INFECTION CONTROL PROTOCOL

Certain protocols used in a large portable clinic environment will be different than in a normal dental office. These are required because multiple dental professional volunteers with differing backgrounds all working in an unfamiliar setting has the potential to increase patient risk.

There for the following protocols must be adhered to without exception:

1. No volunteers under the age of 18 are to volunteer on the clinic floor.
2. There will be no food or beverages, except bottled water on the clinic floor.
3. Volunteers working in Anesthesia, Restorative, Oral Surgery, Pediatric, Endodontics, Sterilization, Clinic Support, Hygiene Support and Hygiene, cleaning up spills or handling hazardous waste must have had their Hepatitis B vaccination.
4. Volunteers delivering instruments to and picking instruments up from sterilization will wear gloves.
5. Sterilized instruments taken to a clinic area to be temporarily stored before use will be covered.
6. Follow all infection control best practices:
   a. Wear gloves and change between patients and when cleaning contaminated surfaces.
   b. Wear a mask when splashing or splattering is likely to occur.
   c. Wear protective eye wear at all times in clinic areas and sterilization.
   d. Protective gowns will be available for your use at your discretion.
7. Do NOT allow patients to form a lip seal on the saliva ejector or HVAC.
8. Before turning off the HVAC, remove it from the patient’s mouth, point it toward the ceiling, then turn it off.
9. Dirty instruments should be brought to sterilization in a container with a lid. Lids should either be red in color or have the appropriate biohazard label on them. Providers are not to carry contaminated instruments in their hands across the clinic floor.
10. All dirty instrument bins will be located on the dirty table at the end of each row along with the sharps container, DNRA buckets and HVAC cleaner.
11. After each patient obtain 2 three-ounce cups of pre-mixed peroxide line cleaner and pull one cup through the saliva ejector and one cup through the HVac

12. All surface areas will be wiped down with Cavicide wipes between patients and at the end of the work shift, or to the volunteer professionals leaving the clinic area. A WIPE LEFT ON THE PATIENT CHAIR INDICATES THE WORK AREA HAS BEEN WIPE DOWN AND IS READY FOR PATIENT USE.

13. All sharps will be disengaged at the location of their use. Dispose of sharps in the nearest sharps container to your station. ONLY SHARPS GO IN THE SHARPS CONTAINER.

14. Place only Medical Waste (blood soaked gauze, gloves, etc) in the red bag boxes. No general trash in these, please.

15. Place extracted teeth with amalgam restorations in the DNRA buckets and extracted teeth without amalgam in the medical waste container.

16. Place scrap amalgam and amalgam capsules in the DNRA buckets nearest your station