




DENTAL COLLEGE HITEC – INSTITUTE OF MEDICAL SCIENCES, TAXILA

Manual

Infection Control

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	MANUAL
	INFECTION CONTROL

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KEY ABBREVIATIONS / DEFINITIONS

Title	Description
HITEC- IMS	Heavy Industries Taxila Education City - Institute of Medical Sciences
DC	Dental College
QMS	Quality Management System
CSD	Central Sterile Supply Department (CSSD)

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MR	Management Representative
HOD	Head of Department
DQR	Departmental Quality Representative
QP	Quality Policy
SOP	Standard Operating Procedure
MAN	Manual
POL	Policy
MOH	Ministry of Health
PMDC	Pakistan Medical & Dental Council
NUMS	National University of Medical Sciences
PHC	Punjab Healthcare Commission
HEC	Higher Education Commission
PARG	Periapical Radiograph
OPG	Orthopantomogram
JD	Job Description
CKL	Checklists
ORG	Organogram
F	Forms (Record Templates / Formats)
R	Register



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1. PURPOSE

The purpose of this manual is to establish a comprehensive Infection Control Program, so that Dental College HITEC-IMS has a functioning coordinated process in place, to reduce the risks of acquiring infections among patients, employees, physicians, contract service workers, trainees, and visitors and to optimize use of resources through a strong preventive program.

2. SCOPE

This policy is applicable to all departments of Dental College HITEC-IMS.


3. RESPONSIBILITIES

Actor	Role / Responsibilities
Principal	<ul style="list-style-type: none"> provisioning of required resources and monitoring to assure overall effective implementation of this procedure at all levels. review and approval of performance data / action items
Deputy Director Admin & Operations D	<ul style="list-style-type: none"> ensure the overall the standardized process is effectively implemented in true letter and spirit.
Head of Infection Control & MR	<ul style="list-style-type: none"> ensure that all formalities are completed on time. The required communication must be established and maintained among and with every member and every decision must be completely implemented on time.
QA Team / DQR / Functional Team Members	<ul style="list-style-type: none"> taking effective part in actual implementation of the procedures, systematic generation of relevant records and periodic reporting to the respective management.

4. STANDARD CLAUSE REFERENCE:

Clause 8.1 & 8.5, of ISO 9001:2015 Standard

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5. INTRODUCTION

This manual has been prepared to provide current guidelines that should be followed to minimize the risk of spread of cross infection among patients, faculty, dental staff, students and visitors.

It is not only the responsibility of infection control committee to prevent transmission of infections but faculty and staff also has a role to work in as a team in detecting and correcting breaches in aseptic techniques as well as setting an example of a total patient care. Dental practitioners, staff and others in leadership positions must act as role models as they are going to train future dental practitioners. Spread of infection requires three elements:

- Source of infecting organism,
- A susceptible host and
- Means of transmission for the organism.

The source of the infecting agent may be patients, personnel, or, on occasion, visitors may include persons with acute diseases, persons in the incubation period of a disease, or persons who are colonized by the infectious agent, but have no apparent disease. Other potential sources are inanimate objects in the environment that have become contaminated, including equipment and medications.

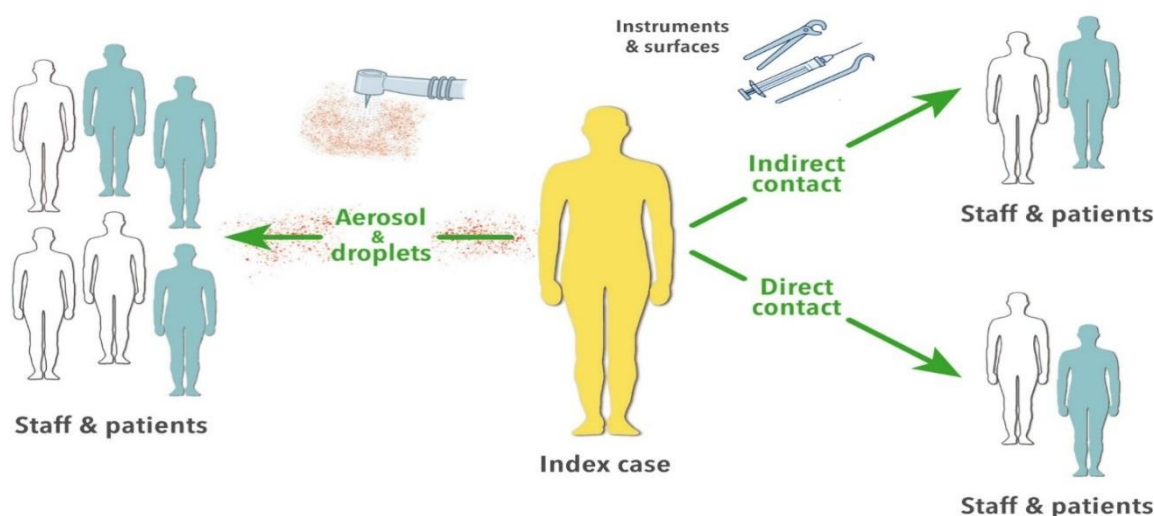
Dental hospital and procedures expose patients, dental practitioners and staff to great risk of acquiring blood borne and hospital acquired infections. So the purpose of this manual is to explain:

1. How to prevent/minimize the risk of infection in dental settings?
2. How to promote awareness among dental personnel, the importance of standard precautions?
3. And to provide a framework for the education of dental healthcare personnel regarding prevention and control infection spread.


5.1 HOW INFECTION ARE TRANSMITTED AND RISK SOURCES

HOW ARE THESE INFECTIONS TRANSMITTED?

These infections can be transmitted by dental health care providers to patients, from patient to patient and from patients to dental Health care workers.



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The Sources of Risk

The microorganisms transmitted could be pathogenic viruses and bacteria from different habitats and infection routes such as:

- Inhalation of airborne microorganisms suspended in the air from infected oral cavity and respiratory tract.
 - Indirect contact with unclean hands or with contaminated objects and surfaces.
 - Direct contact with oral mucosa and nasopharyngeal droplet secretions containing microorganisms from an infected person and propelled by coughing or talking.
 - Contact with blood or oral fluids and inoculation (sharp injuries and infected instruments can transmit blood borne pathogen viruses).
- Inhalation of aerosols or ingestion of contaminated water including infected dental unit water.

5.2 DENTAL COLLEGE INFECTION CONTROL COMMITTEE COMPOSITION (DCICC)

Dental college Infection Control Committee was brought into existence in January 2017 to supervise the implementation of the dental hospital infection control program. Following duties were assigned to DCICC.

- To ensure the proper conduct of sterilization and disinfection practices.
- Ensure that the Medical waste management is carried out properly.
- To carry out Monthly Review Meetings and biweekly visits of departments.
- To act on recommendations related to infection control, received from the administration, departments and other dental hospital committees.

In the year of 2021 the tasks and formulation of committee were revisited and an organization consisting of an Infection Control Committee (ICC), Infection Control Team (ICT) and faculty were established for planning, implementation and effective communication of infection control guidelines in compliance with Infection control policy. In that the:

- Committee will provide counseling and direct corrective action plan that is appropriate for prevention of cross infection.
- Will ensure the health and safety of the faculty, staff, students and patients.
- Non-compliance will be considered as inadequate job performance.
- It cannot be denied that Infection control policy can only be successful:
- If standard operating procedures are developed and followed.
- By evaluating safety practices and providing feedback to DHCP and routinely documenting the adverse outcomes.


Committee must ensure following:

- Education and training
- Immunizations
- Exposure prevention and post-exposure management
- Medical condition management and work-related illnesses and restrictions
- Health record maintenance

Education and Training

Educational lectures for faculty, staff and students on prevention of Cross Infection Protocols will be delivered after every three months. Inspection of each department will be carried out by DCICC to check if the standard protocols of prevention of cross contamination are being followed.

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5.3 IMMUNIZATION FOR DENTAL HEALTH CARE PERSONNEL

Immunizations are an important component of an infection prevention plan. Immunization considerably decreases the risk of transmission and susceptibility of DHCP to these diseases. It is the responsibility of faculty staff members, students and auxiliaries to obtain recommended immunization prior to entry in the dental college.

All dental personnel (students, staff, and faculty) who provide patient care or handle items contaminated with patient's blood or body fluids are to be immunized against Influenza, Tetanus/Diphtheria, Measles/Mumps/ Rubella chickenpox (varicella), and Polio. All Dental Health Care Personnel (DHCP) at risk must also be immunized against Hepatitis B virus.

All the employees must have their recent immunization document.

It is mandatory for an employee prior to enrollment /employment to provide updated immunization status.

RECOMMENDED VACCINATIONS:

Hepatitis B: 3 doses of vaccines over the period of 6 months. Antibody titers are checked after 5 years to determine need for booster.

Tetanus: After every 10 years. Booster at the day of injury or booster within 5 years of injury.

COVID 19 VACCINATION POLICY

Vaccination against COVID 19 is must for all the faculty members, staff and students. They must have received the required number of recommended doses. It is mandatory for all the faculty, staff members and students to submit their certificate of vaccination to the administration of Dental College HITEC-IMS.

5.4 CONCEPT OF STANDARD PRECAUTIONS

WHAT ARE STANDARD PRECAUTIONS?

They are a set of guidelines which should be followed to help reduce the transmission of infections in dental hospital. They should be used by faculty, students and dental assistants at all times especially when attending patients irrespective of their presumed health/ disease status. They are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

Standard precautions apply to blood, all body fluids, secretions and excretions except sweat, non-intact skin and mucous membranes. Secretions include nasal secretions, sputum, tears and saliva.

5.5 INFECTION CONTROL PROCEDURES

Infection Control Practice Guidelines


It is recommended to adhere to guidelines for infection control as it is the most effective way for dentists to protect themselves and their patients and to provide safe and ethical care to the public. Dental hospital must make infection prevention a priority and must be equipped to observe Standard Precautions and other infection prevention protocols.

Concept of Standard Precautions

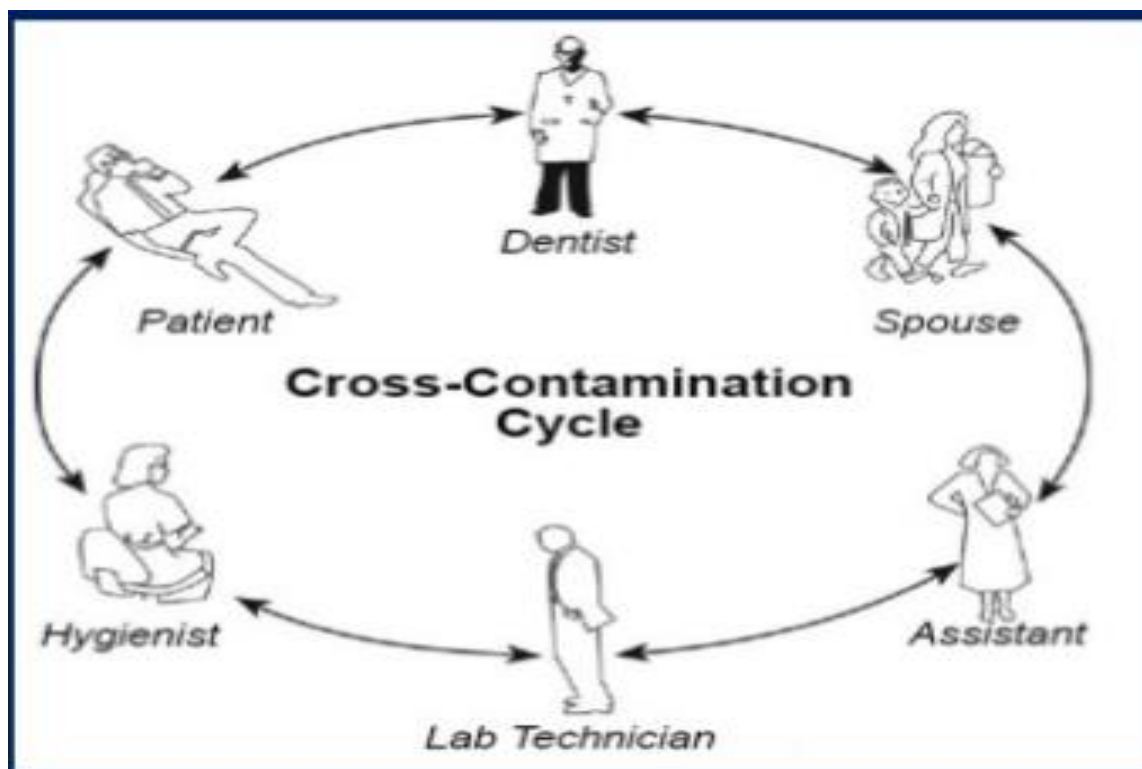
Objectives

1. Reduce the number of available pathogenic microbes to a level where the normal resistance mechanisms of the body can prevent infection.

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2. Break the circle of infection and eliminate cross contamination.
3. Treat every patient or instrument as a possible source of infectious disease transmission.
4. Protect patients and dental personnel against infection and its consequences.



Factors that increases the chances of cross infection areⁱ


- Inadequate disinfection/sterilization that leads to bacteria and virus persistence on instruments inanimate objects and surfaces for days, weeks, and months.
- The lack of compliance of faculty and staff with hand hygiene recommendations.
- Infection prevention practices are not properly followed.
- Faculty and staff is not well trained.
- Poor sanitation in health-care facilities

Infection Control Procedure

Basic Dress Code

- Clean and well groomed.
- Makeup to be worn in moderation.
- Hair should be clean, and tied properly
- If hair is long, one must wear a surgical cap after tying them while treating a patient. (This minimizes contamination by droplets and aerosols)
- Identification badge worn, with name visible to others.
- Finger nails should be clean and trimmed. Artificial nails or nail jewelry are prohibited.

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- No nail polish; colored or clear. Always remember that once nail polish starts to breakdown, it will act as a harbor for microorganisms to breed and thrive.
- No jewelry; that includes rings, wrist-watches, neck pendants, multiple chains, drop earrings and all facial jewelry.
- In winters a black or white T-shirt can be worn under the scrubs.
- Beards and moustaches to be well-groomed.
- Protective personal equipment (PPE); gloves, mask and protective eyewear worn at all times during patient treatment procedures.
- Clean, closed toe shoes with socks should be worn to avoid injury in case of a dropped sharp instrument.

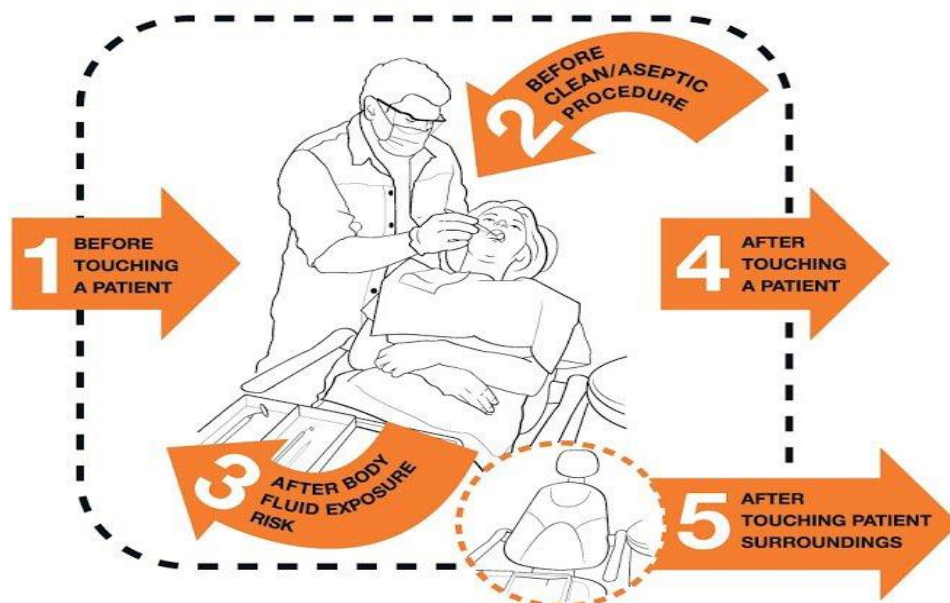
The following basic protective measures should be used:

- Hand hygiene.
- Use of personal protective equipment.
- Respiratory hygiene/cough etiquette.
- Sharps safety.
- Safe injection practices.
- Sterile instruments and devices.
- Clean and disinfected surfaces.
- Dental unit water quality.



Your 5 Moments for Hand Hygiene

Dental Care



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after a procedure involving exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted.
		WHY?	To protect yourself and the environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient surroundings when a specific zone is temporarily and exclusively dedicated to a patient - even if the patient has not been touched.
		WHY?	To protect yourself and the environment from harmful patient germs.

Hand Hygiene


Includes hand washing and hand sanitizing. It means cleaning your hands either by applying antiseptic or washing hands with soap.

It is single most effective way for decreasing risk of pathogen transmission by removing soil and transient microorganisms.

Hand hygiene indications

- Immediately before and after contacting a patient.
- After touching inanimate objects likely to have been contaminated by blood or saliva.
- After removing gloves that are torn, cut or punctured.
- Before replacing gloves.
- While handling contaminated instruments and sharps.
- When hands are visibly soiled.

Hand washing agents

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- Washing hands with plain soap and water
- Antiseptic hand wash
 - Washing hands with water and soap or other detergents containing an antiseptic agent
- Alcohol-based hand rub
 - Rubbing hands with an alcohol-containing preparation
- Surgical antisepsis
 - Hand washing with an antiseptic soap or an alcohol-based hand scrub before operations by surgical personnel.

Alcohol-Based Hand Rub Technique

- Alcohol antiseptic solutions or gels are effective in destroying germs on the hand surface, provided that their use is preceded by adequate hand washing.
- Alcohol based solutions are ineffective if hands are visibly soiled.
- Performed each time gloves are removed.
- While washing with antiseptics hands must be dry and free of visible dirt.
- Do not use them if there are cuts or open sores on hands.
- Dispense a sufficient quantity of antiseptic into the palm of one hand.
- Rub hands together for 1 minute to completely wet all surfaces of the hands and fingers.
- Reapply if hands are dry within 10 – 15 seconds.
- Antiseptic is flammable, avoid contact with open flame or high temperature.

Hand Washing Technique:

1. Remove all jewelry from hands and forearms (rings, watches, bracelets).
2. Wash hands with cleanser for 3 minutes using anatomic scrub technique.
3. End with a cold water rinse to close the pores.
4. Pat hands and wrists dry with paper towels.
5. Cuts and sores on hands must always be covered.

Anatomic Scrub Technique

To do the job thoroughly you need to clean these 6 surfaces:

- 1) The palms
- 2) The webs between the fingers
- 3) The webs again with altered grip
- 4) Palms to knuckles of opposing hands
- 5) Thumbs clasped in opposing palm
- 6) Tips of fingers against palm of opposing hand.

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Hands should be cleaned immediately before direct patient contact and immediately after. This can be done with soap and water or alcohol gel using the following technique.



Palm to Palm



**Right palm over back of left hand.
Left palm over back of right hand**



**Palm to palm fingers
interlaced**



**Backs of fingers to opposing palms
with fingers interlaced.**




**Rotational rubbing of right thumb
clasped over left palm and left palm
over right palm**



**Rotational rubbing backwards and
forwards with clasped fingers of right
hand in palm of left and vice versa**

Washing should take 15 -30 seconds. Rinse and dry hands thoroughly.
When applying gel, continue technique until hands are dry.

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Gloves

Gloves protect from direct contact with micro organisms present in the patient's mouth and on contaminated surfaces. Also, they protect patients from microorganisms on the hands of dental health care provider and staff.

Indications of Wearing Gloves

Is used as protective attire and barrier techniques to prevent skin and mucous membrane exposure to disease producing organisms.

- In handling of sharp instruments and needles.
- Against contacting mucous membrane, blood and body fluids.
- In Dental Radiology
- In Intraoral Photography
- In Intraoral Microscope/camera
- In handling biopsy specimens
- In decontamination of Clinical department and equipment

SOPs for Wearing gloves:

1. Wear gloves on both hands when touching blood and body fluids, mucous membranes, or non-impact skin of all patients, for handling items or surfaces soiled with blood or body fluids.
2. Change gloves immediately if they are torn or punctured.
3. Change gloves after contact with each patient's blood or body fluids or after contact with items or surface soiled with blood or body fluids.
4. Remove gloves before leaving the exam/patient room, dirty utility areas or other work areas.
5. Change gloves and wash hands between patient contacts.
6. Wash hands after removing gloves.
7. Keep hands away from mouth.
8. Limit surface contact with gloves.
9. Remember:
 - To check that your gloves are intact every 10 minutes or so.
 - Never wash disposable gloves and re-use them.

Types of Gloves

Examination gloves

- Always wear gloves when touching blood, saliva or mucous membranes, and when examining all oral lesions.
- After each patient appointment, remove gloves and clean hands.
- Replace with a new pair of gloves before treating the next patient and any time a tear or hole is apparent.


Surgical gloves

- Sterile gloves are used during surgical procedures.

Utility gloves

- When touching items or surfaces that may be contaminated with blood and body fluids or secretions, utility gloves are to be worn. And during handling of instruments.
- After each use, wash and dry reusable gloves or discard disposable gloves.

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Mask, Eye Protection, Face Shield

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

- Mask is effective when it covers the nose and mouth.
- It is changed between patients or when it is visibly soiled or wet.
- Its elastic bands should be secured at middle of head and neck (elastic bands go around the ears) and its flexible band should be properly fitted to nose bridge.
- It must be snugly fitted to face and below chin.
-

Indications for Wearing Face Masks

1. It is essential for DHCWs to wear mask when:
 - a. Coming in close proximity to patient's oral cavity.
 - b. Using hand piece, air/water syringe, or ultrasonic scalar.
 - c. Washing contaminated instruments.
 - d. Emptying suction.
 - e. Disinfecting surfaces.
 - f. Taking radiographs.
 - g. Polishing with a hand piece.
 - h. Intraoral Photography
 - i. Decontamination of Clinical Department and devices.
 - j. If DHCW is suffering from respiratory infection
2. Face masks must cover and contain all facial hair.
3. Contaminated masks should not be placed on forehead or worn under the chin.
4. Remove a used mask by the ties or elastic only.
5. Masks must be invariably worn by the operator and the assistant during patient treatment.
6. N95 Respirators are to be worn to treat patients with severe respiratory infections.


Protective Eyewear

- Safety glasses with side shields or face shields are to be used when splashing or splattering of blood and saliva is likely.
- All protective eyewear must be cleaned, dried after each use.
- Protective eyewear must be worn by the patient, the operator, and the assistant during treatment.
- Special eyewear is to be worn during the use of the curing light and laser.
- Persons wearing loupes are responsible for cleaning and disinfection, after each treatment.

Disinfecting Face Shield and Goggles

1. While wearing clean gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
2. Spray the outside and inside of face shield and goggles with disinfectant spray. Leave the disinfectant spray on them for time recommended by the manufacturer.
3. Now carefully wipe the outside of the face shield or goggles using a clean cloth saturated with a disinfectant solution or alcohol.
4. Then wipe the outside of face shield or goggles with clean water/soap or alcohol to remove residue.
5. Fully dry (air dry or use clean absorbent paper towels).

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6. Store it in clean dry containers/ plastic covers.
7. Remove gloves and perform hand hygiene.

Gown

- Wear a gown to protect skin and to prevent soiling of clothing during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Select a gown that is appropriate for the activity and amount of fluid likely to be encountered.
- It should fully cover torso from neck to knees, arms to end of wrists, and wrap around the back and is fastened at the back of neck and waist.
- Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.
- Wearing or removing PPE should be done in a sequence that limits further spread of microorganisms. As PPE is used in combination, hence the sequence, will be determined by the task to be performed.

Sequence of Wearing PPE


1. Gown and head cover first.
2. Mask.
3. Goggles or face shield.
4. Gloves.

Sequence of Removing PPE

- Gloves.
 - The left glove should be grasped near the edge of the cuff and folded inside-out.
 - The right glove should then be removed completely.
 - The inverted inner aspect of the left glove may then be grasped with the ungloved right hand and the left glove removed completely
- Face shield or goggles
 - The ear or head pieces may be grasped with ungloved hands and lifted away from the face.
- Gown.
 - If the gown is disposable, it may be removed with the gloves at the beginning in such a way that the gloves are peeled off from the hands with the gown as it is removed.
 - The gown is bundled with the contaminated surface folded inwards, and discarded appropriately.
- Mask.
 - The mask should be removed by grasping the ties or elastic bands or loops. The front of the mask should not be touched with bare hands.
- Head cover.
 - If the head cover is of the type that is pulled on and removed over the head, care must be taken during removal that the outer surface of the cover does not contact the face.

Barriers

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These are an effective tool that can be used to prevent the cross infection, as it creates an interruption in the chain of infection. They are not substitutes to disinfection; therefore, the area to be protected should be appropriately cleaned and disinfected prior to placing the barrier.

- Barriers are impervious to moisture.
- Assistants are trained to change barriers after every patient.
- New barriers are applied after disinfecting the surfaces.

Reduce Unnecessary Contact with Surroundings

- Remove unnecessary items from operatory.
- Prepare in advance for the procedure by obtaining all necessary supplies and equipment.
- Avoid touching unprotected switches, handles or other equipment with contaminated gloves.
- Do not enter drawers or cabinets with contaminated gloves
 - i) Ask for assistance
 - ii) Remove and discard gloves, wash hands and reglove
- Complete chart entries before gloves are put on or after gloves are removed and hands cleaned.
- Counters, Surface and Tables Disinfection
- Protective attire (gloves, mask and eyewear) is to be worn while cleaning and disinfecting.
- Prior to cleaning and disinfection, use a paper towel to remove any gross debris from surfaces.
 1. Wear protective attire (gloves, mask, and eyewear).
 2. Apply disinfectant directly to the surface.
 3. To clean, spread solution over entire area with an absorbent towel.
 4. To disinfect, re-apply and spread solution over entire area with towel.
 5. Allow 3 minutes contact time.
 6. Allow surfaces to air dry.

5.6 HANDLING OF SHARP INSTRUMENTS AND NEEDLES

Used needles, scalpel blades and other sharp instruments should be handled carefully as they are considered potentially infective if one encounters unintentional injuries.

Prevention of Injuries from Sharps


- Using instruments instead of fingers to retract or palpate tissue during suturing and administration of anesthesia.
- One-handed needle recapping.
- Not passing an unsheathed needle to another
- Disposing of sharp items in appropriate puncture-resistant containers located as close as feasible to where the items are used.
- DO NOT remove used needles from the dental syringe by hand. Remove a sharp object using a hemostat or instrument.
- DO NOT bend, break or otherwise manipulate used needles by hand.

Scalpel Blades

- Remove used blade from handle using blade remover or hemostat.
- Dispose off used needles, scalpel blades, and other sharp items in puncture-resistant container, which is available in every clinical department.

Sharps Injury Protocol

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- Faculty/staff/students exposed to blood or body fluids by a needle stick, cut, bite, or splash to a mucous membrane or non-intact skin should immediately wash the affected area with soap and water for 15 minutes.
- Don't squeeze or apply antiseptic to the area.
- If there is a splash in eyes or mucous membrane, the area should be flushed with water for 15 minutes.
- Exposure incident to be reported to the concerned authority and seek medical attention.

Management of injuries from sharp objects

1. First aid management of the injury.
2. Testing of the patient for Hepatitis B surface antigen, Hepatitis C antibody, and HIV antibodies with appropriate pre and post counseling and informed consent. Testing of the exposed individual for Hepatitis B surface antibodies (if vaccinated), Hepatitis C antibodies, and HIV antibodies.
3. Determine the need for Post-Exposure Prophylaxis.
4. Documentation of the following information in the exposed individual's confidential medical file:
 - Date and time of exposure
 - Details of the procedure being performed by individual at time of exposure
 - Details of exposure, including amount of fluid or material, type of fluid or material and severity of exposure.
 - Details of the source of exposure.
 - Details of counseling, post-exposure management and follow-up.

Protocol to be followed after NEEDLESTICK injury

1) Wash contaminated area with water & Soap

2) Incidence should be reported to your supervisor

3) Dentist and patient should be tested immediately for:

- Hepatitis B
- Hepatitis C
- HIV



4) If the patient is + for HIV
Post Exposure Prophylaxis drug should be given within 1-2 hours after the needle injury.


5) If the patient immune status is unknown or + for hepatitis B

- If dentist is vaccinated (no treatment)
- If dentist is unvaccinated (Get Hepatitis B vaccine immediately)

Protocol for known Hepatitis B, C / AIDS patients in dental operatory

- There must be a separate set of instruments for known infected patients.
- Instruments should be transferred in separate tray labeled as hepatitis B, C/HIV infected patients.

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- Instruments should be washed in running water then autoclaved with either chemical or steam sterilization.
- This is to prevent transmission to CSSD technician.
- Once autoclaved, they should be washed with brushes and then autoclaved.
- They must be stored separately in the department.

5.7 MANAGEMENT OF SPILLS

In the event of spills of contaminated fluids (e.g. blood, saliva, or pus), care should be taken not to spread the spill by wiping. Management of the spills should be as follows:

1. Cleaning personnel should use PPE throughout the procedure.
2. The contaminated fluid should be absorbed with absorbent paper towels or cotton.
3. The area should be washed with an appropriate detergent or disinfectant.
4. The area should then be covered with an acceptable disinfectant and left undisturbed for the proper contact time.
5. The disinfectant should, then, be removed by absorbing it with paper towels. Normal floor cleaning can then be resumed.

5.8 STERILITY OF PATIENTS CARE

Sterility of Patient Care Items

- All critical and semi-critical patient care items must be sterilized before treating the patients.
- Disposable items should be used whenever possible.
- The sterilized packages must be examined to ensure the seal is intact. If the chemical indicators to monitor sterilization are used, then they should also be checked.
- Dental headpieces and other intra oral devices (e.g. apex locator tips, electric pulp tester tips, irrigating units, electro surgery tips) and those attached to air or waterlines should also be sterilized between patients.
- Surface disinfection or immersion in high-level disinfectants is insufficient to adequately and safely process such devices.


Contacting Surfaces during Patient Care

- Items which cannot be autoclaved such as computer monitors, keyboard and mouse, light-cure units, dental chairs, light, amalgamators, electric pulp testers, apex locators, etc. should not be touched with contaminated gloves.
- However, if contaminated, they must be wiped with a disinfectant.
- Avoid leaving the work area unnecessarily with the protective wear in order to prevent contaminating clean zones via the contaminated protective wear.

Work Practices

- Cotton pellet dispensers and containers filled with unpacked gauze or cotton rolls should not be placed on the table.
- Sterilized burs should not be placed in an uncovered stand on the operating table or near the operating area.
- The use of a single endo box for multiple patients is unacceptable.
- Glass slabs, dappen dishes, and metal mixing spatulas used for mixing should be sterilized between patients. Whenever possible, disposable paper mixing pads should be used instead.
- Sterile tweezers should be available for picking up wooden wedges, gutta percha cones, stainless steel bands and crowns, and other materials of which several of the items are stored together.

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- Reducing the amount of spray and splatter that exit the patient's mouth can be accomplished by use of rubber dam isolation.
- One minute rinsing with an antimicrobial mouthwash before treatment can reduce bacterial counts significantly and thus reduce spread of bacteria through aerosols.

5.9 REDUCING AEROSOLS AND DROPLETS

- The first layer of defense is personal protection barriers such as masks, gloves and safety glasses.
- The second layer of defense is the routine use of an antiseptic pre-procedural rinse with a mouthwash such as chlorhexidine.
- The following measures to contain respiratory secretions are recommended for all individuals with symptoms of a respiratory infection.
 - Cover the nose/mouth when coughing or sneezing.
 - Use tissues to contain respiratory secretions and dispose them of in nearest waste bin.
 - Perform hand hygiene (hand washing or alcohol-based hand rub) after contact with respiratory secretions and contaminated objects/materials.
 - Provide tissues and no-touch receptacles for used tissue disposal.
 - Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure supplies for hand washing are available

5.10 PREPARATION AND BREAK DOWN OF CHAIR BEFORE THE PATIENT IS SEATED AND AFTER THE PATIENT IS DISMISSED


a. Preparing for treatment of a patient

1. Inspect the entire dental unit for dust, stains and visible blood and other potentially contaminating debris. The physical action of scrubbing with detergents and rinsing with water removes substantial numbers of micro organisms. Some antimicrobial formulations incorporate cleaners with the antimicrobial agent such that the cleaning and disinfection is performed simultaneously, and no pre-cleaning is required.
2. While wearing gloves, clean any visibly stained areas with detergent soap dispenser, remove the detergent with towel soaked in tap water, and dry wet surfaces with a disposable paper towel.
3. Wipe the treatment focus area and adjacent surfaces with disinfectant including exposed surfaces of the air water syringe, the saliva ejector and the high speed evacuation system hoses.
4. Then beginning with the area wiped first, allow each surface to dry and then re wipe.
5. Before starting patient treatment, activate the air water syringe and the hand piece water sprays for at least 20 seconds. When appropriate, cover all the work surfaces with disposable barriers.
6. Place the disposable head rest cover and the barrier cover on the dental lamp handle.
7. During preparation of the dental unit, materials should only be dispensed onto the table in the quantities needed with the containers kept away from the operating table to prevent the contamination of the containers and their contents.
8. A new set of barriers should be placed with each patient. Barriers should never be used for more than one patient.

b. Receiving the patient

1. Seat the patient and make necessary chair adjustments for patient comfort.
2. Place the patients drape.
3. Open the instrument tray and arrange the instruments on appropriate work surface.
4. Review the patient's record and place the radiographs on the viewer.

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- During patient care, items which cannot be autoclaved such as computer monitors, keyboard and mouse, light-cure units, amalgamators, electric pulp testers, apex locators, etc. should not be touched with contaminated gloves.
- Having patients rinse their mouth before treatment with an antimicrobial mouthwash (e.g. chlorhexidine) for one minute can reduce bacterial counts significantly and thus reduce spread of bacteria through aerosols

c. Patient Treatment

- Wash hands and wear the gloves.
- A rubber dam should be used whenever possible in tooth preparation. Rubber dam is an excellent barrier against the spread of splatter.
- High speed evacuation should be used at all possible times.
- Dropped instruments are not to be picked up or re used; if the instrument is critical to the treatment being provided obtain a sterilized replacement instrument.
- Disposable items should be discarded immediately to avoid contamination of other items.

d. After your patient is dismissed

- The sequence for removing PPE is intended to limit opportunities for self-contamination.
- All instruments should be handled wearing heavy duty utility gloves in addition to other PPE.
- Instruments should be placed in an appropriate container in the treatment area to prevent cross infection.
- Hand pieces and other devices should be removed for sterilization.
- Rinse all sterilize able instruments, removing visible debris etc and position them appropriately in the tray. Do not hand scrub instruments.
- Wipe dry wipe hand contact work areas and other surfaces with disinfectant.
- Dispose waste in labelled bins. Never discard sharps, metals or cartridges into general waste. Dispose these into sharps containers provided at the unit.
- Place the chair upright and bring it to the highest position and align the dental light.
- After completing the above steps, remove the gloves and wash your hands before leaving the treatment area.

5.11 DISINFECTION OF CHAIR

How to Disinfect Dental Chair


(Arm rests, headrest, control switches, light switch and handles)

- Wear protective attire (gloves, mask, and eyewear).
- Apply disinfectant to an absorbent towel and clean each item.
- Re-apply and disinfect each item with towel.
- Allow 3 minutes contact time.
- When dry, apply clean plastic barriers to headrest and light handles.
- Dental light cover - let cool and apply disinfectant with another towel.

Cleaning & Disinfection of Impressions & Interocclusal Records Prior to Lab work (wear gloves)

- Remove the cotton rolls that are inserted in the impression material.
- Rinse the impression thoroughly with water; gently shake it to remove excess water.
- Wet all the surfaces of impression with disinfectant.
- Put the impression in biohazard labelled sealable bag for transporting to lab.
- After 3 minutes contact time, rinse thoroughly to remove disinfectant.

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High Speed and slow speed Hand pieces
Wear protective attire (gloves, mask, and eyewear).

- Flush hand piece for 30 seconds, discharge water into sink or evacuation system.
- Remove bur.
- Disassemble all hand piece components to close lid tray for transportation to CSSD.
- Clean and disinfect hose and bracket holder by using 2 separate disinfectants and wipe it with towel after 3 minutes contact time.

5.12 INFECTION CONTROL IN RADIOLOGY

Intra-Oral Radiography

- Intraoral radiography involves direct contact with saliva.
- Remove exposed film from patient's mouth and dry outside of packets
- Do not wash or disinfect film packets. It can be placed in disposable sleeves or cover made from disposable glove which can be discarded afterwards.

Items Which Make Contact with the Oral Cavity

- Items which enter the oral cavity must be either sterilizable, disposable, or covered with a disposable barrier between patients.
- Intraoral radiography involves can result in direct and indirect contact with saliva.

The following surfaces come in direct contact with saliva:

- The films
- Film holders
- Position-indicating device

Film:

- 1) Intraoral films packets are covered with a protective plastic barrier before being placed inside the patient's mouth.
- 2) After removal from the patient's mouth, the excess saliva is wiped off of the outer barrier and the film dropped out of the barrier onto a clean paper towel or into a clean plastic cup.
- 3) The clean film can, then, be taken to the dark room and processed without contaminating the room's surfaces or equipment.


Film holding devices and position indicating devices:

- Film holding devices and position indicating devices should be either be disposable and not reused between patients and they must be heat-sterilized between patients. Disinfecting such semi-critical items between patients is unacceptable and should not be attempted.

Digital radiography

- Sensors have replaceable film packets.
- Sensors come into contact with mucous membranes and oral fluids; therefore, they should ideally be sterilized.
- If there are no sterilizable digital sensors, sensors must be covered with disposable barriers between patients.
- To minimize the potential for cross-infection, after removing the barrier, the sensor should be cleaned and disinfected with an intermediate level disinfectant after each patient, but only according to the manufacturer's instructions.

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- The computer and work station components which may be contacted by the Operator's gloves (e.g. keyboard, mouse, screen, and table) should also be covered with a barrier.
- These barriers must be changed between patients.
- The components of the digital system should never be transported between departments before removal of barriers and, if necessary, disinfection.
- Cleaning and disinfection of the components should be performed if failure of the barrier has taken place.

The following surfaces are the most often have indirect contact as they can be touched by radiographer:

1. X-ray tube-head
2. Control panel
3. Chair operating controls
4. Exposure buttons
5. Door handles

The above five components must all be covered by a barrier before making the radiographs. Barriers must be removed immediately after the patient exits the chair.

6. Lead apron

Removal of the lead apron from the patient after making the radiographs leads to its contamination by the radiographer's gloves. Therefore, to avoid the need for cleaning and disinfection, the radiographer should not touch the lead apron with gloves.

5.13 BIOMEDICAL WASTE MANAGEMENT

The purpose of this section is to provide practical guidelines for Staff who handle, manage, transport and dispose off waste. Biomedical waste does present a greater risk to waste-handlers until it reaches the final disposal location. Waste must therefore, be handled carefully.


The following waste shall be declared as medical waste and shall be subject to the special waste handling described below:

- Contaminated sharps
- Discarded hypodermic needles, suture needles,
- Used scalpel blades and syringes
- Cultures swabs of infectious agents human blood and blood products dressings, paper tissues and other disposable items saturated or dripping with blood or items contaminated with dried blood.

Following steps for Disposal of Biomedical Waste are ensured:

- Daily inspection of waste segregation and its reporting
- Supervising the maintenance of record registers
- Ensure availability of equipment's like needle cutters, autoclaves and sterilizers, waste carrying trolleys, personnel protective gears (masks, apron, gloves etc) and other materials like bleaching solution or hypochlorite solution.
- Ensuring availability of color coded bins and bags.
 - All departments must have colour coded bins and sharp containers for disposal of waste.
 - Bins must contain sealable plastic bags.

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Colour Codes of Biomedical Waste

Blue (non contaminated waste)	Red (contaminated waste)	SHARPS (Separately in Puncture Proof containers)
<p>Non Infected plastics & rubber materials Disposable plastic drapes Non infected Gloves, mask ,gown ,caps Irrigation Syringes</p>	<p>Anatomical waste Dressings Infected surgical masks and caps Non plastic waste infected with blood & body fluids</p>	<p>Needles Broken ampoules (Separately) Blades suture needles</p>

Waste Management in All Departments.

Do's

- It is duty of department staff to inform the waste transporter when their bins are fully loaded for disposal to a licensed waste disposal contractor.
- Departments must know when their sharp containers are full to a marked level so that can be handed over to waste disposal contractor for incineration.
- Segregate waste at source into specified categories of waste with biohazard logo
- Mutilate waste at source if possible to prevent unauthorized reuse
- Destroy needle by using needle cutter or needle burner
- Keep the needles in puncture proof, translucent container
- Clean the bins regularly with soap & water and disinfect the bins regularly.
- Ensure bins are lined with color coded sealable disposable bags.
- Bulk blood, suctioned fluids, excretions and secretions must be carefully poured down a drain connected to a sanitary sewer, and bleach must be poured into the drain before disposing of contaminated fluid and also after disposing of contaminated fluid.


Dont's

- Never mix infectious & non- infectious waste
- Never mix wastes with such wastes those wastes which are designated for incineration.
- Never overfill the bins.
- Never store waste beyond 24 hrs.
- There should not be any spillage on the way of transport.

Management and Handling

1. Waste handling within the dental hospital includes collection, transport and disposal.
2. Waste is collected and transported in leak proof and impervious bags or containers to incineration on a regular schedule by an individual with a cart dedicated for waste collection.

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Sop for Waste Transportation to a Licensed Waste Disposal Contractor Of HiT Hospital

1. Segregated waste in plastic bags is transported in trolleys. The waste cart has blue and red covered containers to transport waste through specifically designated route to the storage area. The waste collected should be kept in the storage area for not more than 24 hours storage.
2. Plastic bags are properly sealed and aren't overfilled.
3. If outer surface of bag is contaminated, apply double bag.
4. Transporter must be practicing personal protective measures. The waste handler wears a protective gown or apron and heavy duty gloves.
5. The sharp containers when $\frac{3}{4}$ full, they are transported to incinerator for burning. If an incinerator is not available, it can be burnt in a drum incinerator or deep pit. The residue should be buried at sufficient depth (> 1 m). The pit should be preferably lined with impervious material e.g. Clay.
6. Record of daily transported waste in kg is maintained and signed by transporter and contractor
7. Noninfectious waste is disposed to a common garbage site / bin to be collected by the local authorities or bury in a common garbage pit.

5.14 REPROCESSING OF DENTAL INSTRUMENTS

Central sterile service was established to centralize the decontamination, assembly, sterilization, distribution and control of sterile items and equipment used in all areas of the hospital. By centralizing these activities it is possible to provide more effective and efficient services.

When reusable patient care items are being reprocessed, the following steps are taken:

- storage before sterilization
- Transport
- Cleaning
- Inspection
- Disinfection/sterilization
- Rinsing (for items that are immersed in disinfectant, wiped items are not rinsed)
- Drying/aeration
- Clean transportation
- Storage after sterilization


Transportation of Infected Instruments

- All departments transport their contaminated instruments in covered tray labeled as "contaminated instruments".
- In departments, contaminated instruments are stored in trays containing disinfectant solution to prevent drying of blood on their surfaces. It also decreases the risk of cross contamination to person washing the instruments.
- Each department has its own colour code for instrument.
- Each department maintains record of the instrument they are transporting to CSSD.
- Disposable sharps such as needles and blades must be removed and disposed off in an appropriate sharps container at point of use, prior to transportation to the return side of the instrument reprocessing area.
- These instruments are submitted to CSSD through designated receiving window of CSSD.

Dirty zone

- Before sterilization instruments are cleaned either manually or in an ultrasonic machine.
- Persons involved in washing and cleaning of instruments wear protective attire (goggles or face shield, mask, waterproof apron, hair cover and gloves).

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- When instruments are cleaned manually, the assistant uses a long-handled brush and submerge items during scrubbing in deep sinks available in cleaning area.
- The gross debris is removed initially by rinsing it in tap water.
- Instruments are examined for debris or damage and manually cleaned. Also reports if discarding of instruments is necessary.
- Trays, files, burs and other dental instruments contaminated with material and blood are cleaned in ultrasonic cleaner.
- After cleaning, instruments are dried on towel.
- Take precautions to prevent splash and injury.

Clean zone

- Instruments are either placed in a paper/plastic pouch or in an instrument box.
- Each instrument is inspected to be clean of blood and dental material.
- A chemical indicator tape is placed on one pouch of each sterilizer to check efficacy of autoclave.
- Pouches are sealed and cassettes are secured with autoclave tape.
- Each pouch or cassette is labeled with the following data:– date and department name and pouch number.
- Small instruments should be packed individually and sealed with pouch sealer.
- No faculty and staff member is allowed to enter clean zone


Sterilization zone

- Only CSSD technician is allowed to enter sterilization zone.
- Instruments are transported to sterilization room through window.
- He is responsible to run complete cycle of autoclave.
- There are three cycles each day so departments will send instruments according to specified timings
- Pouch indicator is checked by technician after autoclave cycle is complete.
- Sterilized instruments are stored on their respective shelves before handing over to department. The shelves are daily disinfected with disinfectant and are covered with sterilized drapes.
- All departments will count their instrument and countersigned on the register after collecting instruments through collection window.
- Sterilized instruments should be transported back to the department in cover tray labeled as “**Sterilized Instrument**”.

Storage and Use of Sterilized Instruments in Department

- Instruments are stored on trays and counters specified to departments.
- Each counter and shelves are daily disinfected and are covered with sterilized drapes for storage of instruments.
- Instruments are collected and transported to departments from CSSD in clean cover trays through specified windows.
- All sterilized instruments must be stored in clean moisture free cabinets, labled sterilized instruments.
- No DSA is allowed to touch sterilized instruments without gloves.
- Instruments must be transported to operatory chair in trays.
- If pouch is to open or torn; all instruments will be considered as dirty and should be send to CSSD for sterilization.

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6. SUPPORTING DOCUMENTS

Document Title	Ref. #	Retention Medium
PMDC Rules & Regulations	External	Soft
NUMS Rules & Regulations	External	Soft
GHQ Rules & Regulations	External	Soft

7. RELATED RECORDS

Document Title	Ref. #	Retention Medium
Departmental Organogram	CSD-ORG-01	Soft/Hard
Inter Office Note (ION)	CSD-POL01-F-01	Soft/Hard
Infection Control Checklist for Clinical Departments	CSD-POL01-F-02	Soft/Hard
Inventory of Hazardous Materials	CSD-POL01-F-03	Soft/Hard
Minutes of Infection Control Committee Meeting	CSD-POL01-F-04	Soft/Hard
Incoming Instruments Record Register	CSD-POL01-F-05	Hard

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Out Going Instruments Record Register	CSD-POL01-F-06	Hard
Departmental Instrument Receiving Record Register	CSD-POL01-F-07	Hard
Sterilization Cross Check Record Register	CSD-POL01-F-08	Hard
Waste Transportation Record Register	CSD-POL01-F-09	Hard
Pest Control Spray Record Register	CSD-POL01-F-10	Hard
Record Register of Departmental Duties to Prevent Cross Infection	CSD-POL01-F-11	Hard
Post-Procedure Units Disinfection Records Register	CSD-POL01-F-12	Hard
Needle Stick Injury Record Register	CSD-POL01-F-13	Hard
Spill Management Record Register	CSD-POL01-F-14	Hard