**PURPOSE:**

To provide guidelines related to infection control processes that are specific to the Dental Clinic.

All standard precautions and general infection control measures as outlined in specific CHLA Infection Control Policies will be followed as applicable.

**PROCEDURE:**

1. Care of general surfaces and equipment
   1. Plastic covers should be used to protect light handles, dental chair switches, light curing units, digital panoramic, cephalometric and 3D x-ray bite/ear guides, Sopro intraoral camera and tooth dryers that might become contaminated while delivering dental care. Between patients, the covers should be removed with gloved hands and replaced with new plastic covers after proper hand washing.
   2. Dental chairs, radiology chairs, x-ray unit head cones, lead aprons, diode laser, dental units, and non-disposable plastic attachments will be wiped between patients with a disinfectant. All disposable materials will be discarded as appropriate.
   3. All intraoral items such as impressions bite registrations, prosthetic and orthodontic appliances shall be cleaned with a disinfectant before manipulation in the dental lab and before placement in the patient’s mouth. Such items shall be thoroughly rinsed prior to placement in the patient’s mouth.
   4. All instruments will be placed in a plastic bin, which is kept in the dirty utility room, and sprayed with a hospital approved enzymatic spray to facilitate the removal of particulate matter. For impression trays that have adherent cement molding, the trays will be placed in a bin, also kept in the dirty utility room, and soaked in a cement removal product to facilitate the removal of particulate matter. Both will then be transported in the bins to the Sterile Processing Department for a final cleaning/sterilization process.
   5. All dental instruments and cassettes will be transported to the Sterile Processing Department in plastic bins with the lids attached and a “Biohazard” label on them or in the enclosed cart. After the removal of the contents, the staff in the Sterile Processing Department will clean the bins and place the sterilized products back in the bins for the return transport to the Dental Clinic.

In the event a non-digital x-ray is taken, the x-ray packet(s) should be placed unopened on a paper towel in the dark room using standard precautions. The packets should then be wiped with a hospital approved disinfectant and placed on a separate clean paper towel. Gloves should then be removed and discarded, and the new ones placed after proper hand washing. After all packets have been opened, the contaminated wrappers will be discarded, and the lead foil portion disposed of in the appropriate container. The films can then be processed without contaminating darkroom equipment.

1. General Principles
   1. Rubber dams and high-speed evacuation, when appropriate, should be utilized to minimize generation of droplets and splatter.
   2. Needles should be re-capped only by using the scoop method technique.
2. Dental Unit Water Lines
   1. Dental staff will follow the outlined procedures for the “Daily” and “Weekly” handling of dental water lines.
   2. Weekly Procedure:
      1. Every Thursday evening, or a day prior in the event of a clinic closure, dental unit water lines will undergo a chemical cleaning.
      2. Each week, either chairs 1-6 or 7-11 including the cavitron units, will be taken out of use and cleaned. Those undergoing cleaning will be labeled as such and the remaining chairs used for emergencies that may take place overnight.
      3. A rotating schedule will be observed and documented to assure compliance with the change in the available chair each week.
         1. Procedure:
3. Remove all water from dental units and purge with air
4. Fill dental unit water container with approved cleaning solution

and place a “caution” sign on dental units

1. Flush water lines until cleaning solution is emitted from each hose and outlet, leaving a small amount in the bottle.
2. Leave cleaning solution for specified time as per manufacturer’s instructions and turn dental units off.
3. All chairs with “caution” signs will be considered out of service during this cleaning period.
4. On the first day of the work week following this cleaning process,

the dental water unit containers will be removed, thoroughly rinsed, filled with fresh sterile water, and reinstalled so that all dental unit water lines are thoroughly flushed until no visible residue is left in the lines.

1. Caution signs can then be removed, and the dental chairs considered

“in service”.

1. Daily Procedure:
   1. At the beginning of each day, the dental water containers will be

filled with fresh sterile water and then reinstalled in each unit.

* 1. Syringes, water outlets, and handpiece lines will be flushed through

with the sterile water.

* 1. Between patients, handpiece and syringe lines will be flushed

through with the sterile water for a minimum of 20 seconds.

d. At the end of each day, the dental water containers will be emptied

and the water line purged with air.

1. Dental Unit Water Line Quality Control:
2. Although the Dental Clinic uses only sterile water during the delivery

of dental care, on a bi-yearly schedule, water samples will be obtained

to monitor for the development of microbes in the dental water lines.

1. Samples will be taken from each dental unit and sent to the

Microbiology lab for testing.

1. Results will be communicated to the appropriate managers and

Division Head as soon as they become available.

**REFERENCES:**

1. APIC Text of Infection Control and Epidemiology Chapter 53: Dental Services. 4th ed., 2014.
2. California Code of Regulations, Section 1005 of Division 10 Title 16: Minimum Standards for Infection Control, 2017.

**POLICY OWNER:**

*Director, Accreditation & Licensing, Infection Prevention, Emergency Management*