

**EXHIBIT 5-3**

**DENTAL HYGIENE PROGRAM  
STARK STATE COLLEGE OF TECHNOLOGY  
EXPOSURE CONTROL PLAN**

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(General)

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(Section VII A-E)

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**DENTAL HYGIENE PROGRAM  
STARK STATE COLLEGE OF TECHNOLOGY  
EXPOSURE CONTROL PLAN**

I. General Statement

- A. The SSCT Dental Hygiene Program Exposure Control Policy is based on the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) Rules and Regulations for Occupational Exposure to Bloodborne Pathogens. The OSHA Rules and Regulations apply to all work settings in which occupational exposure to blood or other potentially infectious materials may occur. The term occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with potentially infectious materials including saliva in dental procedures.
- B. According to the OSHA Rules and Regulations on Bloodborne Pathogens, employers engaged in work practice setting where occupational exposures to blood or other potentially infectious materials may occur must establish a written Exposure Control Plan designed to eliminate or minimize worker exposure. The Dental Hygiene Exposure Control Plan is distributed to all Dental Hygiene workers. The terms "Dental Hygiene worker" or "worker" are used throughout the Control Plan and are meant to include both Dental Hygiene employees and students.
- C. The Dental Hygiene Exposure Control Plan will be reviewed and updated at least annually.
- D. Dental Hygiene worker exposure control training shall occur at the time of the individual's initial employment or assignment to a work area where occupational exposure may occur and at least annually thereafter. Exposure control training shall be documented by having the worker complete and sign an Exposure Control Training Record form which will be maintained in the worker's Program file.
- E. The Occupational Safety and Health Administration (OSHA) Rules and Regulations for Occupational Exposure to Bloodborne Pathogens must be available to workers for review. Copies of this document are located in the Dental Hygiene Clinic Office (H100).

II. Exposure Determination

- A. Dental Hygiene workers must complete an Exposure Determination Record at the time of initial employment with or enrollment in the Dental Hygiene Program. The Determination record will be maintained in the worker's Program file.
- B. The exposure determination record identifies job classifications based on exposure risks incurred without the use of personal protective equipment. Job-related task classifications include:
  - 1. Category 1: All procedures or other job-related tasks involve an inherent potential risk of mucous membrane or skin contact with blood or other potentially infectious material.
  - 2. Category 2: The normal work routine involves no exposure to blood or other potentially infectious materials, but exposure or potential exposure may be required as a condition of employment.
  - 3. Category 3: The normal work routine involves no exposure to blood or other potentially infectious materials. Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency care or first aid or to be potentially exposed in some other way.
- C. Providing direct dental hygiene patient care is determined to be a Category 1 Exposure Classification. Being a Clinical Assistant is a Category 1 job classification.

### III. Universal Precautions/Standard Precautions

- A. Universal precaution standards dictate that, blood and all body fluids of all patients are considered potentially infectious for hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other blood borne pathogens.
- B. A medical history and/or examination cannot reliably identify all patients infected with HBV, HIV, or other blood-borne pathogens. Therefore, all dental patients must be considered infective and precautions must be taken against infection from all body fluids.
- C. It is recommended that non-emergency treatment for patients who present with an active blood or fluid-borne pathogenic infection be delayed until the patient is determined to be non-infective.
- D. Dental Hygiene workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

### IV. Work Practice Controls

Work practice controls shall be used to eliminate or minimize worker exposure.

- A. Routine Handwash
  1. Wet hands, apply liquid soap; avoid hot water. Use cool to lukewarm water.
  2. Rub hands together for at least 10 seconds; cover all surfaces of fingers, hands, and wrists.
  3. Interlace fingers and rub to cover all sides.
  4. Rinse under running water; dry thoroughly with disposable towels.
  5. Turn off faucet with the towel.
  6. Bar soap harbors microorganisms; keep on soap rack where drainage and drying is possible.
- B. Antiseptic Handwash – Preliminary Steps
  1. Remove watch and jewelry from hands.
  2. Fasten hair back securely.
  3. Don protective eyewear and mask before handwashing to prevent contamination of washed hands ready for gloving.
  4. Use cool water.
- C. Handwashing Procedure
  1. Lather hands, wrists, and forearms quickly with liquid antimicrobial soap.
  2. Rub all surfaces vigorously; interlace fingers and rub back and forth with pressure.

3. Rinse thoroughly, running the water from fingertips down the hands. Keep water running.
  4. Repeat two more times. One lathering for 3 minutes is less effective than are 3 short latherings and 3 rinses in 30 seconds. The latherings serve to loose the debris and microorganisms and the rinsings wash them away.
  5. Use paper towels for drying, taking care not to recontaminate.
- D. Antiseptic Hand Rub
1. Decontaminate hands with an alcohol-based hand rub.
  2. Apply the product (follow manufacturer's directions for amount to use) to the palm of one hand, and rub hands together.
  3. Rub hands vigorously, covering all surfaces of fingers and hands, until the hands are dry.
- E. Surgical Antisepsis

Each hospital or oral surgery clinic has rules and regulations for surgical antisepsis. These should be posted over the scrub sinks.

A surgical antisepsis performed as the first of a day should be 10 minutes and subsequent ones may be 3 to 5 minutes. Following treatment of a contagious or isolated patient, the procedure should take at least 5 minutes.

1. Preliminary Steps
  - a. Remove watch and jewelry. Place hair and beard coverings and make sure hair is completely covered. Don protective eyewear and mask.
  - b. Open sterile brush package to have ready.
  - c. Wash hands and arms, using surgical liquid antimicrobial soap to remove gross surface dirt before using the scrub brush. Lather vigorously with strong rubbing motions, 10 on each side of hands, wrists, and arms. Interlace the fingers and thumbs to clean the proximal surfaces.
  - d. Rinse thoroughly from fingertips across hands and wrists. Hold hands higher than elbows throughout the procedure. Leave water running.
  - e. Use orangewood stick from the sterile package to clean nails. Rinse.
2. First Hand
  - a. Lather the hands and arms and leave the lather on to increase the exposure time to the antimicrobial ingredient.
  - b. Apply surgical liquid antimicrobial soap, and begin the brush procedure. Scrub in an orderly sequence without returning to areas previously scrubbed.
  - c. First hand and arm.

1. Brush back and forth across nails and fingertips, passing the brush under the nails.
  2. Fingers and hand. Use small circular strokes on all sides of the thumb and each finger, overlapping strokes for complete coverage.
  3. Continue to wrist. Apply more soap to maintain a good lather.
  4. When arm is completed, leave lather on.
3. Second Hand
- a. Repeat on other arm. Some systems require the use of a second sterile brush for the second hand. When this is so, discard the first brush into the proper container and obtain the second brush.
  - b. At one-half of scrub time, rinse hands and arms thoroughly, first one and then the other, starting at the fingertips and letting water pass down over the arm.
  - c. Lather and repeat.
  - d. At end of time (or counts), rinse thoroughly, each arm separately, from fingertips. Apply towel from fingertips to elbow without reapplying to hand area.
  - e. Hold hands up and clasped together. Proceed to dressing area for gowning and gloving.
- F. Precautions should be taken to prevent injuries caused by needles and other sharp instruments or devices during operatory set-up, instrumentation, or clean-up procedures.
1. Contaminated needles and other sharps shall not be bent, recapped, or broken.
  2. Needles must be recapped through the use of a mechanical device, safe injection system or a one-handed technique.
  3. Immediately, or as soon as possible after use, disposable contaminated sharps must be placed in a leak proof puncture-resistant container. These containers must be labeled with a biohazard symbol and color coded.
  4. Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers in operatory.
- G. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize generation of droplets of these substances and cross-contamination.
1. Utilize high-speed suction when appropriate.
  2. Avoid the use of the air/water spray combination.
  3. Utilize the proper patient/operator positioning.

- H. Blood and saliva should be thoroughly and carefully cleaned from material/equipment that have been used in the mouth. Contaminated materials, impressions, and intra-oral devices should also be cleaned and disinfected before being handled in the dental laboratory.
  - I. Hair must be clean, neat and worn short or confined away from the face. Hair holders must be plastic, so they can be disinfected. No cloth type hair holders. If hair falls below the collar, it needs to be pulled up in a plastic or rubberized hair holder.
  - J. Fingernails must be clean and short with only clear nail polish.
  - K. Jewelry shall not be worn on hands or arms during patient treatment. If necklaces are worn they must be placed inside the lab coat. Earrings must be of a small, inconspicuous design and are limited to only one per earlobe. Rings should not be worn. A wrist-watch may be worn. A smooth band and face design is recommended.
  - L. Body jewelry (piercing ornamentation) shall not be worn in the clinic.
  - M. Any body tattoos that are visible must be covered during every clinical session.
  - N. Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- V. Personal Protective Equipment
- A. All Dental Hygiene workers shall routinely use appropriate personal protective equipment to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated.
  - B. Personal protective equipment shall include, but is not limited to, gloves, laboratory coats or disposable clinic gowns, face shields or masks, eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.
  - C. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the workers clothes, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
  - D. Dental Hygiene workers must remove all personal protective equipment prior to leaving the clinic floor.
  - E. Gloves
    - 1. All clinical personnel must wear disposable gloves during all operatory set-up and treatment procedures.
    - 2. If a glove is torn or a needle or instrument puncture occurs, the glove should be removed as soon as possible.

3. Disposable gloves (single use) gloves shall not be washed or decontaminated for re-use.
4. Sturdy, unlined nitrile utility gloves must be worn for all post-treatment instrument cleaning procedures.
5. Utility gloves are sterilized and may be re-used if the integrity of the glove is not compromised.

F. Masks

1. Disposable masks must be worn whenever intra-oral procedures are performed.
2. A new mask must be worn for each patient and should be changed during patient treatment if it becomes soiled or wet.
3. When not in use, the mask should be removed and discarded; it should not be placed on the forehead, under the chin or around the neck.

G. Eye Protection and Face Shields

1. Protective eyewear for both the Dental Hygiene worker and the patient must be worn whenever intra-oral procedures are performed.
2. Protective eyewear must provide full-eye protection and have solid side shields.
3. Worker and patient protective eyewear must be disinfected after use and between each patient.
4. A chin-length face shield may be worn in place of the eye glasses or goggles, but must be worn in conjunction with a face mask during dental procedures in which an aerosol spray or spattering of blood, saliva, or gingival fluids is likely.

H. Protective Body Clothing

1. All Dental Hygiene workers must routinely wear appropriate attire (lab coat, scrub top and pants, and shoes) to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
2. A disposable clinic gown will be worn over scrub top and pants.
3. The clinical attire, uniform and uniform shoes must be removed prior to leaving the clinic.
4. Clinical attire must be changed at least daily and/or when visibly soiled.
5. Visible soiled clinical attire shall be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and persons handling the items. Attire shall be removed and placed in an impervious bagging material at the location where it was used for transport to the laundering facility.

6. Clinic gown will be disposed before leaving the clinic area. Other clinic attire shall be laundered separately from regular clothing items. Appropriate detergents, depending on the temperature of the water, should be used for laundering the attire.
7. Clinic shoes, depending on the material, should be washed or wiped with a disinfectant when visibly soiled.

I. Housekeeping

1. All equipment and environment and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials.
2. Dental equipment and surfaces that are difficult to disinfect (e.g., light handles or x-ray-unit heads) and that may become contaminated shall be wrapped with impervious-backed paper, aluminum foil, or clear plastic wrap. The coverings must be removed and discarded, and clean coverings must be put in place after use with each patient.
3. All contaminated re-usable instruments which can be sterilized in a verifiable heat sterilizing device must be thoroughly cleaned and heat sterilized before use in the treatment of another patient.
4. The use of solution sterilization ("cold sterilization") is only acceptable for items that cannot withstand heat sterilization conditions.
5. The effectiveness of the heat sterilizer shall be monitored weekly with the use of a biological indicator spore test strip.

J. Disposal of Regulated Waste

1. Procedures for the disposal of contaminated sharps include:
  - a. disposal in a container that is closable, puncture resistant, leak-proof, and labeled with the *Biohazard* symbol or of a red color.
  - b. disposal in easily accessible containers that are routinely replaced, not overloaded, and remain upright.
2. Disposable supplies that have been contaminated with blood must be discarded in a biohazard waste container. Biohazard containers must be labeled with the *Biohazard* symbol or be of a red color.

V. Immunizations

- A. Dental Hygiene workers are assumed to be at high risk for blood-borne infections due to their routinely increased exposure to body fluids from potentially infected patients. Because of this high risk OSHA currently recommends immunization against HBV for all health personnel who may be occupationally exposed to potentially infectious secretions. In addition, it is recommended that all workers be immunized against tetanus measles, rubella, mumps, DPT, polio, variacella zoster and influenza, if not already immune, and be tested for tuberculosis exposure annually.

- B. All Dental Hygiene workers must submit a completed medical statement. This medical statement provides documentation of previous immunizations and will be maintained in the worker's Program file.
- C. The Dental Hygiene Program requires that all Dental Hygiene workers obtain the vaccine for the Hepatitis B virus in compliance with Ohio State Dental Board regulations and should have a follow-up blood titer. Each worker will be required to show proof of immunization(s). Such documentation will be maintained in the worker's Program file.

#### VII. Post-exposure Evaluation and Follow-up

- A. The following procedures must be instituted if a Dental Hygiene worker has a percutaneous (cut or needlestick) or mucous membrane (splash to eye, nasal musosa, or mouth) exposure to body fluids or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise non-intact. Exposure of unbroken skin to body fluids is not considered significant.
  - 1. Immediately cleanse wound/area with soap and water.
  - 2. Inform clinical instructor of the incident.
  - 3. Complete an Exposure Incident Report.
  - 4. Within four (4) hours, report to U.S. Health Works, 2626 Fulton Drive N.W., Canton, Ohio 44718, between 8:00 a.m.-5:00 p.m. If after hours, report to Aultman Hospital Emergency Room. Be sure to bring a copy of your Hepatitis Titer results (available from the dental hygiene clinic manager) and an "Authorization for Treatment/Exam" form to be included with your permanent health records.
  - 5. Comply with recommendations provided by medical personnel at U.S. Health Works and/or Aultman Hospital.
- B. The patient will be encouraged to consent to blood testing. If consent is given, he/she will be referred to U.S. Health Works or Aultman Hospital. Medical personnel will recommend a course of action with follow up, if appropriate.
- C. If any Dental Hygiene worker with a possible exposure refuses to submit to the procedures identified in A., B., and C. above when such procedures are medically indicated, no adverse action can be taken on that ground alone since the procedures are designed for the benefit of the exposed personnel.
- D. The incident must be recorded in the patient's chart, as well as, in the worker's Program file. These records will be maintained for the duration of employment or enrollment with the Program plus 30 years.
- E. Stark State College will cover the cost of patient, student, and/or employee care associated with the established post-exposure but not including long term care or care associated with pre-existing conditions.

#### VII. Operatory Infection Control

NOTE: Prior to disinfecting the unit, the instrument cart and dividers must be dusted with a damp paper towel. The dental light cover must be inspected for debris and if necessary, wiped with a damp paper towel.

All equipment which may be contacted during clinic procedures must be disinfected. During disinfection procedures hands must be gloved and washed. The operatory areas must be sprayed with the disinfectant and allowed to dry without wiping with the exception of the light cover, and the dental chair which is disinfected by wiping with a paper towel saturated with disinfectant.

A. The following equipment is disinfected:

1. Central Console Unit
2. Pen, pencils
3. Laminated chart form.
4. Operator and patient protective eyewear.
5. Stethoscope (earpiece, diaphragm).
6. Light handles and view box.
7. Metal parts and tubing of the air-water syringe and handpiece connectors.
8. Top, bottom, and tubing of the bracket tray.
9. Evacuator and saliva ejector holders, tubings and tips.
10. Any other equipment (sealant kit, ultrasonic scaler, etc.) which will be touched by the operator during an appointment.

B. The following items are covered with plastic, paper, or foil barriers:

1. Patient and operator chair
2. Bracket tray
3. Light handles and switch
4. Air/water syringe handle
5. Evacuator and saliva ejector tubing
6. Ultrasonic scaler and air/powder polisher handpiece and sealant light wand
7. Slow speed handpiece

C. In preparing the bracket tray and other supplies for clinic sessions, the worker must:

1. Place bracket tray cover and sterile supplies on unit bracket tray.

2. Obtain other necessary supplies (patient bib, toothbrush, etc.)
  3. Obtain antimicrobial mouth rinse in a paper cup for adult (18 years of age and older) patients to use prior to intra-oral procedures.
  4. Place a plastic waste bag or paper cup in an accessible area to use as a receptacle for blood and/or fluid soaked gauze.
  5. Place instrument cassette on bracket tray.
  6. When patient is seated open instrument cassette in preparation for treatment.
  7. Attach saliva ejector, evacuator tip, and air/water syringe tip to proper tubing.
  8. Unfold patient bib and cover instruments and sterile supplies with bib until patient is seated.
- D. During patient treatment procedures, the worker must:
1. At the appropriate time, instruct all adult patients, 18 years of age and older, to rinse with an antimicrobial mouthwash for one (1) minute prior to intra-oral procedures.
  2. Wear a protective mask and eyewear during intra-oral procedures. If the patient does not have appropriate eyewear he/she must be provided with eyewear.
  3. Wear gloves prior to intra-oral procedures.
  4. Cover writing implements with plastic for recording chart entries during intra-oral procedures.
  5. Avoid making chart entries in the patient's permanent record with contaminated gloves.
  6. Avoid contact with contaminated surfaces especially masks, eyewear, hair, and instrument storage kit. If contaminated surfaces/objects are touched the student must change gloves prior to intra-oral procedures.
  7. Remove gloves and wash hands when leaving the dental operatory after performing intraoral procedures and rewash upon return, wash hands and reglove.
  8. Avoid contact with dropped instruments. An instrument that is dropped must not be picked up and reused. If the instrument is essential for the procedure, a sterilized replacement instrument must be obtained.
  9. If an assistant is utilized, assure that the assistant is in clinical attire, including gloves, eyewear and mask.
- E. At the end of the appointment, the worker must:
1. Remove gloves and wash hands immediately after the completion of intra-oral procedures.

2. Wrap handpiece in a paper towel.
3. Discard body-fluid contaminated materials in hazardous waste container.
4. Discard other disposable supplies and barriers.
5. Use a wet paper towel moistened with disinfectant to remove visible blood and debris from dental unit and surrounding area.
6. Re-disinfect equipment (see A).
7. Suction one (1) cup of water through each evacuator hose used during the appointment.
8. Remove gloves and wash hands immediately after taking off gloves.

F. At the end of a clinic session, workers must follow post-appointment infection control procedures (see E) in addition to the following:

1. Suction one (1) cup of ultrasonic cleaning agent through each evacuator hose used during the appointment.
2. Remove, empty, and rinse suction trap.
3. Remove saliva ejector hook-up and clean with water and a cotton tip applicator.

#### IX. Instrument infection control

NOTE: Utility gloves must be worn during all instrument clean-up procedures, running warm water over the utility gloves will make them more pliable.

A. Procedures for preparing instruments for Autoclave sterilization include the following:

1. Close and lock instrument cassettes.
2. Place in ultrasonic cleaner.
3. Remove cassettes from ultrasonic, rinse, and examine for debris. If debris is present, repeat step 2. Hand scrubbing of instruments should be avoided.
4. Let cassettes drip dry (5 minutes).
5. Wrap cassettes and label with student number.
6. Place in sterilizer.
7. Remove debris from handpiece and ultrasonic scaler insert with a damp paper towel moistened.
8. Place handpiece and ultrasonic inserts wrapped, in the Statim or autoclave.
9. Wash and dry utility gloves and bag for sterilization.

B. Solution sterilization

NOTE: The use of solution sterilization ("cold sterilization") is only acceptable for items that can not withstand heat sterilization conditions.

1. Clean equipment by removing debris, rinsing and drying.
2. Equipment must be emersed in the solution for ten \*(10)\* hours.
3. Following sterilization the equipment must be removed from the solution, rinsed with water, dried, and placed in plastic bags for storage.

X. Radiology Infection Control

A. Personal Barrier Techniques

1. All individuals having patient contact will adhere to the same guidelines concerning clinic attire, gloves, masks and eyewear as for clinic.

B. Radiography Operatory Infection Control

1. The following equipment components are disinfected:
  - a. patient chair arm rests
  - b. lead-lined apron (both sides)
  - c. counter top
  - d. movable cart
2. The following items are covered with plastic, paper or foil barriers:
  - a. patient chair (plastic bag)
  - b. tube head and offset fork (plastic bag and plastic wrap)
  - c. movable cart (tray covers or paper towel)
  - d. control panel (plastic cover all sheet)
  - e. control panel outside of room (cover all sheet)
3. In setting up the supplies for radiology procedures, the worker should obtain the following supplies and place them on the movable cart.
  - a. patient bib on top of movable cart
  - b. film and any gauze, cotton rolls or mouth mirrors that will be needed, appropriate film mount (to use in the operatory)
  - c. one paper cup in which to place the exposed film
  - d. sterile film holding device(s)
  - e. bitetabs. All bitetabs should be applied to the film before any exposures are made
4. During patient treatment procedures, the radiographer should:
  - a. Place the lead apron and secure the thyroid collar around the patient's neck.
  - b. Cover the lead apron with a clean patient bib.
  - c. Put on gloves prior to touching films and performing intra-oral procedures.

- d. Open package of sterile film holding device.
  - e. Expose radiographs
  - f. Place exposed films in the paper cup
5. At the end of the radiographic procedures, the radiographer should:
- a. Remove the lead apron from the patient and dismiss patient.
  - b. Place film holding device(s) into appropriate sterile bag with student number.
  - c. Remove all barriers placed.
  - d. Remove used gloves.
  - e. Put on clean gloves.
  - f. Use a wet paper towel, moistened with disinfectant, to remove any visible blood and/or saliva debris from the lead apron and/or equipment.
  - g. Re-disinfect equipment that was not covered with a barrier.

#### C. Darkroom Infection Control

- 1. To process the exposed radiographs, the radiographer should:
  - a. Carry the paper cup with exposed films into the darkroom using revolving door without touching it with gloved hands.
  - b. Turn on safe-lite and turn off overhead lights with elbow.
  - c. Place a paper towel on top of the developer or next to manual tank.
  - d. Under safelight conditions, open film packets and feed film through processor or attach to rack (remove one film from paper cup at a time).
  - e. Place the opened film envelopes on the paper towel.
  - f. Discard the opened film envelopes in the paper towel into the waste container.
  - g. Carefully remove the gloves from hands and discard in the waste container.

#### XI. Instrument and Equipment Maintenance

- A. Workers are responsible for checking instruments for damage. If damaged instruments are found, return them to the Clinic Coordinator. Manufacturer replacement depends on proper handling of instruments.
- B. Low speed / prophylaxis Handpiece Motor: After the clinic session:
  - 1. Spray Midwest Plus on outside of handpiece.
  - 2. Scrub and rinse.
  - 3. Run handpiece until normal speed is reached or all excess is expelled.
  - 4. Lubricate with Midwest Plus. Low speed motor: three drops into drive air tube.
  - 5. Run handpiece until normal speed is reached or all excess is expelled. Dry thoroughly.
  - 6. Bag and sterilize. See: (*Manufacturer's Instructions for "Handpiece Maintenance Procedures"*.)

- C. Prophylaxis and contra-angle attachments
  - 1. Use disposable prophylaxis angle. (brush and cup)
  - 2. Follow manufacturer directions for contra-angle maintenance.
- D. Operatory maintenance procedures to be completed at the end of each clinic session include the following:
  - A. Arrange the operatory equipment in the following manner:
    - 1. Place dental unit back in an upright position and raise the unit.
    - 2. Direct the dental light upward and place over the unit.
    - 3. Place the rheostat on the base of the dental unit.
    - 4. Tuck the operator chair at the central console area near the bracket table.
  - B. Assistant stools should be identified, disinfected and returned to one at each corner of the clinic.
- E. Clinic equipment malfunctions and problems should be reported to the Clinic Faculty Specialist as soon as possible. Reporting forms are located at the reception desk.

## XII. Collection and Preparation of Extracted Teeth for Instructional Use

### A. Background Statement:

The use of extracted human teeth in the study of dental anatomy is a valuable addition to the analysis of plastic or plaster teeth. Extracted teeth provide a more realistic form of the anatomy of the tooth; they have more clearly formed cusps, ridges, fossae, and pits. Variations of the ideal tooth form can also be seen by the student. They can also provide the opportunity to view relatively rare dental anomalies by the student. However, there must be an adherence to the infection control procedures when extracted teeth are collected and inspected. All persons who collect, transport, or manipulate extracted tooth should use universal precautions when handling extracted teeth.

The handling of extracted teeth used in dental educational settings differs from giving patients their own extracted teeth. Several states allow patients to keep such teeth because these teeth are not considered to be regulated (pathologic) waste or because the removed body part (tooth) becomes the property of the patient and does not enter the waste system.

### B. GUIDELINES FOR SPECIMEN COLLECTION **(To be followed by specimen collecting practitioner)**

OSHA recommends that "extracted teeth be subject to the containerization and labeling provisions of the bloodborne standard." The CDC guidelines state that extracted teeth should be collected in clearly marked and "securely sealed specimen container" (wide-mouthed jar with a secure lid) with a 10% (diluted 1:10 with tap water) solution of common

household bleach (sodium hypochlorite). Care should be taken when collecting specimens to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it should be cleaned and disinfected or placed in an impervious bag. Concerns about mercury contamination during preparation for use does not allow the saving of teeth with amalgam restorations nor sterilization of them for viewing.

C. **TECHNIQUE FOR PREPARATION**

**(To be followed by dental hygiene personnel upon receipt of specimens)**

1. Use gloves, mask, and protective eyewear during preparation of the teeth.
2. Open collection jars and pour off bleach solution into jars with a new 10% bleach solution. The solution from these second jars should be left standing for at least 30 minutes then poured into the sewer.
3. Place collected teeth on several layers of paper towels on a tray. Discard collection jars and lids in any trash receptacle.
4. Separate the teeth and place any to be discarded, e.g. those with amalgam restorations, into a wide-mouthed jar with new 10% bleach solution. The teeth and jars are then discarded in any receptacle after 30 minutes.
5. Place remaining teeth into clear zipper-locked plastic bag with a new 10% bleach solution. Place closed bag in an ultrasonic for 30 minutes. Solution from the bag is poured down the sewer.
6. Place teeth in plastic autoclave bags and tape closed. Autoclave teeth. Discard paper towels, plastic bag and gloves into the biohazard waste receptacle. Spray tray with germicidal detergent and allow to dry.
7. Place autoclaved teeth into clear wide-mouthed jars so that teeth can be viewed and then removed with cotton pliers. Labeled jars (according to OSHA standards) are then filled with 0.2 thymol solution.
8. As teeth are needed, they can be removed from the jars with cotton pliers and rinsed with tap water, soaked in a container of tap water, and rinsed again. Teeth can be safely handled with ungloved hands. There is no need to pre-treat thymol solutions before discarding into sewer.

**INFECTIOUS WASTE SPILLS - DISPOSAL PROCEDURES**

1. Infectious spill kit is located in the clinic sterilization area and the in Dental hygiene lab. (H102).
2. Spill Kit contain: Absorbent material, biohazard bags, disinfectant, tape, latex, and first aid kit.

3. If there is an infectious waste spill, immediately notified a faculty member and/or Resident dentist, apply appropriate protective equipment (safety glasses, lab coat or disposable gown, and nitrile gloves).
4. From the kit, place the absorbent materials on the spill, so it can be absorbed. This area should be considered infectious.
5. Remove the spill and absorbent materials and place in a biohazard bag.
6. Clean the area with disinfectant for the length of time specified by the manufacturer.
7. Report all spills to: Nancy Stanwick, Clinical Coordinator  
Dental Hygiene at 330-966-5458 Ext. 4540  
Nichole Oocumma, Program Chair  
Dental Hygiene at (330) 966-5458 Ext. 4707