**OFHS Dental 2026 Infection Control Plan for**
**Dental Vans and Portable Equipment Operations Delivering Preventive Services**

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Protocols for the safety of dental staff and their patients are directed in this document and the companion document **OFHS Dental 2025 Bloodborne Pathogen Exposure Control Plan for**
**Dental Vans and Portable Equipment Operations Delivering Preventive Services**

**General Recommendations**:

Dental staff will follow the general recommendations *VDH Guidelines for Infection Control*

**Dental Staff Specific Requirements:**

**Supervisors will confirm the following during orientation**:

All clinical staff are knowledgeable of infection control procedures as detailed by the CDC *Summary of Infection Prevention Practices in Dental Settings*. Hygienists and assistants are required to review the associated CDC dental training module: *Basic Expectations for Safe Care*

Hygienists and assistants complete the "Foundations:Building the Safest Dental Visit" training module #1092544 in the TRAIN system, annually.

All clinical staff complete the Bloodborne Pathogens Safety Training Module in *TRAIN* (course ID #1028520 )

All clinical staff will be knowledgeable of the safety information on the Office of Human Resources' website, *Workplace Safety and Employee Health*, and will complete the *Employee Health Inventory* form .

All clinical staff will be familiar with the **Hazard Communication Plan for VDH/DDH Dental vans and Portable Equipment Operations.** All clinical staff will be familiar with the list of ***Hazardous Materials*** potentially used in the preventive dental program and know how to locate required MSD sheets. MSD Sheets should travel with providers.

**Compliance with infection control guidance and OSHA requirements will be assessed during annual onsite reviews by the Quality Assurance dentist**

**Hand Hygiene**

**A. General Considerations**

1. Team members will perform hand hygiene with either a non-antimicrobial or an antimicrobial soap when hands are visibly dirty or contaminated with blood or other potentially infectious material. If hands are not visibly soiled, an alcohol-based hand rub (70% or greater ethyl alcohol) can also be used. The team member will follow the manufacturer's instructions for the hand hygiene products.

2. Indications for hand hygiene include

    a. When hands are visibly soiled
    b. After barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions
    c. Before and after treating each patient
    d. Immediately after removing gloves

**Personal Protective Equipment (PPE)** ( Required for: patient care, treatment area clean up, instrument processing)

A. **Masks, Protective Eyewear, and Face Shields**

1. Team members will always wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids.
2. Team members will change masks during patient treatment if the mask becomes wet or soiled in accordance with manufacturer's IFUs.
3. Team members will clean/ disinfect face shields and eye protection per manufacturer's instructions. If no instructions are given eye protection will be cleaned with soap and water and disinfected with intermediate level disinfectant.

B. **Protective Clothing**

1. Team members will wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM, if there is a likelihood of splash or splatter.
2. Team members will change protective clothing if visibly soiled and change immediately or as soon as feasible if penetrated by blood or other potentially infectious fluids.
3. Team members will remove barrier protection, including gloves, mask, eyewear, and gown before departing work area (e.g., dental patient care, instrument processing, or laboratory areas).

C. **Gloves**

1. Team members will wear FDA approved nitrile medical gloves when a potential exists for contacting blood, saliva, OPIM, or mucous membranes during patient care and post care clean up.
2. Team members will wear a new pair of gloves for each patient, remove them promptly after use, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.
3. Team members will remove gloves that are torn, cut, or punctured as soon as feasible and wash hands before re-gloving.
4. Gloves will not be washed before use or wash, disinfect, or sterilize gloves for reuse.
5. Team members will ensure that appropriate gloves in the correct size are readily accessible.
6. Appropriate gloves will be used (e.g., puncture- and chemical-resistant utility gloves) when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM.

7. Glove manufacturers will be consulted if needed regarding the chemical compatibility of glove material and dental materials used if there are any questions.

E. **PPE Provided**: The Dental Program will provide suitable gowns, eye protection, masks, gloves, and haircovers needed to provide dental treatment and duties requiring PPE.

F. **Protection for Patients**

1. Patients will be provided eye protection that will be worn throughout dental treatment.

**Respiratory Hygiene/Cough Etiquette** (follow local HD or school protocols)

A. All patients will be screened for signs and symptoms of a respiratory infection. This will begin at the point of entry. Some of the practices that the dental hygienists may do to reduce the spread of respiratory illnesses include:
    a. Providing tissues and no-touch receptacles for disposal of tissues.
    b. Providing resources for patients to perform hand hygiene in or near waiting areas.
    c. Offering face masks to coughing patients and other symptomatic persons when they enter the setting.
    d. Reschedule patients with respiratory symptoms of concern

**Sterilization and Disinfection of Patient-Care Items**

*Infection Control Categories of Patient-Care Instruments*

| Category | Definition | Dental Instrument or Item |
|---|---|---|
| **Critical** | Penetrates soft tissues, contacts bone, enters into the blood stream or other normally sterile tissue. | Surgical instruments, periodontal scalers, scalpel blades, surgical dental burs |
| **Semi-critical** | Contacts mucous membranes or non-intact skin; will not penetrate soft tissue, contact bone, enter into or contact the bloodstream or other normally sterile tissue. | Dental mouth mirror, amalgam condenser, reusable dental impression trays, dental handpieces |
| **Noncritical** | Contacts intact skin | Radiograph head/cone, blood pressure cuff, facebow |

CDC, 2003, p. 20, Levels of Sterilization and Disinfection

Sterilization (autoclave): used for all heat-tolerant critical and semi-critical patient care items

Intermediate-level disinfection: Liquid contact- EPA registered hospital disinfectant with label claim of tuberculocidal activity for surface disinfection

Low-level disinfection: liquid contact- EPA registered disinfectant with no claim of tuberculocidal activity (soap and water, alcohol) for cleaning
CDC, 2003, p. 66

A. **General Recommendations**

1. Only FDA-cleared medical devices will be used for sterilization. Manufacturer's instructions will be followed for correct use.
2. Critical dental instruments will be cleaned and heat-sterilized before each use per manufacturer's instructions.
3. Semi critical items will be heat-sterilize before each use or per manufacturer's instructions.
4. Team members will allow packages to dry in the sterilizer before they are handled to avoid contamination.
5. The clinic will encourage heat-stable semi critical alternatives.
6. Single use disposable items will be utilized to the extent practical

7. Single-use disposable instruments are an acceptable alternative if cost effective. These items must be used only once and disposed of correctly.

## B. Instrument Processing Area

1. To the extent possible, designate a central processing area. Divide the instrument processing area, physically or, at a minimum, spatially, into distinct areas for

    a. Receiving, cleaning, and decontamination
    b. Preparation and packaging
    c. Sterilization
    d. Storage:

## C. Receiving, Cleaning, and Decontamination Work Area

1. Team members will minimize handling of loose contaminated instruments during transport to the instrument processing area. They will use work-practice controls (e.g., carry instruments in a properly labeled covered container) to minimize exposure potential. Enzymatic pre-soak holding solution is recommended for instruments, but handpieces should only be moistened. All visible blood and other contamination from dental instruments and devices will be cleaned before sterilization or disinfection procedures.
2. Ideally hygienists will use automated cleaning equipment (i.g., ultrasonic cleaner ) to remove debris and improve cleaning effectiveness and decrease worker exposure to blood. Manual cleaning can be performed if the only available option.
3. Team members will use work-practice controls that minimize contact with sharp instruments if manual cleaning is necessary (e.g., long-handled brush).
4. Team members will wear puncture- and chemical-resistant/heavy-duty utility gloves for instrument cleaning and decontamination procedures.
5. Team members will wear appropriate PPE (e.g., mask, protective eyewear, and gown) during cleaning.

## D. Preparation and Packaging

1. The clinic will use sterilization pouches with built in process indicators to confirm adequate steam exposure.
2. Before sterilization of critical and semi-critical instruments, team members will inspect instruments for damage, cleanliness, then wrap or place them in containers designed to maintain sterility during storage (e.g., cassettes and organizing trays).

## E. Sterilization of Unwrapped Instruments (not recommended)

1. Team members will clean and dry instruments before the unwrapped sterilization cycle.
2. Team members will use mechanical and chemical indicators for each unwrapped sterilization cycle (i.e., place an internal chemical indicator among the instruments or items to be sterilized).
3. Team members will allow unwrapped instruments to dry and cool in the sterilizer before they are handled to avoid contamination and thermal injury.
4. Semi-critical instruments that will be used immediately or within a short time can be unwrapped on a tray or in a container system, if the instruments are handled aseptically during removal from the sterilizer and transported to the point of use.
5. Team members will make sure that critical instruments are not stored unwrapped.

## F. Sterilization Monitoring

1. The clinic will use mechanical, chemical, and biological monitors according to the manufacturer's instructions to ensure the effectiveness of the sterilization process.

2. Each load will be **monitored by pouch internal indicators** and a log **recording date, time temperature and pressure** to confirm autoclave function for each load
3. Team members will place items/packages correctly and loosely into the sterilizer so as not to impede penetration of the sterilant. Pouches will be dated.
4. The clinic will not use instrument packs.
5. The clinic will **monitor sterilizers weekly by using a biological indicator** with a matching control (e.g. biological indicator and control from same lot number). If biological testing indicates a possible failure, procedures as outlined by the CDC 2003 Guidance will be followed.
6. The clinic will maintain sterilization records (i.e., mechanical, and biological) in compliance with state and local regulations. Routine maintenance will be performed according to manufacturer instructions. Written maintenance records will be maintained.

G. **Storage Area for Sterilized Items and Clean Dental Supplies**

1. The shelf life of packaged sterilized items will be determined by the manufacture of the wrap or packaging of the manufacturer. If the manufacturer does not give a specific expiration on the wrap or packaging, expiration will be in accordance to the presentation and state of the wrap or packaging. Example (until the wrap or packaging has been compromised)
2. Team members will examine wrapped packages of sterilized instruments before opening them to ensure the barrier wrap has not been compromised during storage.
3. Team members will re-clean, re-pack, and re-sterilize any instrument package that has been compromised.
4. The clinic will store sterile items and dental supplies in covered or closed containers, when possible.

**Materials**

1.Multidose dispensing devices (i.e. sealant material syringes, etc.) will utilize disposable applicator tips and fresh device barriers between patient usage.

2.Single use disposable items will be used for only one patient.

**Equipment**

1. **Each dental hand piece and motor** is cleaned, packaged and sterilized after each patient use as per manufacturer's instructions.

2. Change **ultrasonic cleaner** weekly or per manufacturer instructions.

3. Flush unit hoses at the end of each day.

4. Rinse suction unit with **evacuator cleaner** at the end of each day.

5. Rinse waterlines with **Sterilex Liquid Ultra** or equivalent monthly during periods of clinic activity

**Environmental Infection Control**

B. **Clinical Contact Surfaces**

1. Team members will use surface barriers to protect clinical contact surfaces that are difficult to clean and change surface barriers between patients.
2. Surfaces that are not barrier-protected will be cleaned and disinfected using an EPA-registered hospital disinfectant with an intermediate-level activity after each patient..

D. **Spills of Blood and Body Substances:** Team members will clean spills of blood or OPIM and decontaminate surface with an EPA-registered hospital disinfectant with low to intermediate-level activity, depending on size of spill and surface porosity.

E. **Regulated Medical Waste**

1 The dental clinic will use a color-coded or labeled container that prevents leakage (e.g., biohazard bag) to contain non-sharp regulated medical waste (i.e. gauze saturated with blood)
2 Team members will place sharp items (e.g. broken metal instruments, disposable explorers) in an appropriate sharps container (e.g., puncture resistant, color-coded, and leak-proof).

**Dental Waterlines, Biofilm and Water Quality**

A. **Team members will:**

1. Use water that meets EPA regulatory standards for drinking water (i.e., ≤500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water. ( distilled water is ideal)
2. Utilize **waterline tablet disinfectants** such as Blutab, Citrisil or equivalent in water reservoirs and change daily.
3. Test unit water quality at least annually and document. Carry with the onsite travel records
4. Discharge water and air for a minimum of 20--30 seconds after each patient, from any device connected to the dental water system that enters the patient's mouth (e.g., hand pieces, ultrasonic scalers, and air/water syringes)

**In the event of a possible infection control breach, the dental clinic with follow CDC guidance for management.**