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# Infection Prevention and Control Policy and Procedure Manual

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# Section 1

# TRANSMISSION OF MICROORGANISMS IN THE DENTAL OFFICE

## BREAKING THE CHAIN OF INFECTION

All of the elements in the chain of infection (Figure 1 - Cycle of Transmission) must be present for microorganisms to spread and cause infection.

Our team uses **routine practices** as well as other methods to break this chain and to help prevent the spread of microorganisms and infection in the dental office.

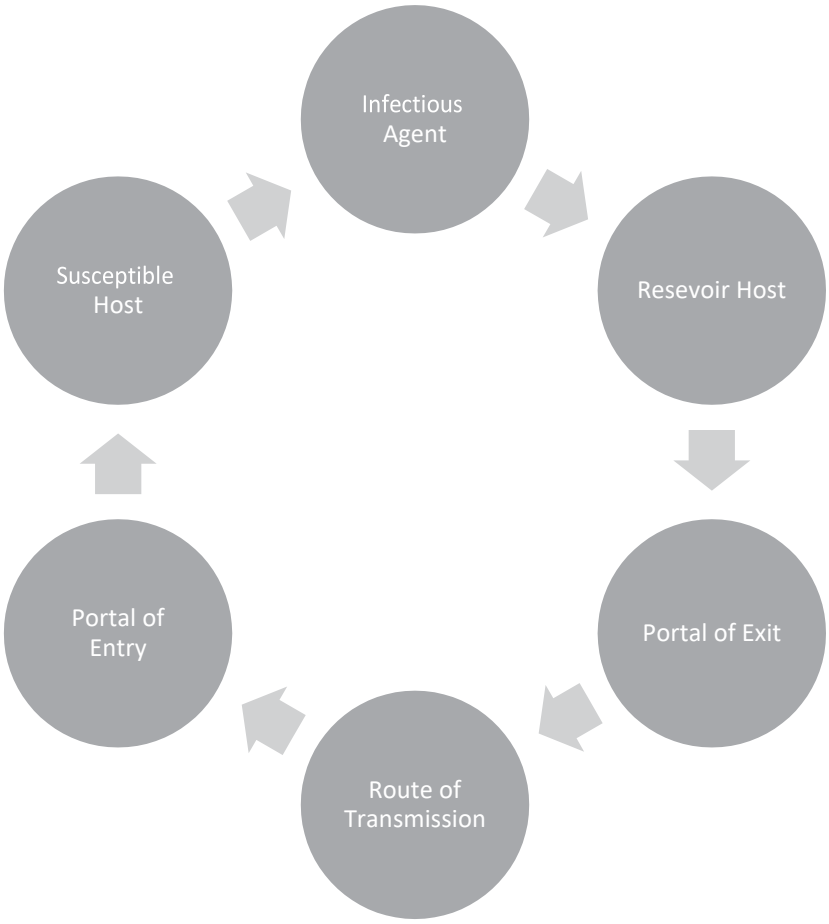
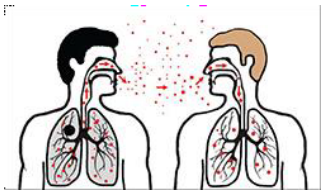
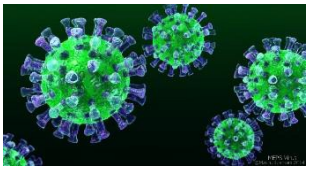



*Figure 1 - Cycle of Transmissio*

## ROUTES OF TRANSMISSION

Microorganisms are spread through five main routes of transmission:

| Route of Transmission | Definition / Examples | Image |
|---|---|---|
| **1. Contact Transmission (Direct or Indirect)** | • Transmission via **direct** physical contact with an infected person (e.g. hand-to-hand, kissing, etc.)<br>• Transmission via **indirect** physical contact with a contaminated instrument, object, or surface (e.g. scaler, doorknob, countertop, etc.) | <br>• Handshake<br> <br>• Used Dental Instrument |
| **2. Droplet Transmission** | • Transmission via droplets expelled by coughing, sneezing, or during dental procedures (up to 2 meters away) (e.g. failing to cover your cough, sprays from a dental handpiece or ultrasonic scaler) |  <br>• Cough droplets |
| **3. Airborne Transmission** | • Transmission via airborne infectious agents (more than 2 meters away) (e.g. measles, chickenpox, tuberculosis) |  <br>• Airborne Virus |
| **4. Vehicle Transmission** | • Transmission via contaminated water, food, or medical supplies (e.g. salmonella bacteria in food, dental unit water supply contaminated with biofilm) | <br>• Dental waterline |
| **5. Vector-borne Transmission** | • Transmission via an infected organism (e.g. mosquito, tick, etc.)<br>• Not normally a concern in a dental office | <br>• Tick |

## ROUTINE PRACTICES

Routine practices are the steps that are routinely performed to prevent the spread of microorganisms and infection.

They are based on the assumption that **all** patients are potentially infectious, even if they display no symptoms, and that the **same steps** must be employed **every time**, for **every patient** to prevent the possible spread of microorganisms or workplace exposures.

Following routine practices is **mandatory** for all team members.

Routine Practices include, but are not limited to:

1. **Risk Assessment**, including assessment of the patient and the team member's interaction with the patient
2. **Hand Hygiene** at the appropriate times and according to appropriate methods
3. **Environmental Controls**, including proper equipment reprocessing, sharps safety, and facility cleaning and disinfection
4. **Administrative Controls**, including respiratory etiquette and staff immunization policies
5. **Personal Protective Equipment** appropriate to the task

# RISK ASSESSMENT AND PATIENT SCREENING

For every encounter with a patient, team members must screen the patient to determine whether the patient may have a communicable disease and to assess the risk of exposure to blood, bodily fluids, and non-intact skin.

Based on this screening and risk assessment, team members will determine the steps to reduce the risk of exposure and the transmission of microorganisms between team members and patients.

In the dental office, this would include screening patients for symptoms of acute respiratory illness (cold/flu), and employing appropriate personal protective equipment (PPE) for the type of appointment or task (hygiene, restorative, surgical, reprocessing, etc.).

## CONDUCTING A RISK ASSESSMENT

The first stage of the screening process is an initial risk assessment. The risk assessment should take place at each stage of interaction with the patient. These include:

- Time of booking the appointment – this is of particular importance for same day or next day appointments and during appointment confirmations
- Upon arrival in the waiting area
- In the operatory

Where there is a risk of transmission of infection based on the risk assessment, interventions and controls should be put into place to reduce the risk. This includes selecting the appropriate PPE to wear.

Please refer to the following chart for the steps in conducting a risk assessment:

| Risk Assessment Question | Action Taken |
|---|---|
| **At Time of Booking…**<br><br>Does this patient have symptoms of acute infection? | • Reschedule the patient at a time when no symptoms are present, unless it is an emergency appointment<br>• Schedule the patient to minimize the exposure of others, such as at the end of the day |
| **At Reception Area…**<br><br>Does the patient have symptoms of respiratory infection or other acute infection? | Minimize exposure of others by:<br>• Isolating the patient in an operatory, where possible<br>• Providing alcohol-based hand rub, disposable mask, and/or tissues<br>• Encouraging the patient to perform hand-hygiene as often as possible |

| | |
|---|---|
| **During the Appointment…**<br><br>*Based on Tasks*<br>Do I need protection for the tasks performed during the appointment, due to possible exposure to blood, bodily fluids, or other secretions?<br><br>*Based on Patient*<br>Do I need protection because of the patient's symptoms or known infection? | Use appropriate PPE according to PPE protocols (See the section on *Choosing Appropriate PPE*) |

## SCREENING PATIENTS FOR ACUTE RESPIRATORY ILLNESS AND OTHER SIGNS OF INFECTION

It is possible that patients may attend a dental appointment when experiencing symptoms of acute respiratory infection, such as a new cough or fever.

Warning signs of acute respiratory illness include:

- Shortness of breath
- Chills
- Fever
- Cough
- Shakes / Trembling

Remember that elderly or immunocompromised patients may not show symptoms of a fever when suffering from a respiratory infection. A new onset of cough or shortness of breath may be a sign of respiratory infection in these patient populations.

The reception area of the clinic must be equipped at all times with the following items for patients and staff:

- Alcohol-based (70-90%) hand rub
- Tissues
- Disposable Masks
- Patient Screening / Cough Etiquette Signs

Although patients may not attend a dental appointment when experiencing other symptoms of acute infection, such as diarrhea, vomiting, rash, or eye infection, it is still important to screen patients for such symptoms and to take appropriate precautions according to the same principles.

If a patient is deemed high risk, the staff must intervene to minimize exposure to other staff members and patients.

- Reschedule the patient if possible
- If it is an emergency appointment, try to book the patient at the end of the day to minimize exposure
- Provide a mask to the ill patient
- Provide Alcohol Based Hand Rub (ABHR) 70-90% alcohol content

- If the patient is vomiting, provide a basin
- Have tissues available
- Encourage hand hygiene as often as possible

  If the patient puts the staff member at a risk of transmission of infection based on the risk assessment chart above, interventions and controls may be put into place to limit the risk of transmitting infection. While hand hygiene is always required, the risk assessment will indicate when PPE is to be worn. For example:

**Exposure to blood, bodily fluids, secretions, excretions or non-intact skin:**

- hands exposed - WEAR GLOVES
- clothing or forearms exposed - WEAR A GOWN
- mucous membranes of the eyes, nose, mouth exposed - WEAR A MASK AND EYE PROTECTION
- exposure to contaminated equipment or surfaces - WEAR GLOVES and possibly a GOWN.

If a patient presents with these symptoms have them use ABHR and put on a mask. These must be available at all times at the front reception desk for incoming patients and their families.

It is important to note that elderly patients or immunocompromised patients may not have a febrile (showing signs of illness) to respiratory infection. The presence of a new onset of cough or shortness of breath may be a sign for staff to follow the above precautions.

## SAMPLE RESPIRATORY ILLNESS TRIAGE FORM

**Acute Respiratory Illness Assessment:**

Patient Name_____Date: _____

| | | |
|---|---|---|
| Are you currently experiencing shortness of breath? | YES | NO |
| Have you recently developed a new or worsening cough? | YES | NO |
| Do you currently have a fever of 38°C / 100°F or higher? | YES | NO |
| Have you experienced shakes or chills in the past 24 hours? | YES | NO |

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## SAMPLE PATIENT SCREENING SIGN

**READ CAREFULLY**

Do you have a NEW or WORSE cough or shortness of breath?

Are you feeling feverish?

Do you have vomiting and/or diarrhea?

If you answered "YES" to ANY of these questions

Advise the staff member at reception

AND

Clean your hands

AND

If you have a cough, put on a mask or use a tissue to cover your mouth

## SCREENING PATIENTS FOR TRAVEL EXPOSURES

If the patient presents with symptoms of acute infection and has travelled recently, the patient should be asked the following questions:

1. Have you traveled in the last 14 days? If so, where?
2. Have you had contact with a sick person who has traveled in the last 14 days?
3. Where did the person travel?

If the patient has traveled to an area with a travel health notice and/or a possible cluster of acute respiratory infections, this must be reported to the IPAC Coordinator / Principal Dentist, who is responsible for reporting to the Compliance Team. The Compliance Team will assist with notifying the appropriate local public health authority.

# Section 2

# HAND HYGIENE

## WHAT IS HAND HYGIENE?

Hand hygiene is the process of cleaning (removing visible soil) and removing or killing transient microorganisms from the hands, while maintaining good skin integrity (i.e. the skin of the hands is not dry, chapped, or cracked).

Hand hygiene is performed by washing the hands with anti-microbial soap and running water or by using medical-grade alcohol-based (70-90%) hand rub, depending on circumstances.

The use of disposable gloves **does not** replace the need for hand hygiene.

Hand hygiene should be paired with good hand care, including the use of moisturizers that are compatible with the type of gloves used in the clinic.

## WHEN SHOULD HAND HYGIENE OCCUR?

In general, hand hygiene should occur at four key moments in the dental clinic:

| # | WHEN? | WHY? |
|---|---|---|
| 1 | BEFORE initial contact with the patient / clinical environment | To protect the patient and the clinical environment from microorganisms carried on your hands. |
| 2 | BEFORE an intra-oral procedure | To protect the patient from microorganisms entering the treatment area |
| 3 | AFTER a risk of bodily fluid exposure | To protect yourself and the clinical environment from microorganisms |
| 4 | AFTER contact with the patient / the clinical environment | To protect yourself and the clinical environment from microorganisms |

More specifically, hand hygiene must be performed by dental heath care personnel at the following times:

- Before and after contact with any patient, their body substances or items contaminated by them
- Before and after performing intraoral procedures
- Before and after preparing, handling, serving or eating food
- After assisting patients with personal care, oral hygiene care or instruction
- Before putting on and after taking off gloves
- After performing personal functions (using the toilet, blowing nose, etc.)
- When hands come into contact with secretions, excretions, blood or bodily fluids
- Before handling clean supplies and setting up

## WHAT TYPE OF PRODUCT SHOULD BE USED?

The clinic uses antimicrobial liquid hand soap and medical-grade alcohol-based hand rub (70-90%) for hand hygiene.

Alcohol-based hand rub should have a Drug Identification Number (DIN) assigned by Health Canada.

Single-use soap and alcohol-based hand rub dispensers must be discarded when the bottle is empty and must not be "topped up".

Bar soaps must not be used.

## WHEN SHOULD I USE SOAP & WATER VERSUS ALCOHOL-BASED HAND RUB?

Hands must be washed with antimicrobial soap and running water at the following times:

- At the beginning of the workday
- When hands are visibly soiled (including with powder from gloves) or contaminated with bodily fluids (blood, saliva, etc.)
- After eating
- When hands have come into contact with contaminated instruments or devices
- Following personal body functions (using the toilet, blowing nose, etc.)
- If hands become uncomfortable due to a build-up of alcohol-based hand rub following multiple applications

Hand hygiene may be performed with a 70-90% alcohol-based hand rub instead of soap and running water if hands are NOT visibly soiled, including:

- Before and after direct contact with individual patients
- After contact with environmental surfaces, instruments or other equipment in the dental operatory
- After contact with dental laboratory materials or equipment
- Before putting on and after taking off gloves
- Before eating or drinking

## HOW SHOULD HAND HYGIENE BE DONE?

Please refer to the Hand Washing Instruction Poster and the online handwashing instruction video for an illustration of proper hand hygiene technique.

**Alcohol-based Hand Rub**

When using an alcohol-based hand rub for routine care:

1. Apply the product to one palm and rub both hands together for a minimum of 15 seconds, covering all surfaces of hands and fingers, until they are dry.

When using an alcohol-based surgical hand rub for surgical procedures:

1. Remove all hand and wrist jewellery.
2. Apply the product to dry hands only and follow the manufacturer's instructions.
3. Allow hands to dry thoroughly before donning sterile gloves.

**Soap and Water**

When using soap and water for routine care:

1. Wet hands with warm, not hot, water.
2. Apply adequate amount of soap to achieve lather.
3. Rub vigorously for a minimum of 15 seconds, covering all surfaces of hands and fingers. Pay particular attention to finger tips, between fingers, backs of hands and base of thumbs, which are the most commonly missed areas.
4. Rinse well with running water. Dry hands thoroughly with a disposable paper towel. Turn off taps with towel and discard in a bin.

When using antimicrobial soap and water for surgical procedures:

1. Remove all hand and wrist jewellery.
2. Wash hands and at least 2 inches above wrists thoroughly for the length of time recommended by the manufacturer, which is usually 2 to 5 minutes.
3. Clean under nails. A disposable manicure stick may be used, but nailbrushes are NOT recommended, as they can become contaminated and damage the skin around the nails. Nails should be short enough to allow thorough cleaning underneath and not cause glove tears.
4. Rinse well with running water. Dry hands thoroughly with a disposable paper towel. Turn off taps with towel and discard in a bin before donning sterile gloves.

## FINGERNAILS, HAND AND WRIST JEWELRY

Clinical team members' fingernails must be kept short, and no longer than the pad of the finger to ensure thorough cleaning may be performed. Artificial nails and nail enhancements must not be worn.

Clinical team members are advised that nail polish is discouraged, although freshly applied nail polish that is free of chips and cracks may be permitted for routine dental hygiene appointments. Any cracked or chipped nail polish must be removed in its entirety. Nail polish is not permitted during invasive procedures.

Clinical team members must not wear hand or wrist jewelry, including rings and bracelets. Team members are permitted to wear a single smooth metal band ring (e.g. wedding band) during non-invasive procedures. All rings must be removed during invasive surgical procedures.

## HANDWASHING SINKS

Handwashing must not take place in a sink used for manual instrument cleaning, fluid waste disposal, or other purposes.

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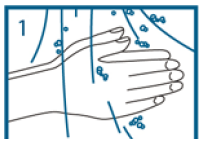
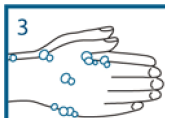
## Handwashing with soap and water

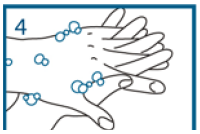



Remove jewellery and wets hands and wrists with warm water.

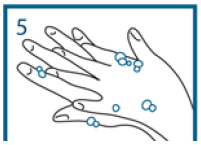
Use 1 or 2 squirts of liquid or foam **soap.**




Lather soap and scrub hands well, palm to palm.

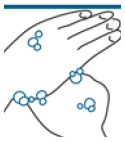



Scrub in between and around fingers.

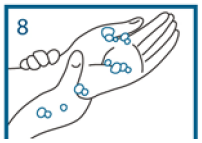



Scrub back of each hand **with** palm of other hand.

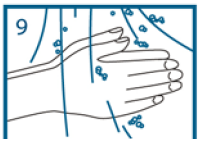
Scrub fingertips of each hand in opposite palm.




Scrub each thumb clasped in opposite hand.




Scrub each wrist clasped in opposite hand.




Rinse thoroughly under running water.

Pat hands dry with paper towel.

Turn off water using same paper towel.

## Cleaning with alcohol-based hand rub

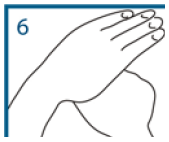
Apply 1 to 2 pumps of product to palms of dry hands.

Rub hands together, palm to palm.

Rub in between and around fingers.

Rub back of each hand with palm of other hand.

Rub fingertips of each hand in opposite palm.




Rub each thumb clasped in opposite hand.

Rub each wrist clasped in opposite hand.

Rub hands until product is dry. Do not use paper towels.

# PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) is worn as part of routine practices to help prevent the transmission of microorganisms between patients and team members.

All team members are expected to use appropriate PPE based on the activity they are performing and the results of the risk assessment conducted beforehand.

In general, in the dental clinic, personal protective equipment includes:

- Gloves (e.g. single-use disposable, sterile surgical, puncture resistant utility)
- Eye protection (e.g. safety glasses, face masks)
- Masks (e.g. disposable surgical masks)
- Gowns (e.g. disposable gowns for use during instrument washing, surgical procedures)
- Protective draping (e.g. disposable patient bib, rubber dams)

## CHOOSING APPROPRIATE PPE

Where the risk assessment identifies a potential transmission of infection to the team member, then the team member should select appropriate PPE based on the nature of the task and the patient's condition.

For example, where there is the possibility of exposure to blood, bodily fluids, or non-intact skin:

- On the hands  WEAR GLOVES
- In the mucous membranes of the eyes, nose, or mouth  WEAR A MASK AND EYE PROTECTION
- Via contaminated equipment or surfaces  WEAR GLOVES and possibly a GOWN
- On the forearms or clothing  WEAR A GOWN

Remember that hand hygiene is **always** required in addition to appropriate PPE.

The following flow-chart will assist in determining the appropriate PPE for the situation:

| Perform a Risk Assessment Based on the task and the Patient | YES | NO |
|---|---|---|
| 1. Will I be exposed to any splash or spray of blood, saliva, or other bodily substances? (E.g. spray from air/water syringe, handpieces, etc.) | PPE is required<br><br>Continue to Question 3 | Proceed to Question 2 |
| 2. Will I have contact with the patient's environment or items from that environment? (E.g. operatories, contaminated instruments) | PPE is required<br><br>Continue to Question 3 | Proceed to Question 6 |

| Perform a Risk Assessment Based on the task and the Patient | YES | NO |
|---|---|---|
| 3. Will my **hands** be exposed to<br>• Blood<br>• Saliva<br>• Other bodily substances<br>• Chemical products<br>• Surfaces or items contaminated with any of the above? | Wear **gloves** appropriate to the task<br><br>Continue to Question 4 | Continue to Question 4 |
| 4. Will my **face** be exposed to potential splash, spray, cough, sneeze, dust or debris? (E.g. spray from air/water syringe, handpieces, dust from trimming lab models, etc.) | Wear **face protection** (i.e. mask, eye protection)<br><br>Continue to Question 5 | Continue to Question 5 |
| 5. Will my **clothing or uncovered skin** be exposed to splash or spray or items contaminated with blood or other bodily substances? (E.g. invasive surgical procedure, washing contaminated instruments) | Wear a **gown**<br><br>Continue to Question 6 | Continue to Question 6 |
| 6. Am I performing a task or dealing with a patient that requires special additional precautions? | Take **additional precautions** as needed. | No PPE or additional precautions are required. |

## CLINICAL CLOTHING

Team members should wear one of the following options: (1) scrubs, or (2) a gown or lab coat that covers the forearms and to the knees over top of regular attire. Clothing worn during patient care procedures is not a replacement for appropriate PPE, such as gowns, where such are required. This is because during invasive surgical procedures or when instruments are being washed, clothing may become contaminated with blood or other bodily fluids and can serve as a vehicle for the transmission of microorganisms. Clinical clothing should be protected in such circumstances with the use of a gown.

Clinical clothing worn during patient care procedures, including scrubs and lab coats, **must not** be worn outside of the dental clinic, and must be appropriately laundered following each use.

## GLOVES

In the dental office, using the appropriate type of glove for the task and knowing when to change gloves is essential to prevent the spread of microorganisms.

- Wear single-use disposable sterile gloves for invasive surgical procedures

- Wear puncture resistant utility gloves for manually cleaning used instruments
- Wear single-use disposable non-latex examination gloves for other purposes

**Appropriate Use of Gloves**

Wear gloves for any contact with mucous membranes, non-intact skin, and bodily substances, including blood, saliva, secretions, excretions, and equipment and environmental surfaces contaminated with any of these substances. Gloves should also be worn when performing environmental cleaning, such as operatory change over.

When wearing gloves, **always** do the following:

- Perform hand hygiene before putting on gloves.
- Remove single-use gloves and discard them immediately after the activity for which they were used.
- Change gloves between care for each patient.
- Perform hand hygiene after gloves are removed due to possible contamination of hands during glove removal.

When wearing gloves, **never** do any of the following:

- Double glove.
- Re-use or wash single-use gloves.
- Turn gloves inside out in order to re-wear them.
- Exit an operatory or other room with soiled gloves that were used while treating a patient.

**Donning and Removing Gloves**

*Figure 1 - Donning Gloves*

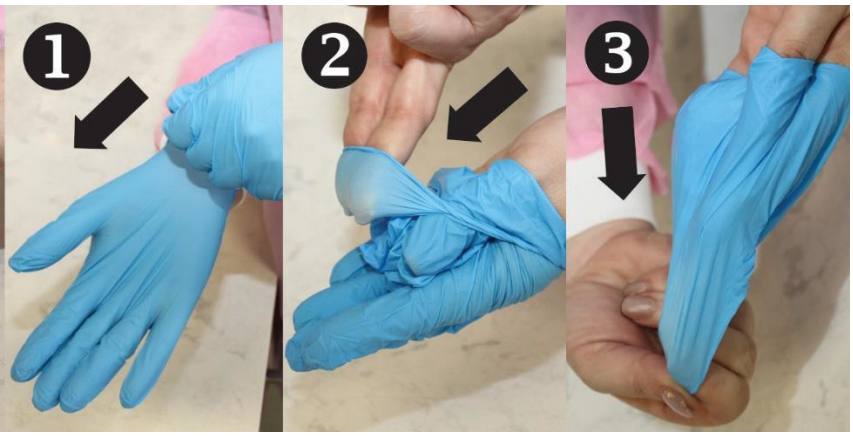



*Figure 2 - Removing Gloves*

## EYE PROTECTION

Patients and clinical team members must wear protective eyewear during all clinical procedures.

Team members must also wear protective eyewear during instrument reprocessing and whenever a team member may be exposed to splashes of water, bodily fluids, dust or other debris (e.g. during laboratory procedures).

### Appropriate Use of Eye Protection

All reusable eye protection must be cleaned and disinfected between uses.

Standard prescription eye glasses are not safety glasses and do not provide adequate protection, such as at the sides of the face. Prescription eyeglasses may be worn under eye protection, such as face shields or over-glasses, or prescription safety glasses may be obtained.

When wearing eye protection, **always** do the following:

- Ensure eye protection is comfortable, fits securely and does not interfere with vision.
- Put on eye protection immediately before the activity for which it is indicated.
- Remove eye protection immediately after the activity for which it is used.
- Remove eye protection by grasping the side arms and pulling eye protection forward, without touching the front of the eyewear.
- Discard eye protection after use (if single use disposable) or clean and disinfect between uses.

### Donning and Removing Protective Eyewear

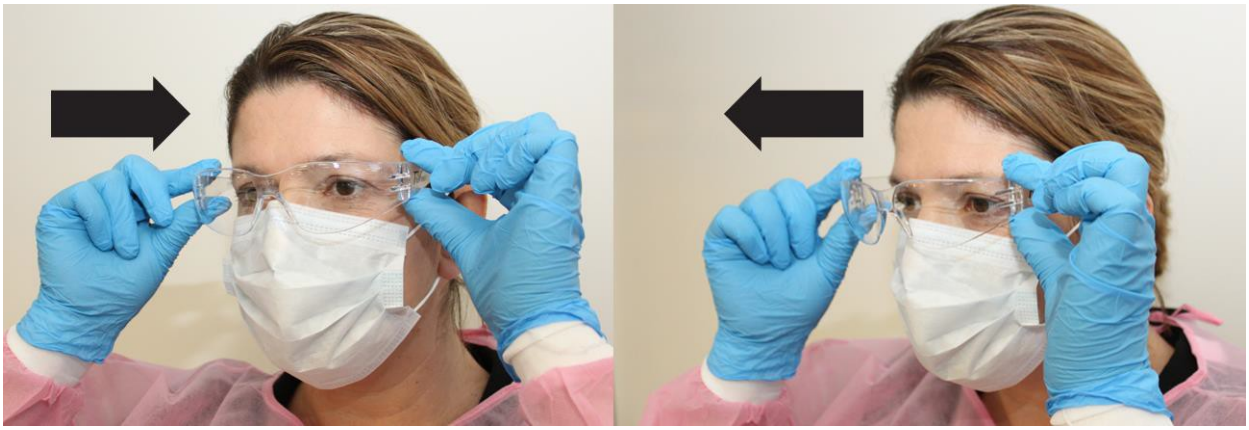


*Figure 3 - Donning and Removing Eyewear*

## MASKS

Masks are worn to protect the team member's mucous membranes of the mouth and nose from potential splashes and sprays during dental procedures or when performing manual instrument cleaning. Clinical team members must wear disposable masks during all clinical procedures.

### Appropriate Use of Masks

When wearing a mask, **always** do the following:

- Put on mask immediately before the activity for which it is indicated.
- Secure mask over the nose and mouth.
- Remove mask immediately after the activity for which it is used.
- Change mask if it becomes wet or contaminated.
- Perform hand hygiene after removing mask

**When wearing a mask, never do any of the following:**

- Touch mask during a procedure
- Allow mask to hang around the neck.
- Fold mask or store in a pocket.
- Re-use mask.

**Donning a Mask**

*Figure 4 - Donning a Mask*

## GOWNS

Gowns should be worn when a procedure or activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions onto the skin or clinical attire of the team member. In the dental office, gowns are most often worn during invasive surgical procedures (e.g. implant placement, periodontal surgery, bone grafting, etc.) and during manual instrument washing in the reprocessing area.

Clinical and laboratory coats or jackets are not a substitute for gowns when a gown in indicated.

Gowns must be disposable, one-time use garments. Gowns should be cuffed and long-sleeved, and offer full coverage of the body front, from neck to mid-thigh or below.

When wearing a gown, **always** do the following:

- Put on the gown immediately before the activity for which it is indicated.
- Wear the gown tied at the top and around the waist.
- Remove and discard the gown immediately after the activity for which is was required.
- Remove the gown in a way that prevents contamination of the underlying skin and clothing.

When wearing a gown, **never** do any of the following:

- Re-use a gown.
- Go between patients or tasks when wearing the same gown.

<u>Selection of Gowns</u>

The type of gown used should directly reflect the nature of the interaction with the patient in the operatory room. Considerations for this are as follows:

-

- Anticipated degree of contact with infectious material
- Potential for blood and bodily fluid penetration od the gown (water resistant gowns should be used in the operatory when excess splatter is anticipated)
- Sterile gowns are to be worn in a surgical environment. Example, implant placement, bone grafting, sinus augmentation, block graft etc.

As per Public Health - Gowns used as PPE should be cuffed and long-sleeved, and offer full coverage of the body front, from neck to mid-thigh or below. **Clinical and laboratory coats or jackets are not a substitute for gowns where a gown is indicated.** Several gown sizes should be available in a health care setting to ensure appropriate coverage for staff.

**Donning and Removing Gowns**

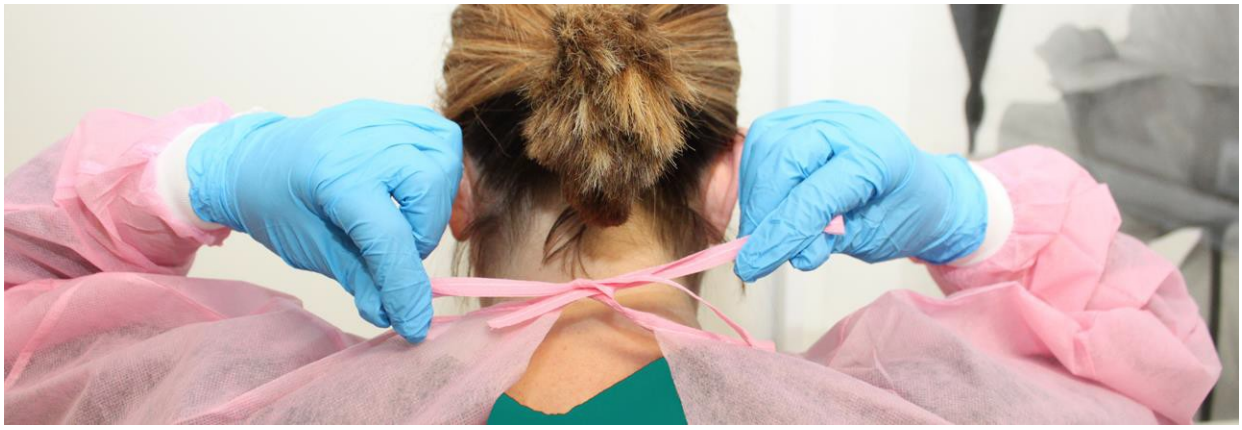


*Figure 12 – Putting on gown*

*Figure 13 – Taking off gown*

# IMMUNIZATION

## RECOMMENDED VACCINATIONS

To protect the health of patients and team members, it is important for team members to be immunized against common infectious diseases, including:

- Hepatitis B
- Measles
- Mumps
- Rubella
- Varicella
- Diptheria
- Pertussis
- Tetanus
- Influenza (annual)

Team members who may be exposed to blood, bodily fluids, or sharps in their work should also confirm Hepatitis B immunity through serological (blood) testing following completion of the three dose vaccination series. This is important because some individuals no not develop an adequate immune response following the first set of vaccinations.

All team members are required to know their immunization and serological status. New team members are required to provide evidence of adequate immunizations or a declaration to that effect upon initial hiring.

The cost of immunizations and serological testing will be covered for team members where not covered by provincial or private health care insurance.

## TUBERCULAR SKIN TEST

Due to the prevalence of tuberculosis in certain patient populations in Canada, our clinic recommends that team members undergo a two-step tubercular skin test (TST) at the beginning of employment and follow-up TSTs where a potential exposure has occurred or at regular intervals when providing service to affected populations.

A team member who receives a positive TST should consult with their healthcare provider to receive appropriate follow-up care, as needed.

**Immunization Declaration – New Clinical Team**
**Member Practice Name:**

| | |
|---|---|
| **Team Member Name** | |
| **Team Member Position** | |

Dental healthcare regulators and public health authorities across Canada stipulate that dental healthcare providers be adequately immunized against common infectious diseases. These diseases include:

- Hepatitis-B*
- Measles
- Mumps
- Rubella
- Varicella
- Diphtheria
- Pertussis
- Tetanus
- Polio

* *Dental healthcare providers must confirm their Hep-B immunization status through blood testing completed after a three dose vaccination series. Dental healthcare providers who fail to develop an adequate antibody response should seek counselling on appropriate additional precautions.*

- I understand that it is my professional and ethical responsibility as a dental healthcare provider to know my immunization and serological status.
- I understand that the cost of the above-listed immunizations and serological testing will be covered by my employer, where these costs are not already covered by provincial or private healthcare insurance.
- I understand that if I have a blood-borne infectious disease (e.g. HIV, Hepatitis-B, etc.) I must consult with my healthcare provider and my professional regulatory body regarding my serological status, the potential for transmission, and appropriate preventative measures.

- I hereby declare that I have received up-to-date immunization against the above-listed communicable diseases, or that I will arrange to receive such immunizations within thirty (30) days of my employment with the clinic.
- I understand that I may be required to provide proof of immunization upon request.
- I acknowledge that making a false declaration regarding my immunization status shall be grounds for termination with cause.

| | |
|---|---|
| **Signature of Team Member** | |
| **Date** | |

**Immunization Information**

**Practice Name: _____**

| | |
|---|---|
| **Team Member Name** | |
| **Team Member Position** | |

Dental healthcare regulators and public health authorities across Canada strongly recommend that dental healthcare providers be adequately immunized against common infectious diseases. These diseases include:

- Hepatitis-B**
- Measles
- Mumps
- Rubella
- Varicella
- Diphtheria
- Pertussis
- Tetanus
- Polio
- Influenza (Annual)

** *Dental healthcare providers should confirm their Hep-B immunization status through blood testing completed after a three dose vaccination series. Dental healthcare providers who fail to develop an adequate antibody response should seek counselling on appropriate additional precautions.*

By maintaining up-to-date vaccinations, dental healthcare providers are helping to protect themselves, their patients, and the public at large.

Our clinic strongly encourages all team members to receive vaccinations as recommended by dental and public health authorities. We strongly encourage all team members to consult with their family physician about the need for immunizations.

- I acknowledge receipt of this information regarding recommended vaccinations.
- I understand that it is my professional and ethical responsibility as a dental healthcare provider to know my immunization and serological status.
- I understand that if I have a blood-borne infectious disease (e.g. HIV, Hepatitis B, etc.) I should consult with my healthcare provider and professional regulatory body regarding my serological status, the potential for transmission, and appropriate preventative measures.

| | |
|---|---|
| **Signature of Team Member** | |
| **Date** | |

# EXPOSURE CONTROL PROTOCOL

## SIGNIFICANT EXPOSURE

A **significant exposure** poses the greatest risk of transfer of bloodborne pathogens and includes any of the following:

- Percutaneous injury (skin of the dental worker is punctured, blood drawn)
- Blood, saliva or other bodily fluid contacts non-intact skin (dermatitis, cuts, abrasions)
- Blood, saliva or other bodily fluid contacts mucosa of the eyes, mouth, or nose

## STEPS IN MANAGING A SIGNIFICANT EXPOSURE

**Affected Team Member / Assisting Team Members**

1. Remove gloves or affected clothing, if required, to assess the extent of the injury / exposure
2. Perform first aid for percutaneous injuries, as needed
3. Clean the affected area thoroughly
    a. Percutaneous Injuries
        i. Allow the wound to bleed briefly and freely
        ii. Wash the wound with water and anti-microbial soap
    b. Contact with mucosa
        i. Flush the eye, mouth or nose with copious amounts of water
    c. Contact with non-intact skin
        i. Wash the affected area with water and anti-microbial soap
    *d. NB: Applying caustic agents like bleach or injecting antiseptic agents into the wound is not advisable.*
4. Report the exposure to the designated IPAC Coordinator / Practice Manager / Principal Dentist
5. Attend designated healthcare professional for follow-up medical care

**IPAC Coordinator / Practice Manager / Principal Dentist**

1. Immediately direct affected team member to appropriate healthcare professional (infectious disease specialist, hospital emergency room)
2. Document the exposure and follow-up using the Exposure Documentation Record; ensure strict confidentiality is maintained.
3. Assess the Source Person's status and risk for bloodborne pathogens using the Post-Exposure Source Person Assessment (review medical history, ask additional questions as necessary)
    a. Where necessary, request Source Person's cooperation to determine HBV/HCV/HIV status and refer to healthcare professional for testing
    b. Obtain written consent from Source Person to receive copy of any positive test results
4. Provide Exposure Documentation Record, Source Person Assessment, and any additional relevant information to the evaluating healthcare professional
5. Report incident to HR Team

## POST-EXPOSURE PROPHYLAXIS

Following a significant exposure, the need for **post-exposure prophylaxis (PEP)** must be determined by the evaluating healthcare professional. Where deemed necessary, PEP must be administered **as soon as possible** following the incident, often within a matter of hours. Accordingly, it is essential to act swiftly following a significant exposure incident.

Altima DENTAL FAMILY

## CONFIDENTIAL EXPOSURE DOCUMENTATION RECORD

| | | | | | |
|---|---|---|---|---|---|
| **Exposed Person Information** | | | | | |
| **Name of Person Exposed:** | | | | | |
| **Vaccination Status** | | | | | |
| **Hep-B Vaccination Series?** | **YES** | | **NO** | | **UNKNOWN** |
| **Hep-B Antibody Response?** | **YES** | | **NO** | | **UNKNOWN** |
| **Source Person Information** | | | | | |
| **Known Pathogens** | **Hep-B** | **Hep-C** | **HIV** | **Other** | **None** |
| **Anti-Retroviral Therapy?** | **YES** | | **NO** | | **UNKNOWN** |
| **Name of Attending Physician** | | | | | |
| **Exposure Event Information** | | | | | |
| **Date & Time of Exposure** | | | | | |
| **Procedure Being Performed** | | | | | |
| **Nature of Exposure (e.g. needle stick, eye splash, etc).** | | | | | |
| **Description of Exposure** | | | | | |
| **Extent of Exposure** | | | | | |
| **Type of Bodily Fluid** | **Blood** | | **Saliva** | | **Other** |
| **Was a Sharp Device Involved?** | **YES** | | **NO** | | |
| **How/When During Handling Did Exposure Occur?** | | | | | |
| **Type and Brand of Device** | | | | | |
| **Percutaneous Injury** | | | | | |
| **Depth of Wound** | | | | | |
| **Gauge of Needle** | | | | | |
| **Fluid Injected?** | **YES** | | **NO** | | |
| **Skin or Mucous Membrane Exposure** | | | | | |
| **Estimated Volume of Fluid** | | | | | |
| **Length of Contact** | | | | | |
| **Condition of Skin** | **Intact** | | **Abraded** | | **Chapped** |

Altima DENTAL FAMILY

**CONFIDENTIAL EXPOSURE DOCUMENTATION RECORD**

| Exposure Follow-up Event Log | | |
|---|---|---|
| **Date** | **Name of Staff Member** | **Action Taken** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Altima DENTAL FAMILY

**CONFIDENTIAL EXPOSURE DOCUMENTATION RECORD**

**Post-Exposure Source Person Assessment**

**1. Inform the Source Person of the reason for your inquiry**

An accidental sharps injury has happened to one of our team members. Sometimes this type of injury may expose the team member to a source person's blood, which may lead to an infection.

In order to reduce the risk to our team member and to take appropriate precautions, it is important to know if the source person is infected with certain microorganisms, including Hepatitis-B, Hepatitis-C, and HIV.

We are requesting your cooperation in determining whether you are infected with any of these microorganisms, or have any risk factors for such infections.

If there are any positive risk factors, we ask that you attend for an immediate blood test so that we can determine if there is a risk of infection from you to our team member. We would also ask that you allow us to receive a copy of any positive test results, so that our team member can receive appropriate treatment.

**2. Evaluate the Source Person's risk of blood-borne infections**

Review the Source Person's medical history and request additional information as required

| Have you ever been diagnosed with… | YES | DATE DIAGNOSED | NO |
|---|---|---|---|
| Hep-B | | | |
| Hep-C | | | |
| HIV | | | |
| Other blood-borne infection? | | | |

| Do you have any of the following Risk Factors? | YES | NO |
|---|---|---|
| Receiving blood products (e.g. haemophilia) | | |
| Multiple sexual partners | | |
| Men who have sex with men | | |
| Sex with sex trade workers | | |
| IV drug use / shared needles | | |
| An intimate partner with Hep-B/Hep-C/HIV or any other risk factors | | |

**3. If positive risk factors, request the Source Person's consent to serological testing**

Direct the Source Person to an appropriate hospital / physician for immediate blood testing for Hep-B/Hep-C/HIV. Request the Source Person's written consent to receive notification of any positive test results.

| | |
|---|---|
| Source Person's Family Physician | |
| Physician Contact Information | |

# Section 3

# ENVIRONMENTAL CLEANING PROTOCOLS

## INITIAL OPERATORY SET UP

The following protocol shall be observed for the initial set-up of an operatory at the beginning of the work day:

- Perform hand hygiene and don gloves
- Run all water lines for a minimum of two (2) minutes
- Wipe all chairs with low-level disinfectant per manufacturer's instructions
    - Ensure to use adequate amount of wipes / disinfectant to achieve required dwell time
- Wipe all operatory surfaces with low-level disinfectant, moving from high to low, including
    - Tray table and arm
    - Counters
    - Light handle
    - Chair bases
- Remove and discard gloves, perform hand hygiene
- If using disposable barriers, place barriers on applicable surfaces including
    - Light switch / handle
    - Delivery unit handles
    - Patient headrest
    - X-Ray head
    - Assistant chair arm
    - Handpiece motors
    - Suction
    - Air/water syringe
    - Computer keyboard / mouse
- Place instrument tray with unopened cassette / bagged instruments as required for the appointment
- Perform hand hygiene
- Complete set-up

## OPERATORY CHANGE-OVER

The following protocol shall be observed for the cleaning of an operatory in-between patient appointments:

- Perform hand hygiene and don gloves
- Assemble used instruments onto tray / into cassette
- Inspect instruments for damage and remove any gross debris using moistened gauze or wipe (*refer to Sterilization Protocol for instructions)*
- Disassemble any sharps and place into sharps disposal container at point of care; sharps should not be transported from the operatory

- Follow safe sharps handling procedures

- Purge waterlines and handpieces that use water coolant for 20-30 seconds
- Remove handpieces from motors
- Remove burs from handpieces; place in bur block if to be reprocessed, or dispose into sharps container if single-use
- Place handpieces on tray
- Run handpiece motors for 20 seconds
- Transport instruments in closed container to reprocessing area
- Upon returning to operatory, perform hand hygiene and don new gloves
- Run water/cleaning solution through high volume and saliva ejector lines
    - Following a surgical procedure, clean lines with enzymatic cleaner
- Remove all surface barriers by touching only the barrier and not the surface being covered by the barrier and discard all barriers
- Wipe all operatory surfaces with low-level disinfectant per manufacturer's instructions
    - Move from high to low, cleanest to dirtiest
    - Ensure to use adequate amount of wipes / disinfectant to achieve required dwell time
    - Wipe anything used or touched during the procedure, including
        - Patient chair and bases
        - Tray table and arm
        - Countertops, items on countertops, and underneath items on countertops
        - Light handles
        - Tubing
        - Motors
        - Handles
- Remove gloves, perform hand hygiene
- If using barriers, place barriers on applicable surfaces (See Step 6 in Initial Operatory Set Up)
- Place instrument tray with unopened cassette / bagged instruments as required for the next appointment
- Complete set-up

### ADDITIONAL END OF DAY PROTOCOLS

The following additional protocols apply when cleaning an operatory at the end of the business day:

1. Clean all high volume and saliva ejector lines with enzymatic cleaner at least weekly
2. Weekly: Change and clean operatory traps, place any amalgam material into mercury waste storage container

### HOUSEKEEPING CLEANING

Routine cleaning of housekeeping surfaces and non-treatment areas is conducted by an independent cleaning services company.

Daily housekeeping cleaning shall include:

- Emptying of standard garbage receptacles and changing of liners
- Cleaning of floors (vacuum/dry mop, wet mop)
- Cleaning and disinfection of high touch wall features (light switches, thermostat, door handles, ledges, etc.)
- Cleaning of reception area (including reception counter, desk, chairs, cabinetry)
- Cleaning of administrative areas (offices)
- Cleaning of bathrooms
- Cleaning of staff room

Housekeeping cleaning shall include quarterly high dusting of vents and ceiling tiles.

Staff refrigerator and cupboards shall be kept clean and organized; disused items shall be discarded on a monthly basis.

### HOUSEKEEPING CLEANING CHECKLIST

| LOCATION | FREQUENCY |
|---|---|
| **Full Clinic** | |
| Emptying garbage receptacles | Daily |
| Replacing garbage receptacle liner | Daily |
| Vacuum / Dry mop of floors | Daily |
| Wet mop of floors | Daily |
| Cleaning of high touch wall features<br>• Light switches<br>• Thermostat<br>• Door handles<br>• Handrails<br>• Ledges / sills | Daily |
| High dusting (vents, ceiling tiles) | Quarterly |
| **Reception Area** | |
| Reception counter | Daily |
| Reception desk | Daily |
| Chairs / tables | Daily |
| Patient use items (iPads, etc.) | Daily |
| **Bathroom** | |
| Sinks and cabinetry | Daily |
| Faucets | Daily |
| Toilets | Daily |
| Soap dispenser | Daily |
| Toilet paper dispenser | Daily |
| Paper towel dispenser | Daily |
| **Staff / Administrative Areas** | |
| Desks | Daily |
| Countertops / cabinetry | Daily |
| Refrigerator | As needed |

# PROTOCOL FOR BLOOD AND BODILY FLUID SPILLS

Working in a dental clinic includes the risk of bodily fluid spills. Bodily fluid spills can include the following:

- Blood
- Saliva
- Feces
- Vomit
- Urine

Spills of this nature must be contained, cleaned and disinfected immediately using the following protocol:

1. Gather materials needed (e.g. cleaning materials, disinfectants).
2. Restrict activity and traffic around the spill until the area has been cleaned and disinfected and is completely dry.
3. Put on personal protective equipment (PPE) using the appropriate risk assessment to determine what PPE will be required.
4. Clean up the spill using the appropriate products. These should be disposable or specifically designed for the type of spill.
5. Dispose of the cleaning materials in the appropriate waste receptacle. Remember that if the material is blood-soaked, it will need to be disposed of in an appropriate biomedical waste container. If it is not a blood-related spill the waste can be disposed of in general waste.
6. Disinfect the entire spill area using a hospital grade low-level disinfectant. Use all cleaning chemicals/materials as per manufacturers instructions.
7. Allow enough contact time for the disinfectant to act in accordance with manufacturer's directions.
8. Clean the area in a controlled way to limit the risk if splashing or generating aerosols during the cleanup.
9. Remove PPE and perform hand hygiene.

**Note**: If the spill occurs on a carpeted surface an appropriate disinfectant (not bleach) should be used. If the carpet cannot be cleaned and restored to its original state, it may be necessary to replace and or dispose of the carpet altogether.

# Section 4

# INSTRUMENT REPROCESSING PROTOCOL

## OVERVIEW

Instrument reprocessing can be divided into the following general steps:

1. **Wear** appropriate personal protective equipment (PPE) to the task at each stage
2. **Remove** gross soil from instruments at point of use with an appropriate cleaning material
3. **Transport** contaminated instruments to the reprocessing area in a closed, puncture resistant container
4. **Receive** and **hold** the contaminated instruments in the dirty section of the reprocessing area
5. **Decontaminate** instruments using manual (hand washing) or automated (ultrasonic / instrument washer) cleaning processes
6. **Dry** and **package** decontaminated instruments in the clean (but not sterile) section of the reprocessing area
7. **Sterilize** the packaged instruments
8. **Verify** and record sterilization parameters
9. **Store** the sterilized instruments in the sterile section of the reprocessing area

Each of these steps will be described further below.

## WEAR PPE

Remember that when handling contaminated instruments appropriate PPE must be worn based on the task being performed. This may include

- Gloves
- Eye protection
- Mask
- Gown
- Puncture-resistant utility gloves (manual instrument decontamination)

## REMOVE GROSS SOIL

Remove gross soil and debris (blood, plaque, etc.) from the instruments at point of care using gauze or a similar wipe. Ensure that any cleaning substance is compatible with the instruments. Do not use an alcohol-based wipe as this may affix debris to the instrument.

## TRANSPORT

Transport contaminated dental instruments from the procedure room to the reprocessing area in a closed container to reduce the risk of cross-contamination or injury.

Transport containers should be:

- Clear (to be able to see the contents)
- Leak proof
- Puncture resistant
- Lidded (e.g. secure / lockable lids)
- Easy to clean and disinfect

Instrument cassettes recovered with the wrapping material may also be used to transport instruments.

## REPROCESSING AREA

The reprocessing area is divided into three sections: **dirty**, **clean**, and **sterile**. Each section has dedicated functions that should only be performed in that section.

The flow of instruments in the reprocessing area is **one way** from dirty to sterile; cross contamination between the sections must be avoided.

### Dirty Section – Receive, Hold, Decontaminate

The **dirty section** of the reprocessing area is used for receiving, holding, and decontaminating (washing) used instruments.

*Receiving / Holding Instruments*

Ensure that contaminated instruments are received only in the dirty section. Do not place contaminated instruments in the clean or sterile sections of the reprocessing area, even momentarily.

If the instruments cannot be reprocessed immediately, they must be sprayed with an enzymatic holding foam or placed in an appropriate holding solution to prevent the drying of organic matter on the instruments. When the instruments are ready to be reprocessed, rinse off the foam/solution prior to proceeding.

*Manual Instrument Decontamination*

Instruments may require manual decontamination (handwashing / scrubbing) prior to additional mechanical cleaning processes (e.g. ultrasonic cleaning).

Follow these steps when performing manual instrument decontamination:

1. Completely disassemble the instruments, if applicable.
2. Pre-soak the disassembled instruments for the recommended soaking time in the cleaning solution (detergent) and make sure that the instruments are sufficiently immersed.
3. Scrub instruments with a non-abrasive clean brush to remove gross debris. Scrub the instruments under the surface of the cleaning solution to minimize splashes and sprays. The brush must be discarded or sterilized at least daily.
4. If applicable: Rinse all lumens of the instruments five times at the beginning and at the end of the soaking time with a single-use syringe (minimum volume 50 ml) or a suitable rinsing adapter.
5. Remove the instruments from the cleaning solution and rinse them thoroughly with clean water.
6. Inspect the instruments for proper cleaning and for rust / damage.

*Mechanical Instrument Decontamination*

Dental instruments may also be decontaminated using an automated instrument washer /

disinfector (e.g. Hydrim) or by using an ultrasonic cleaner.

When using an automated instrument washer / disinfector, follow these steps:

Completely disassemble instruments, if applicable.

1. Place the disassembled instruments into a cassette or other tray system suitable for the instrument and the instrument washer.
2. Place the cassette into the instrument washer. Follow the manufacturer's instructions regarding placement of the cassette.
3. Run the washing / disinfection program per manufacturer's directions. Allow the full cycle to complete, including a drying cycle, if applicable.
4. Remove the instruments from the washer after the end of the program. Inspect the instruments for proper cleaning and for rust / damage.

When using an ultrasonic cleaner, follow these steps:

1. Completely disassemble instruments, if applicable.
2. Place the instruments into the ultrasonic unit loose (untied) in holding baskets, or in cassettes.
3. Ensure that the instruments are fully immersed in the ultrasonic solution. Do not overload the ultrasonic unit.
4. If applicable: Rinse all lumens of the instruments five times at the beginning and at the end of the cycle time with a single-use syringe (minimum volume 50 ml) or a suitable rinsing adapter.
5. Run the ultrasonic unit for the time indicated by the manufacturer based on the type and quantity of instruments being cleaned. Instruments in cassettes will require a longer cycle time. Allow the cycle to complete.
6. Remove the instruments from the ultrasonic using the basket / instrument holder. Do not place hands into the ultrasonic basin.
7. Rinse the instruments thoroughly with clean water.
8. Inspect the instruments for proper cleaning and for rust / damage.

*Separation of Dirty and Clean Sections*

Do not cross contaminate between the dirty and the clean sections of the reprocessing area. Ensure that instruments coming out of a cleaning process (whether manual or mechanical) are placed into the clean section of the reprocessing area. Also, be sure to change gloves between the dirty and clean phase, so that gloves are new and clean when handling cleaned instruments.

**Clean Section – Dry and Package**

The **clean section** of the reprocessing area is used for drying, packaging, and holding of instruments that have completed their cleaning and decontamination step.

*Drying*

Drying instruments is a key step prior to packaging them for sterilization, as excess moisture may interfere with the sterilization process.

Dental instruments may be dried with a clean, lint-free towel; left to dry on a clean, lint-free towel in the clean section away from potential contaminates; or as part of an automated cycle (e.g. in an

instrument washer/disinfector).

*Packaging / Holding*

All critical and semi-critical instruments must be packaged prior to sterilization. Instruments may be placed in a sterilization peel pouch or in a cassette that is wrapped with appropriate sterilization wrap.

All instrument packages must have both external and internal chemical indicators, either built into the packaging material or applied separately (e.g. indicator tape, indicator strips). External chemical indicators should be Class 1 or Class 4; internal chemical indicators should be Class 4 or Class 5.

Each instrument package should be labelled with the following information:

1. Date
2. Sterilizer ID
3. Sterilizer Load Number
4. Contents of the package, if not visible (i.e. in a wrapped cassette)
5. Initials of the person responsible for preparing the package

Sterilization pouches should not be labelled on the paper side of the pouch, as it may affect the integrity of the pouch. Use a label or felt-tipped marker compatible with the sterilization process.

When using a sterilization **peel pouch**, follow these steps:

1. Place instruments in the sterilization pouch ensuring that instruments are not touching and there is sufficient space for the sterilization agent (steam) to contact all surfaces. It is important to ensure that pouches are not overfilled!
2. Fold the perforation back on the sterilization pouch and crease with the protective strip still in place.
3. Fold back into place. Remove the strip from the adhesive, fold at perforated line to form a tight seal. Follow the validation marks on the pouch. Do not fold the adhesive past the perforation.
4. Label the pouch with the required information.

When using a **cassette**, follow these steps:

1. Place the instruments in the cassette, ensuring that each is properly secured.
2. Place the required chemical indicator inside the cassette with the instruments.
3. Wrap the cassette using an approved sterilization packaging wrap and the “envelope” folding method. Follow manufacturer’s directions with respect to the number of sheets required.
4. Seal the cassette in the wrap using indicator tape.
5. Label the wrapped cassette with the required information.

Store the packaged instruments in the clean section away from potential contaminates until ready to complete the sterilization process.

**Sterile Section – Sterilize, Verify, Store**

The **sterile section** of the reprocessing area is used for sterilizing instruments and storing sterilized instruments and supplies.

*Sterilizer (Autoclave) Loading and Operation*

Sterilizers (steam autoclaves) should be loaded and operated in accordance with manufacturer's directions. Additional information regarding maintenance and monitoring protocols for autoclaves can be found in the *Sterilization Monitoring Process* section of this Manual.

Some important things to keep in mind when loading and operating an autoclave:

- Instrument packages should be placed in the autoclave according to the manufacturer's loading instructions. Packages should not be overlapping or touching the sides of the autoclave.
- Select the appropriate sterilization cycle based on the manufacturer's instructions for use. Refer to the Log of Manufacturers Instructions for Sterilization (Reprocessing Reference Chart) for your instruments for appropriate cycle parameters.
- Sterilization cycles must be allowed to run to full completion, including the drying cycle. It is inappropriate to interrupt sterilization cycles to access instruments early.
- The Sterilization Log must be completed for each sterilization load.
- For every sterilization cycle, the mechanical indicators (time, temperature, pressure) must be verified and recorded. Recording can be done by way of an automated print-out or WiFi/USB key, but staff must still verify that the required parameters have been met for each load.
- Allow instrument packages to cool before handling to avoid potential heat injury.

*Storage of Sterile Instruments*

Only sterile supplies may be stored in the sterile section of the reprocessing area.

Sterile instrument packs must be stored in a clean, dry, dust-free area, such as closed shelves or drawers, not at floor level. Sterile instrument packs must be kept away from potential sources of contamination, such as moisture from drains, sinks, and areas of potential splashes or sprays.

Sterile instrument packs should be handled as little as possible, because handling could cause damage to the packaging or be a source of recontamination.

# LOG OF MANUFACTURER INSTRUCTIONS FOR STERILIZATION (SAMPLE + TEMPLATE)

| Instrument / Supplies | Can be reprocessed? | | Sterilization before first use? (Y/N) | MIFU Requirements for Sterilization | Limit on number of times it can be reprocessed (based on equipment MIFU) | Sterilizer used | On-site Sterilizer Temperature (based on cycle) | On-site Sterilizer Time (based on cycle) |
|---|---|---|---|---|---|---|---|---|
| | Singe-Use Disposable | Reusable | | | | | | |
| *e.g. Acme Brand Scaler* | | ✓ | *Yes* | *134 ° C for 4 minutes* | *No* | *Statim 5000* | *134 ° C* | *4 minutes* |
| *e.g. Acme Brand Ortho Pliers* | | ✓ | *Yes* | *134 ° C for 6 minutes* | *Yes – 1000* | *Midmark M11* | *134 ° C* | *6 minutes* |
| *e.g. Acme Brand Prophy Cup* | ✓ | | *No* | *N/A* | *N/A* | *N/A* | *N/A* | *N/A* |
| *e.g. Acme Brand Endodontic Files* | ✓ | | *No* | *N/A* | *N/A* | *N/A* | *N/A* | *N/A* |
| *e.g. Acme Brand Dental Burs* | | ✓ | *Yes* | *134 ° C for 5 minutes* | *Yes – 250* | *Brava* | *134 ° C* | *5 minutes* |
| *e.g. Apex Brand Endodontic Files* | ✓ | | *Yes* | *134 ° C for 4 minutes* | *Yes – 0* | *Statim 2000* | *134 ° C* | *4 minutes* |
| *e.g. Apex Brand Dental Burs* | | ✓ | *Yes* | *134 ° C for 5 minutes* | *Yes – 500* | *Midmark M11* | *134 ° C* | *5 minutes* |
| | | | | | | | | |

| Instrument / Supplies | Can be reprocessed? | | Sterilization before first use? (Y/N) | MIFU Requirements for Sterilization | Limit on number of times it can be reprocessed (based on equipment MIFU) | Sterilizer used | On-site Sterilizer Temperature (based on cycle) | On-site Sterilizer Time (based on cycle) |
|---|---|---|---|---|---|---|---|---|
| | Singe-Use Disposable | Reusable | | | | | | |
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# STERILIZATION MONITORING PROCESS

The sterilization process for dental instruments and other equipment shall be monitored using three primary methods:

1. Physical Indicators
2. Biological Indicators
3. Chemical Indicators

Please also refer to the Template Sterilization Log for the information that needs to be recorded for each sterilization load.

## PHYSICAL INDICATORS

**Physical indicators** (also called **mechanical indictors**) are the read outs for key parameters in the sterilization process. For steam autoclaves used in the dental clinic, these are: **time**, **temperature**, and **pressure**.

### 3.1.1 Verification and Recording of Physical Indicators

All physical parameters must be checked and recorded for each sterilization load. This can be done using an automated print out or recording on a USB key/WiFi/memory device from the sterilizer, or by manually recording the parameters in a written log.

If using a print out from the sterilizer, the print out should be checked and initialled by the team member responsible for unloading the sterilizer. The print out should be kept on file. Because sterilizer print outs can fade over time, it is recommended to photocopy the print out prior to filing.

If using electronic recording on a USB key/WiFi/memory device, the physical parameters should still be verified for each load and the electronic records downloaded to the clinic's computer system on a daily basis.

## BIOLOGICAL INDICATORS

**Biological indicators** (also called **spore tests** or **BIs**) are used to test the efficacy of the sterilization process. This type of indicator contains microorganisms (spores) in a vial, strip, or similar container. Biological indicators are available as in-house or laboratory mail-in versions.

*NOTE: The requirements for biological indicator testing differ by province as to frequency and method (in-house vs. mail-in). Please consult the Compliance Team or your local infection prevention and control guidelines to determine the appropriate frequency and method for your clinic.*

A negative spore test result shows that the sterilization cycle was successful in killing the microorganisms contained in the test vial or strip. When used properly, this provides evidence that all other microorganisms in the cycle were also destroyed.

The following sections outline the protocol for performing a daily, in-house biological indicator test.

**Use of Biological Indicators**

A biological indicator shall be placed in the first load of the day for each sterilizer in use, and for each type of cycle run during the day.

The biological indicator shall be contained in a process challenge pack. This can be a commercially prepared package, or a package with instruments that represents the most challenging conditions for sterilization.

The process challenge pack shall be placed in the area of the sterilizer that represents the most challenging circumstances. Refer to the manufacturer's instructions for appropriate placement.

After completion of the sterilization cycle, the biological indicator should be incubated according to manufacturer's directions, along with a control biological indicator that has not gone through a sterilization cycle. Follow the manufacturer's directions with respect to preparation and incubation of the biological indicator.

Following the incubation cycle, the BI that has gone through the sterilization cycle should be "negative" (i.e. no change), while the control vial should be "positive" (i.e. colour change). The results of both the test and control BIs should be recorded in the BI log. Follow the failed biological indicator protocol (below) for any failed results.

**Implantable Devices and Instruments**

When sterilizing devices or instruments used in the placement of dental implants, a biological indicator shall be placed in the load, and the load shall be quarantined until the results of the biological indicator are known.

## FAILED BIOLOGICAL INDICATOR PROTOCOL

In the event of a positive result (failed biological indicator),the following procedural steps should be followed:

10. Repeat the BI test immediately in an empty sterilizer chamber using the same cycle that produced the failure.
11. Remove the sterilizer from service.
12. Review the sterilization records (e.g. sterilization log, physical printout, electronic records) since the last negative BI test to confirm all chemical and physical parameters were met.
13. Review the sterilization records to confirm that the correct cycle was used and completed.
14. Review the sterilizer operating procedures, including packaging, loading, and BI usage, with all team members who work with the sterilizer to determine whether operator error could be responsible. Common reasons for a positive BI in the absence of mechanical failure of the sterilizer include:
    a. Overloading
    b. Failure to provide adequate package separation
    c. Incorrect or excessive packaging material
15. If the repeat BI test is negative and chemical and physical monitoring indicates adequate processing, the sterilizer may be put back into service.

16. If the repeat BI test is positive, and packaging, loading, and operating procedures have been

confirmed as performed correctly, the sterilizer must remain out of service (and be clearly marked with a warning sign) until it has been inspected, repaired, and re-challenged with BI tests in three consecutive empty sterilization cycles.

17. Quarantine all items from the load in question and, whenever possible, recall and reprocess items from suspect loads dating back to the last negative BI test until the investigation is complete.

## CHEMICAL INDICATORS

**Chemical indicators** react by changing appearance in response to one or more of the key parameters in the sterilization process, such as temperature or the presence of steam. Chemical indicators may be built into sterilization packaging materials, such as sterilization pouches, or may be separate strips, tape, or cards.

### Types of Chemical Indicators

Chemical indicators are divided into six different classes, and each class performs a different function.

| | |
|---|---|
| **Class 1 – Process Indicators** | Class 1 indicators are used to distinguish packs that have gone through the sterilization process versus those that have not.<br><br>Indicator tape is an example of a Class 1 indicator. Some sterilization pouches also have Class 1 indicators built into the packaging material. |
| **Class 2 – Indicators Used in Specific Tests** | Class 2 indicators are used in specific tests for specific types of sterilizers.<br><br>The Bowie-Dick test in is an example of a Class 2 indicator for pre-vacuum dynamic air removal sterilizers. |
| **Class 3 – Single-parameter Indicators** | Class 3 indicators react to one of the key parameters, such as temperature, for a specific value.<br><br>Some indicator strips are Class 3 indicators (e.g. the indicator strip changes colour if exposed to temperatures higher than 135 ◦C, but is not affected by other parameters like steam) |
| **Class 4 – Multi-parameter Indicators** | Class 4 indicators react to two or more of the key parameters, for example temperature and the presence of steam, for specific values.<br><br>Some indicator strips are Class 4 indicators, and some sterilization pouches also have Class 4 indicators built into the packaging material (e.g. the indicator strip changes colour only if exposed to temperatures higher than 135 ◦C and the presence of steam). |

| | |
|---|---|
| **Class 5 – Integrating Indicators** | Class 5 indicators react to all of the key parameters during the sterilization process. Class 5 indicators are designed to match or exceed the conditions tested by a biological indicator, and can be used in all of a sterilizer's cycles. |
| **Class 6 – Emulating Indicators** | Class 6 indicators react to all of the key parameters, but only for a specific sterilization cycle. |

The indicators most frequently used in a dental office are: Class 1, Class 2, Class 4 and Class 5.

**External and Internal Chemical Indicators**

All instrument packages require both **external** and **internal** chemical indicators.

**External** chemical indicators should be Class 1 or Class 4. The external chemical indicator is used to distinguish instrument packs that have gone through a sterilization process from those that have not gone through a sterilization process.

**Internal** chemical indicators should be Class 4 or Class 5. A Class 5 indicator must be evaluated if the load is released for use prior to the results of the biological indicator being known.

Team members must always check both external and internal chemical indicators for an instrument pack to verify that the indicators have undergone the required change in appearance, before using the instruments.

**Dynamic Air Removal / Bowie-Dick Tests**

In addition to other chemical and biological indicators, sterilizers that employ pre-vacuum dynamic air removal (e.g. Bravo models by SciCan) must be tested on a daily basis to confirm adequate air- removal and steam penetration.

This is done by employing a dynamic air removal test (DART) or Bowie-Dick test. DART/Bowie- Dick Tests are a type of Class 2 chemical indicator.

If a daily Bowie-Dick test fails, the same process as used for a failed biological indicator should be followed, substituting a Bowie-Dick test for the biological indicator test.

**Failed Chemical Indicator Protocol**

If an internal or external chemical indicator on an individual package of instruments fails (i.e. does not undergo the required change), the package must be opened and the instruments reprocessed before being used.

If a single Class 5 indicator is used in a sterilization load and that indicator fails (i.e. does not undergo the required change), then the load should be quarantined and the Failed Biological Indicator Protocol followed.

# Section 5

# EQUIPMENT AND DEVICES POLICY

## PURCHASING NEW DENTAL EQUIPMENT / DEVICES

All equipment, devices, instruments and other materials used in the clinic will be purchased through reputable medical/dental supply companies.

All equipment used to clean, disinfect, or sterilize must meet the standards established by Health Canada, the Public Health Agency of Canada, the Canadian Standards Association, and any local IPAC guidelines. All equipment must be on Health Canada's list of active devices approved for use in Canada.

Any new instruments or devices must be reprocessed according to manufacturer's instructions prior to being put in use, unless supplied in sterile condition by the supplier.

## MANUFACTURER'S DIRECTIONS

The clinic shall maintain the manufacturer's instructions for use for all equipment, devices, instruments and other materials used in the clinic.

## PREVENTATIVE MAINTENANCE AND LOGS

All equipment used in the sterilization process must undergo regular inspection and preventative maintenance in accordance with manufacturer's recommendations.

Sample logs for commonly used equipment are provided.

| SCHEDULED ITEMS | | | | | |
|---|---|---|---|---|---|
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| Biological Indicators | Biological Indicators | Biological Indicators | Biological Indicators | Biological Indicators | Biological Indicators |
| Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) |
| Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test |
| Daily Instrument Washer | Daily Instrument Washer | Daily Instrument Washer | Daily Instrument Washer | Daily Instrument Washer | Daily Instrument Washer |
| Daily Sterilizer Check | Daily Sterilizer Check | Daily Sterilizer Check | Daily Sterilizer Check | Daily Sterilizer Check | Daily Sterilizer Check |
| Weekly Ultrasonic Foil Test | Weekly Suction Lines Cleaning (Enzymatic Cleaner) | Weekly Sterilizer Maintenance Check | Weekly Handpiece Cleaner / Lubricator Maintenance Check | Weekly Waterlines / Water Filter Maintenance Check | |
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## LIST OF REQUIRED MAINTENANCE (PER MANUFACTURER)

| EQUIPMENT: | |
|---|---|

| PROCEDURE: | FREQUENCY: (Daily / Weekly / Monthly / Semi-Annual / Yearly / PRN) |
|---|---|
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**LIST OF REQUIRED MAINTENANCE (PER MANUFACTURER)**

| EQUIPMENT: | STATIM 5000 |
|---|---|

| PROCEDURE: | FREQUENCY: (Daily / Weekly / Monthly / Semi-Annual / Yearly / PRN) |
|---|---|
| Wash the interior of the cassette with chlorine-free dishwashing detergent; rinse thoroughly with water | Daily |
| Drain water reservoir | Daily |
| Empty the waste bottle when refilling the reservoir | Daily |
| Check the biological and/or air filter for dirt and moisture; replace filter if dirty, call for service if wet | Weekly |
| Check the water filter; replace if dirty | Weekly |
| Replace the air filter every 500 cycles or 6 months | Semi-annually |
| Replace the biological air filter every 500 cycles or 6 months | Semi-annually |
| Replace the cassette seal every 500 cycles or 6 months | Semi-annually |
| ***Annual Maintenance to be Performed by a Qualified Technician*** | |
| Check the tray, lid and seal for damage; replace as needed | Annually |
| Check air and/or biological filters and replace as needed | Annually |
| Check pump; clean filters and replace as needed | Annually |
| Check valve; remove air compressor tube from the valve inlet while running a cycle, ensure that no stem is leaking from the valve | Annually |
| Check solenoid valve; clean and replace plunger, if defective | Annually |
| Check water reservoir; clean and rinse with steam processed distilled water as needed | Annually |
| Calibrate the unit | Annually |

**LIST OF REQUIRED MAINTENANCE (PER MANUFACTURER)**

| EQUIPMENT: | BRAVO CHAMBER AUTOCLAVE |
|---|---|

| PROCEDURE: | FREQUENCY: (Daily / Weekly / Monthly / Semi-Annual / Yearly / PRN) |
|---|---|
| Examine door gasket for wear; replace as needed | Daily |
| Check drain filter; clean or replace as needed | Daily |
| If using a data logger, transfer data from USB to computer | Daily |
| Clean the chamber with a damp cloth; use a mild, neutral detergent if needed | Weekly |
| Clean the chamber drain filter | Weekly |
| Test the safety valve located on the back of the unit | Monthly |
| Check unit filter; replace as needed | Semi-annually |
| Replace the door seal every 1000 cycles or annually | Annually |
| Full unit check and calibration by a qualified technician | Annually |

PREVENTATIVE MAINTENANCE LOG – GENERAL

| EQUIPMENT: | |
|---|---|

| DATE | ACTION | DATE OF NEXT CHECK | INITIALS |
|---|---|---|---|
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**WEEKLY STATIM MAINTENANCE LOG:**

| EQUIPMENT: | |
|---|---|

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

**SEMI-ANNUAL STATIM MAINTENANCE LOG:**

| EQUIPMENT: | |
|---|---|

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette Seal | |
| • Biological and/or Air Filter | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette Seal | |
| • Biological and/or Air Filter | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette Seal | |
| • Biological and/or Air Filter | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette Seal | |
| • Biological and/or Air Filter | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette Seal | |
| • Biological and/or Air Filter | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette Seal | |
| • Biological and/or Air Filter | |
| **Date of Next Check:** | |

**STATIM ANNUAL SERVICING LOG (BY TECHNICIAN):**

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette | |
| • Biological Filter | |
| • Solenoid Valve | |
| • Pump | |
| • Check Valve | |
| • Water Reservoir | |
| • Calibration | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette | |
| • Biological Filter | |
| • Solenoid Valve | |
| • Pump | |
| • Check Valve | |
| • Water Reservoir | |
| • Calibration | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • Cassette | |
| • Biological Filter | |
| • Solenoid Valve | |
| • Pump | |
| • Check Valve | |
| • Water Reservoir | |
| • Calibration | |
| **Date of Next Check:** | |

## NEW OR LOANED STERILIZATION EQUIPMENT

Dental team members will ensure that any new or loaned sterilizer undergoes the following testing prior to being used:

1. The sterilizer will be installed in accordance with manufacturer's specifications and serviced by a qualified technician.

2. Perform three (3) consecutive spore tests, each to be done in an empty sterilizer
    a. For pre-vacuum sterilizers, perform three (3) Bowie-Dick tests

3. Perform one (1) spore test in a challenge load with a full load of instruments in the sterilizer
    a. The instruments that are in the challenge load will be quarantined until results of all spore tests are known and confirmed negative

4. The sterilizer shall not be put into service until the results of all biological indicators (and Bowie-Dick tests, if applicable) are known

5. The sterilizer may only be put into service if all of the biological indicators are negative

6. If any of the biological indicator or Bowie-Dick tests return positive, the sterilizer shall be inspected by an appropriate technician and the tests repeated

# Section 6

## SINGLE-USE ITEMS

Dental equipment, devices, and supplies labelled as single-use must not be reprocessed or re-used. Items labeled as single use will not be reprocessed or re-used under any circumstances in our clinic, and shall be disposed of in an appropriate waste receptacle immediately following initial use.

Examples of single-use items are:

- Syringe vials
- Needles
- Single-Use Endodontic files
- Implant components
- Gauze
- Suction tips
- Single-Use Burs
- Gloves
- Masks
- Bibs
- Barrier Tape
- Matrix Bands

Single use items are normally marked with the following label:

ANY item with this label is a single use item and must be disposed of following initial use.

# ULTRASONIC CLEANER TEST PROTOCOL (ALUMINUM FOIL TEST)

The ultrasonic instrument cleaner shall be tested on a weekly basis using the following method:

1. Perform the test using a fresh tank of ultrasonic cleaning solution prepared according to the manufacturer's instructions. The tank should be filled to within one inch of the brim.

2. Run the ultrasonic cleaner for five minutes. Any heater should be turned off and the cleaner set to its maximum power setting, if applicable.

3. Cut a piece of standard aluminum foil measuring approximately the length of the tank (longer edge) by the depth of the tank plus one inch.

4. Immerse the foil vertically in the tank with the long edge of the foil aligned with the long edge of the tank. The foil should be aligned roughly in the centre of the tank, with the foil extending down almost to the bottom of the tank but not touching the bottom.

5. Hold the foil in place and run the ultrasonic unit for exactly 20 seconds, then remove the foil.

6. Interpret the results of the test as follows:
    a. PASS – There is a tiny pebbled or "peppered" effect displayed evenly over the entire surface of the foil.
    b. FAIL - There are areas of foil greater than ½ inch square that do not display any pebbling.

7. If the ultrasonic cleaner passed the test, record the results in the test log.

8. If the ultrasonic cleaner failed the test, perform a second test using new foil.
    a. If the second test results in failure, remove the ultrasonic cleaner from service and contact a repair technician. Retain both foil samples to provide to the technician.

9. If the consistency of the pebbling changes over time, the unit may require servicing. Contact a repair technician.

*NB: Commercially prepared ultrasonic cleaner efficacy tests are becoming more readily available.*

# DENTAL RADIOGRAPHY EQUIPMENT PROTOCOLS

It is important to avoid cross-contamination of equipment and surfaces when exposing radiographs. Team members shall follow these protocols when performing radiographic examinations.

## GENERAL PRECAUTIONS

1. Use gloves when taking radiographs and handling contaminated film packets or sensors.
2. Radiography accessories (e.g. positioning devices and film holders) must be sterilized between patients.
3. Do not handle or place a lead apron while wearing contaminated gloves.
4. Radiography equipment, such as the tube head, control panel, and exposure switch, should be protected with surface barriers, or cleaned and disinfected after each patient use.

## CONVENTIONAL RADIOGRAPHS (FILM)

1. After exposing the radiograph, dry the film packet with disposable gauze or a paper towel to remove blood or excess saliva.
2. Place the film packet in a container, such as a disposable cup, to transport to the developing area.
3. Before opening the packet to develop the film
    a. If no barrier is used over the packet, clean the film packet of gross debris and saliva and disinfect it with an appropriate low-level disinfectant.
    b. If a disposable barrier is used over the packet, remove the barrier allowing the film packet to drop onto a clean surface – be careful to avoid contamination of the inner film packet. Dispose of the barrier.
4. Remove gloves, perform hand hygiene, and don new gloves to develop the film to avoid contamination of the developing equipment.

## DIGITAL RADIOGRAPHS (DIGITAL SENSORS)

1. Employ disposable barriers over digital radiography sensors, as they come into contact with the mucous membranes.
2. After exposing the radiograph, remove and dispose of the barrier, being careful to avoid contamination of the sensor.
3. Inspect for and clean the sensor of any gross debris and saliva, and disinfect with an appropriate low-level disinfectant as per manufacturer's instructions
4. For phosphor plate sensors, follow the manufacturer's directions with respect to proper handling and disinfection.

# Section 7

# FOOD, BEVERAGE AND COSMETICS POLICY

## EATING AND DRINKING IN DESIGNATED AREAS ONLY

Having or consuming food and beverages in clinical treatment areas or the reprocessing and sterilization area poses risks to patients and staff.

Food and beverages may become contaminated or may themselves contaminate the environment, equipment, or instruments. This can act as a vehicle for the spread of microorganisms and infection.

Accordingly, eating and drinking (other than water) is not permitted in any treatment operatories or the reprocessing area of the clinic. Only water in a covered, spill proof container (e.g. water bottle) may be kept in treatment rooms.

Food and beverages other than water may only be consumed in designated non-treatment areas, such as the staff room or private offices.

## STORAGE OF FOOD AND DRINK IN THE OFFICE

Any food or beverages in the office must be stored separately from clinical supplies.

Food and beverage must not be stored in a refrigerator, cupboard, or drawer where clinical supplies are kept. Food and beverage may only be stored in a refrigerator or cupboard dedicated for that purpose.

## COSMETICS, FINGERNAILS AND CONTACT LENSES

Cosmetics, including lip balm, and contact lenses may not be applied in the reprocessing and sterilization areas of the clinic.

Fingernails must be kept short, not extending beyond the pad of the finger to ensure thorough cleaning may be performed. The use of nail polish is discouraged; however, it may be permitted for routine dental hygiene appointments. Any nail polish must be completely free from chips or scratches, or otherwise removed entirely. Nail polish is not permitted during invasive surgical procedures. Artificial nails and other nail enhancements are not permitted in the clinic.

# Section 8

## LOSS OF PORTABLE WATER PROCEDURES

If there is a loss of portable water at the clinic, such as a boil water advisory declared by a local public health authority, the following procedures will be followed:

1. All non-emergency patient care shall be rescheduled, wherever possible.

2. Public water shall not be delivered through the dental unit, ultrasonic scaler, or other dental devices or equipment.

3. Where possible, alternative water sources may be used through closed (bottled) delivery systems.

4. Patients may not brush their teeth or rinse using public water sources (e.g. from sinks / taps); bottled water must be provided for patients to brush and rinse.

5. Hand hygiene must not be performed using public water sources (i.e. from sinks / taps). Hand hygiene must take place with alcohol-based hand rub, or with bottled or distilled water where hand washing with soap and water is required.

6. Following the lifting of the boil water advisory, all public source waterlines, including taps, dental unit waterlines, and other sources, must be flushed for a minimum of five (5) minutes or in accordance with directions from the local public health authorities. All dental unit waterlines and water-delivery systems and dental devices must be cleaned and disinfected in accordance with manufacturer's directions prior to being used with public water systems.

# Section 9

# PET POLICY

## APPLICATION

This policy applies to pets and other animal companions, such as dogs, cats, birds, rabbits, reptiles, rodents, and other species. It does not apply to service animals employed by an individual with respect to a disability, such as a guide dog. Patients, caregivers, or other individuals who rely on a service animal in relation to a disability are asked to speak with a team member about how to best accommodate their needs.

## PETS PROHIBITED

In accordance with infection prevention and control practices, pets are not permitted in our clinic, in either the reception area or the clinical treatment areas.

Individuals who bring pets to the clinic will be required to remove the pet from the premises. Pets may not be left in the care of staff members or unattended in the reception area.

A patient's parent or other caregiver who attends an appointment with a pet will be required to wait outside of the clinic for the duration of the appointment.

If a patient is unable to attend an appointment due to the presence of a pet, the clinic may cancel or reschedule the appointment and a late notice cancellation fee may apply.

# Section 10

# PANDEMIC OUTBREAK PLAN

In the event of a pandemic public health emergency (i.e. a widespread outbreak of a transmissible disease, such as influenza), the clinic shall comply with the following protocol:

1. All orders and advisories issued by public health authorities affecting the clinic shall be complied with

2. All non-emergency treatment shall be rescheduled, wherever possible, until after the pandemic outbreak has passed

3. Any team member with signs of infection shall remain off work in accordance with the *Healthy Workplace Policy*

4. Only team members necessary for emergency treatment or other essential duties shall attend the clinic when needed, per instructions from the Principal Dentist / Practice Manager

5. For any emergency or other urgent treatment that cannot be rescheduled, team members shall follow routine infection prevention and control practices, including:
    a. Performing a risk assessment and screening of patients in advance of the appointment and upon arrival at the clinic for signs of potential infection
    b. Encouraging patients to perform hand hygiene and to wear a mask upon arrival to the clinic, as necessary
    c. Isolating patients, such as in an operatory, wherever possible
    d. Performing regular and appropriate hand hygiene
    e. Wearing appropriate personal protective equipment during the appointment and interactions with the patient and their environment, such as gloves, mask, eye protection, and gowns, as required
    f. Following any enhanced measures that may be advised by public health authorities in relation to the pandemic outbreak

# Section 11

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**Immunization Declaration – New Clinical Team Member**
**Practice Name: _____**

| | |
|---|---|
| **Team Member Name** | |
| **Team Member Position** | |

Dental healthcare regulators and public health authorities across Canada stipulate that dental healthcare providers be adequately immunized against common infectious diseases. These diseases include:

- Hepatitis-B*
- Measles
- Mumps
- Rubella
- Varicella
- Diphtheria
- Pertussis
- Tetanus
- Polio

* *Dental healthcare providers must confirm their Hep-B immunization status through blood testing completed after a three dose vaccination series. Dental healthcare providers who fail to develop an adequate antibody response should seek counselling on appropriate additional precautions.*

- I understand that it is my professional and ethical responsibility as a dental healthcare provider to know my immunization and serological status.
- I understand that the cost of the above-listed immunizations and serological testing will be covered by my employer, where these costs are not already covered by provincial or private healthcare insurance.
- I understand that if I have a blood-borne infectious disease (e.g. HIV, Hepatitis-B, etc.) I must consult with my healthcare provider and my professional regulatory body regarding my serological status, the potential for transmission, and appropriate preventative measures.

- I hereby declare that I have received up-to-date immunization against the above-listed communicable diseases, or that I will arrange to receive such immunizations within thirty (30) days of my employment with the clinic.
- I understand that I may be required to provide proof of immunization upon request.
- I acknowledge that making a false declaration regarding my immunization status shall be grounds for termination with cause.

| | |
|---|---|
| **Signature of Team Member** | |
| **Date** | |

**Immunization Information**

**Practice Name: _____**

| | |
|---|---|
| **Team Member Name** | |
| **Team Member Position** | |

Dental healthcare regulators and public health authorities across Canada strongly recommend that dental healthcare providers be adequately immunized against common infectious diseases. These diseases include:

- Hepatitis-B**
- Measles
- Mumps
- Rubella
- Varicella
- Diphtheria
- Pertussis
- Tetanus
- Polio
- Influenza (Annual)

** *Dental healthcare providers should confirm their Hep-B immunization status through blood testing completed after a three dose vaccination series. Dental healthcare providers who fail to develop an adequate antibody response should seek counselling on appropriate additional precautions.*

By maintaining up-to-date vaccinations, dental healthcare providers are helping to protect themselves, their patients, and the public at large.

Our clinic strongly encourages all team members to receive vaccinations as recommended by dental and public health authorities. We strongly encourage all team members to consult with their family physician about the need for immunizations.

- I acknowledge receipt of this information regarding recommended vaccinations.
- I understand that it is my professional and ethical responsibility as a dental healthcare provider to know my immunization and serological status.
- I understand that if I have a blood-borne infectious disease (e.g. HIV, Hepatitis B, etc.) I should consult with my healthcare provider and professional regulatory body regarding my serological status, the potential for transmission, and appropriate preventative measures.

| | |
|---|---|
| **Signature of Team Member** | |
| **Date** | |

Altima DENTAL FAMILY

# CONFIDENTIAL EXPOSURE DOCUMENTATION RECORD

| Exposed Person Information | | | | | |
|---|---|---|---|---|---|
| Name of Person Exposed: | | | | | |
| Vaccination Status | | | | | |
| Hep-B Vaccination Series? | YES | | NO | | UNKNOWN |
| Hep-B Antibody Response? | YES | | NO | | UNKNOWN |
| **Source Person Information** | | | | | |
| Known Pathogens | Hep-B | Hep-C | HIV | Other | None |
| Anti-Retroviral Therapy? | YES | | NO | | UNKNOWN |
| Name of Attending Physician | | | | | |
| **Exposure Event Information** | | | | | |
| Date & Time of Exposure | | | | | |
| Procedure Being Performed | | | | | |
| Nature of Exposure (e.g. needle stick, eye splash, etc). | | | | | |
| Description of Exposure | | | | | |
| Extent of Exposure | | | | | |
| Type of Bodily Fluid | Blood | | Saliva | | Other |
| Was a Sharp Device Involved? | YES | | NO | | |
| How/When During Handling Did Exposure Occur? | | | | | |
| Type and Brand of Device | | | | | |
| **Percutaneous Injury** | | | | | |
| Depth of Wound | | | | | |
| Gauge of Needle | | | | | |
| Fluid Injected? | YES | | NO | | |
| **Skin or Mucous Membrane Exposure** | | | | | |
| Estimated Volume of Fluid | | | | | |
| Length of Contact | | | | | |
| Condition of Skin | Intact | | Abraded | | Chapped |

**CONFIDENTIAL EXPOSURE DOCUMENTATION RECORD**

| Exposure Follow-up Event Log | | |
|---|---|---|
| **Date** | **Name of Staff Member** | **Action Taken** |
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**CONFIDENTIAL EXPOSURE DOCUMENTATION RECORD**

**Post-Exposure Source Person Assessment**

**1. Inform the Source Person of the reason for your inquiry**

An accidental sharps injury has happened to one of our team members. Sometimes this type of injury may expose the team member to a source person's blood, which may lead to an infection.

In order to reduce the risk to our team member and to take appropriate precautions, it is important to know if the source person is infected with certain microorganisms, including Hepatitis-B, Hepatitis-C, and HIV.

We are requesting your cooperation in determining whether you are infected with any of these microorganisms, or have any risk factors for such infections.

If there are any positive risk factors, we ask that you attend for an immediate blood test so that we can determine if there is a risk of infection from you to our team member. We would also ask that you allow us to receive a copy of any positive test results, so that our team member can receive appropriate treatment.

**2. Evaluate the Source Person's risk of blood-borne infections**

Review the Source Person's medical history and request additional information as required

| **Have you ever been diagnosed with…** | **YES** | **DATE DIAGNOSED** | **NO** |
|---|---|---|---|
| **Hep-B** | | | |
| **Hep-C** | | | |
| **HIV** | | | |
| **Other blood-borne infection?** | | | |

| **Do you have any of the following Risk Factors?** | **YES** | **NO** |
|---|---|---|
| **Receiving blood products (e.g. haemophilia)** | | |
| **Multiple sexual partners** | | |
| **Men who have sex with men** | | |
| **Sex with sex trade workers** | | |
| **IV drug use / shared needles** | | |
| **An intimate partner with Hep-B/Hep-C/HIV or any other risk factors** | | |

**3. If positive risk factors, request the Source Person's consent to serological testing**

Direct the Source Person to an appropriate hospital / physician for immediate blood testing for Hep-B/Hep-C/HIV.

Request the Source Person's written consent to receive notification of any positive test results.

| | |
|---|---|
| **Source Person's Family Physician** | |
| **Physician Contact Information** | |

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**CLINIC NAME:**_____ **BIOLOGICAL INDICATOR LOG**

| DATE OF STERILIZATION M/D/Y | TYPE OF STERILIZER AND # | OPERATOR S INITIALS | MINUTES IN STERILIZER | TEMPERAUTRE ('C) | PRESSURE | DATE OF INCUBATION M/D/Y | TEST VIAL (TV) CONTROL VIAL (CV) | DURATION OF INCUBATION (hrs) | BIOLOGICAL INDICATOR | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | EXPIRY DATE | LOT # | PASS ✓ | FAIL ✓ |
| | | | | | | | TV / CV | | | | | |
| | | | | | | | TV / CV | | | | | |
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Altima DENTAL FAMILY

# AMALGAM SEPARATOR LOG

CLINIC: _____

| DATE | MAINTENANCE | NEW FILTER INSTALLED | FILTER INVOICE | INVOICE # | INITIALS |
|---|---|---|---|---|---|
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Altima DENTAL

# STERILIZATION LOG

**Date:** **Clinic Name**: **Type of Sterilizer:**

| LOAD # | LOAD INTIALS | TIME CYCLE STARTED | TIME (min) | TEMP (°C) /Pressure | LOAD CONTENTS | EXTERNAL CI RESULTS | | INTERNAL CI (CL.5) | | AIR REMOVAL TEST | | UNLOAD INITIALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | ITEM | Pass | Fail | Pass | Fail | Pass | Fail | |
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Altima DENTAL FAMILY

# CLEANLINESS LOG - OPERATORIES

CLINIC: _____

OPERATORY #: _____

| | AFTER EACH USE | | DAILY | | WEEKLY | MONTHLY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| DATE | ELECTRONIC DEVICES | X-RAY UNT | COUNTER TOP | FLOORS | ROOM REPLENISHED* | DENTAL CHAIR / BASE | PICTURES/FRAMES | CLEAN CABINET/DRAWERS | CLEAN DENTAL DEVICES (I.E. CAVITRON INSIDE & OUTSIDE) | CLEAN WASTE BASKETS (INSIDE & OUTSIDE) |
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Altima DENTAL FAMILY

# CLEANLINESS LOG - RECEPTION AREA

CLINIC: _____ (PLEASE INITIAL AT EACH TASK)

| | DAILY* | | | | | MONTHLY | |
|---|---|---|---|---|---|---|---|
| DATE | FRONT DESK/COUNTER | ELECTRONIC EQUIPMENTS | PHONES | FLOORS | REPLENISH TISSUE/MASK/ABHR | RECEPTION CHAIRS | CABINETS/DRAWERS |
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Altima DENTAL FAMILY

# CLEANLINESS LOG - WAITING ROOM/ HALLWAYS

CLINIC: _____ (PLEASE INITIAL EACH TASK)

| | DAILY | | | | | | | WEEKLY | |
|---|---|---|---|---|---|---|---|---|---|
| DATE | PATIENT CHAIRS | MAGAZINE TABLE | PICTURE FRAMES | TOYS/CHILDREN AREA* | REPLENISH TISSUE, MASK, ABHR | FLOORS | EMTPY WASTE RECEPTACLES | CLEAN WASTE BASKETS (INSIDE/OUTSIDE) | WATER COOLER/ COFFEE MAKER |
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Altima DENTAL FAMILY

# CLEANLINESS LOG - WASHROOMS

CLINIC: _____ (PLEASE INITIAL EACH TASK)

| DATE | REMOVE TRASH | CLEAN TRASH CANS | | REPLENISH HAND SOAP | REPLENISH ABHR | REPLENISH HAND TOWELS | REPLENISH TOILET ROLL |
|---|---|---|---|---|---|---|---|
| | | INSIDE | OUTSIDE | | | | |
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Altima DENTAL FAMILY

# ENVIRONMENTAL CLEANING - STERILIZATION ROOM

CLINIC: _____

(PLEASE INITIAL AT EACH TASK)

| | WEEKLY | | | | | | | | | | MONTHLY | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | CUPBOARDS | | STERILIZER (STATIM/AUTOCLAVE ETC.) | | ULTRASONIC | | AUTOCLAVE | | LUBRICATOR DEVICE | | CUPBOARDS | |
| | INSIDE | OUTSIDE | INSIDE | OUTSIDE | INSIDE | OUTSIDE | INSIDE | OUTSIDE | INSIDE | OUTSIDE | INSIDE | OUTSIDE |
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**STATIM ANNUAL SERVICING LOG (BY TECHNICIAN):**

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette** | |
| • **Biological Filter** | |
| • **Solenoid Valve** | |
| • **Pump** | |
| • **Check Valve** | |
| • **Water Reservoir** | |
| • **Calibration** | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette** | |
| • **Biological Filter** | |
| • **Solenoid Valve** | |
| • **Pump** | |
| • **Check Valve** | |
| • **Water Reservoir** | |
| • **Calibration** | |
| **Date of Next Check:** | |

| Date: | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette** | |
| • **Biological Filter** | |
| • **Solenoid Valve** | |
| • **Pump** | |
| • **Check Valve** | |
| • **Water Reservoir** | |
| • **Calibration** | |
| **Date of Next Check:** | |

**WEEKLY STATIM MAINTENANCE LOG:**

| EQUIPMENT: | |
|---|---|

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| Date: | |
|---|---|
| **Check Performed:** | **Initials** |
| • Cassette | |
| • Biological and/or Air Filter | |
| • Water Filter | |
| Date of Next Check: | |

| SCHEDULED ITEMS | | | | | |
|---|---|---|---|---|---|
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| Biological Indicators | Biological Indicators | Biological Indicators | Biological Indicators | Biological Indicators | Biological Indicators |
| Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) | Bowie-Dick Tests (Pre-Vacuum Sterilizers) |
| Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test | Daily X-Ray Photographic Quality Test |
| Daily Instrument Washer | Daily Instrument Washer | Daily Instrument Washer | Daily Instrument Washer | Daily Instrument Washer | Daily Instrument Washer |
| Daily Sterilizer Check | Daily Sterilizer Check | Daily Sterilizer Check | Daily Sterilizer Check | Daily Sterilizer Check | Daily Sterilizer Check |
| Weekly Ultrasonic Foil Test | Weekly Suction Lines Cleaning (Enzymatic Cleaner) | Weekly Sterilizer Maintenance Check | Weekly Handpiece Cleaner / Lubricator Maintenance Check | Weekly Waterlines / Water Filter Maintenance Check | |
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**LIST OF REQUIRED MAINTENANCE (PER MANUFACTURER)**

| **EQUIPMENT:** | |
|---|---|

| **PROCEDURE:** | **FREQUENCY: (Daily / Weekly / Monthly / Semi-Annual / Yearly / PRN)** |
|---|---|
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**LIST OF REQUIRED MAINTENANCE (PER MANUFACTURER)**

| EQUIPMENT: | STATIM 5000 |
|---|---|

| PROCEDURE: | FREQUENCY: (Daily / Weekly / Monthly / Semi-Annual / Yearly / PRN) |
|---|---|
| Wash the interior of the cassette with chlorine-free dishwashing detergent; rinse thoroughly with water | Daily |
| Drain water reservoir | Daily |
| Empty the waste bottle when refilling the reservoir | Daily |
| Check the biological and/or air filter for dirt and moisture; replace filter if dirty, call for service if wet | Weekly |
| Check the water filter; replace if dirty | Weekly |
| Replace the air filter every 500 cycles or 6 months | Semi-annually |
| Replace the biological air filter every 500 cycles or 6 months | Semi-annually |
| Replace the cassette seal every 500 cycles or 6 months | Semi-annually |
| ***Annual Maintenance to be Performed by a Qualified Technician*** | |
| Check the tray, lid and seal for damage; replace as needed | Annually |
| Check air and/or biological filters and replace as needed | Annually |
| Check pump; clean filters and replace as needed | Annually |
| Check valve; remove air compressor tube from the valve inlet while running a cycle, ensure that no stem is leaking from the valve | Annually |
| Check solenoid valve; clean and replace plunger, if defective | Annually |
| Check water reservoir; clean and rinse with steam processed distilled water as needed | Annually |
| Calibrate the unit | Annually |

**LIST OF REQUIRED MAINTENANCE (PER MANUFACTURER)**

| EQUIPMENT: | BRAVO CHAMBER AUTOCLAVE |
|---|---|

| PROCEDURE: | FREQUENCY: (Daily / Weekly / Monthly / Semi-Annual / Yearly / PRN) |
|---|---|
| Examine door gasket for wear; replace as needed | Daily |
| Check drain filter; clean or replace as needed | Daily |
| If using a data logger, transfer data from USB to computer | Daily |
| Clean the chamber with a damp cloth; use a mild, neutral detergent if needed | Weekly |
| Clean the chamber drain filter | Weekly |
| Test the safety valve located on the back of the unit | Monthly |
| Check unit filter; replace as needed | Semi-annually |
| Replace the door seal every 1000 cycles or annually | Annually |
| Full unit check and calibration by a qualified technician | Annually |

**SEMI-ANNUAL STATIM MAINTENANCE LOG:**

| **EQUIPMENT:** | |
|---|---|

| **Date:** | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette Seal** | |
| • **Biological and/or Air Filter** | |
| **Date of Next Check:** | |

| **Date:** | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette Seal** | |
| • **Biological and/or Air Filter** | |
| **Date of Next Check:** | |

| **Date:** | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette Seal** | |
| • **Biological and/or Air Filter** | |
| **Date of Next Check:** | |

| **Date:** | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette Seal** | |
| • **Biological and/or Air Filter** | |
| **Date of Next Check:** | |

| **Date:** | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette Seal** | |
| • **Biological and/or Air Filter** | |
| **Date of Next Check:** | |

| **Date:** | |
|---|---|
| **Service Performed** | **Initials** |
| • **Cassette Seal** | |
| • **Biological and/or Air Filter** | |
| **Date of Next Check:** | |

# LOG OF MANUFACTURER INSTRUCTIONS FOR STERILIZATION (SAMPLE + TEMPLATE)

| Instrument / Supplies | Can be reprocessed? | | Sterilization before first use? (Y/N) | MIFU Requirements for Sterilization | Limit on number of times it can be reprocessed (based on equipment MIFU) | Sterilizer used | On-site Sterilizer Temperature (based on cycle) | On-site Sterilizer Time (based on cycle) |
|---|---|---|---|---|---|---|---|---|
| | Singe-Use Disposable | Reusable | | | | | | |
| *e.g. Acme Brand Scaler* | | ✓ | *Yes* | *134 ◦ C for 4 minutes* | *No* | *Statim 5000* | *134 ◦ C* | *4 minutes* |
| *e.g. Acme Brand Ortho Pliers* | | ✓ | *Yes* | *134 ◦ C for 6 minutes* | *Yes – 1000* | *Midmark M11* | *134 ◦ C* | *6 minutes* |
| *e.g. Acme Brand Prophy Cup* | ✓ | | *No* | *N/A* | *N/A* | *N/A* | *N/A* | *N/A* |
| *e.g. Acme Brand Endodontic Files* | ✓ | | *No* | *N/A* | *N/A* | *N/A* | *N/A* | *N/A* |
| *e.g. Acme Brand Dental Burs* | | ✓ | *Yes* | *134 ◦ C for 5 minutes* | *Yes – 250* | *Brava* | *134 ◦ C* | *5 minutes* |
| *e.g. Apex Brand Endodontic Files* | ✓ | | *Yes* | *134 ◦ C for 4 minutes* | *Yes – 0* | *Statim 2000* | *134 ◦ C* | *4 minutes* |
| *e.g. Apex Brand Dental Burs* | | ✓ | *Yes* | *134 ◦ C for 5 minutes* | *Yes – 500* | *Midmark M11* | *134 ◦ C* | *5 minutes* |
| | | | | | | | | |

| Instrument / Supplies | Can be reprocessed? | | Sterilization before first use? (Y/N) | MIFU Requirements for Sterilization | Limit on number of times it can be reprocessed (based on equipment MIFU) | Sterilizer used | On-site Sterilizer Temperature (based on cycle) | On-site Sterilizer Time (based on cycle) |
|---|---|---|---|---|---|---|---|---|
| | Singe-Use Disposable | Reusable | | | | | | |
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Altima DENTAL FAMILY

# EQUIPMENT SERVICE LOG

CLINIC: ______________________________

| EQUIPMENT | DATE SERVICED | SERVICED BY | WORK ORDERS | NEXT SERVICE DATE |
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# ULTRASONIC BATH LOG

CLINIC: _____

ULTRASONIC BATH #: _____ (each bath requires its own log)

| Day | Month | Year | Time Solution Filled | Time Solution Emptied | Extra Solution Change* | Ultrasonic Foil Test (PASS/FAIL)** | Initials |
|---|---|---|---|---|---|---|---|
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*Best practice for optimal efficiancy indicates changing the enzymatic solution between every 12-18 patients, especially for large practices processing a high volume and/or soiled surgical instruments

**PASS:** Holes in the aluminium foil **FAIL:** No holes, ultrasonic should be checked by a technician

Altima DENTAL FAMILY

# X-RAY PHOTOGRAPHIC QUALITY ASSURANCE LOG

CLINIC: _____ WEEK OF: _____

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|---|---|---|---|---|---|---|---|
| **DAILY STEP WEDGE TEST** | | | | | | | |
| Total films intraoral | | | | | | | |
| Panoramic | | | | | | | |
| **REJECTS** | | | | | | | |
| Test film | | | | | | | |
| Fogged film | | | | | | | |
| Unused film | | | | | | | |
| Other | | | | | | | |
| **REPEATS** | | | | | | | |
| Motion | | | | | | | |
| Too light | | | | | | | |
| Too dark | | | | | | | |
| Positioning | | | | | | | |
| Artifacts | | | | | | | |
| Other | | | | | | | |

Altima DENTAL FAMILY

# X-RAY DEVELOPER TECHNICAL TEST LOG

**CLINIC:** _____

(PLEASE INITIAL AT EACH TASK)

| DATE | TEMPERATURE CHECKED | DEVELOPER TOPPED UP | FIXER TOPPED UP | DEVELOPER CHANGED | FIXER CHANGED | ROLLERS WASHED |
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Altima DENTAL FAMILY

# WEEKLY STONE/PLASTER TRAP LOG

CLINIC: ______________________________

| DATE | CHECKED | CHANGED | COMMENTS | INITIALS |
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Altima DENTAL FAMILY

# OPERATORY MAINTENANCE LOG

CLINIC: _____

OPERATORY #: _____

(PLEASE INITIAL AT EACH TASK)

| | DAILY | | | | | WEEKLY | |
|---|---|---|---|---|---|---|---|
| DATE | STEP WEDGE | SUCTION LINE RUN (START OF DAY - 2-3 MIN) | PURGING OF ALL AIR/WATER LINES (2-3 MIN) | SUCTION LINE RUN (END OF DAY - 2-3 MIN) | CLEAN/REPLACE TRAP IN CUSPIDOR | TRAP REPLACEMENT (SUCTION) | TRAP REPLACEMENT (CUSPIDOR) |
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# NITROUS ADMINISTRATION & SAFETY LOG

CLINIC: _____ YEAR: _____

| DATE | PATIENT NAME | STARTING PRESSURE READING | | ENDING PRESSURE READING | | FLOW RATE % | # OF UNITS BILLED |
|---|---|---|---|---|---|---|---|
| | | NITROUS PS | OXIGEN PSI | NITROUS PSI | OXIGEN PSI | | |
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Record each time that the Nitrous or Oxygen is used within the dental centre with all pertinent data listed.

At the end of each month the DCM or DCC will review the monthly log against the records in Dentrix & present to a DDS or RM to verify accuracy.

| DATE | DCM/DCC NAME | SIGNATURE | DDS/RM NAME | SIGNATURE |
|---|---|---|---|---|
| | | | | |

DCM/DCC & DDS/RM Verification: review for any inconsistencies in pressure readings between patients, as this may indicate two possibilities:

(faulty equipment i.e. leak in tank or record keeping discrepancies)

Altima DENTAL FAMILY

# MONTHLY NITROUS AND OXYGEN LOG

CLINIC: _____ YEAR: _____

| DATE | PSI OXYGEN | OXYGEN TANKS LEFT | PSI NITROUS | NITROUS TANKS LEFT | EMERGENCY OXYGEN PSI | OXYGEN TANKS ORDERED | NITROUS TANKS ORDERED | INITIALS |
|---|---|---|---|---|---|---|---|---|
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PREVENTATIVE MAINTENANCE LOG – GENERAL

| **EQUIPMENT:** | |
|---|---|

| **DATE** | **ACTION** | **DATE OF NEXT CHECK** | **INITIALS** |
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# Section 12

# 2019 Compliance

| TEAM MEMEBER | COMPLETED DATE | TOPICS REVIEWED | |
|---|---|---|---|
| Name: | | TRANSMISSION OF MICROORGANISMS IN THE DENTAL OFFICE | |
| Signature: | | ROUTINE PRACTICES | |
| Position: | | HAND HYGIENE | |
| | | PERSONAL PROTECTIVE EQUIPMENT | |
| | | IMMUNIZATION | |
| | | ENVIRONMENTAL CLEANING PROTOCOLS | |
| | | INSTRUMENT REPROCESSING PROTOCOL | |
| | | STERILIZATION MONITORING PROCESS | |
| | | EQUIPMENT AND DEVICES POLICY | |
| | | SINGLE-USE ITEMS | |
| | | ULTRASONIC CLEANER TEST PROTOCOL (ALUMINUM FOIL TEST) | |
| | | DENTAL RADIOGRAPHY EQUIPMENT PROTOCOLS | |
| | | FOOD, BEVERAGE AND COSMETICS POLICY | |
| | | LOSS OF PORTABLE WATER PROCEDURES | |
| | | PET POLICY | |
| | | PANDEMIC OUTBREAK PLAN | |

| TEAM MEMEBER | COMPLETED DATE | TOPICS REVIEWED | |
|---|---|---|---|
| Name: | | TRANSMISSION OF MICROORGANISMS IN THE DENTAL OFFICE | |
| Signature: | | ROUTINE PRACTICES | |
| Position: | | HAND HYGIENE | |
| | | PERSONAL PROTECTIVE EQUIPMENT | |
| | | IMMUNIZATION | |
| | | ENVIRONMENTAL CLEANING PROTOCOLS | |
| | | INSTRUMENT REPROCESSING PROTOCOL | |
| | | STERILIZATION MONITORING PROCESS | |
| | | EQUIPMENT AND DEVICES POLICY | |
| | | SINGLE-USE ITEMS | |
| | | ULTRASONIC CLEANER TEST PROTOCOL (ALUMINUM FOIL TEST) | |
| | | DENTAL RADIOGRAPHY EQUIPMENT PROTOCOLS | |
| | | FOOD, BEVERAGE AND COSMETICS POLICY | |
| | | LOSS OF PORTABLE WATER PROCEDURES | |
| | | PET POLICY | |
| | | PANDEMIC OUTBREAK PLAN | |

| TEAM MEMEBER | COMPLETED DATE | TOPICS REVIEWED | |
|---|---|---|---|
| Name: | | TRANSMISSION OF MICROORGANISMS IN THE DENTAL OFFICE | |
| Signature: | | ROUTINE PRACTICES | |
| Position: | | HAND HYGIENE | |
| | | PERSONAL PROTECTIVE EQUIPMENT | |
| | | IMMUNIZATION | |
| | | ENVIRONMENTAL CLEANING PROTOCOLS | |
| | | INSTRUMENT REPROCESSING PROTOCOL | |
| | | STERILIZATION MONITORING PROCESS | |
| | | EQUIPMENT AND DEVICES POLICY | |
| | | SINGLE-USE ITEMS | |
| | | ULTRASONIC CLEANER TEST PROTOCOL (ALUMINUM FOIL TEST) | |
| | | DENTAL RADIOGRAPHY EQUIPMENT PROTOCOLS | |
| | | FOOD, BEVERAGE AND COSMETICS POLICY | |
| | | LOSS OF PORTABLE WATER PROCEDURES | |
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