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OSHA,
Dental Practice Act and
Infection Control for 2024

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In the dental field since 1972, Leslie helps simplify complex regulations. She provides in office training, compliance audits, consulting, workshops, and mock inspections. For the 12th year in a row, she has been listed as a "Leader In Consulting" by Dentistry Today. She is authorized by the Department of Labor, The Academy of General Dentistry, and the California Dental Board to provide continuing education. Leslie is the founder of Leslie Canham and Associates, LLC and founding member of The Compliance Divas™ Podcast.

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OSHA Top Ten Tips

1. **Provide Bloodborne Pathogen Training**

2. **Create Personalized Written Safety Plans**

3. **Offer Hepatitis B Vaccination**

4. **Gather Recordkeeping Forms**

5. **Review Your Exposure Control Plan**

6. **Discuss Exposure Incidents and Sharps Safety**

7. **Conduct Hazard Communication Training**

8. **Have Fire and Emergency Plans**

9. **Discuss Ergonomics**

10. **Conduct a Mock OSHA Safety Inspection**

Summary of ATD standard as it relates to Dental Practices

Dental practices and outpatient medical specialty practices are exempt from this standard only if they meet all the conditions of subsection (a)(2).

(2) The following are not covered by this standard:

(A) Outpatient dental clinics or offices are not required to comply with this standard if they meet all of the following conditions:

1. Dental procedures are not performed on patients identified to them as ATD cases or suspected ATD cases.

2. The Injury and Illness Prevention Program includes a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the Centers for Disease Control and Prevention (CDC) for infection control in dental settings, and this procedure is followed before performing any dental procedure on a patient to determine whether the patient may present an ATD exposure risk.

3. Employees have been trained in the screening procedure in accordance with Section 3203.

4. Aerosol generating dental procedures are not performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

Appendix A – Aerosol Transmissible Diseases/Pathogens Diseases/Pathogens Requiring Airborne Infection Isolation

- Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/*Bacillus anthracis*
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
- Varicella disease (chickenpox, shingles) Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out
- Measles (rubeola)/Measles virus
- Mpox (Monkeypox virus)
- Novel or unknown pathogens
- Severe acute respiratory syndrome (SARS)
- Smallpox (variola)/Varioloa virus
- Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
- Any other disease for which public health guidelines recommend airborne infection isolation

Screening for Aerosol Transmissible Diseases (ATDs)

Although dental healthcare providers are not responsible for diagnosis and treatment of Aerosol Transmissible Diseases (ATDs), OSHA requires employees to be trained on how to screen patients and recognize signs and symptoms of ATDs.

These screening procedures are a combination of 2003 CDC Guidelines for infection Control in Dental Healthcare settings screening process for M. tuberculosis and the proposed (July 2009) Cal/OSHA Standard, Title 8, chapter 4 and the ADA or CDA COVID-19 Patient/Employee Screening checklist.

- While taking patients' initial medical histories and at periodic updates, dental healthcare providers should routinely ask all patients whether they have a history of TB disease or symptoms indicative of TB or COVID-19.

- Screen for potential ATD cases (or COVID-19) through readily observable signs, the ADA or CDA screening checklist, and the self-report of patients including:

    1. Having a cough for more than three weeks that is not explained by non-infectious conditions.

    2. Exhibiting signs and symptoms of a flu-like illness. These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness and malaise.

    3. Patient states that they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.

    4. Patient states that they have been exposed to an infectious ATD case, other than seasonal influenza.

Patients with a medical history or symptoms indicative of undiagnosed active TB or COVID-19 should be referred promptly for medical evaluation to determine possible infectiousness. Such patients should not remain in the dental-care facility any longer than required to evaluate their dental condition and arrange a referral. While in the dental health-care facility, the patient should be isolated from other patients/dental health care workers, wear a surgical mask when not being evaluated, or be instructed to cover their mouth and nose when coughing or sneezing.

Elective dental treatment is deferred until a physician confirms that a patient does not have infectious TB, or if the patient is diagnosed with active TB disease, until confirmed the patient is no longer infectious (For COVID-19 follow CDC guidance).

If urgent dental care is provided for a patient who has, or is suspected of having active TB disease, the care should be provided in a facility (e.g., hospital) that provides airborne infection isolation (i.e., using such engineering controls as TB isolation rooms, negatively pressured relative to the corridors, with air either exhausted to the outside or HEPA-filtered if recirculation is necessary). Standard surgical face masks do not protect against TB transmission; DHCP should use respiratory protection (e.g., fit tested, disposable N-95 respirators).

Written Protocol for the Management of Injuries-Exposure Incidents

OSHA defines an *exposure incident* as a specific incident involving contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, other mucous membrane, non-intact skin, or parenteral under the skin (e.g. needlestick) that occurs during the performance of an employee's duties.

When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee.

1. **Provide immediate care to the exposure site.**
   - Wash wounds and skin with soap and water.
   - Flush mucous membranes with water.
   - Remove instrument involved in the exposure so it does not get used on the patient!
   - Employee must report incident immediately to supervisor/employer

2. **Determine risk associated with exposure by**
   - Type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue).
   - Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure).
3. **Evaluate exposure source**
   - Assess the risk of infection using available information.
   - The source individual (patient) must be asked if they know their HBV, HCV, HIV status, if not known, will they consent to testing.

4. **The exposed employee is referred *as soon as possible* * to a health care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.**
   - Note "ASAP*" because certain interventions that may be indicated must be initiated promptly to be effective.
   - The exposed employee may refuse any medical evaluation, testing, or follow-up recommendation. This refusal is documented.

5. **Send all of the following with the exposed employee to the health care provider:**
   - A copy of the Bloodborne Pathogen Standard.
   - A description of the exposed employee's duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form)
   - Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form).
   - All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual's HBV/HCV/HIV status, if known.

6. **Health Care Provider (HCP)**
   - Evaluates exposure incident.
   - Arranges for testing of employee and source individual (if status not already known).
   - Notifies employee of results of all testing.
   - Provides counseling and post-exposure prophylaxis.
   - Evaluates reported illnesses.
   - HCP sends written opinion to employer:
     - Documentation that employee was informed of evaluation results and the need for further follow-up.
     - Whether Hepatitis B vaccine is indicated and if vaccine was received.
7. **Employer**
   - Receives HCP's written opinion.
   - Provides copy of HCP written opinion to employee (within 15 days of completed evaluation).
   - Documents events on
     - Employee Accident/Body Fluid Exposure and Follow- Up Form and Employee Medical Record Form.
     - If the exposure incident involved a sharp, a Sharps Injury Log is completed within 14 days (this requirement varies from state to state).
   - Treat all blood test results for employee and source individual as *confidential*.

HCS Pictograms and Hazards

Health Hazard

- Carcinogen
- Mutagenicity
- Reproductive Toxicity
- Respiratory Sensitizer
- Target Organ Toxicity
- Aspiration Toxicity

Flame

- Flammables
- Pyrophorics
- Self-Heating
- Emits Flammable Gas
- Self-Reactives
- Organic Peroxides

Exclamation Mark

- Irritant (skin and eye)
- Skin Sensitizer
- Acute Toxicity
- Narcotic Effects
- Respiratory Tract Irritant
- Hazardous to Ozone Layer (Non-Mandatory)

Gas Cylinder

- Gases Under Pressure

Corrosion

- Skin Corrosion/Burns
- Eye Damage
- Corrosive to Metals

Exploding Bomb

- Explosives
- Self-Reactives
- Organic Peroxides

Flame Over Circle

- Oxidizers

Environment

(Non-Mandatory)

- Aquatic Toxicity

Skull and Crossbones

- Acute Toxicity (fatal or toxic)

California Dental Practice Act 2024

Topics we will cover:

- Scope of Practice
- Violations
- Citations, fines and license actions
- Required Posting
- Prescription regulations
- Professional Ethics/Unprofessional Conduct
- Mandatory Reporter Obligations
- Continuing Education Requirements
- Duties and Settings for Dental Auxiliaries

What's New?

- **For Dentists Only** -NEW CE requirement for dental license renewal on responsibilities and requirements of prescribing Schedule II opioid drugs. 2 hours every 2 years (as of 1-1-2023)
- e-Prescribing and CURES
- Irrigants used on "exposed dental pulp"
- Sexual Harassment Training required- CE elidgible-if Approved Dental Board Provider
- Dental license renewals are online only-email address required to renew dental license
- New Duties for RDAEFs and Hygienists

Dental Assistants: Permits and Licenses
All Unlicensed Dental Assistants hired after 1-1-2010 must take these courses:

1. An 8 Hour Infection Control Course
2. California Dental Practice Act
3. CPR (American Heart Association or Red Cross, ASHI, (AGD and PACE also approved)

The employer is responsible for ensuring that unlicensed Dental Assistant who is in his or her continuous employ for 120 days or more completes these courses within a year of employment.

The above courses are PRE-REQUISITE for RDA Application and Radiation Safety course!

Dental Assistant Permits Unlicensed Dental Assistants (DA), RDAs and RDAEFs may obtain these permits. Here is what is required:

Orthodontic Assistant Permit

- Must have 12 months work experience as DA, RDA, or RDAEF
- Complete 8 Hour Infection Control Course
- Complete California Dental Practice Act Course
- Have current CPR certificate
- Fingerprint clearances from both the Department of Justice & Federal Bureau of Investigation
- Take an 84-hour board approved orthodontic assistant course
- Pass a state administered written exam
- Complete 25 hours of Continuing Education every 2 years to keep permit active

Dental Sedation Assistant Permit

• Must have 12 months' work experience as DA, RDA, or RDAEF
• Complete 8 Hour Infection Control Course
• Complete California Dental Practice Act Course
• Have current CPR certificate
• Fingerprint clearances from both the Department of Justice & Federal Bureau of Investigation
• Take 110-hour board approved dental sedation assistant course
• Pass a state administered written exam
• Complete 25 hours of Continuing Education every 2 years to keep permit active

Applicants for RDA and RDAEF Licensure

RDA Applicants There is no longer a **Clinical and/or Practical Exam** for Registered Dental Assistant Licensure. Applicants must either graduate from a Board-approved RDA educational program or complete a California Dept of Education-approved 4-month educational program and 11 months of work experience. **OR "On the Job Pathway"** applicants must complete at least 15 months of work experience as a dental assistant.

Pre-requisites:

- Coronal Polishing Certificate
- Radiation Safety Certificate
- Have current CPR certificate
- Fingerprint clearances from both the Department of Justice & Federal Bureau of Investigation
- Complete a Board-approved course in the Dental Practice Act (within 5 years)
- Complete an 8 hour Infection control course (within 5 years)
- Pass the Written RDA exam

A Registered Dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a **board-approved course in the application of pit and fissure sealants prior to the first expiration date of his or her license that requires the completion of continuing education as a condition of renewal.**

RDAEF Applicants There is no longer a **Clinical and/or Practical Exam** For Registered Dental Assistants in Extended Functions. Pre-requisites for RDAEF application:

1. Current licensure as a Registered Dental Assistant (RDA) or completion of the requirements for licensure as a RDA;
2. Successful completion of a Board-approved course in the application of Pit & Fissure Sealants;
3. Successful completion of a Board-approved RDAEF program;
4. Successful passage of a written examination administered by the Board; and
5. Submission of fingerprint clearances from both the Department of Justice and the Federal Bureau of Investigation

Principles of Professional Ethics in Dentistry

Autonomy: _____

_____

Beneficence: _____

_____

Compassion: _____

_____

Competence: _____

_____

Integrity: _____

_____

Justice: _____

_____

Professionalism: _____

_____

Tolerance: _____

_____

Veracity: _____

_____

Resources:

DANB www.danb.org/exams/forms-and-policies

adha www.adha.org/resources-docs/ADHA_Code_of_Ethics.pdf

ADA American Dental Association® www.ada.org/about/principles/code-of-ethics

Unprofessional Conduct

- Practicing with an expired license
- Failure to follow the Infection Control standards
- Insurance fraud
- Fee by fraud or misrepresentation
- Aiding/abetting an unlicensed person to practice dentistry
- Aiding/abetting licensed person to practice dentistry unlawfully
- NEW Laws re: Irrigating Solutions used on exposed Dental Pulp

Fictitious Name Permit and Name Changes

If you use a Fictitious Name for your Dental Practice You must have a Fictitious Name Permit issued by the Dental Board, (Fictitious Business License or DBA does not meet this requirement).

All licensees must notify the Dental Board or Dental Hygiene Board within 10 days of a personal name change. Also must notify of email/address change. DDS must register place of practice and change of place of practice within 30 days to Dental Board

Name Tag/Posting Requirements

All licensees must wear a name badge (18 point type) with **First and Last Name Plus License type** UNLESS their license (or certificate) is displayed at the facility. **Plus Post the name and license type of every person employed in the practice of dentistry** must be **posted in a conspicuous place in the facility.**

Other Required Posters/Signage:

For Patients:
Notice to Consumer Posters (Dentist and Hygienist)
Prop 65
HIPAA Notice of Privacy Practices

For Dental Team:
Radiation Safety
Minimum Standards for Infection Control
Dental Auxiliary Duty Table
OSHA and Employment Posters

Mandatory Reporter Obligations
• Domestic Violence-Physical Assault
• Suspected Child Abuse/neglect
• Suspected Elder Abuse/neglect

Report within 36 hours-failure to report is a misdemeanor. Possible fines $1000 or 6-months jail time or both.

Dental Licenses and Permits

Dental licenses expire every 2 years- If your birth year is an even number your license will always expires in an even year- in your birthday month. If birth year is an odd number you're your license will expire in odd year. The Board will no longer mail renewal notices and will instead mail a reminder postcard to all license and permit holders. **Renewal is online only**.

Dental License Renewal Continuing Education Requirements every renewal
Dentists 50 hours
RDAs and Hygienists 25 hours
RDHAPs 35 hours
DSAP and OAP Permit Holders 25 hours

Must include:
2 hours of California Dental Practice Act
2 hours of Infection Control
Current CPR-Basic Life Support LIVE (AHA, ASHI, or Red Cross. (AGD and PACE also approved).
For Dentists Only 2 hrs Responsibilities and requirements of prescribing Schedule II Opioid drugs
Live Continuing Education (CE) vs. Home Study
50% of Continuing Education can be Home Study
50% of Continuing Education must be live courses, which include classroom, live telephone conferencing, live video conferencing, webinars and live workshop demonstration.

80% of CE hours for license renewal must be courses in Clinical subject matter.
Examples: Infection Control, Dental Practice Act, OSHA, HIPAA, CPR, Sexual Harrassment, clinical topics.

Up to 20% may be used in courses such as office operations that benefit patient care
Examples: Recall Systems, Human Resources, Risk Management , Communications, Computer systems, Practice Mgmt., etc.

Resources:

Dental Board of California www.dbc.ca.gov

Dental Hygiene Board of California www.dhbc.ca.gov

DENTAL ASSISTING TABLE OF PERMITTED DUTIES

The following is a table of duties which Dental Assistants (DA), Orthodontic Assistants (OA), Dental Sedation Assistants (DSA), Registered Dental Assistants (RDA) and Registered Dental Assistants in Extended Functions (RDAEF) are allowed to perform in California.

This table is intended to provide summary information to interested parties. It is not intended to cover all aspects of applicable laws or provide a substitute for reviewing the laws that are cross-referenced below. It is highly recommended that applicants and licensees review the actual text of the laws cited at the link provided below. If a duty is not listed in the sections of law cited below, assistants are NOT allowed to perform the duty. Under each category of assistant is one of the following notations: "D", "C", "G" or "DD".

"D" = the assistant may perform the duty under the Direct supervision of a dentist, which means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The duty must be performed pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures must be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

Note: Dental Sedation Assistant permit holders may also perform the listed duty under a licensed health care professional authorized to administer conscious sedation or general anesthesia in the dental office.

"C" = the assistant may perform the duty in the specified setting under the supervision of a dentist, Registered Dental Hygienist, or Registered Dental Hygienist in Alternative Practice.

"G" = the assistant can perform the duty under the General supervision of a dentist, which means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

"DD" = The supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision, except as provided in Section 1777.

The sections of law noted below are contained in the Dental Practice Act located in Chapter 4 of Division 2 of the California Business and Professions Code (BPC). For the actual text of the laws, the following link will take you to the page on the Dental Board's web site http://www.dbc.ca.gov/lawsregs/laws.shtml.

Rev. 9/26/2018

ALLOWABLE DUTIES	SECTION OF LAW (Statute or Regulation)	D	C	G	DD
DENTAL ASSISTANT (DA) BPC, SECTION 1750.1					
Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750	1750.1			X	
Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656	1750.1			X	
Perform intraoral and extraoral photography	1750.1			X	
Apply nonaerosol and noncaustic topical agents	1750.1	X			
Apply topical fluoride	1750.1	X			
Take intraoral impressions for all nonprosthodontic appliances	1750.1	X			
Take facebow transfers and bite registrations	1750.1	X			
Place and remove rubber dams or other isolation devices	1750.1	X			
Place, wedge, and remove matrices for restorative procedures	1750.1	X			
Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist	1750.1	X			
Perform measurements for the purposes of orthodontic treatment	1750.1	X			
Cure restorative or orthodontic materials in operative site with a light-curing device	1750.1	X			
Examine orthodontic appliances	1750.1	X			
Place and remove orthodontic separators	1750.1	X			
Remove ligature ties and archwires	1750.1	X			
After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient	1750.1	X			
Remove periodontal dressings	1750.1	X			
Remove sutures after inspection of the site by the dentist	1750.1	X			
Place patient monitoring sensors	1750.1	X			
Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure	1750.1	X			
Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency	1750.1	X			
Apply topical fluoride under the general direction of a licensed dentist or physician, when operating in a school-based setting or a public health program created or administered by a federal, state, county, or local governmental entity pursuant to Sections 104762 and 104830 of the Health and Safety Code	1750.1			X	
Intraoral retraction and suctioning under the supervision of a registered dental hygienist in alternative practice	1750.1		X		

How to Make Infection Control Sticky with Teamwork!

1. **Appoint an Infection Control Coordinator**

2. **Access training** tools to understand the "role and responsibilities" of the Infection Control Coordinator

   A. Utilize free resources on CDC website https://www.cdc.gov/oralhealth/infectioncontrol/index.html Look for Summary of Infection Prevention Practices in Dental Settings and:

   - Download the Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (44 pages).
   - Take the two CDC Training Courses for Infection Prevention and Control in **Dental Settings: Foundations: Building the Safest Dental Visit** and **Basic Expectations for Safe Care Training Modules.**

   B. Join OSAP https://www.osap.org/membership-types for access to OSAP checklists, charts, publications, FAQs, and reduced tuition to Boot Camp and Annual Conference. OSAP is dentistry's number one resource for Infection Control and Safety.

   C. Get the **Dental Infection Prevention and Control Certificate™** https://dentalinfectioncontrol.org/education/ Once you complete A and B above you're halfway there!

3. Using the CDC checklist, see **"A"** above, evaluate your dental practice infection control and safety. Identify successes and gaps by checking "Yes" or "No" to each question. You can make notes in the checklist too!

4. Schedule a team meeting on findings of the Infection control and safety audit.

   A. Review Gaps and Successes. Here is where we are doing well and where we need to improve.

   B. Share the responsibility to correct gaps by assigning team members to take charge specific areas and reporting progress at the next scheduled training day (Be sure to set a follow-up training date). Examples of assignments:

   - Hand hygiene performed properly
   - Proper use of PPE, donning, and doffing
   - Sharps Safety
   - Use of Disinfectants, following manufacturer's directions for use
   - Proper Cleaning & Sterilization of Instruments
   - Dental Equipment and Waterline maintenance

*Hint – have each person review the CDC "Basic Expectations for Safe Care Training Module" (**see "A" above**) on their topic for better understanding of what to look for and how to correct!*

Infection Prevention Checklist

Section II: Direct Observation of Personnel and Patient-Care Practices

Facility name:.....

Completed by:.....

Date:.....

II.1 Hand Hygiene is Performed Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. When hands are visibly soiled	❑ Yes ❑ No	
B. After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions	❑ Yes ❑ No	
C. Before and after treating each patient	❑ Yes ❑ No	
D. Before putting on gloves	❑ Yes ❑ No	
E. Immediately after removing gloves	❑ Yes ❑ No	
F. Surgical hand scrub is performed before putting on sterile surgeon's gloves for all surgical procedures **Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*	❑ Yes ❑ No	

II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)	❑ Yes ❑ No	
B. Hand hygiene is performed immediately after removal of PPE	❑ Yes ❑ No	
C. Masks, Protective Eyewear, and Face Shields		
a. DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids	❑ Yes ❑ No	
b. DHCP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids	❑ Yes ❑ No	
c. DHCP change masks between patients and during patient treatment if the mask becomes wet	❑ Yes ❑ No	

CONTINUED

FOIL TEST

Sterility of patient-care items depends on complete cleaning. Do this simple foil test periodically to be sure your ultrasonic cleaner is doing its job.

1. Cut a piece of lightweight aluminum foil using scissors. It should be about the width of the ultrasonic cleaning tank and about an inch deeper.
2. Prepare a fresh tank of the cleaning solution that you normally use in your ultrasonic unit. Fill roughly about 1-1½ inches from the top of the tank.
3. Turn the unit on; set the timer to 5 minutes to degas.
4. When the time has elapsed, insert the foil vertically into the tank. Hold the sheet of foil lengthwise across the long side of the tank and centered against the tank width. Extend the foil down toward the tank bottom. Be care that you do not the foil touch the bottom of the tank.
5. Turn on the unit and hold the foil steady for exactly 20 seconds. When the time has elapsed, turn off the cleaner, remove the foil, and carefully dry it. Avoid wrinkling it.
6. Examine the foil. Uniform pitting and indentions across the part of the foil that was immersed indicates that the unit is delivering uniform cleaning power while smooth areas are a sign of ultrasonic “blind spots.
    a. Uniform pebbling of the foil that was immersed means that your unit is working properly.
    b. If it appears that there are blind spots, immediately retest the unit. If a second test confirms the presence of blind spots, schedule service. Send the foil sample along with the repair request so that it can help the technician locate the trouble spot.

Regular foil testing of your ultrasonic cleaner helps to identify any mechanical problems that may arise.

Consult the manufacturer for function tests specific to your unit.

Sterilization of Instruments: Pitfalls

Pit falls in achieving sterilization

- Interrupting the sterilization cycle, inadequate time, temperature or pressure
- Inadequate pre-cleaning of instruments
- Overloading the sterilizer
- Inadequate drying cycle (Autoclaves)
- Faulty gaskets or seals
- Improper packaging
- Bulky packaging
- Inadequate spacing of instruments
- Improper operation of unit
- Using the wrong types of sterilization packaging material can hinder achieving sterilization.
    - Some packaging may prevent the sterilizing agent from reaching the instruments inside
    - Some plastics may melt
    - Some paper may burn or char
    - Thick cloths may absorb too much steam
    - Closed containers are not appropriate for steam or unsaturated chemical vapor sterilizers
    - Cloths absorb too much chemical vapor
    - Lint fibers may cause post-operative complication and serve as vehicles for microorganisms, increasing the risk of infection for surgical patients.

Sterilization of unwrapped instruments.

An unwrapped cycle (sometimes called flash sterilization) is a method for sterilizing unwrapped patient-care items for immediate use. Unwrapped sterilization should be used only under certain conditions: 1) thorough cleaning and drying of instruments precedes the unwrapped sterilization cycle; 2) mechanical monitors are checked and chemical indicators used for each cycle; 3) care is taken to avoid thermal injury to Dental workers or patients; and 4) items are transported aseptically to the point of use to maintain sterility. [1]

1 Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings 2003. MMWR 2003;52 (No. RR-17): 21-23

(a) Definitions of terms used in this section:

(1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

(2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

(3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.

(5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

(6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

(7) "High-level disinfection" kills some, but not necessarily all, bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.

(9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms.

(10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

(11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids and OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.

(12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

(C) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

(i) Cell, tissue, or organ cultures from humans or experimental animals;

(ii) Blood, organs, or other tissues from experimental animals; or

(iii) Culture medium or other solutions.

(13) "Dental Healthcare Personnel" (DHCP) are all paid and non-paid personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to minimize the transmission of pathogens in health care settings mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

(3) A copy of this regulation shall be conspicuously posted in each dental office.

Personal Protective Equipment:

(4) All DHCP 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 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.

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP 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. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from direct patient care if conditions are present that may render the DHCP or patients more susceptible to opportunistic infection or exposure.

(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

Needle and Sharps Safety:

(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

Sterilization and Disinfection:

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital-grade disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital-grade intermediate-level disinfectant with a tuberculocidal claim shall be used.

(15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

(16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Irrigation:

(18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal-EPA) registered, hospital-grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital-grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and follow all material safety data sheet (MSDS) handling and storage instructions.

(21) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

Lab Areas:

(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new ragwheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be re-cleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

(24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

Note: *Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.*

LESLIE CANHAM & ASSOCIATES, LLC

Important COVID Resources (updated Jan 15, 2024)

UPDATED 1-9-24 FACT SHEET COVID-19 Prevention – Non-Emergency Regulation What Employers Need to Know
https://www.dir.ca.gov/dosh/coronavirus/Non-Emergency-regs-summary.pdf

UPDATED 1-9-24 FAQs Frequently Asked Questions on Non-Emergency Regulations
https://www.dir.ca.gov/DOSH/Coronavirus/Covid-19-NE-Reg-FAQs.html

Cal/OSHA COVID-19 Regular Standards https://www.dir.ca.gov/dosh/coronavirus/Non_Emergency_Regulations/

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During COVD-19 Pandemic
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#print

CDC COVID-19 by County
https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 Work Restrictions https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

CDC updates on Isolation and Precautions for People With COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html

CDC Guidance on Types of masks and Respirators
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html

OSAP COVID-19 Toolkit and Resources https://www.osap.org/topics-coronavirus-disease-covid-19

OSAP Best Practices Infection Control in Dental Clinics during the COVID-19 Pandemic
https://www.osap.org/best-practices-for-infection-control-in-dental-clinics-during-the-covid-19-pandemic

CDA COVID-19 Resources https://www.cda.org/Home/Resource-Library/Resources/category/covid-19

How to Make a Surgical mask fit better Knot and Tuck Video https://youtu.be/GzTAZDsNBe0

Don/Doff PPE Videos
DON https://www.youtube.com/watch?v=YAr31WmHbVU
DOFF https://www.youtube.com/watch?v=z9X-fBQud4s

OSHA N95 Seal Check Video
https://www.youtube.com/watch?v=Tzpz5fko-fg

List of FDA Authorized and Banned Imported N95 Respirators
https://www.fda.gov/medical-devices/covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas

EPA List N: Disinfectants for Use Against COVID-19
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

EPA List Q: Disinfectants for Emerging Viral Pathogens (EVPs) Mpox
https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q

EPA List B: Antimicrobial Products Registered with EPA for Claims Against Mycobacterium tuberculosis (TB)
https://www.epa.gov/pesticide-registration/list-b-antimicrobial-products-registered-epa-claims-against-mycobacterium

National Institute of Health New coronavirus (SARS-CoV-2) stable for hours on surfaces
https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces#.XnJJzk-uf14.email

Federal OSHA for Dentistry Standards
https://www.osha.gov/dentistry

Cal/OSHA Aerosol Transmissible Diseases
https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf