumstances can extracted teeth with amalgams be placed in the medically regulated waste stream or sterilized by steam or Ethylene Oxide autoclaves.

5. Contact the Chair of the Infection Control and Hazards Committee if you have any questions concerning this matter

\* Container source if needed:

[https://www.fishersci.com/wps/portal/PRODUCTDETAIL?productId=658923&catalogId=29103&pos=1&catCode=HC\\_SC&fromCat=yes&keepSessionSearchOutPut=true&brCategoryId=null&hlpi=y&fromSearch=Y](https://www.fishersci.com/wps/portal/PRODUCTDETAIL?productId=658923&catalogId=29103&pos=1&catCode=HC_SC&fromCat=yes&keepSessionSearchOutPut=true&brCategoryId=null&hlpi=y&fromSearch=Y)