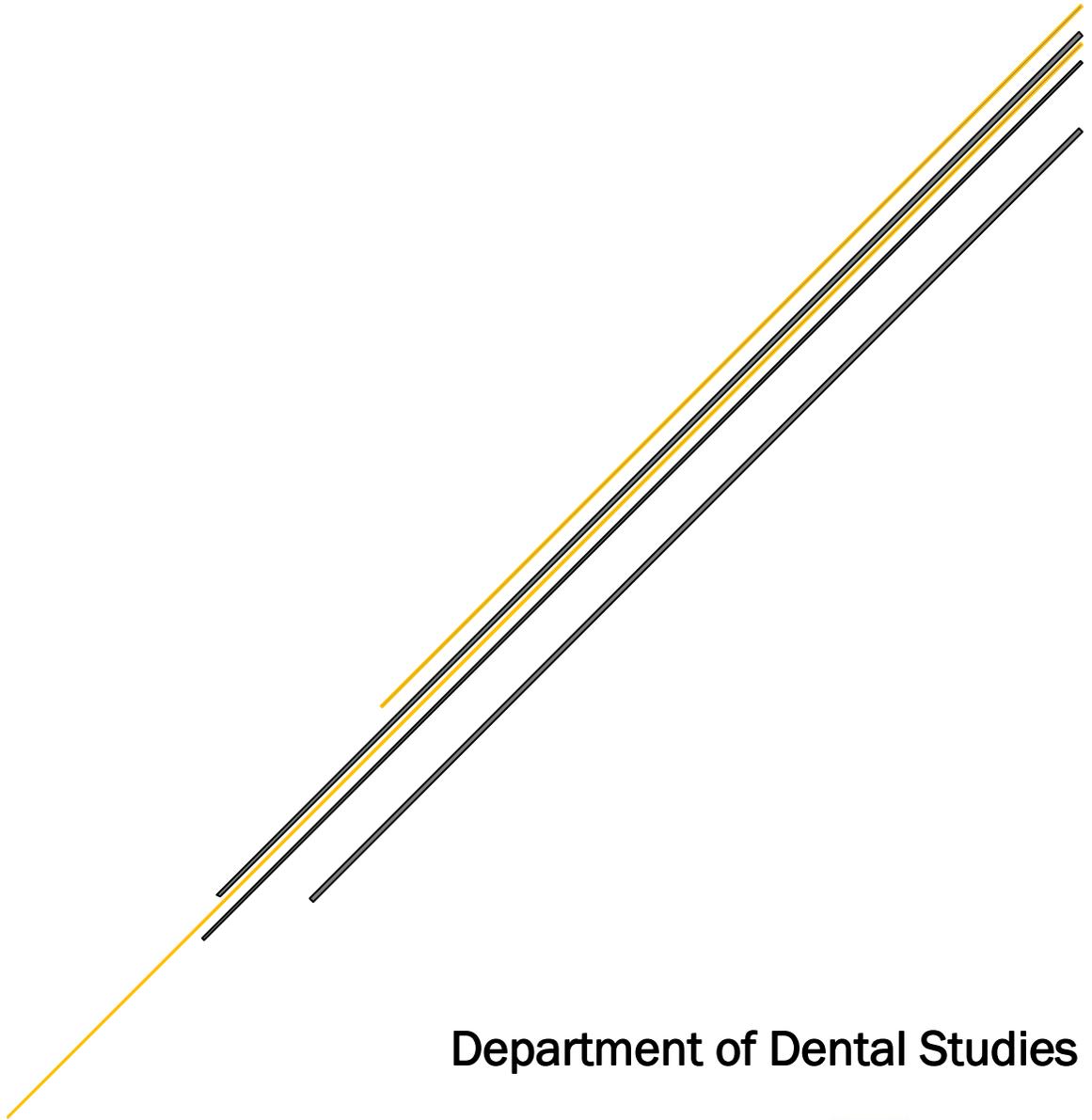


INFECTION AND HAZARD CONTROL

POLICIES AND PROCEDURES



Department of Dental Studies



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Introduction

The TJC Department of Dental Studies has outlined the following policies and procedures in order to comply with established standards for infection and hazard control. It is the responsibility of all healthcare providers to uphold these standards for the protection of patients, clinicians, and staff. The focus is to eliminate the chances of injury, cross contamination, and disease transmission of infectious agents. The guidelines which align with the Organization for Safety, Asepsis and Prevention (OSAP) must be followed for every instrument handled and every material utilized in the dental clinic and assigned clinic rotation sites.

Definitions

Universal/Standard Precautions Protocol

Universal Precautions are guidelines based on treating all human blood and body fluids (saliva; mucous membranes) as potentially infectious.

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.

- Hand Hygiene
- Use of personal protective equipment
- Respiratory hygiene/ Cough etiquettes
- Sharps protocol
- Safe injection practice
- Sterilization
- Clean/Disinfection of environmental surfaces

Engineering and Work Practice Control

Engineering controls serve to reduce exposure in the workplace by either removing the hazard or isolating the worker from it. Generally, this is achieved through the use of equipment designed for this purpose.

Work practice controls reduce the likelihood of exposure through changes in the way in which a task is performed. This provision reduces risk by requiring that tasks be performed in the safest manner possible.

Appearance/ Personal Hygiene

Dental clinicians choose to work with people in a health care setting. In order to function effectively in this capacity, it is imperative to reflect an attractive and healthy appearance. Appearing clean, healthy and attractively groomed to others adds validity and believability to the health care provider. Specifically, personal hygiene means: daily bathing, frequent shampooing, and regular use of deodorant. It also means thorough and daily use of toothbrush and dental floss.

Scrubs

The clinic uniform means that the student is wearing clean, spotless regulation scrubs (no t-shirt type tops or jogging type pants) and disposable lab coat with name pin. Shoes worn in the clinical environment must be closed toed, clean athletic type tennis shoes or nursing type shoes. We recommend shoes be impermeable, wipeable, and not contain any mesh. We recommend having a pair of shoes to be worn for

clinical purposes only. Clean socks need to be worn (no bare feet in shoes). Closed toed shoes must be worn when entering the treatment area of the clinic.

- The uniform shall be free of wrinkles, stains and odors. Pants legs must not touch the floor.
- Scrubs that are not in good condition or that do not fit properly must be replaced.
- Jackets, coats, or sweaters must not be worn over scrubs while in clinic.
- Anytime a student is in clinic for class-clinic sessions, rotations of any type, and/or observation, or otherwise representing the TJC Dental Program, the TJC Clinic Scrubs must be worn. Students not adhering to the clinic dress code will be sent home.
- Name tags must be worn when a student is in clinic. It is worn on the right side.
- Shoes and shoelaces must always be clean.
- Official TJC scrubs shall only be worn for TJC related events; they are not to be worn in public when students are not representing the school.

Hair

- Hair must be clean and neat. Hair may touch the collar but must always be controlled and out of the face and eyes.
- Hair must not hang below shoulder level. If hair is long, it must be worn up or pulled together at the back of the neck. Long ponytails must be secured with clips or pins above the collar level.
- Headbands without embellishments are allowed. Headbands and clips must be compatible with disinfection techniques. Headbands must not include letters/words.
- Hair must be worn in the appropriate style any time the student is in uniform or a lab coat, whether on or off campus.
- Male students must be clean-shaven, with the exception of short and very neatly trimmed beards, mustaches and/or sideburns.
- Unnatural hair color and/or glaring artificial hair extensions will not be allowed.

Hands

- Fingernails must be clean and neatly trimmed.
- Ensure that when the hand is facing up (looking at the palm), that the nails are not long enough to be seen beyond the ends of the fingers.
- Nail polish and artificial nails are prohibited.
- Use cuticle remover regularly and clip hangnails. Do not tear or chew them as it can cause an area where bacteria can enter.
- Hands must be free of any odors. This is especially true for tobacco odors.

Perfume (includes scented sprays and lotions)

- Perfume must not be worn when in scrubs and coming into the clinic for any reason such as clinic session, any rotations, or observations, or to assist another student.

Teeth and Breath

- Avoid food seasoned with garlic and onions before coming to clinic.
- Dental professionals work with their faces only inches away from the patient's nose. Therefore, precaution must be taken to avoid halitosis. Proper oral hygiene is essential for clinical credibility with the patient.

Gum

- Gum chewing is not allowed at any time when in the clinic.

Smoking

- Do not smoke right before clinic.
- Smoking is not allowed on the TJC campus.
- Students must not carry the smell of cigarette smoke/tobacco in clothing or hair when working in the clinic. A student who smells of tobacco will be asked to remove the odors in whatever manner necessary. If it is necessary for the student to go home, an absence will be recorded.

Jewelry

- Only a wedding ring/engagement ring and a watch are permitted. Smart watches with texting capability are not allowed on the clinic floor.
- Small, simple earrings for students with pierced ears are permitted. They must not extend beyond the ear lobe. Hoops, dangling earrings, and industrial bars are not permitted. This is for safety purposes. This applies to both male and female students.
- Necklaces must not be visible. They must be tucked inside the scrubs/lab jacket.
- Student's code of conduct grade will be affected if unacceptable jewelry is worn in clinic. These rules apply any time the student is in uniform in the clinic.

Piercings

- Students who have piercings other than in the ear must remove the jewelry before clinic, any rotation, community presentation or social function where the student is representing TJC Department of Dental Studies. This includes any facial piercing or oral piercing.
- Oral or facial jewelry is not acceptable in the classroom since the student is representing the TJC Department of Dental Studies.

Tattoos

- Tattoos must be covered either by the uniform, socks, bandages, or appropriate concealing make-up during clinical sessions and rotations, in the classroom, and while participating in outside rotations, community service, or social functions where the student is representing TJC Department of Dental Studies.

Handwashing

- Hand hygiene is the most important measure to prevent the spread of infections among patients and dental healthcare professionals. For routine dental examinations and nonsurgical procedures, use water and plain soap (hand washing) or antimicrobial soap (hand antisepsis) specific for health care settings or use an alcohol-based hand rub. Although alcohol-based hand rubs are effective for hand hygiene in health care settings, soap and water should be used when hands are visibly soiled (e.g., dirt, blood, body fluids).

Perform hand hygiene

- When entering and exiting the TJC dental clinic.
- When hands are visibly soiled.
- After barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or respiratory secretion.
- Before and after treating each patient.
- Before putting on gloves and again immediately after removing gloves.

Use of Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect dental healthcare professionals from exposure to or contact with infectious agents.

Examination Gloves

Wear gloves when there is potential for contact with blood, body fluids, mucous membranes, nonintact skin or contaminated equipment.

- Do not wear the same pair of examination gloves for the care of more than one patient.
- Do not wash examination gloves. Examination gloves cannot be reused.
- Perform hand hygiene immediately after removing examination gloves.

Utility Gloves

Wear utility gloves when handling contaminated instruments and equipment following patient care. Utility gloves must be puncture resistant to prevent any instrument stick. Refer to department exposure protocol in the instance an accident occurs. Wash utility gloves with soap and water, dry thoroughly, place in plastic bag and store in drawer or locker after use.

Face Mask

A fluid resistant face mask is to be worn over the nose and mouth during procedures or activities where contact with blood, saliva, or other potentially infectious material is anticipated. Mask should never be worn below the nose, on the chin, or hanging from one ear lobe. Mask should be changed between patients, or during patient treatment if it becomes visibly soiled.

Protective Eyewear

(Face Shield, Goggles)

Protective eyewear is to be worn to protect the eyes against splattered solutions, caustic solutions, and dental materials/ equipment that might become dislodged. OSHA requires the use of protective eyewear with both front and side protection during exposure prone procedures. If wearing prescription glasses, protective eyewear is still required either by adding side and bottom shields or additional eyewear that can be worn over the prescription glasses.

Patient Safety glasses must be offered to the patient prior to the beginning of treatment. Patients may choose to wear their own glasses if they provide enough coverage of the eye area. Students must inform a professor and document in the Eaglesoft Note History if a patient refuses to wear safety glasses.

Protective Clothing

(Reusable or Disposable Gown, Jacket, Laboratory Coat)

Wear protective clothing that covers skin and personal clothing during procedures or activities where contact with blood, saliva, or other potentially infectious material is anticipated. Protective clothing is always to be worn in the TJC dental clinic.

- Remove any protective clothing before exiting the dental clinic.
- Dispose of protective clothing at the end of the clinic day or between patients if any contact was made with blood, saliva, or any other potentially infectious material.
- Dispose of and replace protective clothing if it becomes visibly soiled.

Personal Habits and Eating

- OSHA prohibits eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure.
- The OSHA Standard also prohibits storage of food and drink in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Minimize Exposure

All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances, e.g. high-volume evacuation.

Specimens

Specimens of blood or other potentially infectious materials should be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping. The container should be labeled with the biohazard symbol or color coded in red and closed prior to being stored, transported or shipped. If outside contamination of the primary container occurs, it should be placed within a second container.

Biohazards

The OSHA Standard section “Communication of Hazards to Employees” includes information regarding training of those employees with occupational exposure. This section of the manual also includes labeling requirements and provides a biohazard label for your use.

Material Safety Data Sheets

A Material Safety Data Sheet (MSDS) is a document that is provided by a chemical product’s manufacturer. The document contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely when utilizing that particular chemical product. The MSDS documents can be found on all computers in the TJC dental clinic by selecting the labeled icon on the home screen. After opening the icon, search the product’s name, and the MSDS will generate. An alternative method for searching for an MSDS is to look up the supply representative’s website (Patterson Dental), search the product name, and select the fire and safety protection symbol. The MSDS will generate in a PDF document.

Biohazard Labels

- The required label is the biohazard symbol and the legend “Biohazard” (shown below) which should be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
- Labels should be affixed or attached as closely as possible to the container, so that there is no possibility of loss. Alternatively, labels can be imprinted on the container or bag.
- Red bags or red containers may be substituted for labels.

- Regulated waste that has been decontaminated need not be labeled or placed in red bags. For example, autoclaved waste would not be labeled.
- Biohazard labels are to be placed on containers of regulated waste, e.g. sharps containers. Laundry contaminated with blood or other potentially infectious materials must also be labeled or color coded.



Small Biohazard Bags

Small Biohazard bags are to be used in the dental clinic operatories. Be sure to close the small biohazard bags before placing them in the large biohazard container, located in the sterilization area. Do not touch any items with bare hands that have been contaminated by tissue, blood, or saliva products. Biohazard bags that have been used must always be replaced with a clean, new bag

Sharps Protocol

Contaminated needles and other contaminated sharps should not be bent, recapped, or removed, except as follows:

- Employer can document that no alternative is feasible or that such action is required by a specific medical procedure.
- Recapping or removal must be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited. Immediately or as soon as possible after use, contaminated reusable sharps should be placed in appropriate containers until properly reprocessed.

Sharps Container

Function: To serve as storage receptacle for used needles, old burs, scalpel blades, orthodontic wire, endodontic files, and all other disposable sharp items used intraorally. Typically, red in color.

Practices: Container must be puncture resistant, leak proof, and labeled with “Biohazard”. These containers should contain a reclosable lid. A sharps container is located in between each operatory in the TJC dental clinic. Filled sharps containers are transported to an offsite hazardous waste facility. If outside contamination of the primary container occurs, it should be replaced with a second container.

Sterilization/Disinfection Procedures After Patient Care

Clinical contact surfaces become contaminated during patient treatment from the generation of direct or indirect contact. Clean and disinfect clinical contact surfaces after each patient.

- Touch Surfaces- directly touched and contaminated during treatment procedures
- Transfer Surfaces- not directly touched but come in contact with contaminated instruments or materials used during patient treatment.
- Splash and splatter surfaces- do not directly encounter contaminated instruments or materials. This occurs from the release of potentially contaminated aerosols or moisture during procedures.

Operator drawer and cabinets

Operator draws and cabinets located in the operatories become contaminated during patient treatment by direct contact or splash and splatter. All drawers and cabinets must be wiped down with an EPA registered hospital disinfectant during disinfection of the operatory. No gloves are to be worn when opening cabinets or drawers to prevent the possibility of cross contamination.

Environmental Surface and Equipment Disinfection

OSHA Bloodborne Pathogens Standard requires that contaminated work surfaces be disinfected between patient visits. The TJC dental clinic protocol is “wipe-discard-wipe” for surface cleaning and disinfecting. Surface areas are pre-cleaned with EPA hospital disinfectant tuberculocidal wipes followed by thoroughly wiping all areas with fresh EPA hospital disinfectant tuberculocidal wipes. Allow the area to sit for the manufacturer recommended time to kill *Mycobacterium tuberculosis*.

Another method practiced is the “spray-wipe-spray” technique. Spray the area with an EPA hospital disinfectant spray, wipe the surfaces with an EPA hospital disinfectant wipe, and respray the surface with an EPA hospital disinfectant spray. Allow the area to sit for the manufacturer recommended time to kill *Mycobacterium tuberculosis*.

Disinfect Clinical Operatories

Before seeing patients:

1. Put on PPE (gown and non-latex utility gloves)
2. Obtain disinfecting wipes and get fresh wipes when the one being used starts drying out.
3. In a systematic order, wipe down the dental unit:
 - a) Dental light with baby wipe ONLY, no disinfectant
 - b) Handle, switch, and arm of dental light
 - c) Dental chair
 - d) Bracket table and arm
 - e) Water bottle
 - f) All hoses, holders, and air water syringe
 - g) Operator’s stool and adjustment levers
 - h) Countertops
 - i) Cabinet knobs
 - j) Safety glasses
 - k) Countertop, sink, faucet, and soap dispenser
4. Wash utility gloves with soap and water, dry thoroughly, place in plastic bag and store in drawer or locker
5. Wash hands following handwashing protocol
6. Fill water bottle up to curve of bottle and place ICX tablet into water
7. Screw on water bottle, turn unit on, and flush lines for 2 minutes
8. Place barriers
 - a) Light handles and switch
 - b) Cover chair and bracket table
 - c) Sleeves over handpiece and suction
 - d) Operator’s stool and lever
 - e) Handle for computer monitor

- f) Mouse and keyboard
- g) Pens, pencils, and wet erase marker
- h) Have one wrapped pen, and one unwrapped pen

Sterilization of Instruments

1. Put on utility gloves.
2. Remove and discard all disposable items.
 - a) All sharp, disposable items are to be disposed of in puncture-proof containers available in the sterilization room and between operatories.
3. Prepare instruments for sterilization.
 - a) Inspect instruments for bio burden and remove any debris with gauze.
 - b) Close and lock cassette and take to sterilization room.
 - c) Place the cassette on rack in Miele and run the Miele according to the directions. Or place the cassette/ instrument in the ultrasonic.
 - d) Remove cassettes/ instruments.
 - e) Place cassette in labeled sterilization bag; seal bag.
 - f) Load in the autoclave for sterilization
 - g) Remove bags from sterilizer, ensure that the bags have reached appropriate heat temperature, and place in appropriate drawer or locker.

Ultrasonic Cleaning Unit

Function: to remove debris and bioburden from instruments. Reduces the risk of exposure to pathogens during the cleaning stage of the sterilization process. Debris is removed by mechanical means; sound waves create tiny bubbles that cause inward collapse and removal of material.

Practice: Check the enzyme solution ratio per gallon and compare to the size of the ultrasonic tank. Enzyme dose should match the ratio listed by the manufacturer. Lid must be closed during operation of the unit. Instrument process takes 3-10 minutes to complete. Mask, utility gloves, eye protection, and laboratory jacket must be worn while operating the ultrasonic unit. After use of the ultrasonic instruments must be thoroughly rinsed and dried to be sterilized.

Miele

Function: Automated washing/disinfecting units use a combination of very hot water recirculation and detergents to remove organic material. These units are classified as a thermal disinfectant.

Practice: the TJC dental clinic has two Miele instrument washing units in the sterilization lab. Items can either be placed in the Miele to remove debris or placed in the ultrasonic. Clean cassettes/instruments must be placed in a sterilization pouch and sterilized in autoclave after removal from Miele before being used for patient treatment. Mask, utility gloves, eye protection, and laboratory jack must be worn while operating the Miele.

Steam Autoclave

Function: used to sterilize dental instruments and other items by means of steam under pressure. Sterilization kills all forms of microorganisms. All reusable items that come in contact with the patient's blood, saliva, and mucous membranes must be heat sterilized.

Practice: When loading the autoclave, ensure that the bag has been labeled properly. Add an additional label to the bag in the upper right corner with the autoclave #, date, and initials. This will ensure that

instruments can be readily identified in case of a sterilization problem. The student who is initialing the upper right corner of the bag is responsible for making sure the bags have been labeled correctly and that the proper instruments have been placed in the bag. Sterilize instruments in autoclave according to protocol. When opening the sterilizers, use towels if you need to touch the outside and tray holders to remove trays for the unit. The sterilizers are hot and can burn you. Make sure that sterilizers vent properly. Instruments are to be stored according to the label on the sterilization pouch.

Cold Sterilization

Function: Glutaraldehyde is classified as a high-level disinfectant/sterilant commonly referred to as the method of cold sterilization. This is an additional method of sterilization for items that cannot be heat sterilized. Glutaraldehyde is very toxic and should be handled carefully to avoid the fumes. Always wear safety goggles, utility gloves, and mask when dealing with Glutaraldehyde.

Practice: A container is set up in the simulation laboratory that is utilized for cold sterilization. Lid must always remain on the container. Proper labeling must be on the lid of the container along with a Biohazard symbol. Items placed in the cold sterilant must remain fully submerged for the duration of the class time and overnight. Remove items from the Glutaraldehyde using recommended PPE and rinse items thoroughly. After items have been dried place in the proper storage location. The Glutaraldehyde is only effective for 28 days and must be discarded and replaced after the time has expired. Glutaraldehyde can be disposed of down the drain if flushed with cold water afterwards.

Statim Cassette Autoclave

Function: Quickly sterilizes to kill all microbes, viruses, bacteria, and fungi with steam under pressure.

- Sterilizes instruments at 270 degrees
- Time: 3 minutes for unwrapped instruments
- Time: 15 minutes for wrapped instruments

Practice: Use fresh stream distilled water with every cycle.

Maintenance of Autoclave/Statim

Cleaning of the sterilizers are to be performed monthly. Instructions for cleaning the sterilizers (based on manufacturer recommendation) is located on the back of the cleaning solution bottle that is stored above the Statim. Biological monitoring is to be completed on each sterilizer weekly. A log is kept in the cabinets above the Statim documenting the maintenance protocols that are performed in sterilization.

Biological Monitoring

Function: Commercially prepared monitors to assess that sterilization has occurred. Supplied as paper strips or sealed glass ampules of bacterial endospores.

Practices: Must be completed weekly by OSHA regulations. TJC dental hygiene clinic uses glass ampules and incubators to determine that the sterilizers are functioning properly. Strips/glass ampules are placed in the sterilizer along with the instrument load. One on the top rack and one on a lower rack. When the cycle is complete, the spores are cultured to determine if any have survived. Strips are sent out for incubation and glass ampules are tested in-house. This is completed every Thursday.

Dropped Instrument Protocol

In the instance an instrument is dropped on the clinic floor, the instrument is considered contaminated. The instrument is to not be used for patient care until it has followed the sterilization protocol. During

patient use, the student is to remove exam gloves, retrieve a new instrument, place on a new set of exam gloves, and continue patient care. If extra instruments are not available, the student is to stop the procedure, pick up instrument while gloved, and follow sterilization protocol. New gloves should be worn to continue patient treatment.

Laboratory Safety and Infection Control Policy

Laboratory safety

Providing a variety of dental and dental hygiene services puts you at risk of potential exposure to a variety of hazards. These types of hazards include, but not limited to infectious materials, hazardous chemicals, and/or physical dangers that could result from day to day coursework or activities performed in the dental simulation laboratory. Precaution needs to be taken at all times to ensure that you, your peers, and instructors are not at risk of occupational exposure.

Personal Protective Equipment

Laboratory jackets and safety goggles must always be worn while in the simulation laboratory. Other personal protective equipment that might be required based on activities include, but is not limited to, examination gloves and face mask.

Simulation Lab Cabinets

Laboratory cabinets are designated storage space for dental materials and equipment needed to complete required assignments. Students can enter cabinets to retrieve necessary materials and equipment. Cabinets are always to be kept neat and clean.

Stations

Each station is labeled with a specific number and all materials that belong at that station are labeled with the same number. All items used for class purposes must be returned to the specific station that it was retrieved from. Students are required to keep their assigned station stocked and clean before dismissal of each assigned class time.

Ventilation

Dental laboratories are required to have proper ventilation to protect against fumes or particles that are accumulated in the air during activities. The TJC simulation laboratory has two separate ventilation machines located on both sides of the laboratory. Ventilation is obtained by turning on the switch located on the top of the ventilation box.

Operation of equipment

Vibrator

Function: to vibrate material in mixing bowl to remove air bubbles from mixing plaster, stone, or die stone.

Practice: Place plastic cover on vibrator work surface to keep vibrator free from material. Disinfect after use.

Vacuum Former

Function: used to make custom trays, mouth guards, and splints. Heats up different size sheets of plastic to adapt to models.

Practice: Unit contains a heating element and vacuum adapter. Sheets of plastic held under the heating element by a frame and adjustable arm. Model is placed on vacuum table. Once material is heated, the arm is dropped, and the vacuum is turned on to suction the materials tightly onto the model. Eye protection must be worn when operating the vacuum former. Be careful to not burn yourself on heating element.

Model Trimmer

Function: to trim plaster, stone, or die stone models. Has an abrasive grinding wheel to grind excess plaster, stone, or die stone from the models. Water runs next to the grinding wheel to reduce heat, reduce the dust created by grinding, and keep the wheel clean.

Practice: Glasses and mask must be worn while trimming models. Hair must be pulled back in a ponytail to prevent from catching in grinding stone. Be very cautious of hands around the grinding wheel. Make sure water is turned on before use of the model trimmer. Always use precautions.

Cleaning/Disinfecting Dental Materials

All materials that are exposed to patients must be disinfected before using the equipment in the simulation laboratory. This ensures to not cross contaminate when using the equipment. In the instance that a material was not disinfected before use on the equipment in the laboratory, proper thorough disinfection of the equipment is required immediately following use.

Emergency Procedures

Medical Emergency in the Dental Clinic

The student is expected to:

1. Perform prophylactic procedures for preventing emergencies prior to treatment at each appointment (or ascertain that this has been accomplished) that includes:
 - a) review of the medical/dental history.
 - b) a general assessment of the patient.
 - c) checking vital signs.
2. Evaluate and identify symptoms of medical emergencies which may occur in the clinic including:
 - a) Circulatory emergencies
 - Syncope
 - Shock
 - Toxic reaction
 - Cardiac arrest
 - Angina pectoris
 - Acute myocardial infarction
 - b) Neurological disturbances
 - Seizures
 - Cerebrovascular accident (stroke, CVA)

- c) Allergic reactions
 - Anaphylaxis
 - Allergic reactions
 - Acute asthmatic attack
 - d) Metabolic disease
 - Diabetic hypoglycemia
 - Diabetic hyperglycemia
 - e) Respiratory disturbances
 - Hyperventilation
 - Airway obstruction
3. Summon aid immediately without alarming the patient or other patients. Notify nearest clinical professor or supervising dentist. Follow steps A-B-C-D.
 - a) If there is an emergency with your patient in the clinic, stay with the patient at all times (you do not go to get help), and calmly tell the student in the dental unit next to you “CODE 5”.
 - b) The student next to you should immediately stop what he/she is doing and calmly go to the nearest clinical professor/staff or supervising dentist. Student should interrupt the faculty/staff or dentist saying “CODE 5 in unit number ____”. This student then tells another faculty/staff member to dial 911 to request an ambulance. The clinic specialist will notify TJC campus safety officers.
 - c) The supervising dentist will go to the patient, check for vital signs and administer proper first aid and/or basic life support with the help of the student or a clinical faculty/staff member until emergency care arrives.
 - d) The student next to the “CODE 5” should be available to get the emergency kit, AED, and oxygen to take to the dentist.
 4. Initiate emergency procedures until proper help arrives.
 5. Describe onset of condition and subsequent signs or symptoms to emergency team.
 6. Assist the attending emergency team in administering required emergency treatment, as directed.

Emergency Equipment

1. A pulse oximeter is available in the red crash cart.
2. Emergency oxygen is readily available in the sterilization room in the dental clinic.
3. An emergency kit is readily available in the sterilization room in the dental clinic.
4. An AED is available in the sterilization room in the dental clinic. The AED is mounted on the wall in the southwest corner of the room (RNHS 1.146), near the oxygen and first aid kit.

Exposure Protocol

In the event the student, faculty/staff member or other supervising person punctures himself or herself with a sharp (instrument, needle, etc.) contaminated with blood, saliva or other body fluid, or is splashed in the eye with a body fluid, the following protocol will be followed:

1. Immediately stop working and stop procedure.
2. Check for puncture mark in skin or splash to the eye.
 - a) If a puncture mark exists or splash has occurred, thoroughly wash area with antiseptic soap or eye wash.
3. While washing hands, compress wound, if any, for 30-60 seconds.

4. Immediately notify the clinical coordinator on duty in the on-campus dental clinic or other supervising faculty if in hospital, lab, or clinical site.
 - a) In hospital setting: Follow the appropriate protocol within that facility (See your Student Handbook). Appropriate paperwork (see below) needs to be filled out for TJC.
 - b) Outside of a hospital setting: If at a clinical site, follow the appropriate protocol within that facility. If labs are not ordered by the facility, within two hours report to the TJC Health Clinic in Robert M. Rogers Nursing and Health Sciences Building for evaluation by the physician and referral to a lab.
 - c) At the on-campus dental clinic or on-campus lab: Exposed individual should be sent to the UT Health East Texas campus clinic in the Robert M. Rogers Nursing and Health Sciences building for evaluation by the physician and referral to a lab.
 - DRL Lab - Tyler Collection Sites
 - 1100 East Lake, Suite 270; 903-593-059
 - 1720 South Beckham, Suite 107; 903-533-8796
 - 700 Olympic Plaza; 903-596-3294
 - 3910 Brookside Drive, Suite 200; 903-266-7965
 - If after hours, go to a hospital emergency room for evaluation and labs.

The clinical coordinator or supervising faculty will...

1. Make sure the source patient is advised of the necessary testing to be completed. Clinical site, hospital, or on-campus dental clinic protocol will be followed.
2. Within 72 hours notify TJC Campus Police so an incident report can be completed.
3. Complete an injury report and any other necessary documentation, and make sure the exposed individual (student or faculty) has the necessary insurance forms for documentation and submittal to TJC.

Other important information:

- The TJC Health Services Clinic, from 8:00 a.m. – 5:00 p.m., will refer the exposed individual to the appropriate contracted lab and treat the exposed individual accordingly. Lab tests will include syphilis, Hepatitis B, Hepatitis C, and HIV.
- The exposed individual will be responsible for transportation to the lab or emergency room.
- Student expense is covered by TJC insurance as a secondary claim to any primary insurance available. The department chair or designated person should forward all paperwork to Campus Services (Dana Ballard) for submittal to the insurance company. The student is responsible for filling out and submitting the claim forms to the college.
- Source patient testing should be ordered and done at the expense of the clinical site per their protocol.
- If the exposure happens at the on-campus dental clinic, source patient testing will be done at the expense of the college if the patient goes to the referral site (TJC Health Services Clinic and DRL Lab). But if the patient chooses another physician and/or lab, all fees will be at the expense of the source patient.

Questions and information:

Dana Ballard, Assistant Director, Campus Services
903-510-3313

Eye Wash Station

In the event that a foreign body gets into the eyes, eye wash stations are available for emergency care. The stations are located in the sterilization room (1.146) and in the pre clinic/dental materials lab (1.147) and they are attached to sinks. The eye wash stations are marked for easy direction. Students are instructed in the use of these stations. All incidents of injury should be reported to the clinic coordinator.

OSHA/Government Links

- OSHA key points for the dental office (ADA, 2017):
- <http://www.ada.org/en/member-center/oral-health-topics/occupational-safety-and-health-administration>

- General requirements (OSHA, 2016):
- https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9777

- Blood-borne pathogens (OSHA, 2016):
- https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

- Eye and face protection (OSHA, 2016):
- https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9778

- Medical services and first aid (OSHA, 2016):
- https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9806

- Ionizing radiation (OSHA, 2016):
- https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10098

- Hazardous materials (OSHA, 2016):
- https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10106

- **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
- [HTTP://WWW.HHS.GOV/](http://www.hhs.gov/)
- **U.S. DEPARTMENT OF LABOR**
- **OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION**
- **DENTISTRY STANDARDS**
- [HTTP://WWW.OSHA.GOV/SLTC/DENTISTRY/INDEX.HTML](http://www.osha.gov/SLTC/DENTISTRY/INDEX.HTML)

References:

- CDC Guidelines for Infection Control in Dental Healthcare Settings- 2006
- Dental Assisting, Donna J. Phinney, Judy H. Halstead, 4th Edition
- Modern Dental Assisting, Doni L. Bird, Debbie S. Robinson, 12th Edition