

The following are the “**MUST’s**” & “**SHOULD’s**” for meeting the newly approved Nova Scotia *Infection Prevention & Control Guidelines*

“**Must**”: the minimum standards that are MANDATORY.

“**Should**”: indicates best practices you are encouraged to follow.

Professional & Regulatory Considerations

- Dentists have an obligation to maintain the standards of practice of the profession and **MUST** ensure that recommended infection prevention & control procedures are carried out in their offices. (Pg 7)
- Dental Health Care Providers (DHCPs) **MUST** maintain current knowledge of infection prevention & control procedures and apply & maintain them appropriately and consistently to ensure protection of staff and patients. (Pg 7)

PART A - Patient Safety (pg 9-15)

1. Screening of Patients

MUST	SHOULD	
	<input type="checkbox"/>	Patients who appear to be ill should be rescheduled if at all possible. If their dental condition is urgent in nature, every effort should be made to separate them from other patients by seating them in a secluded operatory as soon as possible. When confirming appointments, if patient has fever or cough, they should be rescheduled. (Pg 9)

2. Routine Practices

MUST	SHOULD	
	<input type="checkbox"/>	These are based on the concept that all patients are potentially infective, even when asymptomatic, and that the same safe standards of practice should routinely apply to contact with blood, body fluids & secretions, mucous membranes, and non-intact skin. This also applies to instruments in direct contact with these fluids & tissues. (Pg 9)

3. Risk Assessment

MUST	SHOULD	
<input type="checkbox"/>		<b>A “Risk Assessment” MUST be done before each interaction with the patient to determine interventions required to prevent the transmission of infection.</b> (Pg 10)

4. Hand Hygiene

MUST	SHOULD	
	<input type="checkbox"/>	Hand hygiene should be performed by washing with plain or antimicrobial soap and running water or by using a 70-90% alcohol-based hand rub. If hands are visibly soiled (including powder from gloves) or contaminated with body fluids, they should be washed with soap & water. (Pg 10)
	<input type="checkbox"/>	Hand hygiene should be performed: <ul style="list-style-type: none"> <li>• Following personal body function (e.g. blowing nose or using washroom)</li> <li>• Before &amp; after direct contact with individual patients</li> <li>• Before &amp; after removing gloves</li> <li>• After contact with environmental surfaces, instruments &amp; other equipment including dental lab materials</li> <li>• Before &amp; after eating or drinking</li> </ul>

	<input type="checkbox"/>	Liquid soap should be in disposable pump dispensers (bar soap should not be used) and should be discarded when empty and not “topped-up” or refilled due to contamination with gram negative bacterial species. (Pg 11)
	<input type="checkbox"/>	Hand lotion (not petroleum based) to prevent dry or cracked skin should be available in disposable pump dispensers. (Pg 11)
	<input type="checkbox"/>	Avoid use of hand jewellery & artificial nails. (Pg 11)
	<input type="checkbox"/>	Hand hygiene facilities should be located close to dental operatories. If out of sight, patients should be made aware that hand hygiene is taking or has taken place. (Pg 12)
	<input type="checkbox"/>	In addition: (Pg 12) <ul style="list-style-type: none"> <li>• Soap dispensers should be placed at every sink</li> <li>• Alcohol-based hand rub dispenser should be located throughout office</li> <li>• Disposable towels should be available at each facility</li> <li>• Taps should be turned off with disposable paper towel to avoid recontamination.</li> <li>• A hand wash sink should not be used for any other purpose.</li> <li>• THE USE OF GLOVES DOES NOT PRECLUDE THE NEED FOR CAREFUL HAND HYGIENE.</li> </ul>

## 5. Personal Protective Equipment for Patients

(Pg 13)

MUST	SHOULD	
	<input type="checkbox"/>	DHCP should wear personal protective equipment (PPE) to shield their own tissues from exposure to potentially infectious material.
	<input type="checkbox"/>	Patients should be provided with protective eyewear & worn throughout the appointment. Eyewear should be cleaned & disinfected after use & whenever visibly contaminated.
	<input type="checkbox"/>	Single use bibs or drapes should be used to protect patient’s clothing.
	<input type="checkbox"/>	Efforts should be made to minimize the spread of droplets; a rubber dam should be used when feasible & high volume suction whenever possible.
	<input type="checkbox"/>	Patients should be asked probing questions regarding possible latex allergies (i.e. other allergies: avocados, kiwis, hazelnuts, bananas).
	<input type="checkbox"/>	Patients with true latex allergies should be treated in an environment where contact with latex proteins is kept as low as reasonably possible. All latex-containing materials or devices should be removed from the operator or adequately covered and isolated. Hands should be thoroughly washed with soap and water – alcohol based sanitizers are not sufficient for removing latex particles. CHECK LABELS OF DENTAL PRODUCTS FOR LATEX CONTENT.

## 6. Safe Handling & Disposal of Sharps

(Pg 14)

MUST	SHOULD	
<input type="checkbox"/>		<b>Extreme care <u>MUST</u> be taken at all times to ensure patients are protected from injuries involving sharp objects.</b>
	<input type="checkbox"/>	Sharps containers should be placed immediately adjacent to the point of use.

	<input type="checkbox"/>	Sharps should be disposed of immediately following the end of the procedure.
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## 7. Additional Precautions

(Pg 14)

These are measures taken in addition to routine practices. They are of particular relevance in health care institutions where patients are at increased risk, i.e. MRSA, VRE, flu. – See Standard & Transmission based precautions on disk

MUST	SHOULD	
<input type="checkbox"/>		<b>DHCP's <u>MUST</u> ensure that recommended infection prevention &amp; control procedures including routine practices are applied in all aspects of their practice.</b>
	<input type="checkbox"/>	Patients who are known or suspected of having an infection that can be transmitted by large respiratory droplets should be offered a mask & hand hygiene, maintain a 2 metre spatial separation from others, and be removed from the reception & seated in a secluded operatory as soon as possible.

## 8. Human Rights & Confidentiality

(Pg 15)

MUST	SHOULD	
<input type="checkbox"/>		<b>DHCPs are <u>prohibited</u> from discriminating against patients. This includes using extra-ordinary &amp; unnecessary infection control or other measures that are not used for other patients.....procedure based not patient based.....</b>
<input type="checkbox"/>		<b>Information contained in patient records is confidential and <u>MUST NOT</u> be released to anyone without patient consent.</b>
<input type="checkbox"/>		<b>Dentist's responsibility to ensure that all staff are knowledgeable &amp; take steps to protect patient confidentiality.</b>
	<input type="checkbox"/>	Patient records should be stored securely & not left unattended or in public areas.
	<input type="checkbox"/>	Sensitive medical information should not be recorded on the front of patient's chart
	<input type="checkbox"/>	A medical alert should be coded so only staff recognizes significance of information & exact nature of the condition should be documented within the patient's chart.
	<input type="checkbox"/>	Computerized patient records should be login & password protected.
	<input type="checkbox"/>	Screen savers should be used to ensure information is not visible to other patients.

## **PART B - Dental Health Care Provider's Responsibilities & Safety (pg 16-22)**

### 1. Education & Training

(Pg 16)

MUST	SHOULD	
<input type="checkbox"/>		<b>It is important that staff receive office-specific training in infection prevention &amp; control as part of their orientation &amp; whenever new tasks, procedures, or equipment are introduced.</b>
	<input type="checkbox"/>	Training should be supplemented whenever necessary & reviewed annually at staff meetings, CE courses, self-learning programs.
	<input type="checkbox"/>	All DCHPs should receive training for exposure risks, infection prevention & control strategies specific to their tasks, and management of work related illness or injuries.

	<input type="checkbox"/>	Offices should have an In-Office Infection Prevention & Control Manual (including Guidelines).
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## 2. Immunization

(Pg 16)

MUST	SHOULD	
	<input type="checkbox"/>	All DHCPs should be adequately immunized against hepatitis B, measles, mumps, rubella, varicella, influenza, diphtheria, pertussis, tetanus, polio.
<input type="checkbox"/>		<b>It is important all DHCPs know their personal immunization status &amp; ensure it is current.</b>
	<input type="checkbox"/>	DHCPs should consult with a physician regarding immunization & baseline & annual TB skin testing.
	<input type="checkbox"/>	Immunization against Hepatitis B (HBV) is strongly recommended for all exposed to blood, body fluids or injury involving sharps.
	<input type="checkbox"/>	Serological testing for anti-HBs should be conducted 1 to 2 months after completion of the 3-dose vaccination series to establish antibody response.
	<input type="checkbox"/>	DHCPs who fail to develop an adequate antibody response should complete a second vaccination series, followed by testing for anti-HBs. DHCPs who fail to respond to the second vaccination series should be tested for HBsAg.
	<input type="checkbox"/>	Non-responders to vaccination who are HBsAg-negative should be counselled regarding precautions to prevent HBV infection and need to obtain immunoglobulin prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. (Pg 17)
	<input type="checkbox"/>	DHCPs who are HBsAg-positive should seek guidance regarding necessary & responsible steps to prevent transmission to others (i.e. DHCPs who might perform exposure-prone procedures should be assessed on a case-by-case basis regarding the need for possible work restrictions). (Pg 17)
<input type="checkbox"/>		<b>If infected, DHCPs <u>MUST</u> seek guidance from a regulatory body with respect to the potential risk of transmission of infection to their patients.</b> (Pg 17)

## 3. Illness & Work Restrictions

(Pg 17)

MUST	SHOULD	
	<input type="checkbox"/>	Good skin care should always be practiced. Any areas of dermatitis should be covered with bandages & gloves.
	<input type="checkbox"/>	Immuno-compromised staff – job functions & exposure risks should be considered.
	<input type="checkbox"/>	DHCPs with an upper respiratory illness should take precautions to prevent transmission of micro-organism to patients & staff. Includes covering cough with elbow or tissue & discarding used tissues immediately. DHCPs with severe respiratory illness with fever, acute viral gastroenteritis with vomiting or diarrhea should stay at home.
	<input type="checkbox"/>	DHCPs who have oral and/or nasal herpes simplex should pay attention to hand hygiene and not touch infected area. Use of a mask might help worker not to touch lesions.

## 4. Exposure Prevention

(Pg 18)

MUST	SHOULD	
	<input type="checkbox"/>	PPE should be used during treatment of patients and care of instruments & equipment.
	<input type="checkbox"/>	During work, non-intact skin should be covered with a waterproof bandage.
<input type="checkbox"/>		<b>Extreme caution <u>MUST</u> be used when passing sharps during 4-handed dentistry. Consider a safe zone.</b>
	<input type="checkbox"/>	Needles should remain capped prior to use. Needles should not be bent, recapped or otherwise manipulated by using both hands.
	<input type="checkbox"/>	Following use, needles should be recapped as soon as possible by using a one-handed scoop technique or a commercial recapping device.
	<input type="checkbox"/>	When suturing, tissues should be retracted using instruments rather than fingers.
	<input type="checkbox"/>	Remove burs from handpieces immediately following the procedure.
	<input type="checkbox"/>	Identify & remove all sharps from trays before processing instruments.
<input type="checkbox"/>		<b>Used sharps <u>MUST</u> be collected in a clearly labeled puncture-resistant container which should be located at the point of use.</b>
	<input type="checkbox"/>	When processing instruments, heavy duty gloves, appropriate clothing, and long handled brushes should be used.

## 5. Personal Protective Equipment for DHCPs

(Pg 19-20)

MUST	SHOULD	
<input type="checkbox"/>		<b>Gloves <u>MUST</u> be worn when contact with mucous membranes, non-intact skin or body fluids is anticipated.</b>
<input type="checkbox"/>		<b>The same pair of gloves <u>MUST NOT</u> be used for more than one patient.</b>
<input type="checkbox"/>		<b>Gloves <u>MUST NOT</u> be washed and reused.</b>
<input type="checkbox"/>		<b>Gloves <u>MUST</u> be removed and discarded immediately after the activity &amp; hand hygiene <u>MUST</u> be performed.</b>
	<input type="checkbox"/>	Gloves should be put on immediately before the activity for which they are being used.
	<input type="checkbox"/>	Gloves should not be worn outside any room or area where they are required for personal protection.
	<input type="checkbox"/>	Double gloving should require professional judgement for longer procedures & handling of multiple sharp instruments.
	<input type="checkbox"/>	DHCPs should be protecting conjunctival mucosa from spatter & debris by wearing protective eyewear or face shields.
	<input type="checkbox"/>	Protective eyewear should be cleaned & disinfected between patients.

	<input type="checkbox"/>	An eye-wash station should be available in the dental office for both DHCPs and patients.
	<input type="checkbox"/>	Masks that cover the nose & mouth should be worn during procedures & should be changed between each patient or sooner if they become visibly soiled. Face shields are not an appropriate substitute for masks.
	<input type="checkbox"/>	Short-sleeved scrubs should be worn to prevent cross-contamination between patients.
	<input type="checkbox"/>	Forearms should be washed with soap & water when exposed to spatter or spray.
	<input type="checkbox"/>	Long sleeved garments are intended to be patient specific & should be removed prior to seeing the next patient.
	<input type="checkbox"/>	It is the dentist's responsibility to develop a policy that protective clothing worn during patient care procedures should not be worn outside the dental office.

## 6. Minimizing Droplet Spatter

(Pg 21)

MUST	SHOULD	
	<input type="checkbox"/>	Rubber dam should be used whenever feasible.
	<input type="checkbox"/>	High-volume suction should be used whenever the creation of droplets, spatter & spray is possible.

## 7. Exposure Management

(Pg 21-22)

MUST	SHOULD	
<input type="checkbox"/>		<b>All dental offices <u>MUST</u> have an exposure management protocol in place &amp; is an important component of an in-office Infection Prevention &amp; Control Manual.</b>
	<input type="checkbox"/>	The exposure management protocol should be reviewed periodically to ensure it is familiar to all DHCPs.
<input type="checkbox"/>		<b>DHCPs <u>MUST</u> continually update knowledge &amp; education for exposure prevention &amp; management.</b>
<input type="checkbox"/>		<b>Significant exposure <u>MUST</u> be handled in a prompt and organized fashion.</b>
	<input type="checkbox"/>	In the event of a significant exposure, immediate first-aid measures should be instituted: <ul style="list-style-type: none"> <li>• For percutaneous injuries, allow the wound to bleed briefly &amp; freely. Gently wash with soap &amp; water. Bandage as needed.</li> <li>• For exposure involving the eyes, nose or mouth, flush the area with copious amounts of water.</li> <li>• For exposure involving non-intact skin, wash site with soap &amp; water.</li> </ul>
	<input type="checkbox"/>	Any kind of occupational injury should be reported to the dentist.
	<input type="checkbox"/>	With significant exposure, dentist should assess the source patient's status and risk for blood-borne illnesses by reviewing the medical history & asking additional questions.
	<input type="checkbox"/>	If patient's HBV, HCV or HIV status is unknown or if patient presents with known risk factors,

		their co-operation should be sought to clarify information.
	<input type="checkbox"/>	Every effort should be made to obtain the patient's informed consent to be tested for HBV, HCV & HIV.
	<input type="checkbox"/>	Injured DHCP should be immediately referred to family physician or Emergency Dept for counseling, baseline blood tests & post exposure prophylaxis.
	<input type="checkbox"/>	If necessary, post exposure prophylaxis should be administered as soon as possible & in event of high-risk (i.e. HIV infection), anti-retroviral drugs should be administered within hours.
	<input type="checkbox"/>	All cases involving a significant exposure should be documented including: <ul style="list-style-type: none"> <li>• DHCP name &amp; their vaccination status</li> <li>• Date &amp; time of exposure</li> <li>• Nature &amp; extent of exposure, dental procedure being performed, immediate action taken</li> <li>• Name of source &amp; details regarding their status of related blood borne pathogens</li> <li>• Follow-up counseling &amp; post-exposure management</li> </ul>

## 8. Occupational Health & Safety Requirements & WHMIS (Workplace Hazardous Materials Information System)

(Pg 22)

**Under Occupational Health & Safety Regulation, there is a general duty for an employer to establish written procedures for health & safety of patients including:**

- Safe work practices & conditions
- Proper hygiene practices & the use of hygiene facilities
- Control of infections

MUST	SHOULD	
<input type="checkbox"/>		Employees <b>MUST</b> work in compliance with the Health Professions Act and its regulations, and use or wear any equipment, protective devices or clothing required by the employer.
<input type="checkbox"/>		WHMIS is a national communication standard that deals with hazardous materials in the workplace. Any workplace, including a dental office, that uses materials classified as controlled products under federal legislation <b>is required to:</b> <ul style="list-style-type: none"> <li>• Supply labels for all controlled products that do not have them</li> <li>• Ensure material safety data sheets (MSDS) are available</li> <li>• Educate &amp; train workers about hazardous materials</li> </ul>
<input type="checkbox"/>		Employers are <b>obligated</b> to uphold WHMIS standards in the workplace. Dentists should be familiar with the legislation.
<input type="checkbox"/>		Significant exposure <b>MUST</b> be handled in a prompt and organized fashion.

## 9. Prohibition of Eating & Drinking in Non-Designated Areas

(Pg 22)

MUST	SHOULD	
	<input type="checkbox"/>	Eating & drinking in operatories, instrument processing areas, and labs should be prohibited.
	<input type="checkbox"/>	The consumption of all foods & drinks should be restricted to designated areas.

## PART C - Processing Critical & Semi-Critical Instruments (pg 23-29)

Goals: Safe processing of reusable patient care items, preventing transmission of micro-organisms, minimizing damage & safe handling of chemical disinfectants.

### 1. General Considerations

MUST	SHOULD	
<input type="checkbox"/>		<b>All instruments <u>MUST</u> be cleaned, rinsed &amp; dried prior to disinfection or sterilization. Consider the classification of 'Critical', 'Semi-Critical' &amp; 'Non-Critical' items to determine their processing requirements.</b> (Pg 23)
<input type="checkbox"/>		If product received with sterility guaranteed, no need to sterilize prior to use. <b>Newly purchased non-sterile critical and semi-critical instruments MUST be inspected &amp; processed as per instructions.</b> Product received in clean state that manufacturer indicates ready to use does not need to be sterilized provided it is used directly from the new package.

### Sterilization

MUST	SHOULD	
	<input type="checkbox"/>	Sterilization section of processing area should include the sterilizer & related supplies, with adequate space for loading, unloading & cool down. (Pg 24)
	<input type="checkbox"/>	All sterilization should be performed by using medical sterilization equipment registered with Health Canada & manufacturer's instructions should be followed.
	<input type="checkbox"/>	Air Quality & exposure to biological & chemical agents should be monitored according to Occupational Health & Safety Regulations. Offices should ensure proper air exchange and ventilation to meet CSA standards and manufacturer's recommendations for products.

### 2. Processing of Critical & Semi-Critical Items

MUST	SHOULD	
	<input type="checkbox"/>	Processing of specialized instruments (e.g. channeled or bored instruments) should be completed according to manufacturer's instructions. (Pg 25)
<input type="checkbox"/>		<b>Care <u>MUST</u> be taken to avoid cross contamination when using sterilizer equipment. (e.g. controls, buttons, cassette handles, exterior surfaces, etc.)</b> (Pg 25)

### Receiving, Cleaning & Decontamination

MUST	SHOULD	
	<input type="checkbox"/>	Contaminated instruments should be handled carefully at all times to prevent percutaneous injuries. (Pg 25)
	<input type="checkbox"/>	All instruments should be processed in central area and should have clear separation of clean & dirty areas with areas for receiving, cleaning & decontamination, preparation & packaging, sterilization, drying/cooling, and storage.
	<input type="checkbox"/>	Gross debris should be removed prior to placing in ultrasonic cleaner.
	<input type="checkbox"/>	Instruments should be placed in a puncture resistant container at point of use & then received, sorted, cleaned, rinsed & dried in one section of processing area.
	<input type="checkbox"/>	Ultra sonic solutions should be changed daily or more frequently.



	<input type="checkbox"/>	If cleaning cannot be performed immediately, instruments should be in puncture-resistant container with holding solution (soaked with a detergent, enzymatic cleaner or spray to prevent drying of organic matter). Chemical sterilants/high-level disinfectants <b>should NOT</b> be used as they can fix bioburden to surfaces.
	<input type="checkbox"/>	To avoid sharps injury, staff should wear heavy duty utility gloves, wear a mask, protective eye wear or face shield & gown or jacket to protect from splashing. (Pg 25)
	<input type="checkbox"/>	A strainer-type basket should be used to hold instruments. <b>DO NOT</b> reach into trays or containers holding sharp instruments. (Pg 25)

### Preparation & Packaging

MUST	SHOULD	
	<input type="checkbox"/>	Instruments should be put into sets or trays & packaged for sterilization. Critical & semi-critical should be processed to maintain sterility during storage. (Pg 25 & 26)
	<input type="checkbox"/>	Packaging materials should be designed for the type of sterilization process being used.
	<input type="checkbox"/>	Hinged instruments should be processed open & unlocked.

### Storage

MUST	SHOULD	
<input type="checkbox"/>		<b>Critical instruments MUST be processed in a manner that will maintain sterility during storage.</b>
	<input type="checkbox"/>	Sterile & single-use disposables items should be stored in an enclosed space, such as closed or covered cabinets, and not stored under sinks where they might become wet & contaminated.
	<input type="checkbox"/>	Storage practices for packaged sterilized instruments may be either date or event related. This may assist in the recall of instruments.
	<input type="checkbox"/>	Packages containing sterile instruments should be inspected before use.
<input type="checkbox"/>		<b>If package is compromised, instruments <u>MUST</u> be cleaned, packaged &amp; sterilized again.</b>

## 3. Sterilization of Unpackaged Instruments

MUST	SHOULD	
	<input type="checkbox"/>	Flash Sterilization should be used only under certain conditions (emergency or unplanned event). (Pg 27)
	<input type="checkbox"/>	Critical instruments that are sterilized unpackaged should be used immediately. Sufficient inventories of critical instruments should be maintained to avoid the need for flash sterilization.
<input type="checkbox"/>		<b>Semi-critical instruments that are sterilized unpackaged or in a container system <u>MUST</u> be used immediately or within a short period of time.</b>
	<input type="checkbox"/>	Flash sterilization should not be routinely used.
<input type="checkbox"/>		<b>Storage, even temporary, of unpackaged semi-critical instruments is <u>NOT</u> acceptable.</b>
<input type="checkbox"/>		<b>Unpackaged or flash sterilization of implantable items is inadequate and <u>MUST NOT</u> be used.</b> (Pg 27)

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#### 4. Processing of Heat-Sensitive Items

MUST	SHOULD	
	<input type="checkbox"/>	Heat sensitive semi-critical items should be cleaned, rinsed, and then dried before receiving high level disinfection which may be achieved by immersion in a liquid chemical germicide. (cold soak) In Canada, it will be labelled "sporicidal". (Pg 27)
	<input type="checkbox"/>	Manufacturer's instructions should be followed carefully regarding dilution, instrument preparation, immersion time, temperature & changing of solutions.
	<input type="checkbox"/>	Appropriate precautions should be taken, i.e. closed containers, adequate ventilation, chemically-resistant gloves, aprons & eye protection.
	<input type="checkbox"/>	Instruments should be rinsed with sterile water to remove toxic or irritating residues & dried with clean towels.
	<input type="checkbox"/>	When using liquid chemical germicide, the use of test strips should be used to confirm that the minimum concentration is within range to achieve sterilization.
	<input type="checkbox"/>	Liquid chemical germicide <b>should not</b> be used for environment surface disinfection or holding solution.

#### 5. Processing of Non-Critical Items

MUST	SHOULD	
	<input type="checkbox"/>	Non-critical items should be cleaned after use. (Pg 28)
	<input type="checkbox"/>	If contaminated, clean & disinfect with an appropriate low level disinfectant.

#### 6. Equipment Use & Preventative Maintenance

MUST	SHOULD	
	<input type="checkbox"/>	Manufacturer's recommendations should be consulted for guidance on a preventative maintenance program, including regular inspection of gaskets & seals. (Pg 28)

#### Monitoring

MUST	SHOULD	
	<input type="checkbox"/>	Area may also include biological indicators & incubators for spore tests, as well as enclosed storage for sterile & single-use items.
	<input type="checkbox"/>	Mechanical indicators should be checked and recorded for each load to the extent possible. (Pg 29)
	<input type="checkbox"/>	All new sterilizers should have a print out capability for mechanical indicators.
<input type="checkbox"/>		<b>Each package MUST have external chemical indicators.</b> It is recommended that both internal & external indicators be used to detect penetration into the package.
	<input type="checkbox"/>	If either indicator demonstrates inadequate processing, none of the items in the load should be used until re-processed.

<input type="checkbox"/>		<b>Must include a Biological Indicator (BI) at least once a week for each sterilizer used.</b>
<input type="checkbox"/>		<b>If a load contains an implantable device, it <u>MUST</u> be monitored with a BI. These items should be quarantined until the test results are known.</b>
<input type="checkbox"/>		<b>Daily operation of every sterilizer <u>MUST</u> be reviewed &amp; documented.</b> (Pg 29)
<input type="checkbox"/>		<b>Any malfunction <u>MUST</u> be noted &amp; appropriate action taken. A logbook should be kept for this purpose for a recommended 3 years.</b>
<input type="checkbox"/>		<b>In the event of a positive BI (failed spore test):</b> (Pg 26) <ul style="list-style-type: none"> <li>• <b>Remove sterilizer from service</b></li> <li>• <b>Review records since last negative BI</b></li> <li>• <b>Repeat spore test immediately</b></li> <li>• <b>If it passes, sterilizer may be put back into service</b></li> <li>• <b>If repeat spore test fails, keep sterilizer out of use until inspected &amp; repaired.</b></li> <li>• <b>Re-challenge with BI tests in 3 consecutive empty chamber sterilization cycles</b></li> </ul>

## **PART D - Office Cleaning, Housekeeping & Management of Waste** (pg 30-33)

### **1. General Considerations**

<b>MUST</b>	<b>SHOULD</b>	
<input type="checkbox"/>		<b>Proper hand hygiene &amp; use of personal protective equipment are <u>essential</u> to minimizing the transfer of micro-organisms.</b> (Pg 30)
	<input type="checkbox"/>	Use of barriers or cleaning & disinfection of surfaces will guard against transfer.
	<input type="checkbox"/>	DHCPs should take care in the handling of patient's charts to ensure they do not become vehicles for cross-contamination.

### **2. Clinical Contact Surfaces**

<b>MUST</b>	<b>SHOULD</b>	
	<input type="checkbox"/>	Clinical contact surfaces should be cleaned & disinfected between patients and at the end of the workday. (Pg 30-31)
	<input type="checkbox"/>	Treatment areas should be well organized and kept free of unnecessary equipment & supplies especially on countertops.
	<input type="checkbox"/>	Staff should take appropriate precautions (i.e. wearing gloves) while cleaning & disinfecting surfaces to prevent occupational exposure to infectious agents & hazardous chemicals.
	<input type="checkbox"/>	If barriers are used, they should be discarded between patients using gloves. (Pg 31)
	<input type="checkbox"/>	Underlying surfaces should be examined. If contaminated, clean & disinfect.

### **3. Housekeeping Surfaces**

<b>MUST</b>	<b>SHOULD</b>	
	<input type="checkbox"/>	Floors & walls should be cleaned & disinfected if suspected of contamination with blood, saliva or bodily fluids. (Pg 31)

	<input type="checkbox"/>	Floors should be cleaned regularly & spills should be cleaned promptly.
	<input type="checkbox"/>	Cleaning tools (i.e. mops) should be rinsed after use & dry. Fresh cleaning solutions should be made each day, discarding any remaining and allowing container to dry.
	<input type="checkbox"/>	Carpeting & cloth furnishings should not be used in patient treatment or instrument preparation areas.

#### 4. Management of Waste

MUST	SHOULD	
<input type="checkbox"/>		<b>Biomedical waste is classified as hazardous waste. It <u>MUST</u> be handled safely &amp; <u>MUST NOT</u> be disposed with regular garbage.</b> (Pg 32)
<input type="checkbox"/>		<b><u>Must</u> be stored in colour-coded containers marked with universal hazardous symbol and released to an approved biomedical waster carrier for disposal.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Anatomical Waste (i.e. human tissue)</u> <ul style="list-style-type: none"> <li>• <b>Should</b> be separated &amp; collected in RED liner bag labelled with hazardous symbol.</li> <li>• <b>Should</b> be stored in an enclosed storage area marked “Biomedical Waste Storage Area” with symbol that is separate from supply areas, locked and maintained at 4°C or below.</li> <li>• <b><u>MUST</u> be released only to an approved biomedical waste carrier for disposal.</b></li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Non-anatomical Waste (i.e. sharps &amp; blood soaked materials)</u> <ul style="list-style-type: none"> <li>• <b>Sharps (i.e. needs scalpel blades) should be separated &amp; collected in a YELLOW puncture-resistant leak-proof container specifically designed and labelled with universal hazardous symbol.</b></li> <li>• <b>When container has reached maximum capacity, it <u>MUST</u> only be released to an approved biomedical waste carrier for disposal.</b></li> <li>• <b>If blood-soaked materials release liquid when compressed, it should be separated &amp; collected in a YELLOW liner bag labelled with the universal hazardous symbol.</b></li> <li>• <b>If remaining on site for more than 4 days, they should be stored like anatomical waste &amp; <u>MUST BE</u> released to an approved waste carrier.</b></li> </ul>
	<input type="checkbox"/>	Items such as gauze, cotton rolls, and gloves that do not release liquid blood when compressed should be considered as general office waste.
	<input type="checkbox"/>	Extracted teeth are not classified as biomedical waste and should be handled differently.

#### General Office Waste

MUST	SHOULD	
<input type="checkbox"/>		<b>Certain types of waste are detrimental to the environment and are subject to provincial regulations &amp; municipal bylaws which include waste containing mercury, silver, lead &amp; other chemicals. REFER TO THE BEST MANAGEMENT PRACTICES FOR HAZARDOUS DENTAL WASTE DISPOSAL ON NSDA WEBSITE <a href="http://www.nsdenal.org">www.nsdenal.org</a></b>

	<input type="checkbox"/>	The majority of soiled items in dental offices do not require any special disposal methods other than careful containment and removal. (Pg 33)
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### Handling of Extracted Teeth

MUST	SHOULD	
	<input type="checkbox"/>	Extracted teeth without amalgam fillings may be disposed of as general office waste.
	<input type="checkbox"/>	Extracted teeth with amalgam fillings should be treated as mercury containing waste and disposed accordingly.
	<input type="checkbox"/>	If being sent to a dental laboratory for shade or size comparisons, extracted teeth should be cleaned & disinfected.
	<input type="checkbox"/>	Extracted teeth collected for use in pre-clinical education training should be cleaned of visible blood and gross debris, and maintained in a hydrated state in closed container during transportation.

## PART E - Equipment & Area Specific Practice Guidelines (pg 34-39)

### 1. Dental Unit Waterlines

MUST	SHOULD	
	<input type="checkbox"/>	All waterlines should be purged at the beginning of each workday for 2 to 3 minutes. Before purging is done, handpieces, air/water syringe tips & ultrasonic tips should be removed. (Pg 34)
	<input type="checkbox"/>	High speed handpieces should be run for 20 to 30 seconds after each patient.
	<input type="checkbox"/>	Sterile water or sterile saline delivered through a sterilized device should be used when irrigating open surgical sites & whenever bone is cut.
	<input type="checkbox"/>	Appropriate devices (i.e. bulb syringes) should be used to deliver sterile irrigation solutions.
	<input type="checkbox"/>	Offices using closed or other water delivery systems should be following manufacturer's instructions for daily & weekly maintenance.
	<input type="checkbox"/>	Handpiece should then be removed, clean & disinfect area, and another sterilized handpiece attached for the next patient.
	<input type="checkbox"/>	Follow manufacturer's instructions for daily & weekly maintenance of closed or other water delivery systems.

### 2. Dental Handpieces & Other Intraoral Devices

MUST	SHOULD	
	<input type="checkbox"/>	Handpieces & other intraoral devices (i.e. ultrasonic scalers) should discharge air and water for a minimum of 20 to 30 seconds after each patient. (Pg 35)
<input type="checkbox"/>		<b>Handpieces &amp; other intraoral devices that are attached to air or waterlines <u>MUST</u> be sterilized after each patient use.</b>

<input type="checkbox"/>		<b>Components (i.e. attachments for HVAC) should be covered with barriers and changed after each patient. If contaminated, it MUST be cleaned &amp; disinfected.</b>
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### 3. Saliva Ejectors

MUST	SHOULD	
	<input type="checkbox"/>	DHCPs should not allow patients to close their mouths over the saliva ejector tip. (Pg 35)
	<input type="checkbox"/>	Suction lines should be purged between patients by aspirating water or a cleaning solution.

### 4. Single Use Devices

MUST	SHOULD	
	<input type="checkbox"/>	Single use devices are designed to be used on one patient & discarded and should not be reprocessed and used on another patient. (Pg 35)

### 5. Dental Radiography Equipment

MUST	SHOULD	
	<input type="checkbox"/>	Appropriate steps should be taken to prevent cross-contamination of equipment & surfaces. (Pg 36)
<input type="checkbox"/>		<b>Accessories for taking intraoral radiographs MUST be sterilized between patients.</b>
	<input type="checkbox"/>	Care should be taken to avoid placing or removing lead apron with contaminated gloves. Radiography equipment should be protected with barriers and changed between patients. If not using, needs to be cleaned & disinfected after each patient.
	<input type="checkbox"/>	When processing radiographs: <ul style="list-style-type: none"> <li>• Film packet should be dried, placed in container, and transported to development area.</li> <li>• Film should be disinfected &amp; dropped on clean surface without touching and empty packet discarded.</li> <li>• Gloves should then be removed before development film.</li> <li>• Care should be taken to avoid contamination of the development equipment</li> <li>• Protective barriers should be used.</li> </ul>

### 6. Dental Radiography Sensors & Intraoral Cameras

MUST	SHOULD	
	<input type="checkbox"/>	Digital radiography sensors & intraoral cameras should be cleaned & disinfected between patients. (Pg 36)
	<input type="checkbox"/>	If using barriers, underlying surfaces should be examined, cleaned & disinfected if required.

### 7. Laser & Electrosurgery Equipment

(Pg37)

MUST	SHOULD	
	<input type="checkbox"/>	DHCPs should avoid inhaling & coming into contact with laser plumes & smoke by using routine practices, central room suction units & smoke exhaust systems with filters.

## 8. Dental Laboratory Asepsis

MUST	SHOULD	
	<input type="checkbox"/>	Appropriate steps should be taken to prevent exposure of infectious agents to DHCPs and patients or environmental surfaces. (Pg 37)
	<input type="checkbox"/>	Impressions, prostheses or appliances should be cleaned & disinfected as soon as possible after removal from the patient's mouth.
	<input type="checkbox"/>	Semi-critical items should be sterilized after each patient use (i.e. impression trays).
	<input type="checkbox"/>	Non-critical items should be cleaned & disinfected (i.e. articulators, case pans).
	<input type="checkbox"/>	Items used in in-office labs should be sterilized, cleaned & disinfected or discarded after use (i.e. burs, rag wheels, lathes).
	<input type="checkbox"/>	Finished prostheses & appliances delivered to patient should be free of contamination.

## 9. Handling of Biopsy Specimens (Pg 38)

MUST	SHOULD	
<input type="checkbox"/>		<b>To protect persons handling &amp; transporting, specimens <u>MUST</u> be placed in a sturdy, leak-proof container with a secure lid &amp; labelled with the universal biohazard symbol.</b>
	<input type="checkbox"/>	Care should be taken when collecting specimen to avoid contamination. If suspected, clean & disinfect outside of container prior to transportation.

## 10. General and Surgical Aseptic Technique

MUST	SHOULD	
<input type="checkbox"/>		<b>Maintaining aseptic technique is a co-operative responsibility of the entire dental team. Each member <u>MUST</u> develop a professional conscience for infection prevention &amp; control.</b> (Pg 39)
<input type="checkbox"/>		<b>DHCP's <u>MUST</u> utilize appropriate equipment and employ routine cleaning, disinfection &amp; sterilization techniques to prevent disease transmission and ensure patient safety.</b>
	<input type="checkbox"/>	Aseptic techniques should be performed including: <ul style="list-style-type: none"> <li>• effective hand hygiene</li> <li>• wearing appropriate clinical attire</li> <li>• proper handling of sterile instruments</li> </ul>
	<input type="checkbox"/>	If an item is needed for a procedure, but not on the procedure tray, it should only be retrieved using transfer forceps or by first ensuring that the DHCP's hands are clean. Transfer forceps should be readily available at all times.
	<input type="checkbox"/>	For major dental procedures, every item handled by the dental surgeon should be sterile or have a protective sterile covering. (Pg 38)

## **PART F - Alternative Practice Settings (pg 40-41)**

<b>MUST</b>	<b>SHOULD</b>	
<input type="checkbox"/>		<b>Settings where dental or dental hygiene services may be provided (i.e. group homes, educational facilities, hospitals, private residences) <u>MUST</u> ensure infection control protocols are followed &amp; patient safety is maintained. (Pg 40)</b>
<input type="checkbox"/>		<b>DHCP's <u>MUST</u> Review sterilizing policy of alternative practice setting before practice begins.</b>
<input type="checkbox"/>		<b>All biomedical waste <u>MUST</u> be disposed of properly &amp; NOT with regular garbage.</b> <ul style="list-style-type: none"> <li>• <b>Stored in colour coded containers marked with the universal biohazard symbol.</b></li> <li>• <b>Released to an approved biomedical waste carrier for disposal.</b></li> </ul>
	<input type="checkbox"/>	Mercury-containing items should be treated as hazardous materials & should not be thrown in the garbage & liquid mercury should never be poured down the drain. (Pg 41)
<input type="checkbox"/>		<b>Sharps <u>MUST</u> be separated, collected in puncture-resistant, leak-proof container &amp; released to an approved biomedical waste carrier for disposal.</b>
<input type="checkbox"/>		<b>Sterile instruments <u>MUST</u> be transported in sealed packages to maintain sterility until opened for use onsite.</b>
<input type="checkbox"/>		<b>Contaminated instruments <u>MUST</u> be packaged in sealed, sturdy, leak-proof containers to prevent cross-contamination &amp; reduce risk of exposure to everyone as well as contamination of environmental surfaces.</b>
	<input type="checkbox"/>	Disposable sharps should be removed & disposed of in a puncture-resistant container at point of use prior to transportation.
	<input type="checkbox"/>	A process should be in place to ensure differentiation between sterilized instruments and contaminated instruments (i.e. colour coding).