Minnesota Department of Corrections

Division Directive:	**500.057**	**Title: Dental Services Infection Control**
Issue Date:	**2/16/16**	
Effective Date:	**3/1/16**	

AUTHORITY: Policy 500.010, "Health Services"

PURPOSE: To provide a safe working environment, reducing the risk of health care associated infections among patients, and occupational exposures among dental health care personnel.

APPLICABILITY: Minnesota Department of Corrections (DOC); all dental healthcare personnel department-wide

DIRECTIVE: Department dental health care personnel must follow these procedures to reduce risk of health-care associated infections among patients and health care personnel.

DEFINITIONS: None

PROCEDURES:

A. Personnel health elements of a dental infection control program
   1. Dental health care personnel (DHCP) must:
      a) Be knowledgeable of department policies, division directives, instructions, and operating guidelines relating to infection control, bloodborne pathogens, tuberculosis, handling of hazardous waste materials, security, instrument control, and confidentiality (see "References" section below);
      b) Comply with standard precautions and additional measures as indicated to prevent the potential spread of diseases; and
      c) Refrain from direct patient contact if experiencing exudative lesions or weeping dermatitis.

   2. Education and training
      a) Refer to Policy 105.150, "Right to Know" and Policy 103.420, "Pre-Service and Orientation Training." Dental staff must complete all mandatory training annually. Training is documented and retained in the agency training management system.
      b) The health services unit provides training to dental health care personnel:
         (1) On initial employment;
         (2) When new tasks or procedures affect the employee's occupational exposure; and
         (3) At least annually, regarding occupational exposure to potentially infectious agents and infection control procedures/protocols appropriate for and specific to their assigned tasks.

B. Preventing transmission of bloodborne pathogens
   1. Refer to Policy 105.170, "Bloodborne Pathogen Exposure Control Plan."

   2. Preventing exposures to blood and other potentially infectious material (OPIM)
      a) Refer to Policy 500.120, "Proper Management of Sharps";
      b) Use standard/universal precautions for all patient encounters;

c) Consider sharps items that are contaminated with blood and saliva as potentially infectious, and follow engineering and work practices to prevent injuries; and
d) Follow the program to minimize and manage DHCP exposures to blood and body fluids.

3. Post-exposure management
a) Follow CDC recommendations after percutaneous, mucous membrane, or nonintact skin exposure to blood or OPIM;
b) Comply with post-exposure management and medical follow-up policies, including procedures for prompt reporting, evaluation, counseling, treatment, and medical follow-up of occupational exposures; and
c) Follow established mechanisms for referral to a qualified health care professional for medical evaluation and follow-up.

4. Engineering and work practice controls
a) Identify, evaluate, and select devices with engineered safety devices at least annually, and as they become available on the market (e.g., safer anesthetic syringes, blunt suture needles, or retractable scalpel);
b) Place used disposable syringes, needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers located as close as feasible to the area of use;
c) Do not recap used needles by using both hands or any other technique that involves directing the point of the needle toward any part of the body;
d) Do not bend, break, or remove needles before disposal; and
e) Use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., before multiple injections and before removing from a nondisposable aspirating syringe).

C. Hand hygiene - general requirements
1. Perform hand hygiene when:
a) Hands are visibly soiled;
b) After barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions; and/or
c) Immediately after removing gloves.

2. Use an appropriate soap (nonantimicrobial or antimicrobial).

D. Personal protective equipment (PPE) - refer to Policy 105.113, "Personal Protective Equipment (PPE)."
1. Masks, protective eyewear, and face shields
a) Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids; and
b) Change mask if it becomes wet.

2. Protective clothing
a) 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;
b) Change protective clothing if visibly soiled;

c) Change protective clothing immediately or as soon as feasible if penetrated by blood or other potentially infectious fluids; and
d) Remove barrier protection including gloves, mask, eyewear and gown before departing work area (e.g., dental patient care area, instrument processing, or laboratory areas).

3. Gloves
a) Use only disposable, single-use gloves;
b) Wear medical gloves when a potential exists for contacting blood, saliva, mucous membranes, or OPIM;
c) Remove gloves that are torn, cut, or punctured as soon as feasible and wash hands before re-gloving'
d) Ensure that appropriate gloves in the correct size are readily available;
e) Use appropriate gloves (e.g., puncture and chemical resistant utility gloves) when cleaning instruments and performing housekeeping tasks involving contact with blood or other potentially infectious material; and
f) Discard used gloves as appropriate.

E. Sterilization and disinfection of patient care items
1. General requirements
a) Refer to Policy 105.150, "Right to Know Program;"
b) Use single-use disposable instruments only once and dispose of correctly; and
c) Do not use liquid chemical sterilants/high-level disinfectants for environmental surface disinfection or as holding solutions (see Procedure F.2 below).

2. Instrument processing
a) If manual cleaning is necessary, use work practice controls that minimize contact with sharp instruments (e.g., long-handled brush); and
b) Wear appropriate PPE (e.g., mask, protective eyewear, and gown) when splashing or spraying is anticipated.

F. Environmental infection control
1. General requirements
a) Follow manufacturer's instructions for correct use of cleaning and EPA-registered hospital disinfecting products;
b) Do not use liquid chemical sterilants/high-level disinfectants for disinfection of environmental surfaces (clinical contact or housekeeping);
c) Use PPE as appropriate when cleaning and disinfecting environmental surfaces. Such equipment might include gloves (e.g., puncture and chemical resistant utility), protective clothing (e.g., gown, jacket, or lab coat), and protective eyewear/face shield and mask;
d) Perform a crabtree test on equipment daily when the x-ray machine is used;
e) Perform fog tests on equipment monthly; and
f) Retain documentation of monitoring tests in the dental area.

2. Spills of blood and body substances - clean spills of blood or OPIM and decontaminate surface with an EPA-registered hospital disinfectant with low (i.e., HBV and HIV label claims) to intermediate level (i.e., tuberculocidal claim) activity, depending on size of spill and surface porosity.

3. Regulated medical waste
   a) General requirements
      (1) Comply with medical waste disposal management program meeting federal, state, and local regulations; and
      (2) Ensure that DHCP who handle and dispose of medical waste are trained in handling and disposal methods and informed of possible health and safety hazards.
   b) Management of regulated medical waste in dental health care facilities
      (1) Use a color-coded or label container that prevents leakage (e.g., biohazard bag) to contain nonsharp regulated medical waste;
      (2) Place sharp items (e.g., needles, scalpel blades, orthodontic bands, broken metal instruments, and burs) in an appropriate sharps container (e.g., puncture resistant, color-coded and leak proof);
      (3) Close container immediately before removal or replacement to prevent spillage or protrusion of contents during storage, transport or shipment and
      (4) Pour blood, suctioned fluids, or other liquid waste carefully into a drain connected to a sanitary sewer system, if local sewage discharge requirements are met and the state has declared this an acceptable method of disposal.

G. Dental unit waterlines, biofilm and water quality
1. General requirements - use water meeting EPA regulatory standards for drinking water (i.e., < = 500 CFU/ml of heterotrophic water bacteria) for routine dental treatment output water.

2. Boil-water advisories (only pertinent if city water is used in treatment rooms)
   a) When a boil-water advisory is in effect:
      (1) Do not deliver water from the public water system to the patient through the dental operative unit, ultrasonic sealer, or other dental equipment that uses the public water;
      (2) Do not use water from the public water system for dental treatment, patient rinsing or hand washing;
      (3) For hand washing, use antimicrobial-containing products that do not require water for use; and
      (4) If hands are visibly contaminated, use bottled water, if available, and soap for hand washing, or use an antiseptic towelette.

   b) When a boil-water advisory is cancelled:
      (1) Follow guidance given by local water utility regarding adequate flushing of water lines; and
      (2) If no guidance is provided, flush dental waterlines and faucets for one to five minutes before using for patient care.

H. Other considerations
1. Dental handpieces and other devices attached to air and water lines
   a) Clean and heat-sterilize handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients; and
   b) Do not disinfect, use liquid chemical sterilants, or ethylene oxide on handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients.

2. Dental radiology
   a) Wear gloves when exposing radiographs and handling contaminated film packets; and
   b) Use other PPE (e.g., protective eyewear, mask, and gown) as appropriate if spattering of blood or other body fluids is likely.

3. Single use devices
   a) Use single-use devices for one patient only; and
   b) Dispose of single-use devices appropriately.

4. Handling biopsy specimens
   a) During transport, place biopsy specimens in a sturdy, leak-proof container labeled with the biohazard symbol.
   b) If a biopsy specimen is visibly contaminated, clean and disinfect the outside of the container or place it in an impervious bag labeled with the biohazard symbol.

5. Handling of extracted teeth - dispose of extracted teeth as regulated medical waste.

6. Dental laboratory
   a) Use PPE when handling items received in the laboratory until they have been decontaminated; and
   b) Before they are handled in the laboratory, clean, disinfect, and rinse all dental prostheses and prosthodontic materials (e.g., impressions, bite registrations, occlusal rims, and extracted teeth).

INTERNAL CONTROLS:

A. Training is documented in the management training system.

B. Documentation of equipment monitoring is retained in the dental area.

REVIEW: Annually

REFERENCES: ACA Standard 4-4358
Policy 301.040, "Tool Control"
Policy 106.210, "Providing Access to and Protecting Government Data"
Policy 500.190, "Health Care Data Practices"
Policy 105.113, "Personal Protective Equipment (PPE)"
Policy 105.180, "Tuberculosis Control for Applicants, Employees, Contractors, Volunteers, and Students"
Policy 500.520, "Tuberculosis Prevention and Control for Offenders"
Policy 105.170, "Bloodborne Pathogen Exposure Control Plan"
Policy 105.172, "Bloodborne Pathogen Exposure Control Plan - Offender"
Policy 105.150, "Right to Know Program"
Policy 103.420, "Pre-Service and Orientation Training"
Occupational Safety and Health Administration Bloodborne Pathogen Standard 1910.1030
Centers for Disease Control and Prevention, (CDC), Morbidity and Mortality Weekly Report (MMWR): "Guidelines for Infection Control in Dental Health Care Settings - 2003"

SUPERSESSION: Policy 500.057, "Dental Services Infection Control," 8/19/14. All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means, regarding this topic.

ATTACHMENTS: None

/s/
Deputy Commissioner, Facility Services