

**UNIVERSITY OF NEW HAVEN
DENTAL HYGIENE PROGRAM**

INFECTION AND HAZARD CONTROL PROTOCOL

The following Infection and Hazard Control Protocol is designed for use by the University of New Haven Dental Hygiene Program students, staff and faculty. The use of this protocol is on a universal basis and is not facility dependent. The basis for this protocol is the recommendations of the Centers for Disease Control and the Occupational Safety and Health Administration-Occupational Exposure to Bloodborne Pathogens Standard.

PERSONAL PROTECTION

1. **All students must have a physical examination on an annual basis.** As health care workers, student dental hygienists have an ethical responsibility to monitor their personal health.
2. **The Dental Hygiene Department strongly recommends the Hepatitis B Vaccination.** Dental hygienists are at risk for contracting Hepatitis B and the vaccine is a reliable method for preventing this disease. Education regarding the vaccine is critical and all student hygienists are encouraged to receive the vaccine. The vaccine is available to faculty; for students the vaccine is available at as low a fee as possible. Administration of the vaccine is in cooperation with the University of New Haven Health Services. Upon receipt of the vaccine, students and the faculty must receive an evaluation to ensure an appropriate antibody response. Completion of this evaluation may occur at the annual physical. Because the vaccine is not a requirement, but is highly recommended, those students or faculty members who elect not to receive the vaccine must sign a waiver that documents an awareness of the risks associated with not receiving the vaccine.
3. **Personal Protective Equipment**

Protective Clothing

Dental hygiene students will wear uniforms covered by a protective gown. Professional attire **must not be worn** outside of the treatment facility; the protective gown is not worn outside of the patient treatment area.

Protective gowns worn during patient treatment are considered contaminated and will be stored in a covered container. The laundering of gowns is done by an outside service and in the Dental Center as needed. Gowns may be picked up at the beginning of each clinic session in the closet across from the Student Locker Room.

Student dental hygienists are responsible for laundering professional uniforms worn underneath protective gowns. Uniforms worn under gowns are removed in the student locker room and are prepared for transportation. Soiled laundry must be transported in a closed container/bag. Professional shoes are also contaminated and transportation of these to and from the facility occurs in a box or a bag. **Uniforms are not to be worn to and from the facility.**

Eye Protection

Dental hygiene students wear eye protection whenever unit preparation, Central Supply procedures (Laundry), and intraoral procedures are being performed. The eye wear may consist of goggles or glasses with solid side shields or chin length face shields. If an individual wears prescription lenses, removable side shields are available in order to ensure eye safety. Eye protection lenses must be able to withstand repetitive washing with an antimicrobial soap. Disinfection of side shields must occur at the end of each clinic session so that reuse can occur.

Masks

Masks are worn during dental hygiene treatment and changing will occur between patients and if the mask becomes damp. Chin-length face shields are not a replacement for face masks; if a face shield is worn, it will be used in combination with a face mask. Masks must be secured to completely cover the nose and mouth. Masks cannot be worn under the chin or around the neck.

Gloves

Disposable patient treatment gloves are worn for all dental hygiene procedures. Changing of gloves will occur between patients and when they become tacky, cracked, discolored, caked with blood, torn or punctured. When operators work with single patients for an extended period, changing of patient treatment gloves will occur every sixty minutes.

Heavy duty nitrile utility gloves are used during preparation and break down procedures. Decontamination of utility gloves must occur before reuse, and utility gloves will be disposed of when evidence of cracking, peeling, tearing, puncturing, or other deteriorating signs are present. Deterioration of utility gloves interferes with their ability to function as effective barriers.

Vinyl food handler-type gloves are worn for overgloving purposes when handling dental charts and generally for preventing cross contamination.

SANITATION, DISINFECTION, STERILIZATION AND DISPOSAL

1. Products that disinfect treatment area surfaces are only effective if the surface is clean. Routine sanitation of the treatment environment and treatment room surfaces will occur through the combined efforts of the custodial staff and dental hygiene students/faculty. For disinfection purposes, an appropriate Hospital Grade surface disinfectant registered with the Environmental Protection Agency will be available for disinfecting surfaces in the dental hygiene treatment setting.
2. Treatment area surfaces that are not easily disinfected are covered with protective coverings (Ex. buttons on the dental chair, the radiology unit head, and control panel).
3. Use of immersion disinfectants arises on a very limited basis. Immersion disinfection use occurs only in those circumstances when disposable items are not available/appropriate and when items will not withstand sterilization in an autoclave or other sterilization device.
4. All reusable instruments, handpieces, sharpening stones, and any other items for intraoral treatment are heat sterilized after each use. Packages of disposable items are available for single use applications. Before packaging for heat sterilization, instruments/supplies from the treatment setting undergo decontamination.

5. The majority of soiled items in the dental setting are general medical waste and thus can be disposed of with ordinary waste. Examples include used gloves, masks, gowns, lightly soiled gauze or cotton rolls, and environmental barriers (e.g., plastic covers or barriers) used to cover equipment during treatment.

Although any item that has had contact with blood, exudates, or secretions might be infective, treating all such waste as infective is neither necessary nor practical. Infectious waste that carries a substantial risk of causing infection during handling and disposal is regulated medical waste

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Examples of regulated waste found in dental-practice settings are solid waste soaked or saturated with blood or saliva (e.g., gauze saturated with blood after surgery), extracted teeth, surgically removed hard and soft tissues, and contaminated sharp items (e.g., needles, scalpel blades, and wires)

Any disposable items contaminated with blood or any other potentially infectious materials undergo segregation chairside and are placed in an appropriately labeled, covered container at the completion of patient treatment. Custodial personnel are responsible for the collection of infectious waste and placement of it into larger, labeled containers. A waste management company collects infectious waste regularly.

6. Contaminated needles and other contaminated sharps are not bent, recapped, or broken. If contamination of needles occurs during dental/dental hygiene treatment, placement of needles is in appropriately labeled sharps containers when practical. If instruments are broken, segregation, separate bagging and steam autoclaving before placement in sharps containers is required.

WORK PRACTICE CONTROLS

1. Dental hygiene students and faculty adhere to the practice of Standard Precautions during dental hygiene treatment.
2. The Exposure Control Plan in its entirety is available in the Resource room in the emergency supplies cabine; the plan outlines the procedures to follow should an accidental exposure to bloodborne pathogens occur.

ENGINEERING CONTROLS

The UNH Dental Hygiene Facility is designed to minimize the potential for transmission of disease. Handwashing stations are easily accessible from each workstation. The traffic flow, treatment areas, and central sterilization areas are designed to minimize the number of contaminated work areas.

**UNIVERSITY OF NEW HAVEN
DENTAL CENTER
HAZARD COMMUNICATION STANDARD**

The purpose of the UNH Hazard Communication Standard is to inform employees and students of the potential health risks associated with the use of known hazardous chemicals in our Dental Center. The Hazard Communication Standard outlines the location of each chemical present in the Dental Center, specifies the hazardous ingredients of each chemical, alerts the user to health hazard warnings associated with usage, provides detailed emergency first aid procedures to follow should an incident involving a chemical occur, and outlines the labeling system utilized for each chemical.

Training for the utilization of the UNH Hazard Communication Standard will be conducted every September, with updates occurring as new chemicals arrive or when changes in the MSDS Sheets indicate that information in existing policies need to be implemented.

LABELS AND WARNING SYSTEM

The labels affixed to the specific chemical or agent in the UNH Dental Center provide the user with the name of the product, the MSDS Notebook number, and information regarding the degree of health hazard associated with the chemical or agent, the fire hazard associated with the chemical or agent, the specific type of personal protection required when utilizing the chemical or agent, and the reactivity of the chemical or agent. For more detailed information regarding said chemicals or agents, users may consult the Inventory of Hazardous Chemicals provided in the Hazard Communication Standard and the MSDS notebook located in the cabinet in the Dental Center resource room emergency cabinet. The labels are intended to provide a brief outline of the dangers associated with the chemical or agent, not a comprehensive listing of all hazards of each chemical or agent. The comprehensive listing of hazards associated with each chemical or agent are provided in the Inventory of Hazardous Chemicals in the UNH Hazard Communication Standard, and in the MSDS Notebook, located in the cabinet in the resource room. Additional copies of the Standard and the MSDS Notebook may be located in the Clinic Coordinator's Office.

The Laboratory Coordinator, is responsible for the labeling of each chemical or agent. Faculty and students will be updated regarding changes to MSDS Sheets or acquisition of new chemicals or agents at Faculty Team Meetings and during the didactic portion of the students' clinical sessions.

LOCATION OF MSDS NOTEBOOK

The yellow notebook containing MSDS sheets for all chemicals or agents utilized in the UNH Dental Center is located in the cabinet in the resource room. All employees and students have easy access to this notebook.

COLLECTION AND MAINTENANCE OF MSDS SHEETS

Any faculty member receiving incoming products will be responsible for removing the MSDS Sheet (s) and forwarding that information to the Laboratory Coordinator. MSDS Sheets will be maintained in a three ring binder and kept in the resource room emergency cabinet to afford easy access by both students and faculty. MSDS Sheets will be kept current by continual monitoring of incoming MSDS Sheets.

INFORMATION TRANSMISSION AND EMPLOYEE TRAINING

Information regarding the presence, usage, labeling and maintenance of hazardous chemicals or agents will be achieved through the annual training of faculty and students that will occur at the beginning of each academic year.

During these orientation meetings of faculty and students, participating faculty will describe the Hazard Communication Standard, the labeling system employed, and the location and usage of the MSDS Notebook. The continual monitoring of all chemicals or agents, the physical or health hazards associated with each chemical or agent, and the necessary protective equipment for handling these products will also be discussed.

INVENTORY OF HAZARDOUS CHEMICALS

The inventory of hazardous chemicals provides the name of the product, hazardous ingredients present in the product, location of the product, who utilizes the product, the MSDS number, and product-specific emergency first aid procedures to follow.

The HMIS Rating system alerts the user to the degree of hazard associated with each chemical or agent in the categories of Health, Flammability, Reactivity, and Special Hazards. The rating scale consists of:

- 0 = Minimal Hazard
- 1 = Slight Hazard
- 2 = Moderate Hazard
- 3 = Serious Hazard
- 4 = Severe Hazard

EACH CHEMICAL OR AGENT IS LISTED IN ALPHABETICAL ORDER

**UNIVERSITY OF NEW HAVEN
DENTAL HYGIENE PROGRAM
CLINICAL ATTIRE POLICY**

While participating in clinical, dental materials and radiology assignments, students adhere to recognized standards of infection control and abide by the following clinical attire guidelines:

1. Uniform

Neatly pressed uniforms are always worn in the clinic. During patient treatment, full length gowns cover uniforms. White, neutral colored hose, or white socks that have minimal ribbing, no logos, and are long enough to cover the ankle and shin are worn under uniforms. Polished, white professional shoes are worn in the patient treatment environment. Removal of professional shoes worn in the treatment environment happens before leaving the Dental Center and transportation of shoes is in a plastic bag or box. Removal of gowns worn over uniforms occurs before leaving the patient treatment area and placement of gowns is in appropriately labeled receptacles.

2. Hair

Hair is to be professional, controlled, and off the collar. Any items used to control hair should be natural in color, disinfectable (washable, i.e. no leather), and conservative in nature.

3. Hand Care

- Nails are well-manicured and trimmed short
- No nail polish is to be worn in the clinical setting
- Breaks in the skin are managed appropriately

4. Jewelry

- No rings, earrings, watches, or any other jewelry (including any piercing-jewelry) is worn in the clinic setting

5. Masks

Treatment masks are worn in the treatment area and disposal occurs before leaving the dental hygiene treatment area. Masks must be secured to completely cover the nose and mouth. Never wear masks under the chin or around the neck before or during patient treatment.

6. Gloves

Gloves, appropriate to the procedure, are routinely worn in the clinic setting (overgloves, utility, treatment gloves).

7. Eye Protection

Glasses with solid side shields are worn in the treatment environment and disinfected after use.

**UNH DENTAL CENTER
INFECTION CONTROL PROTOCOL**

I. HAND CARE

- A. Do an initial handwash. Wash hands with cool water and antimicrobial soap.
- B. Wash safety glasses with cool water and antimicrobial soap, dry with paper towel. Put on safety glasses and a protective garment (disposable gown or lab coat). Return to treatment area, put on overgloves followed by a mask.
- C. Remove overgloves
- D. Do two, 20 second consecutive lather/rinses with an antimicrobial soap. Lathering should begin with the fingertips and work up to and including wrist area.
- E. Thoroughly rinse lather from hands in same fingertips to wrist direction using cool water.
- F. Dry hands using two separate paper towels (one for each hand). Dry in fingertip to wrist motion.
- G. Before discarding paper towels, wipe up and clean the sink area.

***To enter any cabinet in the Clinic environment, hands must be washed and an overglove placed on hands to remove supplies within cabinets. Utility and/or patient treatment gloves are never worn when entering any cabinets in the clinic, except when noted in the Program Resource Manual regarding clean patient treatment and overgloves.**

II. UNIT PREPARATION

Utility Gloves and Disinfectant Preparation

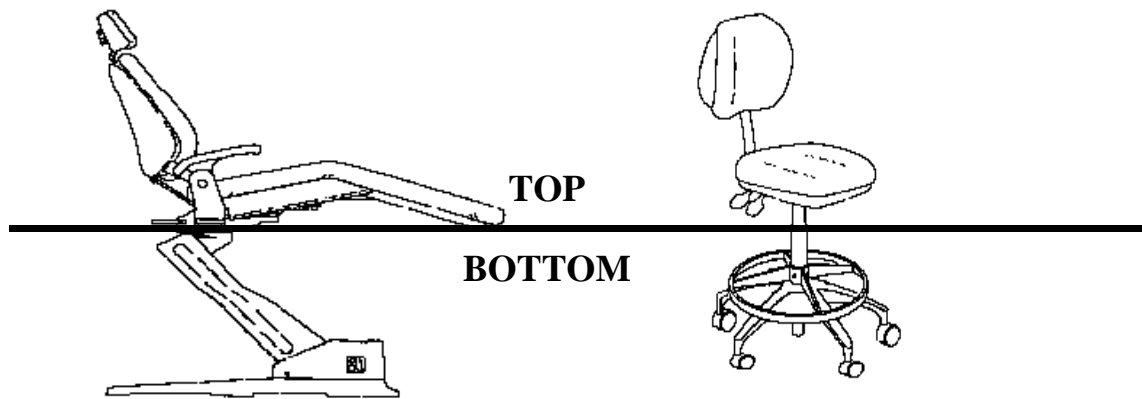
- A. After washing hands, put on **overgloves** located in the cabinets at each treatment area. Remove a paper towel and place on the top of the counter. Perform a unit inventory and obtain needed supplies (Containers of sterile supplies should not be removed from inside the cabinets). Upon return from central supply, place supplies on a paper towel on counter top at unit. Discard overgloves, perform two, twenty second consecutive lather rinses, obtain new overgloves and put supplies away. Then put on **utility gloves**, located in the cabinets beneath the sinks. Wash utility gloved hands using the two consecutive 20 second lather/rinses. Dry gloves thoroughly.
- B. Obtain the container of disinfecting wipes, check the expiration date and agitate the container to disperse the solution. Place the container of disinfecting wipes on a paper towel on the counter, obtain a disinfecting wipe from the container and perform the cleaning (sanitization/first) wipe of the disinfecting wipes container; discard the wipe and place the disinfecting wipes container on a clean paper towel. Perform two consecutive, twenty second lather/rinses. With a fresh wipe, perform the disinfection/second wipe of the disinfecting wipes container. Then place the disinfecting wipes container back down on the paper towel.

Unit Water Lines

- C. Prior to beginning disinfection of the unit, unit water lines must be run to eliminate any water that could have been stored overnight in unit waterlines. Continuously depress cuspidor, drinking cup and air H₂O syringe buttons so that water will run for **two minutes**. Wash utility gloved hands using two, twenty second consecutive lather/rinses.

Unit Disinfection

- D. Proceed with disinfection of units by obtaining a disinfecting wipe. Using a wipe, wipe technique, begin wiping procedures with an away and down motion beginning with top surfaces. This should include everything in the treatment area, such as the dental light, poles, chair, bracket tray, cords, cuspidor, operator stool, counters, drawers, etc. ***(Disinfectant should not be directed into the dental light or any electrical outlets/switches as electrical malfunctions may occur).*** Top surfaces should be completed prior to moving to the bases of the chair, stool, and cords.



- E. Using a disinfecting wipe, begin wiping procedures at the top of the dental light. Be cautious around the lens portion of the light and avoid over saturating. Continue wiping procedures onto the light pole arm, bracket tray, dental chair, etc. The wiping should be done in one direction pushing debris toward the direction of the floor.
- Place the disinfecting wipes container on a clean paper towel during the sanitization and disinfection wipes of the counter tops, discard contaminated paper towels.
 - Never wipe or drip disinfectant directly into the lens of the dental light.
 - Discard and replace the disinfecting wipe when it becomes dry or visibly soiled.
 - Treat cords associated with the bracket tray as top surfaces.
 - The ultrasonic scaler, tray and cords (to the base of the evacuation box) are top surfaces.
 - The disinfecting wipe used to wipe the lip/rim of the sink area (including water spout and soap dispenser/bottles) should be discarded after wiping out the base of the sink, wash utility gloves using two consecutive 20-second lather rinses obtain a new disinfecting wipe and proceed with remaining top surfaces.
 - Treat evacuation box, bracket arm and evacuation hoses (from the opening of the hose to six (6) inches below the on/off knob) and the cuspidor as the last top surfaces in that order. The remainder of the evacuation hoses are treated as bases.
 - Disinfect the cuspidor as the last, top surface.
 - Once the cuspidor is completed the disinfecting wipe should be disposed of without wiping any other surface and utility gloves washed in a two consecutive 20-second lather/rinse procedure.
 - Proceed to bases, beginning with the remainder of the slow and high speed evacuation hoses, below cuspidor, wiping these hoses only, toward the unit. Then proceed to the highest point of the cream color base of the dental chair. All other base hoses will be wiped from the unit outward.

- F. Once the initial wiping procedure is completed, wash utility gloves in a two consecutive twenty second/lather rinses and follow by wiping the unit again using the same top to bottom sequence outlined in D and E. Allow disinfectant to dry on the unit.
- G. Once the wipe/wipe sequence has been completed wash utility gloves using the two consecutive, 20 second lather/rinses. Place two clean paper towels on the counter. Obtain a disinfecting wipe and perform the sanitization/first wipe of the disinfecting container. Discard the disinfecting wipe and place the disinfecting wipe container on a clean paper towel. Perform the two consecutive 20 second lather/rinses of the utility gloves. With a new disinfecting wipe perform the disinfection/second wipe of the disinfecting wipe container and place it on the same paper towel.

Preparation of Patient Treatment Supplies

- H. Wash **utility gloves** using the two consecutive 20 second lather/rinses and wipe dry. Then obtain a disinfecting wipe and wipe all surfaces of the utility gloves. Remove and place gloves on top of clean paper towels beneath the sink to dry. Remove overgloves.
- I. Wash hands using the two consecutive 20 second lather/rinses. Using an **overglove** obtain patient treatment gloves from the cabinet and place on hands, cover with overgloves. Obtain seven paper towels, place two paper towels on the counter top, two in the second drawer, and two in the bottom drawer and one on the unit utility box. Obtain an extra pair of overgloves from the cabinet and place in the second drawer on a paper towel.
- J. Obtain instrument kit and clipboard, place on top of one paper towel on counter top. Using the wipe, wipe technique, sanitize the clipboard first and place in the drawer on paper towel. Continue sanitizing procedures of the outside of the instrument kit. After first wipe, place sanitized kit on clean paper towel on counter top. Discard original paper towel and disinfecting wipe, obtain a new disinfecting wipe and perform the disinfection/second wipe of kit. Place kit on same paper towel. Discard the disinfecting wipe and overgloves. Retrieve fresh overgloves from second drawer. Wearing **patient treatment gloves** and **overgloves**, remove patient treatment supplies from inside instrument kit and proceed with wipe, wipe sanitization/disinfection sequence. As you sanitize supplies, place them on top of the clipboard inside the cabinet drawer. When all supplies have been sanitized once, discard the disinfecting wipe. Obtain a new disinfecting wipe and disinfect all patient treatment supplies and clipboard by wiping a second time and place disinfected supplies on top of the second paper towel lining the same cabinet drawer. Discard original paper towel and replace after disinfecting all supplies. Close kit and place on a clean paper towel on top of unit utility box. ***All armamentarium must be kept in drawers and not on countertops.*** Such items include: floss, disclosing solution, pens, pencils, clip boards, patient safety glasses, bulb/hose on the sphygmomanometer, stethoscope and patient hand held mirror. Wipe and dry patient hand held mirrors, unit light lens and rheostat with water dampened, paper towel following disinfection to avoid streaking, if necessary.
- K. Place disinfecting wipes container at the sink. Remove barrier from the monitor and discard in regular waste.
- L. Discard gloves and wash hands using the two consecutive 20 second lather/rinses.

Barrier Application

- M. Retrieve clean **overgloves** and place barrier wraps, syringe covers, chair protectors and biohazard bag.

Place chair protector over:

1. computer monitor and keyboard
2. bracket tray
3. headrest/back of chair

Place wraps on:

1. light switches (cover handles with light handle covers)
2. dental chair arm release buttons
3. operator stool handles
4. port holes below cuspidor
5. soap dispenser
6. x-ray view box buttons
7. bracket arm (used to attach biohazard bag)
8. water buttons for cuspidor
9. PC mouse (cover with light handle covers)

Place syringe covers over:

1. handpiece hoses
2. evacuation hoses
3. air/water syringe
4. handle of the patient hand held mirror

***Barrier containers must remain in the cabinets. Barriers should be held in hands away from lab jackets. If barriers must be placed down on the counter top a paper towel is to be placed under it.**

- N. Wearing **overgloves**, go to Central Supply area to obtain instruments from the locked cabinets which face the clinic floor or the Radiology operatories. Sterile instruments should **not** be retrieved from the inside of Central Supply. Place the instruments on the bracket tray and do not open them until the patient is seated and treatment is about to begin. Ensure that the chair and treatment environment are ready to receive the patient.

PATIENT SEATING AND TREATMENT AREA

- A. When the patient is seated and patient treatment is about to begin, wash hands using two, twenty second consecutive lather/rinses. Retrieve overgloves and a new mask. Complete two twenty second consecutive lather/rinses, put on patient treatment gloves, cover with overgloves and:
- obtain an extra pair of overgloves and place in drawer with patient treatment supplies
 - obtain patient drinking cup, add pre-procedural rinse, place on unit
 - obtain patient bib and place in drawer
 - obtain saliva ejector. **Retrieve a saliva ejector from the cabinet using patient treatment gloves and overgloves. Overgloved/patient treatment gloved hands are used to open the top of the saliva ejector container and the saliva ejector is removed with a patient treatment glove only.** Insert the saliva ejector by gently making a small hole in the syringe cover. Test the saliva ejector by turning the evacuation unit on. If no suction noise is heard, the syringe cover may be blocking the suction line. Make a larger hole in the syringe cover and turn on the evacuation unit again to test.

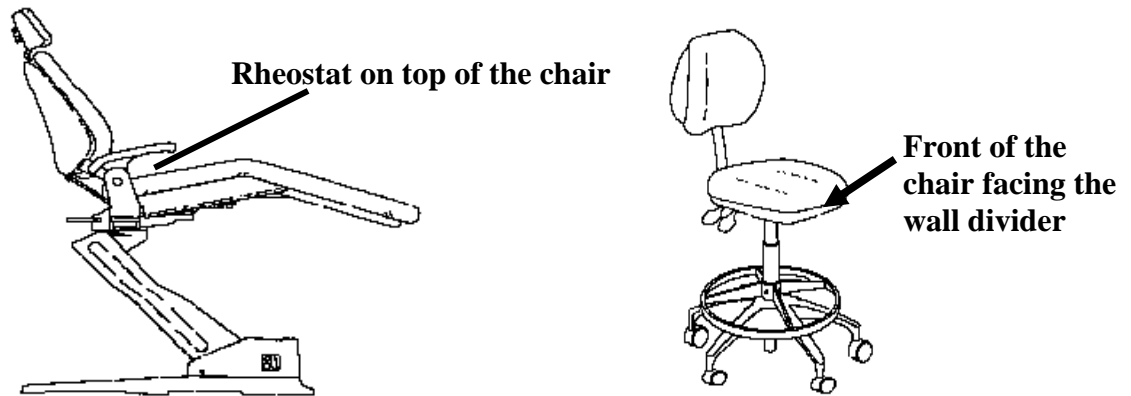
- open cassette: use **patient treatment gloves covered by overgloves to open cassette** and tuck the cassette wrap under the cassette so that it covers the bracket tray. Shake off overgloves into the top drawer. **Wearing patient treatment gloves open the cassette. Remove the top portion of the cassette and place it under the cassette bottom on the bracket tray. Due to the sterility of the cassette, the cassette and instruments may be touched only with patient treatment gloves.**
- place air/water syringe with **patient treatment gloves only**: place the air/water syringe tip by gently making a small hole in the syringe cover. Test the air water syringe by squirting water into the cuspidor and spraying air out of the tip. If no air or water is expressed, the air water syringe tip may be blocked by a small piece of plastic from the syringe cover. Remove the air water syringe tip by pulling it out of its receptacle and reinsert into the syringe receptacle.
- place patient bib using patient treatment and overgloves to remove the bib and bib clip from the drawer.
- When patient treatment items (i.e. bib clips, hand mirror, patient safety glasses) are contaminated from use place them on a clean paper towel on the counter.

III. UNIT BREAKDOWN

- A. Remove handpiece, if present, following handpiece maintenance guidelines as outlined in the Program Resource Manual using **patient treatment gloves and overgloves.**
- B. Discard gloves and perform two consecutive, twenty second lather/rinses. Obtain overgloves and two clean paper towels. Obtain utility gloves and perform the two consecutive, twenty second lather/rinses and retrieve the container of disinfecting wipes. Perform the sanitization/first wipe of the disinfecting wipes container and place it on a clean paper towel. Discard the disinfecting wipe and perform the two consecutive twenty second lather/rinses. With a fresh disinfecting wipe, perform the disinfection/second wipe of the disinfecting wipes container, then discard the wipe and paper towel. Place the disinfecting wipes container on the same paper towel. Perform the two consecutive, twenty second lather/rinses of the utility gloves and place gloves in the cabinet beneath the sink. Perform two consecutive, twenty second lather/rinses of the hands.
- C. Students begin unit breakdown by removing patient treatment armamentarium from the treatment area.
 - Using patient treatment gloves covered by overgloves, place four paper towels on the countertop.
 - Place two extra pairs of clean overgloves on one paper towel.
 - Remove barriers from mouse/keyboard. Discard barriers and overgloves in regular waste then put on the second pair of overgloves from the counter top.
 - Obtain instrument kit from the utility box and place it on a paper towel on the counter.
 - Begin sanitizing wipe of the instrument kit.
 - Place sanitized kit on the clean paper towel on the counter top and discard the original paper towel and wipe used during the initial wipe. Perform the disinfection/second wipe of the instrument kit. Place on same paper towel. Discard the wipe and the overgloves worn for the wipe-wipe sequence.
 - Place clean overgloves, which are on the paper towel on the counter, over patient treatment gloves and obtain a fresh disinfecting wipe.
 - Using the wipe-wipe sanitization/disinfection technique remove patient treatment supplies one at a time from the drawers beginning with the clipboard, wiping each item individually

as it is removed from the drawer, and placing each item on a single paper towel on the counter, on top of the clipboard, include contaminated patient treatment items located on the counter top.

- Obtain a fresh disinfecting wipe and perform the disinfection or second wipe, taking each item from the paper towel, wiping it and placing it into the instrument kit.
 - Close the instrument kit.
 - Wipe the clipboard as the final item and place the clipboard on the top of the instrument kit.
 - Take the instrument kit and clipboard to the designated location and return to the unit.
 - Remove the barrier from the monitor and discard.
 - Discard any overgloves or paper towels still remaining in the drawers.
 - At the unit remove patient treatment and overgloves. Perform two twenty second consecutive lather/rinses.
- D. Obtain new overgloves and place a barrier over the monitor. Put **utility gloves on over overgloves** and complete two consecutive, twenty second lather/rinses. Bring instrument cassettes wrapped by blue cassette wrap to Central Supply for sterilization preparation and biohazard bag to discard in biohazard waste container in central supply. Return to the unit and wash gloved hands using two consecutive 20 second lather/rinses. Remove all barriers excluding the barrier from the monitor.
- E. Raise the dental chair to the highest point and flush all water lines (1 minute per line).
- F. Suction out the cuspidor trap with the high speed evacuation. Wash utility gloves using two consecutive 20-second lather/rinses.
- G. Using the wipe, wipe sequence outlined in Unit Preparation, D-G, clean and disinfect the unit and treatment environment. After disinfection of the disinfectant container, place it at the sink.
- H. Place the dental unit and chairs in proper alignment, moving from a top to bottom sequence. Using a clean paper towel grasp the bracket tray and position the bracket tray over the chair so that the cords do not touch the surface of the chair. Position the light over bracket tray so that it is not touching the tray. **Turn off master switch.** Place the operator stool against the center partition/wall, with the back facing out. Place the rheostat on top of paper towel on chair surface and foot control box on the chair base.



- I. Obtain Sani-Treet solution stored in plastic bottles under the sink at the unit, and run 1 quart each through the slow and high speed evacuation hoses. One half gallon of Sani-Treet must be used per unit. ***Open flip top of container before turning on the suction.* Place empty container under the sink with the flip top open, ensure that any residual solution has been discarded in the sink.**
- J. Remove slow suction cap, clean inside the slow and high suction tips with a cotton tip applicator. Cotton tips are now considered biohazardous waste and should be wrapped in a paper towel and disposed of in the biohazardous container in central supply.
- K. Return to treatment area and wash utility gloves using the two consecutive 20 second lather/rinses. Wipe utility gloves with a disinfecting wipe, then remove gloves and place them on top of clean paper towels beneath the sink to dry.
- L. Wearing overgloves remove protective gown and place in labeled, closed container located in the clinic.
- M. With **overgloves** on, wash glasses with antimicrobial soap and wipe dry. Place glasses on a clean paper towel on the counter top near the sink.
- N. Remove the mask with overgloves, discard overgloves, and wash hands using the two consecutive 20 second lather/rinses.

EXITING AND RE-ENTERING CLINIC

EXITING

- A. Wearing overgloves, remove lab coat and hang on coat racks opposite Radiology operatories or over the operator stool.
- B. Wearing overgloves, wash glasses with antimicrobial soap, wipe dry, and wrap in a paper towel. Place the wrapped glasses on the counter top **away from the sink**.
- C. Remove mask with overgloves and discard the overgloves. Perform two, twenty second consecutive lather/rinses. Dry hands. Exit clinic area.

RE ENTRY

- A. Return to unit and wash hands. Retrieve clean safety glasses from paper towel and place on face.
- B. Retrieve overgloves and clean mask. Place mask with overgloves, followed by lab coat. Discard overgloves.
- C. Wash hands using two, twenty second consecutive lather/rinses. Retrieve overgloves and patient treatment gloves as needed.

UNIT EVACUATION SYSTEM MAINTENANCE SCHEDULE

Sani-Treet is run on a daily basis. Storage of plastic containers for Sani-Treet is at the units. Storage of the concentrate is under the sink in Central Supply.

UNIT MAINTENANCE LOG

Recording of any malfunctions or other problems with the units is documented in the Unit Maintenance Log located in the cabinet above the large ultrasonic unit in Central Supply. Please specify unit number, type of problem, date and operator initials.

Central Supply Maintenance Procedure DHYG 2221

Student 1:

- Wearing utility gloves, collect the cassettes and biohazardous waste bags from the clinic floor.
- Make sure the air/water syringe and plastic test stick are secured inside the cassette and gauze/other disposables have been removed.
- Bring cassettes into central supply and place into the ultrasonic. (maximum capacity for each ultrasonic=6 cassettes)
- Biohazardous waste should be placed in biohazardous waste container.
- Run ultrasonics for 16 minutes. Be sure water level is at capacity.
- Perform 2/20 consecutive wash/rinse.

Student 2:

- With clean overgloves on place clean paper towels on the counter tops above wrapping stations. Obtain unsterile supplies from cabinet and place enough supplies to restock the cassettes in equal groups on top of each paper towel. (i.e. indicator strips, gauze, cotton swabs, tongue depressors)
These items will be placed in each cassette following ultrasonic processing, rinsing and drying.
- Put on utility gloves and perform 2/20 hand wash.
- Sanitize and disinfect the disinfectant wipe container as stated in the unit preparation sequence and place on clean paper towel.
- Begin sanitization wipe with the cabinets facing radiology and clinic.
- In Central Supply wipe the clean side tops, starting with the cabinets directly to the left of the Tuttnauer. Complete tops.
- Perform 2/20 consecutive wash/rinses. Continue with bases. (Counter tops and lower cabinets to the left of the Tuttnauer).
- Perform 2/20 consecutive wash/rinses. Repeat process for disinfection wipe.

Student(s) 1 & 2:

- One member should assess the clinic to determine that all the cassettes have been collected
- The ultrasonic should have completed a 16 minute cycle. Open the ultrasonic, remove the cassettes, rinse in the sink and place them in the drying rack.
- Dry, restock, wrap and place cassettes in the magnaclave.
- Use only 5 pieces of tape per cassette, 1 for the date, 2 at either end for the cassette number, and 2 to secure ends of wrap.
- Perform 2/20 second consecutive wash/rinses.
- Wipe dirty side tops, begin with cabinets directly above tuttnauer. Move clockwise to complete cabinet tops.
- Perform 2/20 second consecutive wash/rinses. Continue to bases beginning with counter top directly to the right of the tuttnauer and drawers below.
- Continue clockwise with counter tops and then lower cabinet doors ending with biohazardous cabinets. Be sure to include ultrasonics.
- Perform 2/20 second consecutive wash/rinses.
- Repeat process for disinfection wipe. Perform 2/20 second consecutive wash/rinses.
***Autoclaves should only be wiped if completely cool.**

- When wipes are complete perform the 2x wipe sequence for the disinfectant wipe container as outlined in unit preparation. Perform 2/20 second consecutive wash rinses.
- Central supply should be assessed for items that need restocking and a list kept on the clean counter of any needs.
- All sterilizers should be loaded, **A.M.** request faculty to begin sterilization cycle. **P.M.** turn off sterilizers and lock cabinets.
- After all duties in Central Supply have been completed wash gloves using 2/20 second consecutive wash/rinse and proceed to clinic floor to assist with unit breakdown.
- **P.M. ONLY** Turn off the ultrasonics and drain. The valves are found behind or to the side of the ultrasonics and must be turned to drain. (The ultrasonic valve handle is BLACK)
- Wipe out the inside of the ultrasonic, place the cover on top, unplug and lay the cord over the top.

Student(s) 3/4:

- Remain on the clinic floor.
- Begin unit breakdown by wiping the disinfectant wipe container and removing patient treatment supplies from each unit as outlined in the unit breakdown sequence in the Program Resource Manual. Remember to **wash utility gloves between each unit, change patient treatment gloves and overgloves.**
- Proceed with unit breakdown by removing barriers, flushing water lines and suctioning the cuspidor with the high-speed evacuation.
- Perform the 2x wipe portion of unit breakdown, realign unit and SaniTreet.
- Proceed to the next unit performing the same task until all units are complete. When unit breakdown is complete on the clinic floor, proceed to Central Supply and assist there.
- **For smaller or larger groups, the same tasks will be performed. Faculty will make the modifications as needed.**

CLINIC EMERGENCY MANAGEMENT POLICY

Should an emergency occur in the University of New Haven Dental Hygiene Clinic, follow this response protocol:

1. **The student dental hygienist (SDH) treating** the patient experiencing the emergency alerts a nearby student of the emergency by saying, **"I need you to get the instructor STAT, unit # _____."**

The student dental hygienist delivering care remains with the patient, provides support, and begins taking vital signs, if appropriate.

The student asked to go for help excuses themselves from their patient and does the following:

- the student alerts the nearest faculty member of the emergency and identifies the involved student/patient by Unit Number by saying, **"you're needed at Unit # __ STAT"**
 - the student alerts the Clinic Coordinator and/or Team Leader and Clinic Dentist of the emergency
 - the student delivers the Emergency Equipment to the emergency site
 - the student returns to their patient
 - the student, with assistance from the faculty, determines if other patients in the area should be removed from the emergency site
2. The alerted faculty member, Clinic Coordinator, and Clinic Dentist will go to the emergency site and work in collaboration to:
 - consult with the student dental hygienist providing treatment
 - assess the patient
 - determine if emergency assistance is needed
 - direct a member of the Emergency Response Team to call 9-911 and Campus Police x7014, if needed, and request SDH's in area to remove patients.
 - if deemed necessary, patients in the surrounding area will move to the reception area where the SDH will remain with the patient until the nature of and action or emergency is established. Treatment may resume or patient will be rescheduled depending on emergency.
 - begin to provide basic life support, if needed
 - continue to monitor vital signs
 - determine other appropriate treatment and referral
 3. The faculty/staff treating the patient will complete an Emergency Management Report and Student Laboratory Accident/Near Miss Report located in the Resource Room filing cabinet, in consultation with other members of the Emergency Response Team. All members of the Team must sign the form. Forms are kept in the patient's chart and copies are kept in the Dental Hygiene Program Director's Office and by appropriate University personnel.

LABORATORY EMERGENCY MANAGEMENT POLICY

Should an emergency occur in the UNH dental hygiene laboratory, follow this response protocol:

The student dental hygienist experiencing the emergency or nearby student should alert the nearest faculty of the emergency.

Nearby/Responding student:

1. **Alerts the nearest faculty member** of the emergency and identifies the involved student/patient.
2. **Alerts additional faculty** of the need for assistance at the emergency site.

The alerted faculty members work in collaboration to:

- Assess the student/patient
- Determine if emergency assistance is needed
- Direct the Responding student to call 9-911
- Direct the Responding student to call Campus Police X7014
- If needed request the area be cleared of additional persons
- Continue to monitor vital signs
- Provide basic life support as needed
- Determine other appropriate treatment and referral

EXPOSURE INCIDENT PROTOCOL

An exposure incident occurs when an individual has an exposure to potentially infectious blood or body fluids. An exposure means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral (piercing) contact with blood or other potentially infectious material. The major concerns after an exposure include the risk of infection of susceptible persons by:

1. Hepatitis B
2. Hepatitis C and other non-A/non-B hepatitis
3. Human immunodeficiency virus type 1 (HIV-1)

To ensure the safety of the clinician, patient, faculty or other individual, the UNH Dental Center, together with UNH Health Services, plays an active role in the evaluation of the exposure incident. In the event that an exposure incident occurs in the UNH Dental Center, the individual(s) involved in the incident should adhere to the following protocol. An evaluation of three main areas occurs in the case of an exposure:

1. analysis of the actual exposure, including factors that help quantify the risk involved
2. assessment of the infectivity of the blood or body fluid of the source patient
3. recording the antibody status of the exposed person and offering prophylaxis if indicated.

The UNH Dental Center functions as a point of data collection for all exposures. The department maintains a set of separate, **confidential** files for this purpose.

POST-EXPOSURE PROTOCOL

Protocol for Needlestick or Puncture Wound

1. Express blood.
2. Wash affected area thoroughly with an antimicrobial soap, performing two, twenty-second washes of the area.
3. Apply antiseptic such as hydrogen peroxide.
4. Report the incident to UNH Dental Center supervising clinical faculty and Clinic Coordinator. **Reports of incidents must be done immediately to ensure quick follow-up with post exposure prophylaxis if necessary (within two hours of exposure).**
5. With assistance from the clinical faculty, explain the incident to the patient and decide if the patient is willing to undergo testing for the HIV virus.

6. Report the incident to the UNH Dental Center Program Director, and complete Exposure Control Incident Report form.
7. The designated site for post exposure follow-up for UNH employees is the ***Concentra Medical Center, 370 James Street, Suite 304 New Haven, CT 06613 203-503-0482***. Post exposure follow-up for students will take place at the nearest health facility.

Protocol for Eye Contact

1. Go to the nearest eye wash station and flush eye(s) with copious amounts of water for fifteen minutes.
2. Report the incident to the UNH Dental Center supervising clinical faculty and Clinic Coordinator immediately.
3. With assistance from the clinical faculty, explain the incident to the patient and determine if the patient is willing to undergo testing for the HIV virus.
4. Seek immediate medical attention from UNH Health Services.
5. Report the incident to the UNH Dental Center Program Director, UNH Health Services, and complete Exposure Control Incident Report form.

Protocol for (Non-intact) Skin Contact

1. Wash affected area thoroughly with an antimicrobial soap, doing two, twenty-second washes of the area.
2. Apply antiseptic such as hydrogen peroxide to area.
3. Report the incident to the UNH Dental Center supervising clinical faculty and the Clinic Coordinator immediately.
4. With assistance from the clinical faculty, explain the incident to the patient and determine if the patient is willing to undergo testing for the HIV virus.
5. Seek immediate medical attention from UNH Health Services.
6. Report the incident to UNH Program Director, UNH Health Services, and complete Exposure Control Incident Report form.

Exposure Incident Report

Complete the UNH Dental Center Exposure Incident Report immediately after the exposed person reports the incident. The location of report forms is in the Research Room in the bin labeled "exposure incident." Exposed person(s) and their supervising clinical faculty are responsible for completing Exposure Incident Reports. The department maintains all reports and their contents in strict confidence in locked files.

**UNH DENTAL CENTER
EXPOSURE INCIDENT REPORT**

Name of Exposed Person: CONFIDENTIAL
Job Classification: Student Dental Hygienist
Name of Employer: University of New Haven

Date of Exposure:
Time:
Description of Incident:

What barriers were used by exposed person during the incident?

Describe corrective measures to minimize possible recurrence:

Was source (patient) sent for medical evaluation? Yes No

Patient's name: CONFIDENTIAL

Comments:

Was exposed person sent for medical evaluation? Yes No

Comments:

Signature of Exposed Person

Date

Signature of Employer

Date

1.0 Policy Statement: Student Laboratory Accident / Near Miss Reporting Policy and Procedures

The University of New Haven has developed the Student Laboratory Accident / Near Miss Reporting Policy and Procedure to outline the steps University staff must follow to report an accident or near miss involving a student within the University's laboratory areas.

1.1 Purpose

This policy provides instructions for reporting and handling accidents, incidents or near misses that happen to students while on the University of New Haven campus. The purpose of this report is to assist the University in incident follow-up measures and to be used as a training tool to prevent similar future events.

1.2 Scope

This policy covers all University of New Haven employees and associated students at University owned, leased or subsidiary facilities.

1.3 Review

The Associate Vice President of Public Safety will review and update this policy whenever necessary or at least annually.

All the elements of this policy are considered University of New Haven policy and may be enforced as such. Failure on the part of the employees to follow the reporting steps of this policy and procedure may result in disciplinary action.

2.0 Definitions

Accident - includes all sudden or non-sudden events that cause injury to a student. Even "minor" injuries such as cuts or sprains are considered accidents. If in doubt, treat a situation as if it were an accident.

Laboratory –a room used primarily for formally or regularly scheduled classes that require special purpose equipment or specific room configuration for student participation, experimentation, observation or practice in an academic discipline. Areas defined as laboratory space for the purpose of this policy include classrooms within Biology, Chemistry, Forensic Sciences, Fire Science, Arts and Theatre, Dental, Solar Laboratory and the Mechanical Engineering Laboratory.

Near Miss – incident where no property was damaged and no personal injury sustained, but where, given a slight shift in time or position, damage and/or injury easily could have occurred.

3.0 Reporting

In the event of an accident, the highest priority must always be caring for the involved individual. University employees present should evaluate the injured person and the situation. A first aid kit can be used to provide care for minor injuries. In instances where first aid is not enough, the student should be taken to Student Health Services.

In the event of a serious injury, call the University of New Haven Police Department at 203.932.7070 and follow their instructions.

In the event of a hazardous chemical splash to the eye or on the skin, 911 must be dialed immediately.

3.1 Accident/Near Miss Reporting Forms

- Once the accident/near miss is under control, the student near miss/accident report shall be filled out within 24 hours by the University employee witnessing the incident.
- All completed forms shall be passed to the attention of Ronald Quagliani, Associate Vice President of Public Safety.
- The report will be reviewed upon receipt and if further information and/or investigation are needed, the individual who completed the report will be contacted.