

A-dec Equipment Asepsis Guide



Introduction

A-dec is committed to providing appropriate asepsis guidelines based on these goals:

- To encourage and support dental professionals in practicing state-of-art dental equipment asepsis
- To develop practitioner and patient confidence in realistic, effective, and economic dental equipment asepsis methods
- To provide guidance in helping practitioners protect their investment in dental equipment

A-dec continually evaluates asepsis procedures and products so that we can deliver information that is consistent with the above stated goals.

If you have comments or questions, please call, write, or e-mail:

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A-dec, Inc.
2601 Crestview Drive
Newberg, OR 97132 USA
1.800.547.1883
InfectionControlSpecialist@a-dec.com

You can find additional information on dental infection control from the Organization for Safety and Asepsis Procedures (OSAP):

 OSAP
PO Box 6297
Annapolis, MD 21401, USA
1.800.298.6727
www.osap.org

Surface Management

"What surface disinfectant should I use?" Ideally, there would be a simple answer to this question. However, with so many infection control requirements and increased concerns about damage to dental equipment, there are no simple answers. No materials available for the manufacturing of dental equipment are impervious to every chemical, but some materials are better than others.

A-dec does incorporate the most chemical-resistant materials available in its product lines, but there are also thousands of dental units in service that were produced long before the heightened attention to infection control. Even more planning and care must be given to prevent premature damage to older equipment.

Just as there are no materials used in the manufacturing of dental equipment that will withstand every chemical, no chemical should be considered harmless to dental equipment. Even the surface disinfecting chemicals previously published in A-dec Instructions for Use as "least harmful" can damage equipment over time.

In addition to the many chemicals that are available for surface disinfecting, a wide range of methods are used by practitioners to deal with surface contamination. These methods can either decrease or prolong the life of dental equipment. For instance, some dental practices rely on frequent copious applications of disinfecting chemicals that may not only be unnecessary, but also are expensive and damaging. Other dental practices incorporate single-use barriers and disposable items that significantly reduce the frequent need for chemical usage, prolonging the life of the equipment.

Besides surface disinfectants, there are many other factors contributing to dental equipment damage. Handpiece lubricants, residual sulfur in latex gloving, chemical sterilants, heat, humidity, cleaning chemicals, the applicators used to apply cleaning and disinfecting chemicals, ultraviolet light, dental treatment materials, and high mineral content water are just a some factors related to dental equipment damage.

Surface Management is a term used at A-dec to describe the collective use of products and methods to deal with equipment asepsis issues. With proper surface management techniques, effective infection control can be ensured and practitioners can protect dental equipment from premature damage. The question shouldn't simply be "What surface disinfectant should I use?" The question should be "How can I best manage the surfaces on my dental equipment?"



BIOHAZARD Biohazard from dental equipment can result in life threatening disease to patients and staff. Use appropriate precautions including PPE (Personal Protective Equipment), barriers, disinfectant, and sterilization to minimize exposure hazard.

Surface Management Protocol

Keeping previous issues in mind, following is A-dec's recommended surface management protocol:

1. Heat sterilize all items that enter the oral cavity (or use single-use disposable replacements). A-dec and related products that are designed for use in the oral cavity include the following. (Many other items found in the dental operatory fall into this category as well).
 - Highspeed handpieces *
 - Attachments *
 - Tooth dryers
 - High volume evacuation (HVE) and saliva ejector (SE) tips
 - Syringe tips

- Intraoral cameras **
- Ultrasonic scalers
- Curing lights ***

* While bur tools are not used in the oral cavity, they are used on handpieces and must also be pre-cleaned and heat sterilized.

** The intraoral camera uses sheaths and should not be sterilized.

*** Only the curing light rod should be removed and sterilized.

2. Identify and manage *touch surfaces* and *transfer surfaces*, reducing their number in the dental operatory.

Touch surfaces are those areas that require contact and become potential cross-contamination points during dental procedures. The key word is *require*. Many surfaces in the dental operatory could be touched during dental procedures, but only a few require touching. For example, dental lights typically are repositioned (and thus, touched) during most procedures. If only the light handle is touched during this positioning and not the housing, arm, or other parts of the light, the number of touch surfaces has, in effect, been minimized.

Also, the light switch could be operated with the forearm, eliminating it as a touch surface. Surfaces contaminated by contact with instruments or other inanimate objects are identified as *transfer surfaces*. Handpiece holders and instrument trays are examples of transfer surfaces. Well thought-out operatory setup and disciplined chairside procedures will contribute to reducing the number of transfer surfaces in the operatory.

3. Use barriers (covers) on all touch surfaces and transfer surfaces (unless the surface is on an item that enters the oral cavity, which must be heat sterilized or disposed). Replace barriers between patients. Use barriers made from waterproof material. Use care to prevent cross-contamination when removing a contaminated barrier cover.
4. Use surface disinfectants on touch and transfer surfaces between patients only, and once at the end of each clinic day when it's evident that the barriers have been compromised. Always follow the label instructions on surface disinfectant products, including any specified kill-time.
5. Use mild cleaners on all *splash and splatter surfaces*. *Splash and splatter surfaces* (also referred to as *aerosol surfaces*) include all operatory surfaces that are not touch surfaces, transfer surfaces, or parts of items that enter the oral cavity. Use surface disinfectant on a splash and splatter surface only when it has been visibly contaminated. At least once each day, clean all splash and splatter surfaces with a mild cleaning solution. Never use abrasive cleansers, brushes, or scrubbing pads. Damp surfaces should always be dried with a lint-free cloth.

Limit the touching of splash and splatter surfaces to those who wear cleaning gloves while performing cleaning procedures.



NOTE Do not use "latex gloves" for cleaning procedures. Cleaning gloves should be made from nitrile rubber. Puncture and chemically resistant utility gloves should be used for all cleaning and disinfecting procedures.

6. Use chair headrest barriers.

The adjustment knob or lever on the back of a chair headrest is a touch surface that may need to be adjusted mid-procedure, and should therefore be covered with a barrier. The headrest barrier also protect the chair vinyl from the many hair treatment products used by your patients that could damage the headrest upholstery.

Replace headrest barriers between patient visits. Again, use care when removing a contaminated barrier cover.

7. Minimize the use of surface disinfecting chemicals on upholstery vinyl. Use surface disinfectants on upholstery vinyl between patient visits only when barriers have been compromised.

Use cleaning and barriers as your primary asepsis approach on chair upholstery. If cross-contamination on chair upholstery is a concern, we recommend the use of barrier covers for the chair instead of relying on chemicals. Barriers significantly extend the life of your chair upholstery. If used for infection control, barriers must be replaced between patients. Avoid use of commercially available upholstery cleaners that are not intended for dental chairs (such as products for automotive, furniture, and so on).

Cleaning

In following the recommended surface management protocol, focus more on cleaning environmental surfaces that are not points of cross-contamination. Use a solution of mild, non-ionic detergent and water, or commercially available cleaners containing no alcohol, bleach, or ammonia. Dishwashing detergent is usually non-ionic.

Because the hardness of water varies from locale to locale, you should experiment to determine the best mix of detergent to water. Mix just enough detergent to allow for good cleaning without leaving a soapy film on the surface. Never use abrasive cleansers, scrubbing pads, or other abrasive applicators because they can permanently scratch or otherwise damage equipment surfaces. Be careful using recycled paper products, such as paper towels, that may be abrasive.

Water System Cleaning and Maintenance

For proper dental unit waterline cleaning and maintenance procedures, refer to the *A-dec Self-Contained Water System Instructions for Use*, P/N 86.0609.00.



Daily Maintenance



Equipment Alert

If the sterilizer is used frequently to process dental handpieces that have been lubricated or dipped in dental milks, drain the water from the reservoir daily. Refill the reservoir with distilled water.

• Clean External Surfaces

- A) Wash the exterior of the sterilizer each day according to your facility's procedure for clinical contact surfaces, noting the following: (Use only quaternary disinfectants to disinfect unit. Staining, pitting, discoloration, or softening could occur if phenolic, iodophor, or glutaraldehyde-based disinfectant is used on plastic surfaces of the unit. Also, use of alcohol or aerosol spray cleaner / disinfectant containing substantial amounts of alcohol in the formula can damage the faceplate).
- B) Wring excess solution from the cloth.
- C) Using soft cloth, wipe all external surfaces.
- D) Do not rinse or dry external surfaces. Allow germicidal solution to air dry.

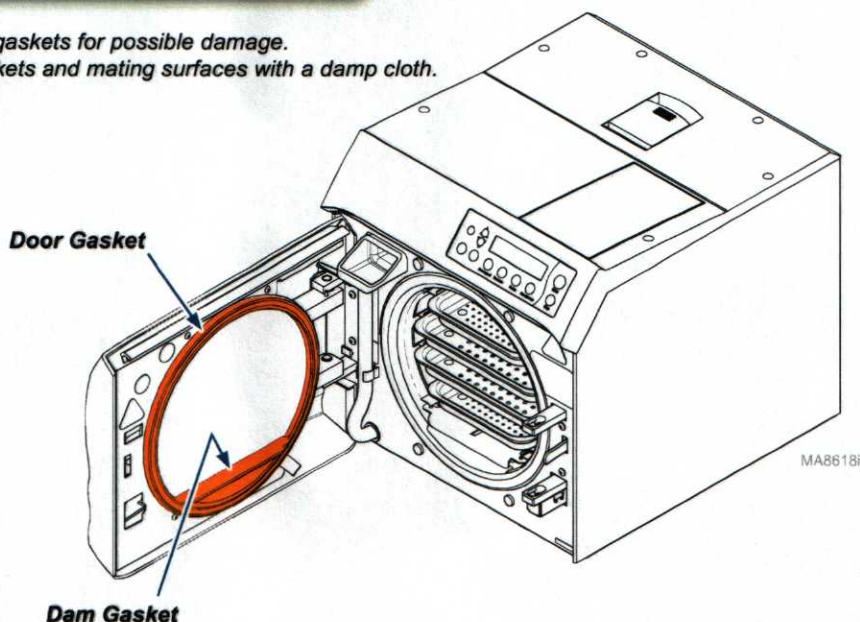
• Clean sterilizer door / dam gaskets.



Caution

To prevent burns, allow unit to cool before cleaning gaskets and mating surfaces.

- A) Examine gaskets for possible damage.
- B) Clean gaskets and mating surfaces with a damp cloth.



Cleaning and Maintenance

Barriers

Single-use barriers and disposable items significantly reduce the need for chemical cleaners, thus prolonging the life of the equipment. Barrier material must be impervious to moisture / fluids.

Examples of protective barriers:

- Plastic covers (available from your dealer or equipment manufacturer)
- Clear plastic wrap
- Plastic bags
- Plastic sheets
- Plastic tubing
- Plastic-backed paper
- Materials similar to those listed here



Caution

Midmark assumes no responsibility or liability for any result, expressed or implied. These are suggested practices, based on the best information available at this time this is written.

Cleaning Procedures

Use cleaners that are appropriate for the situation, such as warm water and mild detergents, or a 10% solution of bleach with water.

NOTE

Every dental practice is different, and no single cleaner is the best choice for every facility. Listed below are some organizations to assist you in choosing the best cleaners available for your practice.

- **Organization for Safety & Asepsis Procedures:**

<http://www.osap.org>

- **American Dental Association:**

<http://www.ada.org>

- **Dept. of Health & Human Resources
Centers for Disease Control & Prevention (CDC):**

<http://www.cdc.gov>



DA148100i

**Read all labels
carefully!**



DA177400i

**OPTIM 33TB, exceptional cleaning
& disinfection capabilities.**

A breath of fresh air.



- One step disinfectant cleaner – fast & convenient
- AHP – patented technology designed to deliver better cleaning and faster disinfection results (active ingredient 0.5% hydrogen peroxide)
- Hydrogen peroxide does not leave behind active residue which may lead to the development of resistant strains of microorganisms



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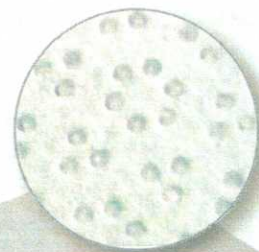


FAST CONTACT TIME:

- 1 minute bactericidal & virucidal claim
- 30 second sanitizer
- 5 minute TB claim



Corporate Member



- No strong chemical odor
- Active ingredient breaks down into oxygen and water
- Non-flammable
- EPA Cat. 4 for skin & eye irritation
- 0 HMIS health hazard rating*
- EPA Cat. 4: lowest toxicity level on EPA toxicity category

Active Ingredient	EPA Toxicity Category	Signal Word Required
AHP	Cat.4	NONE
Quats+Low % Alcohol	Cat.3	CAUTION
Quats+High % Alcohol	Cat.2	WARNING
Phenolics	Cat.1	DANGER

* Refer to HMIS rating on MSDS & compare with our competitors' wipes

SURFACE DISINFECTANT CONTACT TIME**

Product Name	Active Ingredient	Mycobacteria	Non-enveloped virus			Enveloped virus			Bacteria				
		TB	Poliovirus	Norovirus	Rotavirus	HIV	HBV (Hep.B)	HCV (Hep.C)	MRSA	VRE	Influenza A2	E.coli	Pseudomonas
OPTIM 33 TB	AHP	5	1	1	1	1	1	1	1	1	1	1	1
Birex SE	Phenolics	10	10			10	10		10		10	10	10
Prospray	Phenolics	10	10			1	10	10	10		10	10	10
Caviwipes	Quats-alcohol	3				2	2	2	2	2			3
Opticide 3	Quats-alcohol	3	3			3	3	3	3	3	3	3	3
Sanicloth Plus	Quats-alcohol	3				2	2	2	2	2		2	3
Lysol IC	Quats-alcohol	10	10			10							10

** Contact time in minutes. Contact time was obtained from publicly available material & is valid when table was constructed. Information will be updated if there are changes in claims. If blank, no published information was available.

ORDERING INFORMATION FOR OPTIM 33TB

Ready-To-Use Pre-saturated Wipes:

OPT33-W12 RTU Wipes 6" x 7" (12 x 160 sheets/case)

Dry Wipes & Dry Wipes Refill:

OPT-EMPCAN STAT-Wipes Canister & Roll of Dry Wipes (12 x 160 sheets /case)

SCI33R18 Dry Wipes Refill, 6" x 7" (18 x 160 sheets/case)

SCI33R18XL Large Dry Wipes Refill 10" x 10" (18 x 60 sheets/case)

Liquid:

OPT33-12x32 1 case of 12 x 32 oz.

OPT33-4x1 1 case of 4 x 1 gallon

FSA01 Sprayer for 32 oz. bottle

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