



## Central Arizona Dental Foundation

### Infection Control Protocol

**Please practice universal precautions and follow all standard infection control practices** including, but not limited to:

1. Medical exam gloves shall be worn whenever there is a potential for contact with mucous membranes, blood or other potentially infectious materials (OPIM). Gloves must be discarded upon completion of treatment and before leaving laboratories or areas of patient care activities. Clinical volunteers shall perform hand hygiene procedures after removing and discarding gloves. Gloves shall not be washed before or after use.
2. Clinical volunteers shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water.
3. All clinical volunteers shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific personal protective equipment (PPE) shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.
4. Clinical volunteers shall wear reusable or disposable protective attire when their clothing or skin is likely to be soiled with blood or OPIM. Gowns must be changed daily or between patients or when they come moist or visibly soiled. Protective attire must be removed when leaving laboratories or areas of patient care activities.
5. Sterilize all instruments (including handpieces) between patients and thoroughly wipe down equipment and surfaces between patients.
6. If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing clean and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.
7. Place only bio hazardous waste (fully blood soaked gauze, teeth, etc.) in the red bag. No general trash in these please!

8. Please place extracted teeth that contain amalgam fillings in the nearest container labeled DENTAL AMALGAM. This waste will be recycled and/or disposed of according to state and local regulations.
9. Place extra amalgam and amalgam capsules in the nearest container labeled DENTAL AMALGAM.
10. Dispose of carpules with left over anesthetic in the designated biohazard container at the head of your department (plastic container with biohazard label). Do not throw them in the regular trash.
11. Dispose of sharps in the nearest sharps container to your station. **Do not walk the clinic floor with sharps on a tray.**
12. If you receive a sharps injury (instrument or needle stick) or incur any other personal injury, notify the Department Lead immediately. He/she will follow the sharps or accident protocol.

**In addition, the following must be adhered to throughout the event:**

1. Do NOT allow patient to form a lip seal on the saliva ejector or large suction.
2. Before turning off the suction, remove it from the patient's mouth, point it at the ceiling, then turn it off.
3. After each patient, obtain two (2) one-ounce cups of pre-mixed peroxide/water solution and pull one cup through the saliva ejector and one cup through the large suction.
4. After the patient is escorted away, don new gloves and use utility gloves over those to clean the operatory after each patient.