



The Peninsula's Community College

Dental Hygiene Department Policy Statement on Infectious Disease

TNCC Dental Hygiene Department adopted the American Dental Education Association (ADEA) policy statements concerning infectious disease health risks. These policies statements are recommendations and guidelines for allied dental education institutions personnel.

I. Infectious Diseases

a. Human Dignity: All dental personnel are ethically obligated to provide patient care with compassion and respect for human dignity.

b. Refusal to Treat Patients: No dental personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency virus (AIDS), or hepatitis B or C infections. These patients must not be subjected to discrimination.

c. Confidentiality to Patients: Dental personnel are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.

d. Confidentiality of Faculty, Students, and Staff: Dental education institutions are ethically obligated to protect the privacy and confidentiality of any faculty member, student, or staff member who has tested positive for an infectious disease. Dental personnel who pose a risk of transmitting an infectious agent must consult with appropriate health care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a dental faculty, student, or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the Dean of Health Science for the institution. If so informed, the Dean of Health Sciences should take steps consistent with the advice of appropriate health care professionals and with current federal, state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission of the infection to others.

e. Counseling and Follow-Up Care: The Dean of Health Sciences must facilitate appropriate counseling and follow-up care for those faculty, staff, and students who do not continue to perform patient care procedures.

f. Protocols: TNCC dental hygiene department has established an enforced written preclinical, clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous waste disposal. These protocols are consistent with current federal, state, and/or local guidelines and are provided to all faculty, students, and appropriate support staff. To protect faculty, students, staff and patients from the possibility of cross-contaminations and other infections, TNCC dental hygiene department has policies and procedures in disinfection protocol and barrier techniques.

g. Testing for Infectious Disease and Immunization: TNCC has facilitated the availability of testing of faculty and staff for those infectious diseases presenting a documented risk to dental personnel and patients. TNCC has made available the hepatitis B vaccine and appropriate vaccine follow-up to employees such as faculty and staff, in accordance with Occupational Safety and Health Administration (OSHA) regulations. Also, in accordance with Centers for Disease Control and Prevention (CDC) Guidelines, NCC requires students to be immunized against Hepatitis B virus as part of their preparation for clinic training, or demonstrate proof of immunity. NCC also strongly encourages appropriate faculty, staff, and students to be immunized against not only hepatitis B, but also other infectious diseases such as mumps, measles and rubella, using standard medical practices and be tested for tuberculosis annually.

C. Personal Protection

1. Recommended immunizations of health care workers (students responsible for cost)

- a. Rubella (German measles)
- b. Rubeola (measles)
- c. Mumps

- d. Poliomyelitis
- e. Hepatitis B (HBV)
 - The vaccine is strongly recommended for dental health professionals
 - The students are responsible for the cost of the vaccines. The vaccination series should be started before the beginning of first year, fall semester. The second dose should be taken one month from the initial dose and the third, six months from the initial dose.
 - Students must provide vaccination documentation for their permanent file.
 - It is recommended that students have post screening for antibody levels after the final vaccination. A copy of the titer or signed statement by the physician showing acceptable antibody level may be included in the student's permanent file.
- d. Influenza
- e. Tetanus-Diphtheria (Td)
- f. Mantoux test yearly (TB)

2. Hand washing

- a. Every student will wash hands:
 - Before setting up for a clinical procedure
 - Before and after glove use
 - Before leaving the designated clinical area
 - Before performing procedures on another patient
 - Before and after sterilization and disinfection procedures
 - After removal of torn, cut, or punctured gloves
 - Method of hand washing - short standard wash
 - Lather hands and forearms with antimicrobial soap rinse (from fingertips to wrists)
 - Lather hands and clean under nails with sterile cuticle stick if necessary
 - Rinse (from fingertips to wrists)
 - Lather hands again
 - Rinse well from fingertips to wrists
 - Dry each hand thoroughly with paper towels, careful not to contaminate by touching other surfaces with clean hands.
 - Don gloves

3. Hands, Hair, Make-Up, Jewelry

- a. The dental hygiene student should take particular care of the hands
- b. Nails must be short no acrylics or tips
- c. No colored nail polish is to be worn clear is acceptable
- d. No rings or other wrist jewelry is to be worn; a watch is acceptable covered by sleeve or glove
- e. Hair must be clean and pulled back if long and not hanging over the patient
- f. No dangly earrings, studs are acceptable
- g. Make-up should be light and tasteful.
- h. No piercings allowed on the face or tongue
- i. Light or no perfumes (can be offensive to patients)

4. Personal Protective Barriers

I. Non-Sterile Latex Free, Powder Free Gloves:

- a. will be worn for all intraoral procedures as well as extra oral examinations
- b. will be changed between patients
- c. must be disposed of before leaving the treatment area
- d. staff and students will replace torn, cut or punctured gloves immediately e. should not be washed before, during, or after use
- e. should not be disinfected or sterilized for reuse

- f. students will wear gloves for all clean-up procedures of instruments, surface or other potentially infectious materials
- g. student will practice safe removal of gloves being careful not to touch the outside of contaminated gloves

5 . Face Masks

- a. must be worn for all clinical procedures and must cover nose and mouth
- b. must be replaced between patients or when the mask becomes wet
- c. will not be placed on a contaminated surface and then placed on the face

6. Clinical Attire (see Clinical Guidelines for personal hygiene/professional appearance)

- a. clinical attire (disposable over garment and scrubs) must be worn during all patient treatment
- b. lab coats are only to be worn in the sim lab and laboratory facilities. Lab coats and disposable over garments must not be worn into restrooms or other campus areas
- c. lab coats/over garments must be changed daily or as soon as they become visibly soiled
- d. laundering of lab coats and scrubs will be the responsibility of each individual student

D. Environmental Surface and Equipment Disinfection

1. Preparation of the Dental Cubicle (Operatory)

- a. wear gloves, mask, protective eyewear, and over garment when pre-cleaning and disinfection the dental unit and cubicle
- b. at the beginning of the day, flush the water line in the unit (expel water out of the air/water syringe head) into HVE for approximately 1 minute.
- c. disinfect cubicle prior to patient treatment
- d. use appropriate disinfectant and the spray-wipe-spray method or 2 step cleaning and disinfecting process. Cubicle surface is sprayed or wiped with disinfectant to clean and then wiped dry. Surfaces are gone over again with disinfectant and left on for the manufacturer recommended time. Wipe off excess with clean paper towel if necessary.

Items to disinfect:

- operatory keyboard/mouse
- all countertops
- operator chair levers
- operator chair
- tight arm, light handles, switch
- bracket tray and arm
- evacuation holder and all tubing
- air/water syringe head and tubing
- self-contained water bottle
- rheostat and head rest knob
- drawer fronts/cabinet fronts/handles
- soap dispenser handle, faucet handle, counters around sink
- clipboard, pens, pencil, Vaseline jar, disclosing bottle, hand mirror
- pump handle on oral rinse bottles
- x-ray view box
- x-ray control panel
- assistant table and all handles and tubing
- patient chair
- safety glasses

Please be careful not to saturate any electrical components

- e. remove gloves
- f. complete standard hand wash
- g. place protective barriers
 - dental light handles
 - patient chair back and all adjustment handles

- operator chair back and all adjustment handles
 - x-ray control panel
 - over bracket tray handles and touch pad
 - clock face
 - computer equipment as needed
- h. place tray covers on bracket tray and assistant table
- i. set-up the following items:
- patient napkin, bib clips and safety lenses
 - saliva ejector, HVE tip (if needed), a/w syringe tip
 - instruments in cassette on bracket tray
 - cotton tip applicators, 6 gauze squares, and 2 cups
 - antimicrobial mouth rinse in one cup
 - disclosing solution in one cup about 6 drops
 - set patient folder and forms on appropriate counter
 - radiographs on view box or computer screen
 - review patient records and medical history
 - fill out forms
 - retrieve phantom forms and have plastic bag ready
 - seat patient

2. Handling of Patient Records

- a. do not handle patient records with contaminated gloves
- b. to avoid contamination of patient records students must use "phantom" forms
- c. when "phantom" forms are completed they should be placed in a clear bag so students can transfer information into the chart or computer without contamination
- d. the only items to be handled with contaminated gloves are items that are routinely disinfected and remain in the cubicle
- e. all patient records must be kept on the top counter, they are not to enter the cubicle

3. Preparation of Patient

- a. escort patient to cubicle, observe patients' physical characteristics while walking to operatory
- b. place personal items in appropriate areas
- c. place patient napkin on patient
- d. review patients' medical/dental history with patient
- e. if patient is 18 years of age or older, take and record appropriate vital signs
- f. Instructor must check medical/dental history
- g. have patient rinse with antimicrobial mouthwash before starting intraoral procedures, unless contraindicated on medical history, (i.e. chemically dependent}
- h. have patient place protective eyewear before starting procedures
- i. wash hands, don over garment, mask, glasses, gloves

4. Disinfection of the Dental Operatory After Patient Treatment or End of Day

- a. wear all PPE when implementing cleanup procedures
 - b. dispose of all sharps if used into Red Sharps Container
 - c. dispose of all disposable items that are classified as regulated waste (i.e. contaminated items that release liquid or semi-liquid blood or other potentially infectious material when compressed) are to be placed in Red Bag labeled Hazardous Waste.
 - d. remove all disposable protective barriers (hint: use chair cover as collection bag)
 - e. place instruments back into cassette and close.
 - f. using the spray-wipe-spray or wipe method, clean and disinfect all areas in the operatory which may have been contaminated with patient material.
- Surfaces and equipment to be cleaned and disinfected include:
- all patient supplies: clip board, pens, pencils, Vaseline jar, disclosing bottle
 - return supplies to cabinets

- wash patient safety glasses with soap and water. Dry and replace in cabinet
- all countertops
- operator chair levers
- light arm, light handles, and switches also light cover if splattered
- bracket tray and arm
- all evacuation and hand piece holders and tubing
- air/water syringe head
- self-contained bottle
- headrest knobs
- drawer fronts and cabinets
- x-ray view box
- soap dispenser handle, pump handles
- monitor arm/handle
- computer keyboard
- operator chair soapy water
- patient chair soapy water
- wipe cabinets with light soapy water to remove disinfectant
- wipe dry with clean towel

g. End of day

- empty water bottle and then replace on unit
- raise patient chair up 2-3 feet
- put rheostat on chair base off of floor
- push operator chairs up to pt chair
- tum off all operatory lights
- turn off dental unit