

UNIVERSITY OF NEW HAVEN DENTAL HYGIENE PROGRAM

INFECTION AND HAZARD CONTROL PROTOCOL

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

PERSONAL PROTECTION

- 1. All students must have a physical examination on an annual basis.** As health care workers, student dental hygienists have an ethical responsibility to monitor their personal health.
- 2. All students in the clinical course sequence are required to complete a Bloodborne Pathogens training and quiz at the start of each semester on Canvas.** Dental hygienists could potentially be exposed to bloodborne pathogens while conducting normal clinical functions. The University of New Haven provides training to potentially exposed students to ensure they are fully informed of the hazards and protective measures.
- 3. Students must complete the “Immunization and Health Record Form” provided prior to entry into the clinical program.**
- 4. Personal Protective Equipment**

Protective Clothing

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

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

Student dental hygienists are responsible for laundering professional uniforms worn underneath protective gowns. Uniforms worn under gowns are removed in the student locker room and are prepared for transportation. Soiled laundry must be transported in a closed container/bag. Professional shoes are also contaminated and transportation of these to and from the facility occurs in a box or a bag.

Eye Protection

Dental hygiene students wear eye protection whenever unit preparation, Central Supply procedures (including laundry), and intraoral procedures are being performed. The eyewear may consist of goggles or glasses with solid side shields or chin length face shields. If an individual wears prescription lenses, removable side shields are available in order to ensure eye safety. Eye protection lenses must be able to withstand repetitive washing with an antimicrobial soap. Disinfection of side shields must occur at the end of each clinic session so that reuse can occur. A plastic faceshield is worn over eye protection and level 3 mask.

Masks

Level 3 face masks are worn during dental hygiene treatment and changing will occur between patients and if the mask becomes damp. Chin-length face shields are not a replacement for face masks; if a face shield is worn, it will be used in combination with a face mask. Masks must be secured to completely cover the nose and mouth. Masks cannot be worn under the chin or around the neck. A plastic faceshield is also worn during dental hygiene treatment over safety glasses and level 3 mask.

Gloves

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

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

Vinyl food handler-type gloves are worn for overgloving purposes when handling patient treatment supplies and generally for preventing cross contamination.

SANITATION, DISINFECTION, STERILIZATION AND DISPOSAL

1. Products that disinfect treatment area surfaces are only effective if the surface is clean. Routine sanitation of the treatment environment and treatment room surfaces will occur through the combined efforts of the custodial staff and dental hygiene students/faculty. For disinfection purposes, an appropriate Hospital Grade surface disinfectant registered with the Environmental Protection Agency will be available for disinfecting surfaces in the dental hygiene treatment setting.

2. Treatment area surfaces that are not easily disinfected are covered with protective coverings (Ex. buttons on the dental chair, the radiology unit head, and control panel).
3. All reusable instruments, handpieces, sharpening stones, and any other items for intraoral treatment are heat sterilized after each use. Packages of disposable items are available for single use applications. Before packaging for heat sterilization, instruments/supplies from the treatment setting undergo decontamination.
4. The majority of soiled items in the dental setting are general medical waste and thus can be disposed of with ordinary waste. Examples include used gloves, masks, gowns, lightly soiled gauze or cotton rolls, and environmental barriers (e.g., plastic covers or barriers) used to cover equipment during treatment.

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

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

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

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

5. Contaminated needles and other contaminated sharps are not intentionally bent or broken. Placement of needles is in appropriately labeled sharps containers. If instruments are broken, segregation, separate bagging and steam autoclaving before placement in sharps containers is required.

WORK PRACTICE CONTROLS

1. Dental hygiene students and faculty adhere to the practice of Standard Precautions during dental hygiene treatment.

2. The Exposure Control Plan in its entirety is available in the Resource Room in the emergency supplies cabinet; the plan outlines the procedures to follow should an accidental exposure to bloodborne pathogens occur.

ENGINEERING CONTROLS

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

Please refer to **Section IV Clinical Procedures** for the University of New Haven Dental Center Hazard Communication Standard.

**UNIVERSITY OF NEW HAVEN DENTAL HYGIENE
PROGRAM
HAZARD COMMUNICATION STANDARD
(Revised December 2023)**

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

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

Labels and Warning System

The labels affixed to the specific chemical or agent in the UNH Dental Center provide the user with the name of the product, information regarding the degree of health hazard associated with the chemical or agent, the fire hazard associated with the chemical or agent, the specific type of personal protection required when utilizing the chemical or agent, and the reactivity of the chemical or agent. For more detailed information regarding said chemicals or agents, users may consult the Inventory of Hazardous Chemicals provided in the University of New Haven Hazard Communication Program, the MSDS Online database (MyCharger) found on any Dental Hygiene Center computer's desktop, as well as the MSDS binder located in the cabinet in the Dental Hygiene Center resource room emergency cabinet. The labels are intended to provide a brief outline of the dangers associated with the chemical or agent, not a comprehensive listing of all hazards of each chemical or agent. The comprehensive listing of hazards associated with each chemical or agent is provided in the [MSDS Online database](#) (MyCharger) and in the MSDS Binder located in the cabinet in the resource room.

The Clinical Dental Hygienist is responsible for the labeling of each chemical or agent. Faculty and students will be updated regarding changes to Safety Data Sheets or the acquisition of new chemicals or agents at Faculty Team Meetings and during the didactic portion of the students' clinical sessions.

MSDSOnline and Location of MSDS Binder

MSDSOnline is an online database used by the university to store and maintain Safety Data Sheets throughout the campus. There is a shortcut to it on all of the computer desktops in clinic as well as the Resource Room computer desktop for easy access. There is also a yellow binder containing Safety Data Sheets for all chemicals or agents utilized in the UNH Dental Hygiene Center located in the emergency cabinet in the resource room. All employees and students have easy access to this binder.

Collection and Maintenance of Safety Data Sheets

Any faculty member receiving incoming products will be responsible for removing the Safety Data Sheets and forwarding that information to the Clinical Dental Hygienist. Safety Data Sheets will be added to the MSDS online database and maintained in a yellow, three-ring binder and kept in the resource room emergency cabinet to afford easy access by both students and faculty. Safety Data Sheets will be kept current through MSDS Online database, which automatically updates Safety Data Sheets as changes are made.

Information Transmission and Employee Training

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

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

Contractor Work

When it is necessary for an outside contractor to perform work at the UNH Dental Hygiene Center, it shall be the responsibility of the Clinic Coordinator to inform the contractor of the identity of any hazardous chemicals to which the contractor may be exposed. The procedure for informing the contractor will include the following:

- Making the hazardous chemicals inventory of any designated work area where contract work is being performed available to the contractor and advise the contractor of the labeling system.
- Making the SDS's of the identified hazardous chemicals in a designated work area available to the contractor.
- Making the contractor aware of the appropriate protective measures taken by the UNH Dental Hygiene Center employees in a designated work area.

It is also the responsibility of the Clinic Coordinator to determine if the contractor will be using any hazardous chemicals and, if so, to take appropriate actions to assure the protection of the UNH Dental Hygiene Center employees.

**EACH CHEMICAL OR AGENT IS LISTED IN ALPHABETICAL ORDER IN THE
MSDS BINDER AND IN THE MSDS ONLINE DATABASE.**

UNIVERSITY OF NEW HAVEN DENTAL HYGIENE CENTER

Hazardous Chemical Inventory

Name in MSDS	SDS on file
0.12% Chlorhexidine Gluconate Oral Rinse	✓
20/20 Restorative	✓
2-Tone or Trace Disclosing Solution	✓
3303 VITREMER GLASS IONOMER POWDER	✓
3303L VITREMER GLASS IONOMER LIQUID	✓
3303P 3M ESPE VITREMER GLASS IONOMER PRIMER	✓
3M ATTEST BIOLOGICAL INDICATORS 1261P FLASH AND 1262P STEAM (INACTIVE)	✓
3M Durelon Maxicap Liquid	✓
3M Durelon Powder Normal Setting (38236)	✓
7512L 3M ESPE VITREBOND GLASS IONOMER LIQUID	✓
7512P 3M ESPE VITREBOND GLASS IONOMER POWDER	✓
ADVANTACLEAR Surface Disinfectant Wipes	✓
Air Flow Classic / Air Flow Classic COMFORT Flavour (Tropical, Mint, Cherry, Cassis, Lemon)	✓
AIR-FLOW PERIO	✓

All Solutions Topical Fluoride (Neutral 2.0% Sodium Fluoride)	✓
Ammonia Inhalant Solution	✓
Arestin	✓
Arm & Hammer Liquid Laundry Detergent plus OxiClean MAX Fresh Scent Ultra Concentrated (NA GHS 2015)	✓
Articaine Hydrochloride 4% and Epinephrine 1:100,000 Injection, Articaine Hydrochloride 4% and Epinephrine 1:100,000 Injection, Articaine Hydrochloride 4% and Epinephrine 1:200,000 Injection	✓
AUVI-Q (epinephrine injection, USP)	✓
Bayer Genuine Aspirin Film-Coated Tablet 325mg	✓
BIOTENE MOUTHWASH	✓
Buckley's Formo Cresol	✓
CaviCide 1	✓
CAVIT/-G/-W	✓
Cavitron JET-Fresh Prophy Powder	✓
Chamber Brite	✓
Clorox Regular-Bleach	✓
COE Adhesive	✓
COE-PAK ACCELERATOR ALL	✓
Coe-Pak Accelerator, Coe-Pak Hard and Fast Accelerator	✓

COE-PAK BASE - ALL	✓
COPALITE DENTAL CAVITY VARNISH	
Crest Whitening Expressions Toothpastes	✓
Deb Azure FOAM WASH	✓
DELTON EZ Etch 34% Tooth Conditioning Gel	✓
DELTON EZ Etch 34% Tooth Conditioning Gel	✓
DENSTONE 57 1/8	✓
Denstone, Labstone, Tru-Stone, Die-Stone, Die-Keen, Die-Keen Resin Reinforced, Lab Plaster, Model Plaster, 0-67, Orthodontic Plaster, Mounting Stone, Statstone	✓
Dentsply Utility Waxes, Strips & Square Ropes	✓
Dentsply Utility Waxes, Strips & Square Ropes	✓
DENTURE ADHESIVE CREAM	✓
DENTURE ADHESIVE CREAM	✓
DENTURE CLEANSER TABLETS	✓
DENTURE CLEANSER TABLETS	✓
Diphenhydramine Hydrochloride Injection, USP	✓

DURELON liquid	✓
DURELON powder	✓
Dycal Base	✓
Dycal Catalyst Paste	✓
Epinephrine Injection	✓
Etch-Rite, 38% Phosphoric Acid Etching Gel	✓
Extra Hard Green Bite Wafers	✓
FT-12 Sodium Saccharin Fit Test Solution	✓
GC FUJI TRIAGE CAPSULE PINK/WHITE	✓
GlasIonomer Cement CX-Plus "LIQUID"	✓
GlasIonomer Cement CX-Plus "POWDER"	✓
GlasIonomer Cement CX-Plus CAPSULE	✓
HY-Bond Temporary Cement A ZINC OXIDE EUGENOL CEMENT "LIQUID"	✓
HY-Bond Temporary Cement A ZINC OXIDE EUGENOL CEMENT "LIQUID"	✓
Hydrogen Peroxide	✓

IMS Daily Clean	✓
InstaGlucose	✓
IRM Liquid - Zinc Oxide Eugenol Intermediate Restorative Material	✓
IRM POWDER Zinc Oxide Eugenol Intermediate Restorative Material	✓
Isopropyl alcohol	✓
JELTRATE	✓
JELTRATE PLUS	✓
Ketac-Cem Radiopaque Liquid	✓
Ketac-Cem Radiopaque Powder	✓
Kids Crest Sparkle Fun Toothpaste	✓
Laminated Blue Bite Wafers	✓
Lidocaine HCl 2.0% and Epinephrine 1:50,000 Injection	✓
Lidocaine Hydrochloride Oral Topical Solution, USP 2% (Viscous)	✓
Listerine Antiseptic	✓
Listerine Cool Mint Listerine	✓

Listerine Total Care Stain Remover Anticavity Mouthwash Fresh Mint	✓
Listerine Zero Mouthwash	✓
LYSOL Brand III Disinfectant Spray (all sizes, all scents)	✓
Medi-First 1% Hydrocortisone Cream	✓
Miele ProCare Dent 10 MA	✓
Miele ProCare Dent 10 MA	✓
Miele ProCare Dent 30 C	✓
Miele ProCare Dent 40	✓
Miele ProCare Dent 40 MA	✓
Miele ProCare Universal 61	✓
Moist SURE Liquid Sanitizer	✓
Moist SURE Lotion Soap	✓
Naloxone Hydrochloride Injection, USP	✓
Neomycin Antibiotic Ointment	✓
Nitrolingual Pumpspray, buffered	✓

Nitrolingual Pumpspray, gepuffert	✓
NUPRO Gel Topical Acidulated Phosphate Fluoride	✓
NUPRO NEUTRAL SODIUM FLUORIDE ORAL SOLUTION	✓
NUPRO Prophylaxis Paste with and without Fluoride	✓
Oraqix (prilocaine hydrochloride and lidocaine hydrochloride periodontal gel)	✓
PARODONTAX TOOTHPASTE (WITH STANNOUS FLUORIDE)	✓
Patterson Articulating Paper	✓
Patterson Articulating Paper	✓
Patterson Boxing Wax X-Thin, Boxng Wax Regular, Strips Lg. White, Strips Sm. White, Strips Sm. Red, Strips Lg. Red, Square Ropes Red, Square Ropes White	✓
Patterson Dental Super Dam	✓
Patterson Hand Piece Lubricant	✓
Patterson LC Nano Hybrid Composite	✓
Patterson Lidocaine Anesthetic w/Epinepherine 10 ppm/20 ppm	✓
Patterson Matrix Strips Artwork	✓
Patterson Mepivacaine Anesthetic	✓

Patterson Mouthguard Material	✓
Patterson Pit & Fissure Sealant	✓
Patterson Prophy Paste	✓
Patterson Topical Benzocaine Anesthetic	✓
Patterson Ultra Type 4 Tartar and Stain Remover	✓
Patterson Ultrasonic General Purpose Cleaner Concentrate	✓
Patterson Wax Square Ropes, Patterson Utility Wax Strips	✓
Patterson Wax Square Ropes, Patterson Utility Wax Strips	✓
pdCARE Wipes	✓
Pumice (CL-35, CL-60, CL-85, CL-125, CL-225 and R-400-A)	✓
Hand Sanitizer ANT HAND SANITIZER MOISTURE	✓
PURELL INSTANT HAND SANITIZER MOISTURE THERAPY	✓
Red Cote Tablets	✓
SENSODYNE TOOTHPASTE (WITH TITANIUM DIOXIDE)	✓
SENSODYNE TOOTHPASTE (WITHOUT TITANIUM DIOXIDE)	✓

SOFT SHINE COSMETIC RESTORATIVE PASTE (Cosmetic Polishing Restorative)	✓
SOFT SHINE COSMETIC RESTORATIVE PASTE (Cosmetic Polishing Restorative)	✓
Sparkle V 5% Sodium Fluoride Varnish with Xylitol	✓
Sparkle V 5% Sodium Fluoride Varnish with Xylitol	✓
Temp-Bond Clear Base	✓
TEMP-BOND NE BASE, Temp-Bond Accelerator - KIT	✓
Tin Oxide	✓
TOPEX TOPICAL ANESTHETIC GEL	✓
Tray Adhesive	✓
Triple Antibiotic First Aid Ointment	✓
Vacu Blast	✓
Ventolin HFA (albuterol sulfate HFA inhalation aerosol)	✓
VITREMER GLASS IONOMER FINISHING GLOSS AND SILUX ENAMEL BOND RESIN (Intermediate)	✓
WEBCOL/Curity Alcohol Prep Pads	✓
WEBCOL/Curity Alcohol Prep Pads	✓

Whip Mix Pumice Preppies	✓
WITE-OUT Water Base Correction Fluid, WITE-OUT Ecolutions Water Base Correction Fluid	✓
ZINC OXIDE POWDER PREPARATIONS	✓
Zinc Phosphate Cement Liquid	✓
Zinc Phosphate Cement Powder	✓
ZOE B & T LIQUID Zinc Oxide Eugenol Base and Temporary Filling Material	✓
ZOE B & T POWDER Zinc Oxide Eugenol Base and Temporary Filling Material, ZOE B & T LIQUID Zinc Oxide Eugenol Base and Temporary Filling Material - KIT	✓

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

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

1. Uniform

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

2. Hair

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

3. Hand Care

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

4. Jewelry

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

5. Masks

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

6. Gloves

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

7. Eye Protection

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

UNH DENTAL CENTER INFECTION CONTROL PROTOCOL

ENTERING CLINIC

- A. Students will enter clinic through the back/side door.
- B. Sanitize hands using the automatic hand sanitizer dispenser near the back door and proceed to the “private treatment room” to place kit on shelves.
- C. Remove safety glasses and/or side shields from kit
- D. Proceed to Unit, place safety glasses/side shields on a paper towel next to sink.
- E. Go to locker room to change into scrubs and clinic shoes.
- F. Go to the Don/Doff room, hand sanitize, put on overgloves and put on a mask, put on surgical cap.
- G. Retrieve and put on lab coat.
- H. Proceed to Unit.

I. HAND CARE

- A. Do two, 20 second (2x20) consecutive lather/rinses with an antimicrobial soap. Lathering should begin with the fingertips, between fingers, palm, back of hand, and work up to and including wrist area. Thoroughly rinse hands in same fingertip to wrist direction.
- B. Wash safety glasses with cool water and antimicrobial soap, dry with paper towel. Put on safety glasses.
- C. Dry hands using two separate paper towels (one for each hand). Dry in fingertip to wrist motion.
- D. Before discarding paper towels, wipe up and clean the sink area.

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

II. UNIT PREPARATION

Utility Gloves and Disinfectant Preparation

- A. Put on **overgloves** located in the cabinets at each treatment unit. Remove a paper towel and place on the top of the counter.
 - Perform a unit inventory (*don't forget to check your disinfecting wipe container to ensure it is not almost empty!*) and obtain needed supplies from Central Supply (Containers of sterile supplies should not be removed from inside the cabinets).
 - Upon return from central supply, place supplies on a paper towel on countertop at unit.
 - Discard overgloves, perform 2 x 20 second consecutive lather/rinses
 - Obtain new overgloves and put supplies away, discard paper towel.
 - Put on **utility gloves** with overgloves underneath, located beneath the sinks.
 - Wash utility gloved hands using the 2 x 20 second lather/rinses. Dry gloves thoroughly.
 - Place 2 paper towels on counter

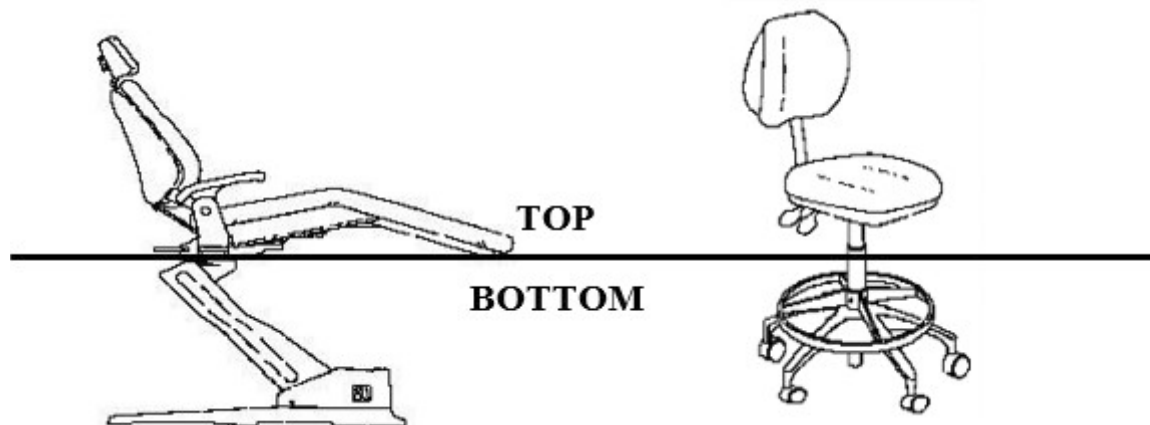
B. Obtain the container of disinfecting wipes.

- Check the expiration date and agitate the container to disperse the solution.
- Place container of disinfecting wipes on first paper towel on the counter
- Obtain a disinfecting wipe from the container and perform the sanitization (first) wipe of the container; discard the wipe and first paper towel and place the container on second (clean) paper towel.
- Perform 2 x 20 second lather/rinses.
- With a fresh wipe, perform the disinfection (second) wipe of the disinfecting wipes container.
- Place the disinfecting wipes container back down on the paper towel.

Unit Water Lines

C. Turn on Master Switch (I) Prior to beginning disinfection of the unit

- With your foot, push the unit control pedal and ultrasonic pedal onto floor from unit base.
- Using a paper towel, place rheostat on floor.
- Run unit water lines to purge stagnant water from lines.
- Continuously depress cuspidor, cup refill and air/H₂O syringe buttons to purge all lines for **two minutes**.
- Wash utility gloved hands using 2 x 20 second consecutive lather/rinses.
- Press pre-set #1 on unit control pedal to lower chair.



Unit Disinfection

D. Proceed with disinfection of units using a wipe-wipe technique

- Begin wiping procedures with an away and down motion beginning with top surfaces.
- This should include everything in the treatment area, such as the dental light, poles, chair, bracket tray, cords, cuspidor, operator stool, counters, drawers, etc.

- ***Disinfectant should not be directed into the dental light or any electrical outlets/switches as electrical malfunctions may occur***
- Top surfaces should be completed prior to moving to the bases of the chair, stool, and cords.
- Discard and replace disinfecting wipe if it becomes dry or visibly soiled.

TOP SURFACES

E. Obtain a disinfecting wipe.

- Begin wiping procedures with the dental light handles, arm and pole. Be cautious around the lens portion of the light and avoid over saturating.
- Continue wiping procedures down pole to ultrasonic unit, tray, and cords down as far as the ***bottom*** of evacuation box
- Move to bracket tray, delivery unit including associated cords wiping cords from attachment point to bracket tray to connection point on bottom of bracket tray, bracket tray arm to top of evacuation box.
- Continue to dental chair headrest, back, top cushion, seat, arm rests, under-seat frame ending with the swivel brake lever. The wiping should be done in one direction pushing debris away and toward the floor.
- Discard wipe when finished with plastic cover on patient chair footrest.
- Using a new disinfecting wipe, proceed to operator stool back, seat, adjustment levers and/or knobs. Repeat steps with second operator stool.
- Wipe the cabinet tower starting at the top, sides, soap/hand sanitizer dispensers and backsplash area.
- Begin wiping countertop, cabinet and drawer fronts, inside of drawers. Repeat these steps for countertop, cabinets and drawers on other side of unit if applicable.
 - Only wipe the stylus and cord for the Signature Pad, not the body of the pad itself, return to the monitor base.
 - As disinfecting wipe container is moved, place on new clean paper towel
 - Wipe keyboard, mouse and inside drawer.
 - Remove laminated packets from drawer and hold in hand while wiping inside of drawer with other hand. Replace laminated packets to drawer after wiping each page.
- Wipe counter around sink and inside of sink, discard wipe and perform 2 x 20 second lather/rinses.
- With new disinfecting wipe, move to top of evacuation box including extension arm to patient chair and 6 inches of blue ultrasonic water line to the level of the bottom of the evacuation box.
- Move to arm holding high-volume evacuation (HVE) and low-volume evacuation (LVE):
 - Lift HVE from holder, wipe top and first 6 inches of hose to the level of the bottom of the evacuation box
 - Wipe arm receptacle, replace HVE, repeat steps with LVE.
- Wipe waterspout of cuspidor, cup area, outside of bowl, inside of bowl including strainer.
- Discard wipe and perform 2 x 20 second lather/rinses.

BOTTOM SURFACES

F. Proceed to bases

- Use pre-set #0 on unit control foot pedal to raise chair to highest point.
- Begin with the remainder of the HVE, LVE hoses and blue ultrasonic water line, wipe these toward the unit, all other base hoses will be wiped from the unit outward.
- Proceed to the chair stop plate, base lift, unit floor box, base of chair, unit control pedal, rheostat, ultrasonic foot pedal, all cords including ultrasonic electric cord.
- Wipe large tubing from bottom of evacuation box to utility/electrical box, wipe top and sides of box
- Wipe bottom surfaces of operator stools

G. Once the initial wiping procedure is completed, wash utility gloves in a 2 x 20 second lather/rinses and follow by wiping the unit again using the same top to bottom sequence outlined in E and F. Allow disinfectant to dry on the unit.

H. Once the wipe/wipe sequence of unit has been completed:

- Wash utility gloves using 2 x 20 second lather/rinses.
- Place a clean paper towel on the counter
- Obtain a disinfecting wipe and perform the sanitization/first wipe of the disinfecting container.
- Discard disinfecting wipe and place container on a clean paper towel.
- Perform 2 x 20 second lather/rinses of the utility gloves.
- With a new disinfecting wipe perform the disinfection/second wipe of the disinfecting wipe container and place it on the same paper towel, wipe utility gloves with disinfecting wipe then discard wipe.
- Remove utility gloves, **hang from hooks under sink.**
- Remove overgloves and perform 2 x 20 second lather/rinses. (*Continue to Preparation of Patient Treatment Supplies*)

III. Preparation of Patient Treatment Supplies

I. Using an **overglove** obtain patient treatment gloves from the cabinet and place on hands, cover with overgloves.

- Obtain 11 paper towels, place:
 - 6 paper towels on the countertop
 - Separate into 3-sets of two paper towels
 - 2 in the second drawer, and
 - 2 in the bottom drawer
 - Place laminated sheets in bottom drawer on top of paper towels
 - 1 on top of utility/electrical box
- Obtain an extra pair of overgloves from the cabinet and place in drawer on a paper towel.

- Retrieve kit and clipboard from private treatment room, place on 2 paper towels on countertop.
- Using the wipe-wipe technique, sanitize the clipboard first and place on 2 paper towels on countertop
- Continue sanitizing procedures of the outside of the kit.
- After first wipe, place sanitized kit on 2 remaining clean paper towels on countertop. Discard original paper towels and wipe
- Obtain a new wipe and perform the disinfection/second wipe of kit. Place kit on same paper towel. Discard the disinfecting wipe and overgloves.
- Retrieve fresh overgloves from drawer.
- Wearing **patient treatment gloves** and **overgloves**, remove patient treatment supplies from inside kit and proceed with wipe-wipe sanitization/disinfection sequence.
 - Remove gray patient safety glasses and place them on a paper towel by the sink.
 - DO NOT USE DISINFECTANT ON PATIENT SAFETY GLASSES!
 - As you *sanitize* supplies, place them on the clipboard on countertop.
 - When all supplies have been sanitized, discard wipe.
 - Obtain a new wipe and *disinfect* all patient treatment supplies and clipboard by wiping a second time and place supplies on paper towel in drawer as you go.
 - All patient treatment supplies must be kept in drawers and NOT on countertops
- Close kit and place on the paper towel on unit utility/electrical box.
- Place wipes container at the sink.
- Remove plastic barrier from the monitor and discard.
- Wash gray patient safety glasses with soap/water, dry, place in drawer.
- Discard all gloves and wash hands using the 2x20 second lather/rinses.

Barrier Application

- J. Retrieve clean *overgloves* and place barriers on the following:
- **Place keyboard covers on:**
 - (1) Keyboard
 - (1) Computer monitor
 - **Place a clear headrest cover on:**
 - Signature pad
 - **Place half-chair cover over:**
 - Bracket tray
 - Headrest/back of chair
 - If using the ultrasonic that session, place a cover over unit (*refer to Guidelines for Use of Ultrasonic Scaler in Clinical Procedures*), otherwise DO NOT COVER!
 - **Place covers on:**
 - Light Handles
 - Mouse
 - **Place barrier tape on: (13)**
 - (1) Light switch
 - (2) Dental chair arm release buttons

- (4) Operator stools (both) adjustment levers
- (2) Operator stools (both) backs (*for moving chairs*)
- (1) Air/water receptacles on front of evacuation box
- (1) Bracket tray arm to attach a headrest cover for use as biohazard bag
- (1) Water buttons for cuspidor
- (1) Patient chair swivel adjustment lever
- **Place syringe covers on: (4)**
 - (1) Air/water syringe (*remove from under half-chair cover, barrier, place back in receptacle over the half-chair cover*)
 - (2) HVE & LVE
 - (1) Handle of patient hand mirror

Barrier containers must remain in the cabinets

Barriers should be held in hands away from lab jacket

If barriers must be placed on the countertop a paper towel is to be placed under it

K. Wearing overgloves:

- Go to Central Supply to obtain instrument cassette from the cabinets which face the clinic floor or the Radiology operatories. Sterile instruments should **not** be retrieved from the inside of Central Supply.
- Place the cassette on the bracket tray, taped side up, and *do not open* until the patient is seated and treatment is about to begin. Ensure that the chair and treatment environment are ready to receive the patient, use chair pre-set #1 button and lower armrest.
- Wash your gray patient safety glasses with soap and water, dry, place in drawer.
- Dampen a paper towel, wipe dried disinfectant streaks from patient mirror, dry, place back in drawer.
- Discard overgloves, 2-20 second lather/rinses.

PATIENT SEATING AND TREATMENT AREA

When the patient is seated:

- Perform 2 x 20 second later/rinses.
- Put on overgloves
- Complete medical/dental history intake with vitals, inform faculty when you are ready for faculty check.

Prepare to perform EIO:

- Perform 2x20 second lather/rinses
- Put on patient treatment gloves and overgloves
- Obtain an extra pair of overgloves and place in drawer with patient treatment supplies
- Obtain patient cup, add pre-procedural rinse, place on cup holder of cuspidor (*use this cup throughout patient treatment, do not throw away!*)
- Obtain patient bib and place in drawer near bib clip, put gray pt. safety glasses on bib
- Obtain saliva ejector

- Retrieve a saliva ejector from the cabinet using patient treatment gloves with overgloves.
- Overgloved/patient treatment gloved hands are used to open the top of the individual container, the saliva ejector is removed and handled with a patient treatment gloves only.
- Insert the saliva ejector by gently making a small hole in the syringe cover. Test the saliva ejector by turning the evacuation unit on. If no suction noise is heard, the syringe cover may be blocking the suction line. Make a larger hole in the syringe cover and turn on the evacuation unit again to test.
- Open cassette: use patient treatment gloves covered by overgloves to open blue wrap covering cassette and tuck the cassette wrap under the cassette so that it covers the bracket tray.
- Shake off overgloves into the top drawer.
- Wearing patient treatment gloves open the unwrapped cassette. Remove the top portion of the cassette and place it under the cassette bottom on the bracket tray.
 - Due to the sterility of the cassette, the cassette and instruments may be touched only with patient treatment gloves.
- Place air/water syringe with patient treatment gloves only:
 - Place the air/water syringe tip by gently making a small hole in the syringe cover, DO NOT push tip into syringe through the cover, it will block water flow.
 - Test the air water syringe by squirting water into the cuspidor and spraying air out of the tip.
 - If no air or water is expressed, the air water syringe tip may be blocked by a small piece of plastic from the syringe cover.
 - Place the air water syringe in its receptacle, over the half-chair cover on bracket tray.
- Following completion of Extra-oral exam:
 - With patient treatment and overgloves remove the bib and bib clip from the drawer and put on patient. (*Refer to Guidelines for Completing an EIO in Section V The Patient Record*)
- Following patient treatment:
 - When patient treatment items (ex. bib clip, hand mirror, gray patient safety glasses) are contaminated from use place them on a clean paper towel on the counter, ready for unit breakdown following patient dismissal.

IV. UNIT BREAKDOWN

- A. Remove handpiece, if present, following handpiece maintenance guidelines as outlined in the Program Resource Manual using *patient treatment gloves and overgloves*.

- B. Discard gloves and perform 2x20 second lather/rinses
- Get overgloves, put on, and place two clean paper towels on counter
 - Put on utility gloves and perform the 2x20 second lather/rinses and retrieve the container of disinfecting wipes
 - Perform the sanitization/first wipe of the disinfecting wipes container and place it on a clean paper towel
 - Discard the disinfecting wipe and perform the 2x20 second lather/rinses of utility gloves
 - With a fresh disinfecting wipe, perform the disinfection/second wipe of the disinfecting wipes container, then discard the wipe and paper towel
 - Place the disinfecting wipes container on the second paper towel
 - Perform the 2x20 second lather/rinses of the utility gloves and hang gloves on the hook in cabinet beneath the sink.
 - Remove overgloves and discard
 - Perform 2x20 second lather/rinses of hands
- C. Students begin unit breakdown by removing patient treatment armamentarium from the treatment area.
- Using patient treatment gloves covered by overgloves, place five paper towels on the countertop
 - Two sets of 2 paper towels (*used for kit*)
 - 1 paper towel (*used for gloves, see below*)
 - Place two extra pairs of clean overgloves on one paper towel.
 - Place gray patient safety glasses on a paper towel by the sink.
 - Remove barriers from mouse/keyboard.
 - Discard barriers and overgloves in regular waste then put on the second pair of overgloves from the countertop.
 - Obtain kit from the utility box and place it on first set of 2 paper towels on the counter, open top, move inner shelf to the inside of kit top to provide easy access to kit.
 - Begin sanitizing wipe of the kit.
 - Place sanitized kit on the second set of clean paper towels on the countertop and discard the original paper towels and wipe used during the initial wipe.
 - Perform the disinfection/second wipe of the kit, place on same paper towel. Discard the wipe and the overgloves worn for the wipe-wipe sequence.
 - Put on clean overgloves, which are on the paper towel on the counter, over patient treatment gloves and obtain a new disinfecting wipe.
 - *Leave the paper towel on counter to place patient treatment supplies on after first sanitation wipe*
 - Using the wipe-wipe sanitization/disinfection technique remove patient treatment supplies one at a time from the drawers beginning with the clipboard, wiping each item individually as it is removed from the drawer, and placing each item on the single paper towel on the counter, on top of the clipboard, include contaminated patient treatment items located on the countertop.

- *Leave the laminated sheets in the drawer, they will be addressed when cabinet drawers are sanitized/disinfected.*
- Obtain a fresh wipe and perform the disinfection/second wipe, taking each item from the paper towel, wiping it and placing it into the kit as you go.
- Wash gray patient safety glasses with antibacterial soap and water, dry, place in kit.
- Close and lock the kit.
- Wipe the clipboard as the final item and place the clipboard on the top of the instrument kit.
- Take the kit and clipboard to the private treatment room and return to the unit.
- **Remove the barrier from the monitor and signature pad and discard.**
- Discard any overgloves or paper towels remaining in the drawers.
- At the unit remove patient treatment and overgloves. Perform 2x20 second lather/rinses.

D. Obtain new overgloves and place a keyboard cover barrier over the monitor.

- Put **utility gloves on over overgloves** and complete 2x20 second lather/rinses.
- Remove disposable items from instrument cassette and throw in regular garbage, close and lock instrument cassette
- Bring instrument cassette wrapped by blue cassette wrap to Central Supply for sterilization preparation **IF** you have biohazardous items, bring biohazard bag to discard in biohazard waste container in central supply also at this time otherwise it is discarded with other unit barriers.
- Return to the unit and wash utility gloved hands using 2x20 second lather/rinses.
- Remove all barriers excluding the barrier from the monitor.

E. Raise the dental chair to the highest point (chair pre-set #0) and flush all water lines (1 minute per line).

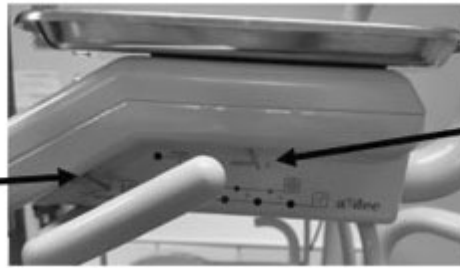
F. Suction out the cuspidor strainer with the high-speed evacuation. Wash utility gloves using 2x20-second lather/rinses.

G. Using the wipe-wipe sequence outlined in Unit Preparation, D-G, clean and disinfect the unit and treatment environment. After disinfection of the disinfectant wipe container, place it at the sink.

H. Place the dental unit and chairs in proper alignment, moving in a top to bottom sequence. Using a clean paper towel:

- Grasp the bracket tray and position the bracket tray over the chair so that the cords do not touch the surface of the chair using the “Brake” lever.
- Position the light over bracket tray so that it is not touching the tray.
- **Turn off master switch.**
- Place the operator stools against the wall, with the back facing out.
- Place the rheostat on patient chair seat on top of paper towel, unit control pedal and ultrasonic foot pedal on the chair base.

Brake Lever
To adjust bracket tray



OFF (O): Lever back
ON (I): Lever forward

**Chair
aligned at
end of
session**



**Rheostat
on chair
with
paper
towel**

- I. Place a paper towel on the floor near evacuation lines.
- J. Obtain evacuation cleaner stored in plastic bottles under the sink at the unit, place on the paper towel, and run one half gallon of evacuation cleaner through LVE and HVE.
 - **Open flip top of evacuation cleaner container before turning on the suction.**
 - Remove rubber top from LVE suction unit, clean inside with the cotton tip applicator and do the same for the HVE unit with a cotton tip applicator, discard in regular garbage.
 - Even if unit was not used that day, evacuation solution is to be run through the lines.

- Bring empty evac container to Central Supply (counter to right of large ultrasonic bath) with the flip top open, ensure that any residual solution has been discarded in the sink.
- K. Perform 2x20 second lather/rinses of utility gloves, dry gloves.
- Wipe utility gloves with a disinfecting wipe.
 - Remove utility gloves and hang from clip under sink, keep overgloves on.
- L. Proceed to the Dental Materials Lab (*Room 119*), wearing OVERGLOVES
- Remove lab coat, place in bin in Dental Materials Lab.
 - Remove overgloves BEFORE leaving Dental Materials Lab, apply hand sanitizer, return to your unit.
- M. Put **overgloves** on, wash glasses with antimicrobial soap and wipe dry
- Place glasses on a clean paper towel on the countertop near the sink. If using magnification loupes clean according to manufacturer's instructions.
- N. Remove overgloves, perform 2 x 20 second lather/rinses.
- O. Retrieve kit from private treatment room, proceed to the "Don/Doff room, sanitize hands, put on overgloves
- P. Remove surgical cap
- If disposable, place in garbage near door
 - If reusable, place in headrest cover, tie shut, bring home to launder
- Q. Remove mask, discard overgloves, and sanitize hands.

EXITING AND RE-ENTERING CLINIC

EXITING

- A. Wearing overgloves, remove lab coat and hang on coat over your operator stool.
- B. Wearing overgloves:
- Remove safety glasses and place on a paper towel on the counter
 - Remove facemask, place on paper towel on counter, cover with another paper towel.
- C. Keep mask on and discard the overgloves. Perform 2x20 second lather/rinses, dry hands, exit clinic area.

RE ENTRY

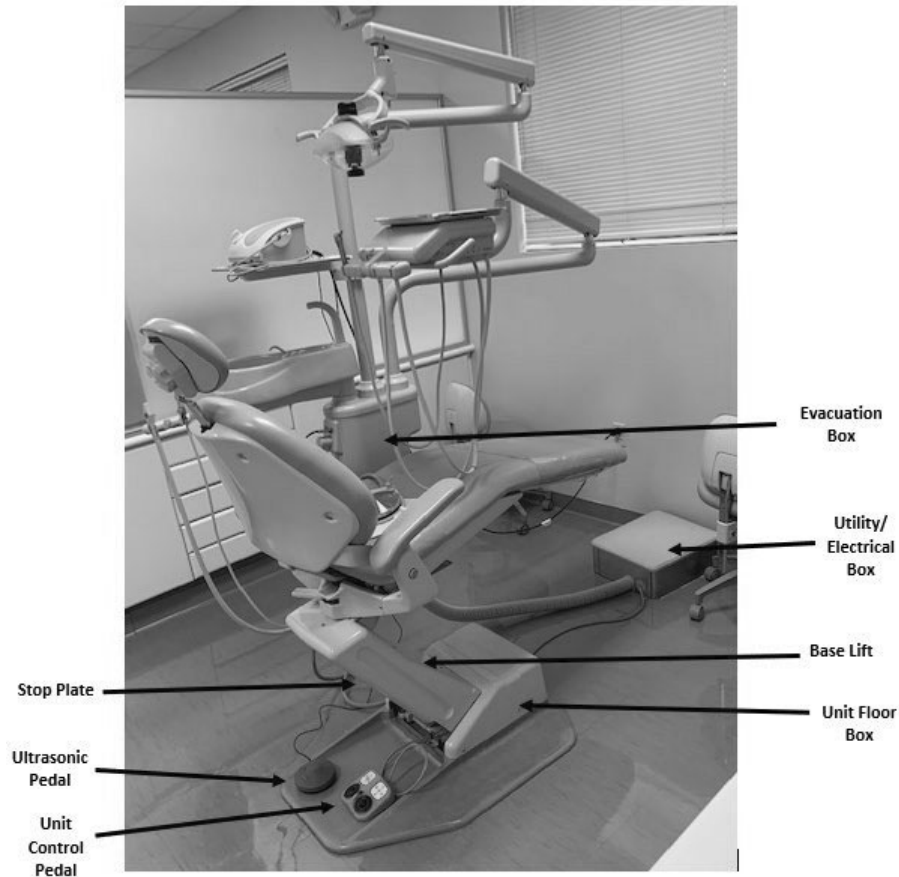
- A. Return to unit and wash hands.
- B. Retrieve overgloves, put on lab coat, facemask, and safety glasses.
- C. Remove overglove, wash hands using 2x20 second lather/rinses.

UNIT EVACUATION SYSTEM MAINTENANCE SCHEDULE

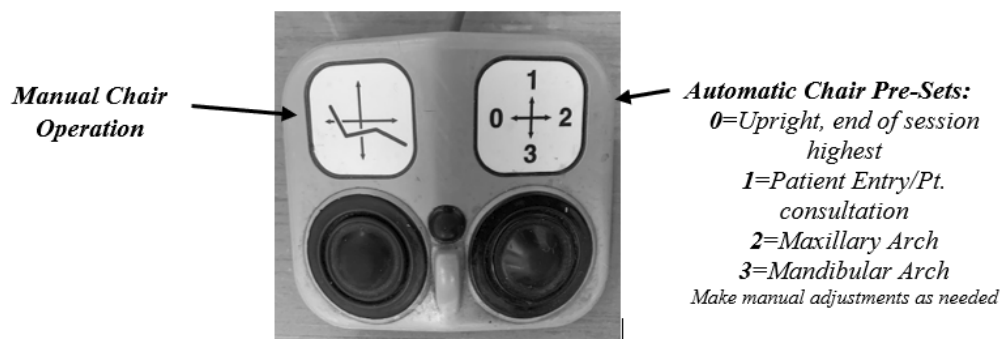
- Evacuation cleaner is run daily, *even if unit is not used that day*. Evacuation cleaner is prepared each morning by the Clinic Manager and placed at the units, under sink. Storage of the evacuation cleaner concentrate is under the sink #2 in Central Supply.

UNIT MAINTENANCE LOG

- Recording of any malfunctions or other problems with the units is documented in the Unit Maintenance Log on the wall near sterilization logs in Central Supply. Please specify unit number, type of problem, date and operator initials.



UNIT CONTROL FOOTSWITCH PEDAL



Central Supply Maintenance Procedure
Sophomore Groups
DHYG 2221

Student 1:

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

Student 2:

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

Student(s) 1 & 2:

- One member should assess the clinic to determine that all the cassettes have been collected
- The ultrasonic should have completed a 16-minute cycle. Open the ultrasonic, remove the cassettes, rinse in the sink and place them in the drying rack.
- Dry, restock, wrap and place cassettes in the large Tuttnauer.
- Use only 5 pieces of tape per cassette, 1 for the date, 2 at either end for the cassette number, and 2 to secure ends of wrap.
- Perform 2/20 second consecutive wash/rinses.
- Wipe dirty side tops, begin with cabinets directly above Tuttnauer. Move clockwise to complete cabinet tops.
- Perform 2/20 second consecutive wash/rinses. Continue to bases beginning with countertop directly to the right of the Tuttnauer and drawers below.

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

Student(s) 3/4:

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

Effective Time Management in Central Supply

- Please review the UNH Program Resource Manual ahead of time for a thorough description of Clinic Manager responsibilities. Much of what follows will make more sense if the SDH has read and prepared ahead of time.
- Arrive 45 minutes early.

Morning Clinic Manager

- Ultrasonic baths can be filled per the instructions in the Program Resource Manual **ONLY IF THEY ARE BEING USED THAT DAY.**
 - Evenly distribute 5 scoops of IMS Daily Clean powder in the Tri-Clean ultrasonic bath (**avoid placing detergent near the drain opening**) and warm/hot water to the fill line. Note: this is the only solution that has water added last. All other solutions are added to the water.
 - Turn the units on. Display will show 16. Press the Ultrasonic button to degas. When it is finished the display will read 16. *Only fill ultrasonic bath if necessary.
- Begin Laundry- assess if there are dirty blankets in the bin in the laundry/maintenance room. Wash/dry/fold laundry.
- Assist students with set up of handpieces, Cavitron, oral hygiene aids etc.
- Put away sterile items from Tuttnauers and Statim. Remember when emptying sterile supplies from sterilizers, wear overgloves, when loading unsterile supplies into autoclaves wear overgloves AND utility gloves.
- Assess sterile supplies in the drawers and cabinets. Package up low supplies and run through Tuttnauers/Statim. **Be sure to check with faculty before running either machine. Note: Check water level prior to running either machine – water should be below the release valve in both Tuttnauers and an inch high in Statim.** Distilled water for sterilizers is stored underneath the large Tuttnauer and in the All Purpose Lab cabinets.
- Assess non-sterile supplies in patient supply closet. Package up low supplies.
- Get stock from the storeroom if necessary, or at least prepare an inventory list of needed supplies to be obtained when the classroom is not in use. Check with faculty before obtaining supplies from the storeroom.
- Put out cassette supplies to the right of the large Tuttnauer (2 tongue blades, 2 cotton tipped applicators and 3-4 2x2 gauze squares). There should be one set up for each cassette being used in clinic.
- Put tape for wrapping cassettes along the cabinets (5 pieces of tape per cassette).
- Mix evacuation system cleaning solution in jugs. Empty any jugs with leftover solution in them. Place a package of sterile cotton-tipped applicators through the jug handles before placing them under the sinks. Unit location is indicated on each jug. **Remember: water first then evacuation system cleaning solution.** This solution will be run through the suction lines (1/2 jug at each unit) and cuspidor (1 quart, **SLOWLY** at each unit) by the P.M. clinic. (10 jugs total, 2 will be half jugs placed at units 1 and 18).
- As cassettes come into Central Supply, dispose of disposable supplies remaining in the cassettes (this should be done by the SDH) and place the cassette in the Miele. *Faculty

must open/close Miele. If necessary or instructed by clinic faculty, load cassettes into the TriClean ultrasonic bath. Four large cassettes can fit in the ultrasonic bath. The Ultrasonic bath and Miele are rarely run with fewer than four cassettes unless SDHs appear to be running late.

- Rinse, dry, load cassettes with disposable supplies, wrap, put the cassette number on the tape and place them on the large Tuttnauer. **Cassette numbers should be written so they are read with the taped side up.** Students must check with clinical faculty when they are ready to run the autoclave. The items will be dated and placed in the autoclave at this time with an integrator strip. **Only write the date and cycle number if the cassettes/pouches will be sterilized that day.**
- Wipe-wipe countertops, dry off drainage rack, hang drying mats, and complete clinic manager responsibilities check list. This check list is found in the file cabinet in the Resource Room.
- Check each unit for appearance and master switches being off. Check with Clinical Faculty before leaving.

Afternoon Clinic Manager

- Since solutions are already mixed, begin with unloading sterile supplies from sterilizers. Then get out cassette supplies and tape for cassettes. If sterilizers are not through their cycles, reverse this order and/or start to check drawer supplies in Central Supply and at clinic units. Make sure the units are restocked for the following clinic day. Ultrasonic and Miele may need to be run more often, and with slightly fewer cassettes in order to keep up with them. Drain ultrasonic bath(s) once cycles are finished. Make sure that both Tuttnauers and Statim are loaded and off. Wipe-wipe counters, cabinets etc. If there are cassettes in the Miele, run a rinse cycle. Dry off the drainage rack, wipe out the sinks, lids to the Ultrasonic and the front of both Tuttnauers (only if it is cool). Do not wipe the Miele with disinfecting wipes. Leave Central Supply as neat and clean as possible as it is a reflection of the quality of care that we provide. Check each unit for positioning, appearance and switches. Check with the instructor after the clinic manager check list has been completed and you are ready to leave.
- **NOTE: Any equipment malfunction, student injury (instrument stick etc.) or even the accidental dropping/breaking of an instrument needs to be reported to clinical faculty even if it seems trivial. No question is unimportant.** Students are encouraged to bring their resource manual when they are clinic manager, although there is one present in central supply. Most if not all the answers to questions raised here can be found in the Program Resource Manual. If the answers are not in the manual, or if the SDH cannot find the needed information, do not be afraid to ask for help. No one expects all SDH to know everything. Just be courteous and appropriate in timing of the questions (i.e. wait until an instructor is between students/patients unless it is an emergency).

See also: Mixing Solution, Equipment Operation and Infection Control

Clinic Assistant

The reception area is the place where patients begin their introduction to the University of New Haven Dental Center. Students rotating through this area must arrive 45 minutes before the start of clinic. Students must remember that first impressions are lasting, and therefore should take extra care in preparing their clinic attire. Professional, mature behavior is the standard.

Clinic Assistant Responsibilities

The clinic assistant monitor telephone messages and appropriately disseminate the information. To check telephone messages students **must use the CISCO digital phone**. To obtain messages press the message button and follow the instructions provided by the voice mail system. The system instructs users to enter the password (**8206**) followed by the pound (#) sign in order to retrieve messages.

- **To Answer Telephone:** "Good morning/afternoon, University of New Haven Dental Hygiene Center, (YOUR FIRST NAME) speaking, may I help you?"
 - Please remember to be courteous and polite.
- **Appointment Scheduling:** Appointments are to be scheduled by the receptionist. If the receptionist is not present, write appointment requests in the Patient Appointment binder.
- **Clinic appointment times:**
 - **Juniors:** T/TH: 8:45-11:30am, 1:15-4:00pm (Fall & Spring)
 - **Sophomores:** M/W: 8:15-11:15am, 1:15-4:15pm (Spring Only)
 - **Summer:** M-TH: 8:15-10:45am, 12:30-3:00pm

Information gathered during call:

- **Must inform patients that appointments require more than one visit.**
- **Explain that each appointment lasts 2-3 hours. Do not allow people to have the impression that their treatment will be completed in one 45 min-1 hour appointment.** Our clinic functions as a classroom and all procedures are performed by students and reviewed by the faculty. Be positive with your explanations, stressing that we are a learning institution that offers reduced fees for preventive dental services.
- **Must obtain a telephone number where the patient can be reached for confirmation of appointment time.**
- Determine if patients are on any medications and ask them to bring names and dosages of these medications with them. Patients should also bring names, telephone numbers and addresses of their physicians, dentist and emergency contact.

Requesting Appointments:

Obtain the Patient Appointment binder from the drawer. Complete all information on the request form including your name and the date the form was completed. The appointment will be scheduled by the Dental Hygiene Center Operations Manager. Students are responsible for confirming with the receptionist that the appointment has been scheduled.

Patient Arrival

The following guidelines can help with check-in procedures for clinic patients.

- Greet patients
- Ask patients to complete Patient Registration form
- Once the patient checks in by giving their name, change arrival indicator to yellow in Eaglesoft. In the Sophomore Fall semester, clinic assistants will go into clinic to tell students when their patients arrive.

Please note that we require signatures of a parent or guardian (over the age of 18) for all our medical histories and written consent forms. If parents are dropping off children, or if high school age patients have driven themselves to the clinic, these patients must bring the appropriate signatures with them.

Remember that the seating of patients will not occur until 8:45 or 1:15 at the earliest for Junior patients, and 8:15 or 1:15 for Sophomore patients. Clinic assistants should try to remain at the reception desk at least until these times so that all patients can be checked in upon arrival.

Post Patient Arrival

- Maintain cleanliness and order of the reception area and desk, please remember not to eat and drink at the front desk
- When all duties have been completed at the end of the session, proceed to clinic, put on PPE and assist peers/clinic manager.

CLINIC AND LABORATORY EMERGENCY MANAGEMENT POLICY

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

1. **The student dental hygienist (SDH) treating** the patient experiencing the emergency alerts a **Nearby/Responding Student** of the emergency by saying, "**I need you to get the instructor STAT, unit # _____.**"
 - The student dental hygienist delivering care remains with the patient, provides support, and begins taking vital signs, if appropriate.
2. **The Nearby/Responding Student asked to go for help** excuses themselves from their patient and does the following:
 - Alerts the nearest faculty member of the emergency and identifies the involved student/patient by Unit Number by saying, "**you're needed at Unit # __ STAT**"
 - Alerts the Clinic Coordinator and/or Team Leader and Clinic Dentist of the emergency
 - Delivers the Crash Cart and Oxygen tank to the emergency site
 - Returns to their patient
 - With assistance from the faculty, determines if other patients in the area should be removed from the emergency site to the reception area
 - Remains close by to the emergency site for further instructions additional care is required
3. **The Alerted Faculty Member, Clinic Coordinator, and Clinic Dentist** will go to the emergency site and work in collaboration to:
 - Consult with the student dental hygienist providing treatment
 - Assess the patient
 - Determine if emergency assistance is needed
 - Direct the Nearby/Responding Student to call 9-911 and Campus Police x7014 and direct EMS to unit/area with emergency.
 - If deemed necessary, SDH's with patients in the surrounding area will move to the reception area where the SDH will remain with the patient until the nature of and action or emergency is established. Treatment may resume or patient will be rescheduled depending on emergency.
 - Coordinator and Clinic Dentist begin to provide basic life support, if needed
 - Continue to monitor vital signs
 - Determine other appropriate treatment and referral
4. The faculty/staff treating the patient will complete the University of New Haven Accident, Incident, Near-Miss Report Form electronically in consultation with other members of the Emergency Response Team
 - See information below regarding the Exposure Incident Report

EXPOSURE INCIDENT PROTOCOL

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

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

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

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

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

POST-EXPOSURE PROTOCOL **Protocol for Needlestick or Puncture Wound**

1. Wash affected area thoroughly with an antimicrobial soap, performing two, twenty-second washes of the area.
2. Apply antiseptic such as hydrogen peroxide, located in the First Aid Emergency Cabinet in Resource Room.
3. Report the incident to UNH Dental Hygiene Center supervising clinical faculty and Clinical Dental Hygienist. **Reports of incidents must be done immediately to ensure quick follow-up with post exposure prophylaxis if necessary (within two hours of exposure).**
4. With assistance from the clinical faculty, explain the incident to the patient and decide if the patient is willing to undergo testing.
5. Report the incident to the UNH Dental Hygiene Center Program Director, and complete University of New Haven Accident, Incident, Near-Miss Report Form immediately located through MyCharger→Public Safety→Work Place Safety.
6. If post-exposure testing/care is needed it is at the patient and students own expense.

Protocol for Eye Contact

1. Go to the nearest eye wash station and flush eye(s) with copious amounts of water for fifteen minutes.

2. Report the incident to the UNH Dental Hygiene Center supervising clinical faculty and/or Clinic Coordinator immediately.
3. Seek immediate medical attention from UNH Health Services.
4. Report the incident to the UNH Dental Hygiene Center Program Director, and complete University of New Haven Accident, Incident, Near-Miss Report Form immediately located through MyCharger→Public Safety→Work Place Safety.

Protocol for (Non-intact) Skin Contact

1. Wash affected area thoroughly with an antimicrobial soap, doing two, twenty-second washes of the area.
2. Apply antiseptic such as hydrogen peroxide to area, (located in the First Aid Emergency Cabinet in Resource Room.)
3. Report the incident to the UNH Dental Center supervising clinical faculty and/or the Clinic Coordinator immediately.
4. With assistance from the clinical faculty, explain the incident to the patient and determine if the patient is willing to undergo testing for the HIV virus at his/her own expense.
5. Seek immediate medical attention from UNH Health Services.
6. Report the incident to the UNH Dental Hygiene Center Program Director, and complete University of New Haven Accident, Incident, Near-Miss Report Form immediately located through MyCharger→Public Safety→Work Place Safety.

Exposure Incident Report

Report the incident to the UNH Dental Hygiene Center Program Director and Clinic Coordinator, and complete University of New Haven Accident, Incident, Near-Miss Report Form located through MyCharger→Public Safety→Work Place Safety immediately after the exposed person reports the incident. Exposed person(s) and their supervising clinical faculty are responsible for completing the electronic Accident, Incident, Near-Miss Report Form and submitting a copy of the report to the Clinical Dental Hygienist within 24 hours. The department maintains all reports and their contents in strict confidence in locked files.

- Complete this form for each incident, accident or near miss within 24 hours of the date in which the incident or accident was reported. Incident Reporting ensures there is a record of the incident on file and helps provide for a safer work environment
- This form must be completed in the event of an actual/potential; accident, injury, fire, explosion, impact, puncture, electrical shock, fall, entrapment, spill/exposure to chemical, biological, or radiological material etc.. Regardless of whether an injury or illness occurred. It may be completed by the person affected by the incident, a witness, supervisor or instructor.
- Once the form is completed, it must be sent to the Environmental Health and Safety representatives at ehs.safety@newhaven.edu. For those individuals who do not have access to a computer, the supervisor or instructor may also scan any handwritten forms and email them to ehs.safety@newhaven.edu. Once the form has been received by the Environmental Health and Safety representatives, they will then review the form and investigate the incident. The individual who completed section 1&2 may be contacted by Environmental Health and Safety representatives involved in the investigation.



Accident, Incident, Near-Miss Report Form

Complete this form for each incident, accident or near miss within 24 hours of the date in which the incident or accident was reported. Incident Reporting ensures there is a record of the incident on file and helps provide for a safer work environment.

This form must be completed in the event of an actual/potential; accident, injury, fire, explosion, impact, puncture, electrical shock, fall, entrapment, spill/exposure to chemical, biological, or radiological material etc.. Regardless of whether an injury or illness occurred. It may be completed by the person affected by the incident, a witness, supervisor or instructor. If you are an employee or bursary student who was injured on the job, the Human Resources Department will contact you directly regarding your workplace injury and assist you with the workers' compensation claims process. Filing of this Accident Investigation/Root Cause Analysis is not filing a workman compensation claim. An employee retains his/her right to file a workers' compensation claim at a later date. University employees may need to complete additional forms as required by human resources.

1

Incident Summary

>

2

Contributing Factors

>

3

Review Your Entry

SECTION 1

Incident Summary

Affected Individuals Name *

Employee/Student #

Home Address *

Street Address

City

Select a State



State / Province / Region

Postal / Zip Code

United States



Country

Date of Birth *

 / /

MM

DD

YYYY

Best Contact Number *

 - -

####

Email Address *

Affected Individual's Affiliation *

Person Completing Sections 1 & 2 *

Supervisor/Department Contact Name *

First

Last

Supervisor/Department Contact Email *

Lab Manager *

Accident/Incident/Near Miss Date *

 / / 

MM

DD

YYYY

Time *

 :

HH

MM

AM/PM

Is the Scene Safe? *

- Yes
- No

Exact location of the accident, incident or near miss *

What task was being performed, how did it happen, and explain the nature of the injury? *

Specifically, What body part was injured? *

Did you/affected individual seek medical attention? *

- Yes
- No

Were witnesses present? *

- Yes
- No

Upload a Picture

Select Files

Continue to Section 2

SECTION 2

Contributing Factors (Please Check all applicable boxes)

POLICIES/PROGRAMS

- | | |
|---|--|
| <input type="checkbox"/> Not Developed or Inadequate | <input type="checkbox"/> Developed and Communicated |
| <input type="checkbox"/> Developed—Not Communicated | <input type="checkbox"/> Not Followed/Enforced |
| <input type="checkbox"/> Developed—Not Understood | <input type="checkbox"/> Lack of Disciplinary Policy |
| <input type="checkbox"/> Disciplinary Policy Not Enforced | |

COMMUNICATION

- | | |
|--|--|
| <input type="checkbox"/> Insufficient Planning For Tasks | <input type="checkbox"/> Lack of Worker Communication |
| <input type="checkbox"/> Lack of Supervisor Instruction | <input type="checkbox"/> Sufficient Supervisor Instruction |
| <input type="checkbox"/> Confusion After Communication | <input type="checkbox"/> Lack of Understanding of Task |
| <input type="checkbox"/> Work Team Breakdown | |

TRAINING

- | | |
|--|--|
| <input type="checkbox"/> Deficient Orientation Training | <input type="checkbox"/> Deficient Job Specific Training |
| <input type="checkbox"/> Insufficient Training for New Process or Task | <input type="checkbox"/> Lack of Supervisor Training |
| <input type="checkbox"/> Communication of Expectations/ Rules/Policy | <input type="checkbox"/> Lack of Employee Training |
| | <input type="checkbox"/> Hazards Overlooked in Training |
| | <input type="checkbox"/> Lack of Supervisor Follow-up or Reinforcement |

PRODUCTIVITY FACTORS

- | | |
|--|--|
| <input type="checkbox"/> Heavy Workload | <input type="checkbox"/> Tight Schedule To Complete Task |
| <input type="checkbox"/> Long/Unusual Working Hours | <input type="checkbox"/> Falsely Perceived Need to Hurry |
| <input type="checkbox"/> Staff Assistance Unavailable | <input type="checkbox"/> Staff Assistance Inadequate |
| <input type="checkbox"/> Changes in Process | <input type="checkbox"/> Was Employee Ill? |
| <input type="checkbox"/> Medication/ Drugs/Alcohol Factors | <input type="checkbox"/> Double Shift |

WORK BEHAVIOR

- | | |
|---|---|
| <input type="checkbox"/> Shortcuts Taken | <input type="checkbox"/> Deviations-Common/Allowed |
| <input type="checkbox"/> Special Infrequent Task | <input type="checkbox"/> Tool/Equipment Used Improperly |
| <input type="checkbox"/> History of Accidents/Incidents | <input type="checkbox"/> Procedures Not Followed |
| <input type="checkbox"/> Staff Assistance Required | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Repetitive/ Physically Demanding | <input type="checkbox"/> Going On/Coming Off Vacation |

HAZARDS

- Unidentified or Not Labeled
- Created by External Factors
- Known But Not Corrected/Reported
- Condition Changed Not Conveyed

BLOODBORNE PATHOGEN

- Stuck With Contaminated Needle
- Client Contact/Exposure
- Sharps Container Not Available
- Improper Cleanup
- Contaminated Waste Not Labeled

Personal Protective Equip (PPE)

- Available
- Required PPE Not Used/Worn
- Adequate Fit
- Poor Condition
- Lack of Supervisor Enforcement
- Required
- Trained On How To Use
- PPE Not Used Adequately
- Adequate for Job Performed

FACILITIES/EQUIPMENT

- Poor Facility Design
- Poor Workstation Design
- Equipment Repair Deficient
- Employee Lack of Knowledge
- Faulty Equipment or Design
- Equipment Not Guarded
- Poor Preventative Maintenance
- Equipment Failure


- Inadequate Inspection Timelines

ENVIRONMENT

- Weather/Temperature Factors
- Poor Lighting
- Air Quality
- Visibility of Labels/Warning Signs
- Unaware/Aware of Air Borne Hazard
- Poor Housekeeping
- Poor Visibility
- Noise
- Visible and Audible Alarms

Incident Number - Assigned by EH&S

Date

/ / 
 MM DD YYYY