Infection Control Prevention Practices

New York City College of Technology

2024-2025

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INTRODUCTION

Infection control procedures are established to prevent the transmission of disease to patients, students, faculty, and staff. The infection control procedures follow the New York State and Occupational Safety and Health Administration (OSHA) guidelines. The components of infection control include standard precautions such as: hand hygiene, personal protective equipment, work controls and engineering controls, respiratory hygiene/cough etiquette, sharps safety, sterilization and disinfection of patient-care items and devices, environmental infection prevention and control. Dental water lines on unit will also be monitored in this process. The following material has been excerpted from the Centers for Disease Control and Prevention (CDC), Guidelines for infection control in dental health-care settings — 2003. *MMWR Recomm Rep* 2003; 52(RR-17):1 – 76. Available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf. **2016 release: Recommendations from the Guidelines for Infection Control in Dental Health-Care Settings 2003:** http://www.cdc.gov/oralhealth/infectioncontrol/pdf/recommendations-excerpt.pdf

Compliance Statement:
The Dental Hygiene Department of the New York City College of Technology has adapted the following concepts and procedures developed by the Centers for Disease Control and Prevention and published as the Guidelines for Infection Control in Dental Health-Care Settings (2003); *MMWR Recomm Rep* 2003; 52(RR-17):1 – 76. Available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf.

The CDC report consolidates previous recommendations and adds new ones for infection control in dental settings. Guidelines will be followed for occupational exposure to bloodborne pathogens, including instituting controls to protect employees from exposure to blood or other potentially infectious materials (OPIM), and requiring implementation of a written exposure-control plan, annual employee training, keeping records of employees, HBV vaccinations, and post-exposure follow-up. Safety Data Sheets (SDS) should be consulted regarding correct procedures for handling or working with hazardous chemicals.

OBJECTIVES:

1. Provide basic infection prevention principles and recommendations for dental hygiene care settings including the radiology facility.
2. Reaffirm Standard Precautions as the foundation for preventing transmission of infectious agents during patient care in all dental hygiene care settings.
3. Provide links to full guidelines and source documents that readers can reference for more detailed background and recommendations (see introduction).
4. Reaffirm guidelines for occupational exposure to bloodborne pathogens and post-exposure protocols.
5. Provide maintenance protocols for dental unit water quality.

INFECTION CONTROL PLAN

- The standard infection control procedures have demonstrated 30-year history of minimizing the risk of disease transmission in the dental setting.
- The Dental Hygiene faculty are all highly knowledgeable and practice excellent infection control measures.
- The Dental Hygiene students have had infection control training and are closely monitored to ensure they maintain asepsis.

DH Faculty/Students/CLT and Staff:

a. Education and training to assure that infection control procedures are incorporated into the daily dental hygiene functioning of the clinical treatment areas.
b. Review of required PPE.
c. Practice the sequence of donning (putting on) and doffing (taking off) of PPE
d. Review of hand hygiene protocols
e. In case a student/staff/patient exhibits visual signs of COVID or other respiratory illness the person will be asked to exit the building.
f. In clinical labs, faculty and students will wear appropriate level masks to match the task being performed.

Pre-Appointment Screening Process for patients:

Prior to a scheduled dental hygiene appointment.

a. 48 hours prior to the scheduled appointment students will prescreen the patient by phone.
b. During the prescreen phone call patients will be advised to come in for dental hygiene services and provided the following information:
    1. All patients will be informed that no other persons may accompany them except when the presence of a companion is requested by the patient and approved by the clinic coordinator prior to the visit. This will reduce the number of people in the dental facility.
    2. Patients will be informed of the following by e-mail prior to their appointment: "If you experience any of the symptoms listed below, which may be associated with COVID, RSV infection, flu, and other respiratory infections, please let us and your student clinician know as soon as you can. We will re-schedule your appointment.
    • fever, chills
    • fatigue
    • runny nose, sore throat
    • cough
    Please DO NOT come to your appointment with any of the symptoms above to help us maintain the safety and well-being of our students, faculty, staff and patients. We will be happy to see you when you get well."

FUNDAMENTAL ELEMENTS NEEDED IN A DENTAL SETTING TO PREVENT THE TRANSMISSION OF INFECTIOUS AGENTS

Administrative Measures

- The infection prevention coordinators: Prof. K. Vyprynyuk, Dr. G. Cohen-Brown
- Job Descriptions – level of infection control training based upon position (see Table)
- Participants - all dental health care providers (DHCP) including full/part-time employees of the college.
- A recorded infection control lecture will be available for review at an individual pace.
- A proof of annual training thereafter will need to be submitted to the infection prevention coordinator.

- Blood Borne Pathogen Policy (Appendix B) - The policy is posted in an area where it is readily visible to all. Each new patient, faculty, staff, and student will also receive a copy.
- **First Aid -** In the event of any incident notify your supervisor as soon as possible and fill out the Incident Report Form (Appendix C)
  In the event of a needle/sharps injury from a patient-contaminated source follow the Post-Exposure Protocol for Mucocutaneous Exposure (Appendix D) and follow-up with medical evaluation and the completion of a Post-Exposure Incident Report.

  (Appendix E)

Position title	Level of training	Interval	Responsible
All DHCP	All guidelines related to patient care	Annual	Chairperson/infection control coordinator
Clinical lab tech (CLT)	All guidelines related to monitoring/documenting effective infection control measures	Annual	Infection control coordinator and senior CLT
Reception area staff	All guidelines related to greeting and management of patient records	Annual	All clinic coordinators

Infection Control Prevention Education & Training

Dental Health Care Providers (DHCP):

- All dental hygiene faculty are required to complete annual online modules pertaining to infection control calibration videos.

- As per New York State professional licensure guidelines, ALL dental hygiene care providers (DHCP) are required to complete an approved NYS Infection Control for Dental Settings continuing education course every 4 years.

Dental Health Care Personnel Safety

Vaccination History in compliance with DHC Providers Safety will be submitted by all faculty through Castlebranch.

Standard Precautions:

Hand Hygiene

Overview for performing hand hygiene:

- when hands are visibly soiled.
- after barehanded touching of any contaminated device, environmental surfaces, and other objects likely to be contaminated by blood, saliva, or respiratory secretions.
- before and after treating each patient.
- before putting on gloves
- immediately after removing gloves.
- use soap and water when hands are visibly soiled (e.g., blood, body fluids); otherwise, an alcohol-based hand rub may be used.

❖ **CDC recommendation:**

The CDC indicates the preferred method of choice for hand hygiene is using alcohol-based hand rubs except when the hands are visibly dirty.

http://www.cdc.gov/handhygiene/training/interactiveEducation/frame.htm

A. Alcohol-Based Hand Rub

- Apply to the palm of one hand (the amount depends on the specific hand rub product and directions from the manufacturer).
- Rub hands together, covering all surfaces, focusing on the fingertips and fingernails, until dry. Use enough rub to require at least **20** seconds to dry. https://www.youtube.com/watch?v=ZnSjFr6J9HI

B. Hand Washing/Proper Hand Sanitizing Technique

- Upon entry to the cubicle an initial handwashing must be conducted.
- Wet hands and wrists under cool running water to close skin pores to minimize microorganisms from entering.

- Rub soap gently into all areas, especially between fingers and around nails, for at least 20 seconds before rinsing under cool water. https://youtu.be/3PmVJQUCm4E

C. Fingernails and Artificial Nails

Keeping nails short is considered key since the majority of microorganisms on the hands are found under and around the fingernails.
https://www.cdc.gov/handhygiene/providers/index.html

- Natural nail tips should be kept to ¼ inch in length. Natural nail tip length must not extend past the fingertips.
- Nails should be clean, and short. Clear nail polish is allowed. Artificial nails of any kind are not permitted.

Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect DHCP from exposure to or contact with infectious agents. PPE that is appropriate for various types of patient interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available. An adequate supply and appropriate PPE will be accessible to DHCP.

Overview:

- Educate all DHCP on the proper selection and use of PPE.
- PPE includes gloves, face masks, protective eyewear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat, and washable head covering).
- Wear gloves whenever there is potential for contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment.
- Do not wear the same pair of gloves for the care of more than one patient.
- Do not wash gloves. Gloves cannot be reused.
- Punctured or torn gloves should be changed immediately.
- Perform hand hygiene immediately before donning and after doffing gloves.
- Wear protective clothing that covers the skin and personal clothing during procedures or activities where contact with blood, saliva, or OPIM is anticipated.
- Wear mouth, nose, and eye protection during procedures that are likely to generate splashes or spattering of blood or other body fluids.
- Doffing of PPE will follow recommended sequence before leaving the work area.
- The PPE procedures are inclusive of the newer PPE recommendations based upon the guidance from the "Return to Work" ADA toolkit; ADHA "Interim Guidance on Returning to Work "and Guidelines for infection control in dental healthcare settings — 2003. MMWR Recomm Rep 2003; 52(RR-17):1 – 76.
- Available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf.
- 2016 release: Recommendations from the Guidelines for Infection Control in Dental Health Care Settings 2003:
- http://www.cdc.gov/oralhealth/infectioncontrol/pdf/recommendations-excerpt.pdf

Sequence for Donning (placing) and Doffing (removing)

PPE Sequence for donning PPE:	Sequence for doffing PPE:
1. Gown 2. Facemask 3. Eyewear 4. Face shields 5. Gloves	1. Remove Examination gloves (Gloves are removed by grasping the cuff and pulling the glove toward the fingers resulting in the glove turning inside) 2. Face shield and Eyewear 3. Gown 4. Mask

Personal Protective Equipment – Required Clinic Attire:

General Information:

- Students, faculty, and staff are required to use only PPE adopted by the department.
- DHCP will wear clean scrubs, head covering (washable or disposable), and a dedicated pair of clinic shoes for all clinical sessions.
- All clinic shoes will remain on the premises in a designated area.
- Clinic scrubs are to be laundered after each clinical session.
- Contaminated items are to be stored and transported in a laundry bag until washed
- DHCP clinic attire is never worn while commuting to or from the College.
- Scrubs and other protective clothing (e.g. socks, head coverings, shirts worn under scrubs) will be laundered daily and transported in a laundry bag.

Personal Protective Equipment

Description of each (in sequential order)

1. **Disposable Gowns:**
   a. Disposable long-sleeved overgrown with elastic wrist cuffs worn over scrubs for exposure to potentially infectious materials (blood/saliva).
   b. Disposable overgrown must be changed when visibly soiled.
   c. At the end of each clinical session overgrown will be removed and discarded into a dedicated waste container.
2. **Face Masks:**
   a. In **non-clinical and common areas** face coverings are optional.
   b. In DH clinical areas faculty, staff, and students must use an ASTM level 3 mask.
   c. Students and faculty **must** always wear ASTM level 3 mask plus face shield during direct patient care.
   d. An ASTM level 3 mask must be worn continuously and changed when wet or soiled.
   e. Masks should always cover the nose and chin snuggly.
   f. If the mask is touched hand hygiene must be completed.
   g. Masks should be discarded/changed when wet, visibly dirty, and between patients.

Department Personnel Breakdown: Changes will be made based on current guidelines and rate of disease transmission.

DH Department	Direct Patient care with aerosol potential Mask Type	Direct Patient care *NO* aerosol potential Mask Type	In non-clinical area or on DH floor No direct Patient care
College Administrative Assistant (CAA)	N/A	N/A	**N/A**
College Office Assistant (COA)/DH receptionist	N/A	N/A	**N/A**
College Laboratory Technician (CLT)	N/A	N/A	**N/A**
DH Students	**ASTM level 3 plus face shield**	**ASTM level 3 plus face shield**	**N/A**
DH Faculty	**ASTM level 3 plus face shield**	**ASTM level 3 plus face shield**	**N/A**

3. **Protective Eyewear/Face Shield:**

DHCP eyes must be protected from infectious pathogens and potential chemical and physical hazards during direct patient care.

Protective Eyewear will include:

a. Prescription eyewear or protective goggles
b. Face shield
c. DHCP wearing dental loupes must use a face shield that will fit over loupes.
d. Patients, during treatment, will wear protective eyewear.
e. Post-patient treatment: the face shield and all eyewear, including loupes will be cleaned and disinfected as per the manufacturer's instructions.

4. **Gloves**:

The NYCCT dental hygiene clinic only utilizes latex-free nitrile gloves.

a. All DHCP involved in direct patient care when there is contact with blood, blood-contaminated saliva, or mucous membranes will wear disposable non-sterile nitrile medical-grade examination gloves.
b. Examination gloves that have been used during patient care cannot be reused. When putting on or removing gloves appropriate hand hygiene must be performed.

c. Environmental surfaces in the dental operatory that are covered with a protective barrier or can be disinfected following the patient care may be touched with contaminated gloves.
d. ***Either*** ungloved cleaned hands **or** plastic over-gloves worn over contaminated examination gloves may be used when retrieving items from the clinic drawer during patient care.
e. When handling a computer mouse or keyboard one of the following is acceptable:
    1. **ungloved** cleaned hands.
    2. **contaminated glove** if the barrier wrap is placed on the mouse/keyboard.
    3. **contaminated glove** with the use of an over glove if the barrier wrap is not present.

Respiratory Hygiene/Cough Etiquette

Respiratory Hygiene/Cough Etiquette in Healthcare Settings

To prevent the transmission of **all** respiratory infections in healthcare settings the following infection control measures will be implemented at the first point of contact with all individuals having signs and symptoms of a respiratory infection:

A) <u>Preventive measures:</u>

- <u>Education</u> - All DHCP will be educated on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.
- <u>Visual Alerts</u> - Visual alerts (in appropriate languages) demonstrating '<u>Covering Your Cough' (Appendix A)</u> tips to prevent the spread of germs from coughing are posted throughout the department floor. They also instruct them to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice respiratory hygiene/cough etiquette.

  <u>These visual alerts are posted in the following locations</u>:
    a. Dental Hygiene Offices
    b. A701 Entrance
        - Sign posted on the wall next to the doorbell and entry keypad
        - Alcohol-based hand sanitizer and tissues on the table by the faculty mailbox
        - Small wastebasket on the side of the table for no-touch disposal
    c. A702 Entrance
        - Sign posted on the wall next to bell and keypad.
        - Box of tissues and alcohol-based hand sanitizer on top of full-time faculty mailboxes
        - No touch disposal bin available
    d. Dental Hygiene Locker Rooms
        - Sign posted on the door outside of Women/Men's locker room.
    e. Reception Area
        - Sign posted on the wall next to A708 wall sign holder.
        - Alcohol-based hand sanitizer on the counter

- Box of tissues on the small table next to the waiting room chairs.
- Box of masks kept near receptionist for patients. Procedural masks with loops or surgical masks with ties are sufficient)

f. Doors to the Clinic
- Sign posted on the door underneath the glass window.
- A710/A711 (Clinic A&B)- signs posted on the wall sign holder.
- A714 (Radiology)- sign posted on the wall next to the "caution x-ray in use" sign.

g. Restrooms: The Buildings and Grounds are maintaining the Restrooms.

B) <u>General measures to contain respiratory secretions:</u>

a. Cover your mouth and nose with a tissue when coughing or sneezing.
b. Use the nearest waste receptacle to dispose of the tissue after use.
c. Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

C) <u>Enhanced measures to contain respiratory secretions:</u>

During periods of increased respiratory infection activity in the community (e.g., when there is increased absenteeism in schools and work settings and increased medical office visits by persons complaining of respiratory illness), Droplet Precautions will be practiced and include:

- Masks will be made available to persons who are demonstrating respiratory symptoms. Level 1 procedure masks may be used to contain respiratory secretions.
- Patients with an active cough that is consistent with an infectious respiratory condition will have their temperature taken and recorded. A referral letter to a physician will be provided. They will be dismissed and rescheduled for a DH appointment after they no longer exhibit respiratory symptoms. No medical clearance is required.
- DHCP will follow standard precautions when in close contact and while interviewing a patient demonstrating symptoms of respiratory infection.

Engineering Controls

Engineering and controls are designed to prevent injury.
Examples of safe work practice include the use of instrument cassettes, shields when recapping needles, placing all sharps (blades, burs, and broken instruments) in the sharp's containers, and clearly designated and labeled eye wash stations.

A. Sharps Safety

Sharp items (anesthetic needles, Oraqix® cartridges and cannulas, anesthetic carpules, etc.) should be considered as potentially infective and must be handled with care to prevent unintentional injury.

Policy and Procedures

- After use, sharps should be placed in the red puncture-resistant, leak-proof containers which are mounted in each operatory. In accordance with CDC Policy, these containers are to be removed and replaced before they reach the "fill line" that is indicated on each container. Replacement of puncture-resistant containers is the responsibility of the clinical lab manager, see Central Supply/Soil and Clean Room Procedures.
- Evaluating Safety Devices - DHCP who are directly responsible for patient care must identify, evaluate, and select devices with engineered safety features at least annually and as they become available. (CDC)
- Two-handed recapping of needles is not permitted. An acceptable recapping device is to be used to cover the needle. Once the needle is removed from the syringe, it is immediately placed in an appropriate puncture-resistant container located in each operatory.
- During patient treatment, the *recapped* dental syringe is placed on a paper towel on the cubicle counter and the needle is shielded when not in use.
- After use, single-dose cartridges of local anesthetic are considered biohazard waste. They are immediately transferred to an appropriate puncture-resistant container.
- Dental anesthetic syringes are reusable and are to be cleaned and heat-sterilized between patients.

B. Eye Wash Station

Located on the wall inside room A710/A711 at each clinic entrance and in the radiology lab. In an emergency, proceed to an eyewash station and follow the instructions below which are posted at the eyewash station. Instructions are posted at each eyewash station.

<u>Emergency Eye Wash Procedure (Appendix F):</u>

1. Do not panic.
2. Proceed to the eyewash station and notify another student or faculty.
3. Notify the doctor on the floor.
4. Turn the eye wash on by opening the door (pulling the lever towards you).
5. Hold your eye open with your fingers and flush your eyes for 15 minutes.
6. Do not rub your eyes.
7. During this time the Department of Public Safety will be informed of an emergency by dialing 5555 from the clinic phone.
8. Continue rinsing eyes until emergency medical personnel arrive to assist.
9. Get assistance from a faculty who will retrieve the SDS of the contaminant.
10. Incident form should be filled out and filed with the department chair.

NOTE: The emergency eye wash station is only for first aid. It is not a medical treatment for chemical exposures. Make certain that you seek proper medical attention. It is important to inform the physician of exactly what you were exposed to.

General Rules for Surface Sanitizing, Disinfection, Barrier Protection, and Equipment preparation

Overview:

Surface disinfection, barriers, and sterilization techniques are the primary means of assuring that there is the least possible chance of the transmission of microorganisms associated with communicable diseases. The rationale for cleaning and disinfection is that fomites can remain active on surfaces and dental equipment following contamination. These guidelines are the policies and procedures for routine sanitizing (cleaning) and disinfection of the dental operatory, environmental surfaces and frequently touched surfaces in the Dental Hygiene clinic. Sanitization refers to the removal of organic matter by pre-cleaning and drying all surfaces prior to disinfection.

The methods used to maintain dental operatory environmental surfaces and touch surface asepsis are ***sanitizing***, ***disinfection chemicals,*** and ***barrier protection***.

Surface barriers are used to protect clinical contact surfaces which are difficult to clean (e.g., on dental chairs control buttons/light switches, computer equipment, etc) and must be changed between patients.

1. **Cubicle Preparation, Surface Disinfection, and Waterline Care**
   a. Contaminated surfaces are sanitized and disinfected routinely with a tuberculocidal level disinfectant **at the beginning and end of each clinical session. The first wipe is Sanitizing / Second wipe is Disinfectant. Time: 2nd wipe must be left on for 1 minute.**
   b. Waterlines need to be flushed for 2 minutes at the beginning and end of the day, 30 seconds in between patients.
   c. Protective barriers are placed over designated contact surfaces.
   d. Contaminated items leaving the treatment area must be transported in an appropriate containment device that is properly sealed and labeled.
   e. For Any marks (pen)or soiled parts of the counter or cubicle use Mr. Clean cleaning sponge
   f. **During Surface Sanitizing and Disinfection**, students must wear appropriate PPE:
      - Nitrile Autoclavable Utility Gloves
      - Protective Over gown (note over gown is only worn within the dental cubicle)
      - Mask
      - Eyewear and face shield

Note: The disinfectant should be EPA-registered disinfectant or detergent/disinfectant with label claims for use in health care settings. It is important to follow the manufacturer instructions for use EPA-registered disinfectants such as the amount, dilution, contact time, safe use, and disposal of the product. Most surface disinfectants used on dental surfaces are intermediate level (i.e., tuberculocidal claim).

Protective Barriers:

Uses of Protective Barriers:

- Bracket tray and hoses: cover entirely using a 45-gallon clear plastic trash bag.
- When needed, bracket tray hoses should be retrieved through the back of the bag not by puncturing the barrier.
- Air-water syringe-previously disinfected, now place protective sleeve, secured with a twist tie.
- Saliva ejector & high-speed suction tubing - place protective sleeves secured with a twist tie, place All Wrap over the control panel
- Soiled gauze collection bag is taped to the bracket table to collect contaminated gauze (blood)
- Use All Wrap to protect computer keyboard and mouse, and clinical contact surfaces: (see the following chart)
    - light handles
    - chair arms
    - back of the operator stool and handles

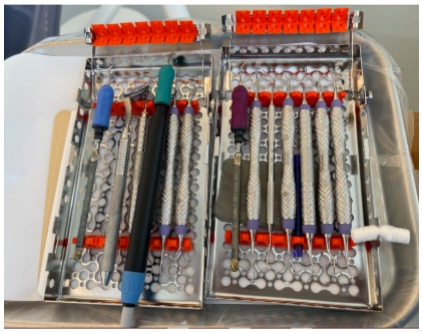
Cleaning, Sanitizing, and Disinfecting the Cubicle			
Sequence: Start from the top of the chair/unit and work your way down to base of chair/unit. Cuspidor is last.			
Equipment		**Sanitize**	**Disinfectant** *At start & end of clinic session*
Counter	Towel & Soap Dispensers	**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
	Cabinet & drawer pulls	**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
Sink		Powdered Cleaner located under sink cabinet.	No
Patient Chair Light	Handle	**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
	Arm	**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
	Plastic cover over bulb	***Clean only when visibly soiled:*** ***Using a paper towel use very little*** soap & water on **cooled-down light;** dry using paper towel	No
Unit	Bracket Tray	**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
	Knobs, handles, hoses	**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
	Cuspidor	**LAST AREA to wipe due highest risk of potentially infectious materials** **Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
Patient Chair	Seat	**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
	Arms	**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	
	Base	To clean use Soap & Water, dry *If still visibly soiled, use a sponge* ***At start & end of clinic session***	**No, unless contact with biologic material**
	Rheostat	To clean use Soap & Water, dry *If still visibly soiled, use a sponge* ***At start & end of clinic session***	**No, unless contact with biologic material**
Clinician/Operator Stool		**Use 1 wipe for sanitizing and allow to dry for 1-2 minutes**	

Barrier Placement Chart		
Equipment		**Barrier**
Headrest		Plastic cover
Unit	Bracket Tray, Hoses and Control Panel	45-gallon **CLEAR** Trash Bag
	Light handles	**3 pieces** of All Wrap. 1 placed on non-dominant handle side and 2 pieces placed on dominant handle side
	Tri-Syringe tip & body	Clear plastic tube bag and a twist-tie
	Saliva ejector & high-speed suction tubing	2 sleeves secured with a twist tie, place All Wrap over the control panel
	Chair arm to raise for patient seating	1-piece *All Wrap*
Clinician-Operator Stool	Seat adjustment handles and back	*All Wrap* 1 piece on top of chair back 2 pieces for 2 - adjustment handles
Trash Receptacle		13-gallon **CLEAR** Trash Bag

Equipment Preparation:		
Dental Equipment	**Unit preparation**	**Barrier Protection**
Ultrasonic unit (Cavitron)	Wipe the unit and hose with a SaniWipe. Purge the ultrasonic waterline for 2 minutes at the beginning of the session and for 30 seconds between patients/at the end of the clinic. Please note that when purging the ultrasonic water line for two minutes prior to using it, the Sterimate handpiece should never be placed or left in the cuspidor. This is a critical infection control error resulting in an unsatisfactory for the day, a write-up in the back of the book, as well as an infection control remediation activity.	A blue barrier tape should be placed over the power control. 

The package opening and placement of the Sterimate handpiece to the ultrasonic unit waterline should be conducted with sanitized hands, and the handpiece should be placed onto the bracket tray, as depicted in the image below.

In the same manner, open your insert cassette and place it on a paper towel on the counter until ready to use. Then, with your gloved hands, seat an insert after lubricating the 'O' ring into the Sterimate handpiece and place the other inserts into your open instrument cassette for easy access. See the image below.



GBT Master	**CLEAN AND DISINFECT** Use a cleaning and disinfecting wipe (less than 35% alcohol) compatible EPA-registered intermediate-level surface disinfectant or that complies with the standards applicable in the country (e.g. MICRO-KLEEN or Opti-Cide³ wipes). ⚠ Follow carefully the instructions provided by the wipes manufacturer. ⊘ DO NOT use CaviWipes™ or Advantaclear wipes. They damage EMS products. Keeping the device's water lines clean and disinfected is mandatory to prevent patient infection. A regular cleaning and maintenance protocol should be adopted to keep bacterial counts lower than 500 CFU/mL. EMS recommends using a dental unit waterline cleaner available in Canada. The manufacturer's instructions for use should be followed to ensure the appropriate water quality to help protect patients, staff and equipment. ⚠ The water supply hose and related device connection will not be cleaned by this procedure.  Purge the waterlines for 2 minutes  	Do not use blue barrier tape. Cover the entire unit with a clear bag of an appropriate size, leaving controls and handpieces/hoses exposed.

Chairside checklist when a patient enters the operatory

a. Pre-procedural rinse: use an antimicrobial pre-procedural rinse to decrease the oral pathogens load.
b. Offer hand sanitizer to the patient prior to hands-on demonstration of oral hygiene instruction.
c. The operatory will have limited paperwork, many forms will be laminated so they can be disinfected.
d. Keep the number of staff in the operatory to the minimum required.
e. Practice hand hygiene protocols.
f. To minimize potential aerosol generation, ultrasonic scaling, and engine/airflowing/perioflowing will be done with the use of extraoral and intraoral high-speed evacuation devices as per NYCCT DH guidelines.

2.Breakdown, Cleaning, and Disinfection of Cubicle Contact Areas:

Once the patient is dismissed, the cubicle is cleaned and disinfected.

When breaking down the room or cleaning and disinfecting the surfaces with an EPA-grade disinfectant, personal protective equipment is worn, including a mask, eye protection, a gown, and chemical- and puncture-resistant utility gloves.

Pre-cleaning of contaminated instruments:

Instrument Care Protocol

All contaminated instruments should be handled using ***Utility Gloves only****.*

1. Wearing your **utility gloves,** secure instruments in the cassette.

2. Spray the enzymatic solution onto the ends of the instruments (not the handles). 2-3 sprays should be enough.

3. Leave for 2-3 min as you continue to clean up your cubicle.

4. Close and lock your cassette.

5. Put the cassette into your plastic transport box (found under the sink).

6. Deposit your plastic transport box that contains your instrument cassette into the big plastic bin (disinfect the transport box with a wipe using utility gloves prior to handling with bare hands, do NOT wear your utility gloves when bringing your plastic boxes to the bin).

7. Prepare the sterilization bags for each set of instruments you are submitting for sterilization with:

a. Your name
b. Date
c. Cubicle number
d. Your clinic section (1-A, 1-B, or 1-E only, you don't have to write the days)

8. Put those bags in the RED folder next to the big plastic bin

9. Add information to the sterilization log (your name next to your cubicle number and number of sets submitted)

10. If, for any reason you use clinic instruments (handpiece, loose instruments, etc.) you will place those into small clear sterilization bags **without** labeling them with your personal information. Sterilization bags with any packaged clinic instruments will go into the big bins separately (without the plastic box). CLT transport the Contaminated receptacles of the Clean/soil room.

NOTE: This protocol may be revised as needed

There are 2 covered transport boxes (puncture-resistant leakproof transport containers marked with a biohazard label) found under the sink in each cubicle.

- **Box 1-Hand scaling instruments only**
- **Box 2-** is designated for the **transport of all other clinic equipment that requires sterilization**: dental anesthetic syringes and handpiece. Wipe the handpiece with Surface Disinfectant Wipes and place it into an autoclave bag and then into the transport box.

- Barrier removal:
  - While still wearing appropriate PPE, including utility gloves, remove all blue wrap and place them onto the bracket tray.
  - Fold bracket tray coverings including the disposable air water syringe into itself, which will capture the bag of soiled gauze, attached to the plastic covering. Discard into the trash.
- General cubicle cleaning:
  - Chair and surface disinfection using Surface Disinfectant Wipes.
  - Remove the cuspidor trap and bring it to the sink.
  - Rinse under running water to remove debris and clean. If visibly stained (from disclosing solution), soak the cuspidor trap with premixed bleach solution placed in a cup.
  - Use a powdered cleaner and a sponge (under the sink) to remove stains from the countertop/sink.
  - Cubicle floor: remove visible debris using disposable wet mopping cloths.
  - Use a sponge on the base of the chair and arms.
- Wash safety glasses with soap and water and dry them with a non-abrasive wipe.
  **Magnification (loupes) eyewear: Follow the manufacturer's directions to clean and disinfect.*
- Utility gloves:
  - Wash with soap and water, and dry with a towel.
  - Place in a labeled clear gallon-size plastic bag.
  - Follow current guidelines for storage.

  **Manufacturer recommends periodic sterilization (up to 5 times, then replace gloves). It is recommended to sterilize at the middle and end of each semester. Place in labeled sterilization bag and place into covered cubicle transport bin.*
- Remove face shield/mask and over gown; dispose of mask and over gown in a cubicle trash receptacle.
- Wash hands.
- With clean hands, carefully pull the trash bag from the receptacle handling the outer portion and pulling using ties. Remove air and tie securely. Deposit into a receptacle located next to the bin where you deposit your instruments for sterilization. Please do not leave your trash bags in the storage room or next to the clinic door.

At the end of the Clinic Session once all disinfection and cubicle clean-up are completed:

- Wash hands.
- Raise the patient chair.
- Place rheostats on a paper towel on the chair base.
- Light/arm over a patient chair.
- Bracket tray facing the side of the chair.
- Turn the dental unit off.

- Clinician chair is placed next to the counter.
- Instructor checks cubicle.

3.Housekeeping Surfaces
Housekeeping surfaces (e.g., floors, walls, sinks) have a limited risk of disease transmission and are cleaned with detergent and water or an EPA-registered hospital disinfectant if visibly contaminated with blood.

DENTAL RADIOLOGY INFECTION CONTROL PRACTICES

The infection control practices followed in the dental radiology laboratory facilities of New York City College of Technology are based on those adopted by the American Dental Educators' Association (ADEA) and supported by the guidelines from the Centers for Disease Control and Prevention (CDC).

RADIOLOGY CLINIC PROCEDURES

A. HANDWASHING

Students and faculty
Upon initial entry and final exit of the exposure room students and faculty should follow standard handwashing protocol. Hands are sanitized immediately prior to donning **AND** after removing gloves.

B. PERSONAL PROTECTION EQUIPMENT (PPE)

a. Gloves
- Utility Gloves are worn during the cleaning and disinfection of the exposure room, and clean-up procedures.
- Nitrile gloves are worn during oral inspections and the exposure of **intraoral and extraoral** images.
- Gloves are NOT worn while retrieving supplies, seating the patient, or escorting the patient out of the operatory.

b. Facemask and Shield
- A facemask and over gown are worn during disinfection procedures.
- A chin-length plastic face shield, a facemask, and over gown are worn during disinfection and the exposure of images.

c. Attire
- Students wear the complete regulation uniform as designated by the Department when exposing images (see Clinical P & P Manual).
- Faculty wear appropriate professional attire as designated by the Department.

C. Exposure Rooms and PAN Room

a. Surface disinfection.
Note: The first student using the radiology room is responsible for the following: **prior to** seating the first patient, the following are cleaned with soap and water and then *disinfected with currently recommended disinfectant wipes. For each patient after that, you only have to use disinfectant wipes:

- tube head and cone (PID)
- extension arms
- positioning joints
- chair
- operator shelf inside the exposure room
- lead apron & thyroid collar
- basket
- underside of the towel dispenser
- sink faucet and handles
  *The sensor and cord are gently wiped with a paper towel lightly sprayed with a disinfectant (no soap and water).

b. Barriers.
Prior to seating every patient, the following are covered with disposable barriers:

- the control panel (blue barrier)
- PAN remote: only when exposing PAN (blue barrier)
- headrest (headrest cover)
- touchable surfaces of the X-ray machine: PID, extension arms, positioning joints (blue barrier)
- sensor (sensor sleeve)
- appropriate barriers are placed on touchable surfaces of the computer (mouse).
- the e-Chart is opened before donning gloves and "Capture Series" is clicked immediately before first exposure. The keyboard is not covered with a barrier because it is not touched during patient exposure.
- **After** the patient is dismissed, all disposable barriers are removed and disposed of, remove the sensor sleeve, wipe down, and drape the sensor over the computer screen.

D. INSTRUMENTS AND SUPPLIES

- Disposable items are used whenever possible.
- Instruments and supplies are placed in a disinfected, paper towel-lined basket for individual patient use. At no time is the basket ever to be placed on the computer desk or keyboard.
- The following supplies are mechanically clean, as provided by the manufacturers: orthodontic rubber bands, cotton rolls & applicators, paper bibs, and plastic cups.
- Lead aprons and thyroid collars are disinfected after every patient.

- All instruments are cleaned, dried, individually bagged, labeled, autoclaved, and stored.

E. SENSOR HANDLING

Exposure Room

- The supervising instructor or CLT ensures the connection of the sensor to each exposure room computer.
- Once the sensor is wiped and covered with a sensor sleeve, it is then placed in the basket on the operator shelf. **It is never to be placed over the computer screen while exposing the radiographic dental images.**

F. REFUSE DISPOSAL

According to OSHA guidelines for the practice of dentistry and New York City Sanitation Laws, the exposure of images does not generate "blood-borne/medical waste" therefore, refuse will be disposed of as follows: All exposure room refuse is placed in trash baskets lined with plastic bags and disposed of as nonmedical waste.

INFECTION CONTROL PROCEDURES IN THE DENTAL LABORATORY CLASSES

Careful adherence to preparation and maintenance protocols of the laboratory area and equipment is necessary to maintain a clean working environment using appropriate sanitizing, disinfecting, and barrier measures.

Sanitizing and Disinfecting the Laboratory

- Students must be in PPE when cleaning and disinfecting laboratory equipment using utility gloves, safety eyewear and facemask.
- Students will provide soap and/or hand sanitizer dispensers during laboratory sessions.

Equipment	**Sanitize** **(Step 1)**	**Disinfectant** (Step 2) ***At the start & end of the Lab session***
Countertop, cabinet doors, drawer fronts, and handles	Soap & Water *At the start of the Lab session only*	Yes Use provided disinfectant wipes (intermediate level)
Sinks	No	Cleanser Powdered Cleaner located under the sink
Table surface	No	Yes

		Use provided disinfectant wipes (intermediate level)
Bib chain	No	Yes Use provided disinfectant (intermediate level)
Bowl & spatula	No	Remove all debris. Wash with Soap & Water Spray provided disinfectant (Intermediate level) Let sit to dry.
Soap & Hand sanitizer dispenser (student's)	No	No

Infection Control in the Dental Materials Laboratory

- PPE during laboratory work: disposable over gown, nitrile examination gloves, safety eyewear/mask or mask with a face shield. Face shields must be worn when pouring impressions and trimming models.
- PPE during clinical (intraoral) procedures: Full PPE/clinical attire – scrub uniforms, over gown, examination gloves, clinic shoes, safety eyewear with level 3 facemask and face shield.
- Bring Nitrile Utility gloves in zip lock bag (use one set for DM lab/Radiology uses)

Dental Lab Equipment	Barrier
Impression pouring vibrator unit and the area surrounding	Headrest cover Bracket tray cover
Model Trimmer and area surrounding	Silicone mats that can be disinfected
Trash Receptacle	13-gallon CLEAR trash bag

- **End of Laboratory Session Clean-Up:** Sweep floors to remove debris and wet mopping cloths (if visibly soiled).

Sterilization & Disinfection of Patient-Care Items & Devices

Sterilization kills all microbes and bacterial spores. To prevent cross-contamination, instruments contaminated with blood or saliva and OPIM during treatment are sterilized between patients. Other disposable supplies which cannot be autoclaved are discarded. ***Sterilization protocols do not vary for respiratory pathogens like COVID-19***. DHCP should follow the manufacturer's instructions for times and temperatures recommended for the sterilization of specific dental devices. DHCP should perform routine cleaning, disinfection, and sterilization protocols, and follow the recommendations for Sterilization and Disinfection of Patient-Care Items present in the Guidelines for Infection Control in Dental Health Care Settings – 2003pdf

Sterilization & Disinfection of Patient-Care Items & Devices

1. **Instrument Processing in the Clinical Setting**
   Pre-cleaning of contaminated instruments:

   - The DHCP will wear puncture-resistant nitrile utility gloves.
   - With instruments secured in the open cassette all instruments are precleaned with an enzymatic spray gel following the manufacturer's instructions; lightly mist the tips only of the contaminated instruments.
   - Cassette is closed and secured.
   - Cassette is placed into a covered locked transport box.
   - Transport of patient-care items & devices to clean/soil area:

   There are 2 covered transport boxes (puncture-resistant leakproof transport containers marked with a biohazard label) found under the sink in each cubicle.

   - **Box 1-Hand scaling instruments only** is designated for transport of the instruments.
   - **Box 2- All other patient care items** are designated for transport of all other clinic equipment that requires sterilization.

2. **Preparation of patient care devices (box2) to be sterilized:**
   The DHCP will wear puncture-resistant nitrile utility gloves.
   Chairside each of these items are placed into a separate transport container (cubicle transport container) which in turn is placed into a larger designated collection bin located in each clinic (A710/A711) for transport to the clean/soil area:
   - Wipe the instrument transport container (box2) using Surface Disinfectant Wipes
   - Place-into a sterilization bag
   - **Dental Hygiene handpiece:** wipe with a disinfectant wipe, place it into a sealable sterilization bag, and place it into a transport container.
   - **Ultrasonic inserts:** wear puncture-resistant utility gloves, wipe off any debris if present from the tips of the inserts with the disinfectant wipe; rinse under running water for 30 sec; place into the designated cassette. Place the cassette into a labeled paper steam

sterilization pouch and place it into the cubicle transport container (box2) for sterilization.

- **Ultrasonic Steri-mate handpiece:** wearing puncture-resistant utility gloves, gently remove the handpiece from the unit; cleanse the handpiece with a paper towel using soap and water and rinse under running water for 30 sec; pay special attention to holes/cannulas, dry using a paper towel; place into a labeled paper steam sterilization pouch and place into the cubicle transport container (box2) for sterilization.
- **Airflow/Perioflow handpieces* -** wear puncture-resistant utility gloves, wipe off any debris with the disinfectant wipe; Clear the water channel with air. Clean your air-powder channel with Easy Clean. Fully dry with the paper towel, place into a designated cassette and place into the paper steam sterilization pouch labeled with the GBT unit#.
- **Piezon Handpiece and tips* -** wear puncture-resistant utility gloves, wipe off any debris with the disinfectant wipe; Disassemble all parts of the handpiece. Fully dry with the paper towel. Place the handpiece and tips/wrenches into a designated cassette (same as above) and place into the paper steam sterilization pouch labeled with the GBT unit#.
- **Dental Anesthetic Syringes:** Wipe using disinfectant wipes, and place/seal in a sterilization bag which in turn is placed into the cubicle transport container.
- **Oraqix dispensers:** After disposing of the used carpules and tips are removed and placed in the red sharps container, wipe the dispenser using a disinfectant wipe; place into a sterilization bag and place into the cubicle transport container (box2).
- **Sidekick components:** Manufacturers' recommendations for disinfection and sterilization will be followed if used with contaminated instruments.
- **Metal impression trays:** All debris is removed; trays are rinsed under running water. Trays are dried and placed in a sterilization bag and deposited into the cubicle transport container.
- **Arestin applicator**: Empty Arestin carpules are disposed of in the gauze collection bag.
- **Arestin syringe:** Wipe using a disinfecting wipe and place in a sterilization bag, seal, and deposit into the cubicle transport container.
- **Radiology XCP:** XCP equipment is washed with soap and water and placed in a sterilization bag, sealed, and deposited into the cubicle transport container.
- **Radiology (Gendex) Sensors** are taken out of the plastic protective barrier, disinfected following the manufacturer's instructions, and remain in the radiology room.

Box 1 & 2 transport boxes are placed in the centrally located collection container which are transported to the clean and soil room.

**Refer to Appendix G*

3. Instrument Processing in the Clean and Soil Room

Collection containers are accepted by the College Laboratory Technicians (CLT) with the appropriate training in proper handling and sterilizing of reusable dental equipment. Equipment is processed according to manufacturer instructions which are readily available in the clean and soil area. Staff wears appropriate PPE including puncture resistant gloves when handling and reprocessing contaminated patient equipment and complies with all CDC policies for hand hygiene.

Process:

- All patient-care devices, in puncture resistant containers, enter room A 714.02, the "clean and soil" room. The instrument processing area has a workflow pattern designed to ensure that devices and instruments move in a one-way direction clearly flowing from high contamination areas to clean/sterile areas. This provides a clear separation of contaminated and clean workspaces.
- Contaminated instrument cassettes are removed from plastic containers and placed in the dental washer and cleaned following the manufacturer's instructions.
- After dental washing, instruments are packaged for sterilization.
  The sterilization method is a steam sterilizing autoclave as per manufacturer instructions. Internal chemical indicators are used in the form of color-change markings within the packaging materials (pouches). Each sterilization pouch has its own indicator. A positive color change indicates the sterilizing agent has reached the instruments within the pouch.
- Biological indicators, in the form of spore tests, are also used weekly to monitor the autoclave's functioning. These indicators provide an additional assessment of the sterilization process by testing for the direct killing of known highly resistant microorganisms.
    - The biological indicator (BI) and accompanying steam integrator strip is placed within an instrument pouch and added to an autoclave load.
    - The load is processed according to the manufacturer's instructions.
    - The integrator strip is checked for meeting sterilization parameters. The BI is checked for label color change indicating complete processing.
    - Within the appropriate time, the processed BI is activated (via crushing) and incubated.
    - Test results are recorded. Positive test results, indicating spore growth, are reported to the supervising dentist and the sterilizer is taken out of service until resolved. Instruments are repackaged and sterilized using another autoclave.
    - The date, load number, sterilizer #, load contents, integrator readout, incubation time, BI Lot #/expiration date, and BI readout are all recorded in the Sterilization record book.
- Sterile packages are inspected for integrity and compromised packages are reprocessed.
- If there is an autoclave failure the staff member notifies the doctor in charge and the instruments are immediately repackaged for re-sterilization.
- Sterile packages are inspected for integrity and compromised packages are reprocessed.

Dental Unit Water Quality

Policy and Procedures: The dental unit water lines will be shocked when returning from an extended break from practice. Consult your manufacturer for proper product recommendations.

1. The dental unit waterline will be treated with products/devices used to ensure water meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU / mL of heterotrophic water bacteria) for routine dental treatment output water.
2. Monitoring of the water quality based on the product manufacturer's instructions (i.e., waterline treatment product, dental unit manufacturer).
3. CDC guidelines

Risk Assessment and Documentation

AEROSOL Management during aerosol-producing procedures:

- Appropriate PPE will be worn as previously mentioned in this document.
- Patients will rinse with pre-procedural rinse for 30 sec.
- HVE – high-volume evacuation used in conjunction with saliva ejectors:
  - large bore opening (8mm) intra-oral suction
  - Purevac system – high volume evacuation and mirror tip (see Appendix H for instructions)
- Extra-oral (EO) suction, such as A-Flex HVE is used when performing aerosol-producing procedures.

Only equipment adopted by the department is allowed to be used in CityTech DH clinics.

APPENDICES

Appendix A

Appendix B

NEW YORK CITY COLLEGE OF TECHNOLOGY
The City University of New York
Dental Hygiene Clinic
285 Jay Street, Brooklyn, NY 11201
718 260-5074

Bloodborne Pathogen Policy

The New York City College of Technology; Dental Hygiene Department is dedicated to addressing the concerns and issues related to Bloodborne pathogens. These pathogens include but are not limited to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV). This commitment focuses on the needs of the individual as well as the community at large. The purpose of this policy is to minimize the risk of transmission from an infected healthcare worker or student to a patient. New York State regulations mandate that the licensed health care facility is responsible for ensuring that health care providers and students do not have physical conditions resulting from infection with a Bloodborne pathogen which could potentially interfere with clinical care or create a health risk for patients. The Dental Hygiene Department realizes that this knowledge is being updated and continues to change. The policy will be reviewed annually to maintain currency and changes will be made as appropriate.

Infection Control Procedures: All health care providers, staff, and students are required to follow "Standard Precautions". This is the practice and procedures set forth in the Dental Hygiene Student Manual (available upon request).

HBV Immunization: Department policy states that all Faculty, staff and students are to be immunized for 1--1BV. The vaccine is available to students free of charge through the health center. However, those faculty, staff and students who decline to take the vaccine are required to sign a declination form.

HIV Testing: Testing of faculty, staff and students for HIV is not required. It is recommended that all Health care providers should be tested voluntarily to know their HIV status.

Obligation to Report: A healthcare worker or student infected with HIV, HBV or HCV or other Bloodborne Pathogen is not required to inform patients.

Confidentiality: All information concerning the health status of a health care worker or student infected by a Bloodborne pathogen shall be disclosed only in accordance with applicable federal, state and local laws and regulations, including Article 27-f of the New York State Public Health Law and its regulations concerning HIV and AIDS-related Information.

Enforcement of Practice Limitations or Modifications: Any student or staff/faculty who engages in unsafe and/or careless clinical practices, which create risks to the health of patients, employees, or students at The New York City College of Technology Department of Dental Hygiene, may be subject to disciplinary action, and the student or staff/faculty may be suspended immediately from all patient care activities pending a full investigation of the matter.

Exposure to Bloodborne Pathogens: Staff/faculty members or students who are exposed to a Bloodborne pathogen in the course of their work The New York City College of Technology Department of Dental Hygiene are expected to follow the procedures set forth in the Bloodborne Pathogen Exposure Control Program. Patients who have been exposed to Bloodborne pathogens while being treated at the clinic shall be referred for counseling and testing. Results from such testing shall be disclosed only in accordance with applicable federal and state laws.
Please follow the link for more information

2023

Appendix C

NYCCT Dental Hygiene Incident Report

Reported by: _____ Date of Incident: _____ Time of Incident: _____ Date Reported: _____

Location: _____ Supervising Faculty: _____ Supervising Dentist: _____

Student Name: _____ Patient e-Chart # (if applicable): _____

Type of Incident: _____

Witnessed: Yes _____ No _____ By: _____

CLASSIFICATION: Verbal Abuse: _____ Physical Abuse: _____ Patient Management Problem: _____
Broken Instrument: _____ Broken Restoration: _____ Syncope: _____
Needle/Sharps Injury*: _____ Injury: _____
Other (specify) _____

*For needle/sharps injury, please fill out a Post-Exposure Protocol for Mucocutaneous Exposure and a Post-Exposure Incident Report

Was the dentist on the floor notified: Yes____ No ____
Did the dentist examine the patient post-incident: Yes _____ No _____

Describe briefly what happened (attach additional sheets as required):

_____

_____

_____

Type of Injury: _____

_____

Suggested Management: _____

_____

Other Recommendations: _____

_____

_____ _____
(Signature of Person Reporting Incident) (Signature of Department Chair)

Appendix D

New York City College of Technology
Post-Exposure Protocol for Mucocutaneous Exposure

- ✓ **Immediately stop patient treatment**. Clean the wound with soap and water. Do not squeeze and bleed the wound out. Cover the wound.
- ✓ **Immediately** report the incident to the supervising clinic faculty and obtain an Exposure Report form. The form should be filled out as soon as possible after the exposure.
- ✓ Another student will be assigned by the faculty to stay with the patient (exposure host) as necessary.
- ✓ Call security at **5555** and in case of a life-threatening emergency call **911**.
- ✓ The exposure host should be informed of the exposure and their medical history should be re-evaluated and reported if relevant. Recommendation for evaluation and blood testing procedures and appropriate referrals should be provided.
- ✓ Another student will be assigned by the faculty to break down the treatment area according to infection control protocol.
- ✓ Exposure recipient should **seek immediate care** for possible medication treatment and infectious disease testing. Care should be received as soon as possible (but not later than 24 hours from the time of the incident) by **one of the following** resources:
  - CityMD Brooklyn Heights Urgent Care - Brooklyn
    Urgent care center
    135 Montague St · (646) 346-7918
    Accepting Medicaid
    https://www.citymd.com/urgent-care-locations/ny/brooklyn-heights
  - Mount Sinai Doctors-Urgent Care, Brooklyn Heights
    Urgent care center
    300 Cadman Plaza W 18th Floor · In One Pierrepoint Plaza
    (929) 210-6300
    https://www.mountsinai.org/locations/msd-brooklyn-heights/services/urgent-care
  - Go to the nearest hospital or the hospital near your home.
  - Use an in-home medical treatment service (such as ZiphyCare) that provides blood and other testing at home.
    Please note that City Tech does not recommend any particular service.
- ✓ If Post Exposure Prophylaxis is indicated, it must be started no later than 72 hours from the incident.
- ✓ The City Tech Dental Hygiene Department is **not responsible** for the cost of testing and necessary treatments for either the host or the recipient.

KV_GCB_AM 3/7/2023

Appendix E

New York City College of Technology
Exposure Report

CONFIDENTIAL

Name of the exposed person:_____ **EMPLID:** _____
Phone # _____ **Email:** _____
Course: _____ **Date and time of exposure:** _____
Exact location (room number and cubicle, if applicable) _____

Details of the Procedure Being Performed:	
When and how the exposure occurred; if related to a sharp device, indicate the type and brand of the device, and how and when in the course of handling the device the exposure occurred.	
Details of the exposure:	
Type and amount of fluid and material and the severity of the exposure (e.g., for a percutaneous exposure, depths of injury and whether the fluid was injected; for skin or mucous membrane exposure, the estimated volume of material and condition of the skin (chapped, abraded, intact).	
Details about the exposure source and patient e-chart #:_____	
Whether the source material contained HBV, HCV, or HIV; If the source is HIV infected, the stage of the disease, history of the antiretroviral therapy, viral load, and antiretroviral resistance information, if known.	
Details about the exposed person:	
e.g., Hepatitis B vaccination and vaccine response status	
Details about counseling, post-exposure management, and follow-up:	

Student Signature_____ Date _____
Instructor Signature _____ Date _____

*File the original report with the DH Department chairperson

Appendix F

Emergency Eye Wash Procedure:

1. Do not panic.
2. Proceed to the eyewash station and notify another student or faculty.
3. Notify the doctor on the floor.
4. Turn the eye wash on by opening the door (pulling the lever towards you).
5. Hold your eye open with your fingers and flush your eyes for 15 minutes.
6. Do not rub your eyes.
7. During this time the Department of Public Safety will be informed of an emergency by dialing 5555 from the clinic phone.
8. Continue rinsing eyes until emergency medical personnel arrive to assist.
9. Get assistance from a faculty who will retrieve the SDS of the contaminant.
10. Incident form should be filled out and filed with the department chair.

NOTE: The emergency eye wash station is only for first aid. It is not a medical treatment for chemical exposures. Make certain that you seek proper medical attention. It is important to inform the physician of exactly what you were exposed to.

HOW TO REPROCESS EMS PRODUCTS

GUIDED BIOFILM THERAPY®

01 PREPARE
Immediately after use

* AIRFLOW® and PERIOFLOW® Handpieces only
** If possible, distilled water

⚠ Rinse and wipe all products

Clean the water channel*:

Clear the water channel with air

Clean your air-powder channel with Easy Clean*:

Fill the syringe with water**
Connect the Easy Clean
Step 3- Connect the nozzle
Step 5- Connect the Handpiece
Rinse the air-powder channel

⚠ Disassemble:

02 CLEAN
03 DISINFECT
04 DRY

Clean and disinfect manually or automatically.
Follow the reprocessing instructions for use.

- No ultrasound bath
- Do not expose to oil

Fully dry products.

05 INSPECT

⚠ Repeat steps **02 03 04** if stains are still visible.

06 PACK

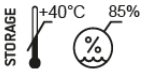
⚠ Package only **fully dried** products.

07 STERILIZE
⚠ Immediately after last steps

Perform moist heat sterilization.
⊘ DO NOT exceed a sterilization temperature of **138°C** (280°F) and a holding time of 20 min.

08 STORE

Store the sterilized products in a dry, clean and dust-free environment.



For more details, scan the QR code and read the instructions for use.

EMS MAKE ME SMILE.

© FA-844 rev.E ed.2023/06 — Always refer to the EMS dental reprocessing instructions for use FB-388.

Appendix H

Rx only MD

Manufactured For:
Dentsply Sirona
1301 Smile Way
York, PA 17404 USA
www.dentsplysirona.com

EC REP
Dentsply DeTrey GmbH
De Trey Strasse 1
Konstanz D-78467
Germany

11081 Rev. 2 (0919)

THE DENTAL SOLUTIONS COMPANY™

Dentsply Sirona

Dentsply Sirona

Purevac® HVE System

HVE Mirror Tips and Hose Adapter Starter Kit

Kit de démarrage avec adaptateur pour tuyau et canules d'aspiration de haut débit avec miroir / Kit di base contenente adattatore del tubo e cannule di aspirazione con specchio per evacuazione ad alto volume / Starter-Kit mit Spiegelsauger und Schlauchadapter für die Hochleistungsabsaugung / Kit básico de puntas de espejo y adaptador de tubo de evacuación de alto volumen / HVE-spiegeltips en slangadapterstarterskit

Instructions for Use
Mode d'emploi / Istruzioni per l'uso / Gebrauchsanweisung / Instrucciones de uso / Gebruiksaanwijzing

Please read carefully and completely before operating unit.
À lire attentivement et intégralement avant d'utiliser l'unité. / Leggere attentamente e completamente prima di utilizzare l'unità. / Vor Inbetriebnahme des Geräts bitte sorgfältig durchlesen. / Lea atentamente todas las instrucciones antes de utilizar la unidad. / Lees deze aandachtig en volledig door voordat u het apparaat [illegible]

TABLE OF CONTENTS

OVERVIEW

The Dentsply Sirona HVE Mirror Tip and Hose Adapter Starter Kit offers a new and unique dental solution for high volume evacuation (HVE). The kit includes three (3) HVE Mirror Tips with an ergonomic unibody design and built-in mirror that allows for evacuation, illumination, retraction, and visualization with one hand. The HVE Hose Adapter allows the HVE Mirror Tip to be used in the most effective and comfortable manner, with a lightweight, flexible, and durable hose that provides greatly improved ergonomic support. The HVE Hose Adapter connects directly to a standard 11mm HVE valve and also includes a 360° swivel connection for the HVE Mirror Tip and a holster to secure the system when not in use.

INTENDED USE

The Dentsply Sirona HVE Mirror Tip and Hose Adapter Starter Kit is intended to provide one high volume evacuation, visualization, illumination, and retraction during dental procedures. The device is intended to be used by trained dental professionals only.

CONTRAINDICATIONS

There are no known contraindications.

WARNINGS

- Only use compatible HVE Tips with the Dentsply Sirona HVE Hose Adapter.
- Sterilizing the HVE Hose Adapter will cause component damage. Disinfect the HVE Hose Adapter using only the tested and approved disinfectants listed in the Infection Control Procedures Section.
- The HVE Mirror Tips must be steam sterilized before first use and between patients to prevent patient cross contamination. See Infection Control Procedures Section.
- The HVE Mirror Tip is designed to last up to 100 reprocessing cycles and the HVE Hose Adapter is designed to last up to 2,500 reprocessing cycles. Use of the device beyond its useful life may cause damage to equipment and increases risk of patient cross contamination.

- It is the responsibility of the Healthcare Professional to determine the appropriate uses of this product and to understand:
  - The health of each patient
  - The dental procedures being undertaken
  - Applicable industry and governmental agency recommendations for infection control in dental healthcare settings
  - Insurance terms and regulations for safe practice of dentistry
  - These Directions for Use in their entirety
- Inspect the device before each use for worn, loose, or damaged parts. Do not attempt to use the device unless the HVE Mirror Tip is properly installed. A loose HVE Mirror Tip could separate from the HVE Hose Adapter or HVE valve. Reinstall the HVE Mirror Tip or replace any damaged parts as necessary.
- Never install the HVE Hose Adapter or HVE Mirror Tip while the HVE system is operating.
- Dispose of the HVE Mirror Tip and HVE Hose Adapter according to CDC Guidelines for Infectious Waste and Federal, State, and Local regulations.

PRECAUTIONS

- Before using this product, carefully read and follow all instructions and save them for future reference. Observe all precautions and warnings.
- The HVE Hose Adapter is only be used with compatible HVE tips (35 mm) and was designed for the HVE Mirror Tip.
- The HVE Mirror Tip can only be used with compatible HVE valves (11 mm) and the HVE Hose Adapter.
- As with all dental procedures, use universal precautions (i.e., wear face mask, eyewear, face shield, gloves, protective gown, etc.).
- Oil and/or dirt may damage the HVE Hose Adapter's 360° swivel functionality.
- Take precaution during use with other dental instruments to avoid damage to the mirror and plastic.

ADVERSE REACTIONS

There are no known adverse reactions.

RESIDUAL RISKS

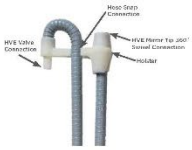
Use of the device beyond its useful life may cause damage and increase risk of patient cross-contamination.

Failure to follow the validated reprocessing instructions provided may result in exposing the patient to pyrogenic residue and/or cross-contamination.

DEVICE DESCRIPTION

HVE Mirror Tip

HVE Hose Adapter

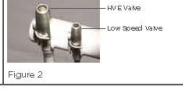


UNPACKING THE SYSTEM

As you unpack your Dentsply Sirona HVE Mirror Tip and HVE Hose Adapter Starter Kit, verify that the following components are included: (3) HVE Hose Adapter, (3) HVE Mirror Tips, (1) Directions for Use.

*Before patient use, HVE Mirror Tips must be cleaned and sterilized. Go to "Infection Control Procedures" for reprocessing instructions.

PREPARATION FOR USE

Method	Figure
Remove the HVE Hose Adapter (Figure 1) and three pack of HVE Mirror Tips from packaging.	 Figure 1
Locate the existing HVE valve (Figure 2) on your dental chair.	 Figure 2

Method	Figure
Take the HVE Hose Adapter and position for insertion into the HVE valve (Figure 3). Fully and securely insert the HVE Hose Adapter into the HVE valve (Figure 4). Ensure the HVE Hose Adapter sits securely in the existing HVE valve (Figure 5).	 Figure 3  Figure 4  Figure 5

Method	Figure
Take one HVE Mirror Tip (Figure 6) and insert directly into the HVE Hose Adapter (Figure 7). Ensure the HVE Mirror Tip is secure in the HVE Hose Adapter. *Before patient use, HVE Mirror Tips must be cleaned and sterilized. Go to "Infection Control Procedures" for reprocessing instructions.	 Figure 6 Figure 7
Ensure the operatory suction system is on. Refer to the manufacturer's instructions for use. On the chair's HVE valve, switch the lever from off to on. Once on, suction should be flowing through the HVE Mirror Tip and ready for use.	

INFECTION CONTROL PROCEDURES

INSTRUCTIONS FOR REPROCESSING THE HVE MIRROR TIP		
Reprocessing Step	Method	Warning
Point of Use	• Turn suction off by switching the lever from on to off on existing HVE valve. • Remove the HVE Mirror Tip from the HVE Hose Adapter. • It is recommended that instruments are reprocessed as soon as is reasonably practical following use.	• Do not attempt to remove the HVE Mirror Tip from the HVE Hose Adapter while the HVE system is operating.
Cleaning	• Remove gross soil by rinsing under water of at least drinking quality. • Prepare enzymatic instrument cleaning solution per the manufacturer's recommendation in a soaking container or ultrasonic bath. • Place the HVE Mirror Tip in the solution for the time specified by the solution manufacturer for cleaning. • Rinse the HVE Mirror Tip under running water of at least drinking quality for a minimum of 30 seconds to remove detergent residue. • Allow the HVE Mirror Tip to dry. • Visually inspect the HVE Mirror Tip for visible soil. If visible soil is present, repeat the cleaning procedure.	• Do not use hard wire brushes to clean the HVE Mirror Tip as scratching can occur. Dentsply Sirona recommends the use of Rasurg® Instrument Cleaning Solution.

INSTRUCTIONS FOR REPROCESSING THE HVE MIRROR TIP		
Reprocessing Step	Method	Warning
Sterilization	• Place each HVE Mirror Tip in a separate steam-sterilization pouch. • Place bagged HVE Mirror Tip into a steam sterilizer, per the sterilizer manufacturer's instructions. • The following minimum sterilization cycles may be used: • Gravity steam sterilization – full cycle: 135 °C for 10 minutes. • Pre-vacuum steam sterilization – full cycle: 121 °C for 15 minutes. • Pre-vacuum steam sterilization – full cycle: 135 °C for 3 minutes. • Steam flush/pressure pulse sterilization (e.g. STATIM) – full cycle: 134 °C for 3.5 minutes. • Alternate method: place non-bagged instruments into the steam sterilizer and run at the above listed cycles.	Before patient use, HVE Mirror Tips must be cleaned and sterilized. Dentsply Sirona recommends the use of Assure Plus® Self-Sealing Sterilization Pouches. Note: Instruments sterilized non-bagged should be used immediately.

INSTRUCTIONS FOR REPROCESSING THE HVE HOSE ADAPTER		
Reprocessing Step	Method	Warning
Point of Use	• Turn suction off by switching the lever from on to off on existing HVE valve. • Remove the HVE Mirror Tip from the HVE Hose Adapter.	• Do not attempt to remove the HVE Mirror Tip from the HVE Hose Adapter while the HVE system is operating.
Cleaning & Disinfection: Manual	• To remove visible soil, thoroughly wipe the entire outer surface of the HVE Hose Adapter, including the entire length of the hose and the holster, with a new, single-use wipe in combination with an alcohol-based, tuberculocidal, cleaning and disinfecting solution. Use additional wipes as needed to ensure all visible soil is removed. • Pay special attention to all seams and crevices while wiping. • If soil is observed in the seam area of the HVE Hose Adapter, disassemble the unit by unscrewing the top plastic component (Figure 8), carefully removing the metal ring (Figure 9) and wiping the components separately (Figures 10 and 11). Once visually clean, place the metal ring back into the top plastic component and screw the plastic pieces back together.  Figure 8 Figure 9 Figure 10 Figure 11	• Use only a disinfecting solution which is approved for its efficacy, EPA registered (and/or Health Canada approved), and use in accordance with the DFU of the disinfecting solution manufacturer. Dentsply Sirona recommends the use of VoloWipes® Disinfecting/Deodorizing/ Cleaning Wipes.

INSTRUCTIONS FOR REPROCESSING THE HVE HOSE ADAPTER		
Reprocessing Step	Method	Warning
Cleaning & Disinfection: Manual (continued)	• To disinfect, the device use additional wipes as needed to ensure the entire outer surface, including seams and crevices, remain visibly wet for the contact time recommended by the solution manufacturer. • Allow the device to air dry.	***VoloWipes® Disinfecting Wipes have a two minute contact time.**
Cleaning: Internal	• At the end of each day, clean the inside of the HVE Hose Adapter with evacuation cleaner following the manufacturer's directions for use.	• The HVE Hose Adapter must be cleaned with evacuation cleaner at the end of each day to maintain its optimal function. **Dentsply Sirona recommends the use of Purevac® SC Evacuation Cleaner.**

SPECIFICATIONS

Weight	HVE Mirror Tip: 15.5 g or 0.55 oz. HVE Hose Adapter: < 109.7 g or < 3.87 oz.
Dimensions	HVE Hose Adapter Length: 1.024 m or 40 in. HVE Hose Adapter Swivel Connection I.D.: 15.875 mm or 0.625 in. HVE Hose Adapter Valve Connection O.D.: 11.252 mm or 0.443 in. HVE Mirror Tip Length: 128.52 mm or 5.06 in. HVE Mirror Tip Valve Connection O.D.: 15.215 mm or 0.599 in. HVE Mirror Tip Mirror Diameter: 17.85 mm or 0.703 in. HVE Mirror Tip Bore Opening Area: 80.406 mm² or 0.40 in²
Operating Environment	Ambient Temperature: -35 °C to 70 °C or -31 °F to 158 °F Relative Humidity Range: 10% to 95% non-condensing Atmospheric Pressure: 50 kPa to 106 kPa or 0.49 atm to 1.05 atm
Transport and Storage Conditions	Ambient Temperature: 10 °C to 40 °C or 50 °F to 104 °F Relative Humidity Range: 30% to 75% non-condensing Atmospheric Pressure: 70 kPa to 106 kPa or 0.68 atm to 1.05 atm

DISPOSAL OF UNIT

Dispose of the system components in accordance with federal, state, and local laws.

Any serious incident that has occurred in relation to this device should be reported to the manufacturer and the Competent Authority of the Member State.