

# STATEMENT OF SCOPE

## DENTISTRY EXAMINING BOARD

Rule No.: DE 10

Relating to: Regulation of Mobile Dentistry Programs

Rule Type: Permanent

### 1. Finding/nature of emergency (Emergency Rule only):

N/A

### 2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to implement 2013 Act 244 by doing the following:

- o Create a definition of “mobile dentistry program”;
- o Define the activities that constitute the operation of a mobile dentistry program for purposes of the registration requirement;
- o Requirements for obtaining a registration;
- o Requirements for patient access to dental records; and
- o Standards of conduct for the operation of a mobile dentistry program, the provision of dental services through a mobile dentistry program and the use of portable dental equipment.

### 3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Under 2013 Act 244, no person may own or operate a mobile dentistry program in Wisconsin unless the person is registered. The Dentistry Examining Board was given specific authority to promulgate rules to regulate mobile dentistry programs as outline in the above objective of the proposed rule.

The alternative to promulgation of rules would be to create confusion as to the definition of a mobile dentistry program, the activities the program may perform, the process for obtaining registration and the standards of conduct which must be followed.

### 4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

447.02(2) The examining board shall promulgate rules specifying all of the following:

(f) A requirement that a mobile dentistry program registrant establish procedures for a patient treated in the mobile dentistry program to access his or her patient records.

(g) Standards of conduct for the operation of a mobile dentistry program in this state, the provision of dental services through a mobile dentistry program, and the use of portable dental equipment.

(h) A definition of “mobile dentistry program” and the activities that constitute the operation of mobile dentistry program for purposes of the registration requirement under s. 447.058.

447.058(2)(a) The examining board may grant a registration under this section to a person who does all of the following:

3. Satisfies any other requirements established by the examining board by rule.

15.08(5)(b) Each examining board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

Rev. 3/6/2012

**5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:**

200 hours

**6. List with description of all entities that may be affected by the proposed rule:**

The owners, operators and employees of mobile dentistry programs and their patients will be affected by the proposed rule.

**7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:**

None

**8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):**

None to minimal. It is not likely to have a significant economic impact on small businesses.

**Contact Person:** Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

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Authorized Signature

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Date Submitted

**OSHA / CDC ISSUES IN DENTISTRY  
information on JULY 9, 2014 TO THE  
WISCONSIN DENTISTRY EXAMINING BOARD  
PROVIDED BY:**

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**QUESTIONS WELCOME. EMAIL PREFERRED.**

*"Safety, like kindness...matters."*



Oklahoma State Department of Health

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## Public Health Investigation of Tulsa Dental Practice

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### Health Officials Announce New Results of Harrington Investigation

(Oct. 17, 2013) The Oklahoma State Department of Health and Tulsa Health Department announced today that findings from genetic testing of HIV specimens from former patients of the W. Scott Harrington dental surgical practice have been deemed inconclusive for potential connection to the practice, according to the Centers for Disease Control and Prevention (CDC). Specimens from three of four Harrington patients testing positive for HIV were submitted to CDC for genetic analysis in an effort to determine if the source of infections was related to the clinic.

Last month the two public health agencies released an interim status report on results of their public health investigation of the W. Scott Harrington dental surgical practice, which indicated that genetic-based testing of patient specimens by CDC confirmed one event of patient-to-patient transmission of hepatitis C virus had occurred in the practice. This is the first documented report of patient-to-patient transmission of hepatitis C virus associated with a dental setting in the United States.

On March 28, public health officials announced they were notifying current and former patients of the practice that they may have been exposed to blood-borne viruses at Harrington's Tulsa and Owasso offices. Health officials recommended these patients have their blood drawn for testing for hepatitis B, hepatitis C and HIV infection at free screening clinics established at the Tulsa Health Department, Oklahoma City-County Health Department and other county health departments in the state. The free screening clinics were available through June 28.

In total, the Oklahoma Public Health Laboratory completed testing for 4,208 persons. Ninety patients tested positive for hepatitis C, 6 for hepatitis B, and 4 for HIV. An unknown number of persons also sought testing through their private health care provider.

A final report summarizing the oral healthcare-associated public health investigation and response is underway.

#### Fact Sheets

[Oklahoma Dental Association Statement on Infection Control in Dental Practices \(.pdf\)](#)

[OSDH Frequently Asked Questions About the Dental Public Health Investigation \(.pdf\)](#)

[OSDH Frequently Asked Questions About HIV \(.pdf\)](#)

[OSDH Frequently Asked Questions About Hep C \(.pdf\)](#)

[Oklahoma HIV/AIDS Fact Sheet \(.pdf\)](#)

[CDC Hepatitis B General Information \(.pdf\)](#)

[CDC Hepatitis C General Information \(.pdf\)](#)

**Nan Kosydar Dreves**

**From:** OSAP <tlong@osap.org>  
**Sent:** Tuesday, February 21, 2012 8:00 AM  
**To:** ndreves@charter.net  
**Subject:** Legionnaires' Disease Linked To Dental Office, Needlestick Injury Decline And More...

**In This Issue**

[Patient Dies From Legionnaires' Disease Linked To Dental Office](#)

[Needlestick Prevention Law Linked To Decline In US Healthcare Worker Injuries](#)

[FDA Orders New Jersey Dental Company To Cease Manufacturing](#)

[FDA Safety Communication - Spinbrush Powered Toothbrush By Arm and Hammer Or Crest](#)

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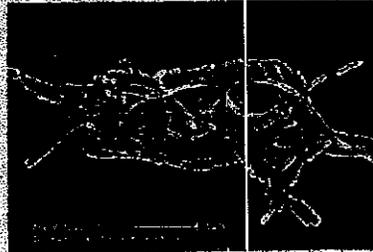
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**LATEBREAKING**

Dental Infection Prevention & Safety *InfoBites* for February 21, 2012

**Patient Dies From Legionnaires' Disease Linked To Dental Office**

Published in the February 18, 2012 issue of *The Lancet* is an account of an elderly Italian woman who contracted Legionnaires' Disease and subsequently died. Scientists investigating her death determined that during the incubation period of her illness, she only left her house twice to visit her dentist. After testing both her home and dentist's office for *Legionella* bacteria, they found the source of contamination in the water line supplying water to dental devices in the dental office. Samples in the dental office were taken from the tap and the high-speed turbine of the dental unit waterlines, and from the dental practice's taps. All yielded positive results for *Legionella pneumophila*. [Click here](#) to learn more.



[Related Article](#)

[Related Article](#)

[More Information About Legionnaires' Disease](#)

[More Information About Dental Unit Waterlines](#)

# Woman Dies After Contracting Legionnaires' Disease From Dentist's Office

Feb. 17, 2012

By KIM CAROLLO via Good Morning America

 An 82-year-old Italian woman died after she contracted **Legionnaires' disease**, a severe, pneumonia-like illness, from the water in her dentist's office, according to a case report published in the journal *The Lancet*.

Scientists who determined the source of the woman's illness, which occurred in February 2011, said during the disease's incubation period the woman only left her home twice to visit her dentist.

When they tested the water in both places, they discovered the bacteria that causes Legionnaires' in the dentist's water line. Water lines carry water from the main water supply to certain devices used during **patient care**.

While the authors wrote the most common sources of infection are air conditioning systems, hot water systems, spas and fountains, a recent study found dental water lines to be another major source of contamination with *Legionella* bacteria. *Legionella pneumophila* is the bacterial strain that causes Legionnaires' disease.

"However, as far as we are aware, no case of Legionnaires' disease has been associated with this source of infection," added the authors, led by Maria Luisa Ricci of the Italian National Health Service.

While it was not clear what kind of water line standards were in place in Italy, in the U.S., the **American Dental Association (ADA)** said infection control standards are very stringent in order to prevent cases like the one in Italy from happening.

"Since the ADA convened a special task force in the mid-1990s focusing on infection prevention, there have been a number of recommendations made to treat the water and keep the number of bacteria down," said John Molinari, the ADA's spokesman on infection control, infectious diseases and allergic reactions.

The ADA recommends that dental water lines contain no more than 500 colony-forming units of bacteria per milliliter of water, the same limit recommended by the U.S. Centers for Disease Control and Prevention.

The ADA also recommends that dentists monitor water quality and maintain a water reservoir that is separate from the municipal water supply, as well as use filters that will keep microorganisms out of the water.

Legionella bacteria is one of the most common types of bacteria found in water.

"Legionella is found in old homes, shower heads and anywhere else there can be stagnant water," Molinari said.

Most dentists take the necessary precautions to protect their water lines from contamination, but Molinari said that the Italian case is an important reminder.

"This report sends the message that it can happen," he said.

# OSHA

## General Duty Clause

The General Duty Clause of the Occupational Safety and Health Act of 1970 states that each employer "shall furnish...a place of employment which is **free from recognized hazards that are causing or are likely to cause death or serious physical harm** to his/her employees."

More information:

<http://www.osha.gov>

## Appendix 1 Bloodborne Pathogens



U.S. Department of Labor  
Occupational Safety & Health Administration

[www.osha.gov](http://www.osha.gov)

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Advanced Search | A-Z Index

Regulations (Standards - 29 CFR)

### Bloodborne pathogens. - 1910.1030

[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

|                           |  |
|---------------------------|--|
| • <b>Part Number:</b>     | 1910                                     |
| • <b>Part Title:</b>      | Occupational Safety and Health Standards |
| • <b>Subpart:</b>         | Z  |
| • <b>Subpart Title:</b>   | Toxic and Hazardous Substances           |
| • <b>Standard Number:</b> | <u>1910.1030</u>                         |
| • <b>Title:</b>           | Bloodborne pathogens.                    |
| • <b>Appendix:</b>        | A  |

#### 1910.1030(a)

**Scope and Application.** This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

#### 1910.1030(b)

**Definitions.** For purposes of this section, the following shall apply:

**Assistant Secretary** means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

**Blood** means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Clinical Laboratory** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Appendix 1 Hazard Communication**

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Regulations (Standards - 29 CFR)  
**Hazard Communication. - 1910.1200**

[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

|                           |  |
|---------------------------|--|
| • <b>Part Number:</b>     | 1910   |
| • <b>Part Title:</b>      | Occupational Safety and Health Standards             |
| • <b>Subpart:</b>         | Z  |
| • <b>Subpart Title:</b>   | Toxic and Hazardous Substances                       |
| • <b>Standard Number:</b> | <u>1910.1200</u>                                     |
| • <b>Title:</b>           | Hazard Communication.                                |
| • <b>Appendix:</b>        | <u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> , <u>E</u> |

**1910.1200(a)**

"Purpose."

**1910.1200(a)(1)**

The purpose of this section is to ensure that the hazards of all chemicals produced or imported are evaluated, and that information concerning their hazards is transmitted to employers and employees. This transmittal of information is to be accomplished by means of comprehensive hazard communication programs, which are to include container labeling and other forms of warning, material safety data sheets and employee training.

**..1910.1200(a)(2)**

**1910.1200(a)(2)**

This occupational safety and health standard is intended to address comprehensively the issue of evaluating the potential hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, and to preempt any legal requirements of a state, or political subdivision of a state, pertaining to this subject. Evaluating the potential hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, may include, for example, but is not limited to, provisions for: developing and maintaining a written hazard communication program for the workplace, including lists of hazardous chemicals present; labeling of containers of chemicals in the workplace, as well as of containers of chemicals being shipped to other workplaces; preparation and distribution of material safety data sheets to employees and downstream employers; and development and implementation of employee training programs regarding hazards of chemicals and protective measures. Under section 18 of the Act, no state or political subdivision of a state may adopt or enforce, through any court or agency, any requirement relating to the issue addressed by this Federal standard, except pursuant to a Federally-approved state plan.

**1910.1200(b)**

"Scope and application."

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**Appendix 2 Bloodborne Pathogens****Summary of CDC's Guidelines for Infection Control in Dental Health-Care Settings - 2003**

New CDC Guidelines for Infection Control in Dental Health-Care Settings - 2003 were released on December 19, 2003. These recommendations incorporate into a single document advances in infection control knowledge and technology acquired since 1993. Furthermore, pertinent recommendations found in regulatory documents from other agencies are also included. The CDC endeavored to base recommendations upon sound scientific data, theoretical rationale and applicability to dentistry. Recommendations were categorized by the quality of the supporting data. Guidance is provided for infection control issues when insufficient evidence is available to make a recommendation. Several research studies conducted by the ADA contributed to the formulation of these recommendations. The following summary focuses on recommendations and guidances that are new or modified from 1993 infection control recommendations.

**NEW:** Issue not addressed in the 1993 recommendations or substantially modified since 1993.

**UPDATED:** Issue previously addressed but updated with new information.

**Standard Precautions. UPDATED.** Standard precautions now supersede the use of universal precautions. In 1996, CDC replaced universal precautions with *Standard Precautions*. Standard precautions integrate and expand the elements of universal precautions into a standard of care designed to protect health care providers and patients from pathogens that may be spread by blood or any other body fluid, excretion, or secretion. Standard precautions apply to contact with 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether they contain blood; 3) non-intact skin; and 4) mucous membranes. Airborne pathogen transmission cannot be adequately prevented by standard precautions.

**Oral Surgical Procedures. NEW.** The oral cavity is colonized with numerous microorganisms. Oral surgical procedures present an opportunity for entry of microorganisms (i.e., exogenous and endogenous) into the vascular system and other normally sterile areas of the oral cavity (e.g., bone, subcutaneous tissue) and an increased potential for localized or systemic infection. Oral surgical procedures involve the incision, excision, or reflection of tissue that exposes the normally sterile areas of the oral cavity. Examples include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth (e.g., removal of erupted or non-erupted tooth, requiring elevation of mucoperiosteal flap, removal of bone and/or section of tooth, and suturing if needed).

Sterile gloves and sterile water are recommended for all oral surgical procedures. Furthermore, either plain soap and water or an antimicrobial soap and water followed by an alcohol-based hand rub with persistent activity should be used before any oral surgical procedure. Persistent activity refers to prolonged or extended activity that prevents or inhibits the proliferation or survival of microorganisms after application of the product. After application of an alcohol-based product, hands and forearms should dry thoroughly before immediately donning sterile gloves and other personal protective equipment (e.g., surgical mask, protective eyewear, protective clothing).

**Dental Unit Water Quality. NEW.** Dentists need to assure that the quality of water emanating from their dental units does not exceed 500 colony-forming units per milliliter (CFU/mL). This means that dental units directly plumbed to municipal water sources

likely need to be retrofitted with a self-contained water supply as soon as possible. Furthermore, all closed-circuit water supply systems in dental units would require implementation of a regular schedule of water line cleaning or disinfection to control biofilm proliferation. This schedule includes periodic microbial enumeration to assure effluent below 500 CFU/mL. 500 CFU/mL is a realistic, achievable microbial level for dental unit water, and is the EPA standard level for potable drinking water.

The previous recommendation to flush waterlines at the beginning of each clinic day has been eliminated. If dental unit water treatments are successful in meeting the requirement for 500 CFU/mL, then there is no reason to continue initial flushing. The recommendation remains for flushing the high-speed handpiece for 20-30 seconds between patients to expel any patient material.

**Environmental Surface Disinfection. UPDATED.** A tuberculocidal claim is no longer required for environmental surface disinfectants. Disinfectants carrying a virucidal claim for HBV and HIV are now permitted; giving dentists a greater choice of available disinfectants, which may be less corrosive to equipment, have a more pleasant odor or lower toxic potential than some tuberculocidal products. Many surrogate tests for HBV or HCV virucidal activity have been recently developed and have been accepted by the EPA as predictive of virucidal activity. As a result many more disinfectants now carry a label claim of efficacy against HBV, HCV, HIV as well as a host of pathogenic bacteria and fungi. This recommendation is consistent with the OSHA bloodborne pathogens standard recommendations. Furthermore, disinfectants that carry a TB kill claim can continue to be used as surface disinfectants, but do not use glutaraldehyde based products for surface disinfection.

**Immunization. UPDATED.** Immunization of DHCP (dental health care providers) before they are placed at risk remains the most efficient and effective use of vaccines in health-care settings. Detailed recommendations and immunization schedule are provided for immunization of dental health care providers against several pathogenic organisms for which vaccines are available. Earliest possible hepatitis B vaccination continues to be recommended, along with post vaccination testing for surface antibody within 1 to 2 months following the final inoculation. Booster inoculation for individuals who have lost surface antibody titers continues not to be recommended.

**Work restrictions for health care personnel occupationally exposed to or infected with infectious diseases. NEW.** The use of standard precautions is effective in preventing transmission of an infectious agent from provider to patient. Under certain circumstances, however, health care facilities may need to implement additional measures to prevent further transmission of infection that warrant exclusion of personnel from work or patient contact. Decisions on work restrictions are based on the mode of transmission and the epidemiology of the disease. Exclusion policies should be written, include a statement of authority defining who may exclude personnel (e.g., personal physician), and be clearly communicated to personnel through education and training. Policies also need to be designed to encourage personnel to report their illnesses or exposures and not to penalize them with loss of wages, benefits or job status.

**Management of occupational exposures to bloodborne pathogens, including postexposure prophylaxis (PEP). NEW.** Follow current CDC recommendations for postexposure management and prophylaxis after percutaneous, mucous membrane, or non-intact skin exposure to blood or blood-contaminated saliva. Many effective antiviral therapies were discovered over the past decade resulting in modified approaches to PEP. The US Public Health Service (USPHS) published several guidelines for the management of exposures to HBV, HCV, or HIV that included considerations for PEP and management. The USPHS consolidated into one set of guidelines (MMWR June 29, 2001/ Vol. 50/ No.

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RR-11) all previous USPHS recommendations. Current guidelines reflect the availability of new antiretroviral agents, new information about the use and safety of HIV PEP, and considerations about employing HIV PEP when resistance of the source patient's virus to antiretroviral agents is known or suspected. In addition, the 2001 document provides guidance to clinicians and exposed HCP on deciding when to consider HIV PEP and recommendations for PEP regimens.

**Selection and use of devices with features engineered to prevent sharps injury. NEW.** Improved safety devices continue to emerge for the prevention of percutaneous injuries, and DHCPs are encouraged to use and evaluate these new devices as they become available (e.g., safer anesthetic syringes, blunt suture needle, retractable scalpel, needleless IV system).

**Hand hygiene. UPDATED.** Reduction of the bioburden on the skin of hands is one of the most important methods of reducing microbial transmission in a health care setting. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, perform hand hygiene with either a non-antimicrobial soap and water or an antimicrobial soap and water. If hands are not visibly soiled, a non-antimicrobial soap, an antimicrobial soap or an alcohol-based hand rub may be used.

**Contact dermatitis and latex hypersensitivity. NEW.** Dental health care providers must familiarize themselves about the signs, symptoms, and diagnoses of skin reactions associated with frequent hand hygiene and glove use. Immediate and delayed hypersensitivities have been associated with natural rubber latex (NRL) proteins and processing chemicals used in the manufacture of NRL gloves. Lotions should be used to prevent skin dryness associated with hand washing at the end of the workday. Lotions must be compatible with antiseptic products and must not compromise the integrity of gloves. Petroleum-based lotions will degrade NRL gloves.

**Flash sterilization. NEW.** Patient care items routinely should not be sterilized unwrapped. Use must be limited to emergency situations where time does not permit wrapped, full cycle heat sterilization.

**Boil-water advisories. NEW.** While a boil-water advisory is in effect do not deliver water from the public water system to the patient through the dental operative unit, ultrasonic scaler, or other dental equipment that uses the public water system. Do not use water from the public water system for dental treatment, patient rinsing or hand washing. Use antimicrobial-containing products for hand washing that does not require water for use such as alcohol-based hand rubs. If hands are visibly soiled, use bottled water and soap for hand washing or a detergent-containing towelette. When the boil-water advisory is cancelled follow guidance given by the local water utility on proper flushing of waterlines. If no guidance is provided, flush dental waterlines and faucets for 1 to 5 minutes before using for patient care. Disinfect dental waterlines as recommended by the dental unit manufacturer.

**Aseptic technique for parenteral medications. NEW.** Medication from a single-dose syringe must not be administered to multiple patients even if the needle on the syringe is changed. Use single-dose vials for parenteral additives or medications when possible. Do not combine the leftover content of single-use vials for later use. If multiple dose vials are used, cleanse the access diaphragm of multiple dose vials with 70% alcohol before inserting a device into the vial. Use a sterile device to access a multiple dose vial and avoid touch contamination of the device before penetrating the access diaphragm. Refrigerate multiple dose vials after they are opened if recommended by the manufacturer. Discard a multiple dose vial if sterility is compromised. All fluid infusion and administration sets (IV tubing and connections) are single patient use.

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**Pre-procedural mouth rinsing for patients. NEW.** To date, no scientific evidence indicates that pre-procedural mouth rinsing prevents clinical infections among DHCP or patients. Therefore, only **guidance is provided without recommendation**. However, studies have shown that a pre-procedural rinse with a long-lasting antimicrobial (e.g., chlorhexidine gluconate, essential oils, povidone-iodine) can reduce the level of oral microorganisms generated during routine dental procedures with rotary instruments (e.g., dental handpieces, ultrasonic scalers). Pre-procedural mouth rinses may be most beneficial before a procedure using a prophylaxis cup or ultrasonic scaler because rubber dams cannot be used to minimize aerosol and spatter generation; unless the provider has an assistant, high-volume evacuation is not commonly used.

**Transmissible spongiform encephalopathies (TSEs). NEW.** There is no evidence to indicate that TSEs are transmissible in a dental setting. Nevertheless, **guidances but not recommendations** are provided for preventing the transmission of prionic protein from an infected patient requiring dental care. The use of disposable items is encouraged along with chemical pretreatment followed by prolonged steam sterilization for non-disposable items.

**Handling of Extracted Teeth. UPDATED.** Extracted teeth containing amalgam should not be disposed of in regulated medical waste intended for incineration. Incineration will vaporize mercury.

**Program evaluation. NEW.** Dental facilities should establish an infection control program evaluation, based on evaluation of performance indicators at an established frequency. The primary goal of an infection control program is to prevent errors and provide a safe working environment that will reduce the risk of health-care-associated infections among patients and occupational exposures among DHCP. Medical errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them. Effective program evaluation is a systematic way to improve and account for safe public health actions by involving procedures that are useful, feasible, ethical, and accurate.

## Sterilization

Chemical indicators, internal and external, use sensitive chemicals to assess physical conditions (e.g., time and temperature) during the sterilization process. Although chemical indicators do not prove sterilization has been achieved, they allow detection of certain equipment malfunctions, and they can help identify procedural errors. External indicators applied to the outside of a package (e.g., chemical indicator tape or special markings) change color rapidly when a specific parameter is reached, and they verify that the package has been exposed to the sterilization process. Internal chemical indicators should be used inside each package to ensure the sterilizing agent has penetrated the packaging material and actually reached the instruments inside. A single-parameter internal chemical indicator provides information regarding only one sterilization parameter (e.g., time or temperature). Multiparameter internal chemical indicators are designed to react to  $\geq 2$  parameters (e.g., time and temperature; or time, temperature, and the presence of steam) and can provide a more reliable indication that sterilization conditions have been met (254). Multiparameter internal indicators are available only for steam sterilizers (i.e., autoclaves).

## Summary – Sterilization Monitoring

### F. Sterilization Monitoring

1. Use mechanical, chemical, and biological monitors according to the manufacturer's instructions to ensure the effectiveness of the sterilization process (IB) (248,278,279).
2. Monitor each load with mechanical (e.g., time, temperature, and pressure) and chemical indicators (II) (243,248).
- \* 3. Place a chemical indicator on the inside of each package. If the internal indicator is not visible from the outside, also place an exterior chemical indicator on the package (II) (243,254,257).
4. Place items/packages correctly and loosely into the sterilizer so as not to impede penetration of the sterilant (IB) (243).
5. Do not use instrument packs if mechanical or chemical indicators indicate inadequate processing (IB) (243,247,248).
- \* 6. Monitor sterilizers at least weekly by using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) (IB) (2,9,243,247,278,279).
7. Use a biological indicator for every sterilizer load that contains an implantable device. Verify results before using the implantable device, whenever possible (IB) (243,248).
8. The following are recommended in the case of a positive spore test:
  - a. Remove the sterilizer from service and review sterilization procedures (e.g., work practices and use of mechanical and chemical indicators) to determine whether operator error could be responsible (II) (8).
  - b. Retest the sterilizer by using biological, mechanical, and chemical indicators after correcting any identified procedural problems (II).
  - c. If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, put the sterilizer back in service (II) (9,243).
9. The following are recommended if the repeat spore test is positive:
  - a. Do not use the sterilizer until it has been inspected or repaired or the exact reason for the positive test has been determined (II) (9,243).
  - b. Recall, to the extent possible, and reprocess all items processed since the last negative spore test (II) (9,243,283).
  - c. Before placing the sterilizer back in service, rechallenge the sterilizer with biological indicator tests in three consecutive empty chamber sterilization cycles after the cause of the sterilizer failure has been determined and corrected (II) (9,243,283).
10. Maintain sterilization records (i.e., mechanical, chemical, and biological) in compliance with state and local regulations (IB) (243).

Source: MMWR. 12-19/03. Guideline for Inf. Control in Dental

# Infection Control Frequently Asked Questions

## Extracted Teeth

### How do I dispose of extracted teeth in the dental office?

Extracted teeth that are being discarded are subject to the containerization and labeling provisions of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard. OSHA considers extracted teeth to be potentially infectious material that should be disposed into medical waste containers. Extracted teeth containing amalgam should not be placed in a medical waste container that uses an incinerator for final disposal. State and local regulations should be consulted regarding disposal of amalgam. Many metal recycling companies will accept extracted teeth with amalgam. Contact a recycler and ask about their policies and any specific handling instructions they may have.

#### On this page:

Disposing of teeth

Giving patients their teeth

Recommendations for extracted teeth

References

### Can I give patients their teeth after they have been extracted?

Extracted teeth may be returned to the patients upon request and are not subject to the provisions of the OSHA Bloodborne Pathogens Standard.

### What are the recommendations for using extracted teeth in educational settings?

Extracted teeth are occasionally collected and used for preclinical educational training. The teeth should be cleansed of visible blood and gross debris and maintained in a hydrated state. Because the teeth will be autoclaved before clinical teaching exercises, using an economical storage solution (e.g., water or saline) may be practical. A liquid chemical germicide (e.g., sodium hypochlorite [household bleach] diluted 1:10 with tap water) could reduce bacterial accumulation during storage, although it does not completely disinfect/sterilize the tooth. Extracted teeth must be placed in a well-

# HAZCOM

# (GHS)

## GHS PICTOGRAMS AND HAZARD CLASSES



Oxidizers



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



Explosives  
Self Reactives  
Organic Peroxides



Acute Toxicity (severe)



Corrosives



Gases Under Pressure



Carcinogen  
Respiratory Sensitizer  
Reproductive Toxicity  
Target Organ Toxicity  
Mutagenicity  
Aspiration Toxicity



Environmental Toxicity



Irritant  
Dermal Sensitizer  
Acute Toxicity (harmful)  
Narcotic Effects  
Respiratory Tract Irritation

## WHAT IS ON A SDS:

### Section 1: Identification

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier.

### Section 2: Hazard(s) Identification

This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards.

### Section 3: Composition/ Information on Ingredients

This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed.

### Section 4: First-Aid Measures

This section describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical.

### Section 5: Fire-Fighting Measures

This section provides recommendations for fighting a fire caused by the chemical.

### Section 6: Accidental Release Measures

This section provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard.

### Section 7: Handling and Storage

This section provides guidance on the safe handling practices and conditions for safe storage of chemicals.

### Section 8: Exposure Controls/ Personal Protection

This section indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure.

### Section 9: Physical and Chemical Properties

This section identifies physical and chemical properties associated with the substance or mixture.

### Section 10: Stability and Reactivity

This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other.

### Section 11: Toxicological Information

This section identifies toxicological and health effects information or indicates that such data are not available.

### Section 12: Ecological Information (non-mandatory)

This section provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.

### Section 13: Disposal Considerations (non-mandatory)

This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS.

### Section 14: Transport Information (non-mandatory)

This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea.

### Section 15: Regulatory Information (non-mandatory)

This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS. The information may include: Any national and/or regional regulatory information of the chemical or mixtures (including any OSHA, Department of Transportation, Environmental Protection Agency, or Consumer Product Safety Commission regulations).

### Section 16: Other Information

This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state where the changes have been made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.

## HAZCOM (GHS) LABEL

**Hazard Statement**      **Product Identifier**      **Signal Word**

**Methanol**

**Danger!**

**Toxic if Swallowed, Flammable Liquid and Vapor**

*Do not drink or eat when using this product. Wash hands thoroughly after handling. Keep container tightly closed. Keep away from heat/sparks/open flame. No smoking. Wear protective gloves and eye/face protection. Bond and ground containers and equipment when using explosion-proof electrical equipment. Take precautionary measures against static discharge. Use only non-sparking tools. Store in cool well-ventilated place. IF SWALLOWED: Immediately call the POISON CONTROL CENTRE.*

**In case of fire, use water fog, dry chemical, CO<sub>2</sub> or alcohol foam. Safety Data Sheet**

**Supplemental Information**

XYZ Chemical Co., 345 Jones Rd, Laguna, Ca. 92677  
Tel: 1-800-555-1234

**Precautionary**      **Supplier Identifier**      **Pictogram**

## HMIS

|                    |                          |                     |
|--------------------|--------------------------|---------------------|
| HEALTH             | <input type="checkbox"/> | 4 - Severe Hazard   |
| FLAMMABILITY       | <input type="checkbox"/> | 3 - Serious Hazard  |
| REACTIVITY         | <input type="checkbox"/> | 2 - Moderate Hazard |
| SPECIAL PROTECTION | <input type="checkbox"/> | 1 - Slight Hazard   |
|                    | <input type="checkbox"/> | 0 - Minimal Hazard  |

## NFPA

|                 |                     |
|-----------------|---------------------|
| Fire Hazard     | 4 - Severe Hazard   |
| Health Hazard   | 3 - Serious Hazard  |
| Reactivity      | 2 - Moderate Hazard |
| Specific Hazard | 1 - Slight Hazard   |
|                 | 0 - Minimal Hazard  |