



## **Dental Operatory Asepsis**

Preparing and cleaning the dental operatory is an important component of an infection-control program. Although environmental surfaces have not been implicated to date in the transfer of bloodborne pathogens, patients and dental health-care personnel (DHCP) deserve a treatment area that is as free as possible from the risks of cross infection.

This fact sheet provides guidance on decontamination and disinfection of noncritical items and surfaces in the dental operatory for non-surgical procedures. This is provided only as a guide to assist USAF personnel accomplish infection-control procedures in the dental operatory. It can also be used as a guide when preparing dental infection-control operating instructions or infection-control checklists for dental operatories. The sequence of procedures may vary based upon the dental procedure, products used, and local policies. USAF personnel are encouraged to refer to the *USAF Guidelines for Infection Control in Dentistry* and local military treatment facility (MTF) infection-control operating instructions for additional information and specific compliance requirements.



---

### **1. Beginning of the Day**

- a. Don work attire—scrub suits.
- b. Perform initial handwashing of the day.
- c. Don appropriate personal protective equipment (PPE) and clean and disinfect operatory surfaces.
- d. Fill dental unit water bottle (add continuous-use cleaning product if indicated at this time).
- e. Turn on dental unit and other equipment in the operatory. (Note: the requirement for a 1 to 2 minute waterline flush at the beginning of each workday has been discontinued.)
- f. Obtain necessary treatment supplies such as sterile instrument cassettes/packages, surface barriers, dental supplies, and other equipment.
- g. Keep countertops uncluttered by removing unnecessary items.
- h. Place impervious surface barriers on clinical contact surfaces.
- i. Unit dose (have small amounts of materials sufficient for the procedure available close by) supplies/dental materials for the procedure.
- j. Check all sterile packaging material to ensure it is intact and that the external chemical indicators have changed to the appropriate color—do not open at this time.

### **2. After Seating the Patient**

- a. Seat the patient.
- b. Provide the patient with an antimicrobial pre-procedural mouth rinse.
- c. Don PPE—protective clothing, mask, and protective eyewear.
- d. Open sterile package(s) of instruments with clean, ungloved hands and without directly touching the contents. (If you open the packages with gloved hands, the gloves will become contaminated from microorganisms on the outside of the package.) If opening a wrapped cassette, be careful not to touch the inside of the wrapping material because it can serve as a sterile field for the instruments.
- e. Wash and dry your hands.
- f. Don gloves.
- g. Proceed with opening the cassette and/or arranging the instruments for treatment. Check to ensure that the internal indicator has changed to the appropriate color.
- h. Connect the handpieces, air/water syringe(s), saliva ejector, and high-volume evacuation tips. Check to ensure that water and air is flowing from these devices.

### 3. During Patient Treatment

- a. Perform all treatment to minimize cross-contamination:
  - Keep hands away from face.
  - Limit surfaces touched.
  - Change gloves when torn or heavily contaminated.
  - Use a rubber dam.
  - Use high-volume evacuation.
  - Use engineering and work practice controls to minimize injury with contaminated sharps.
  - Do not touch or write in the dental record while wearing gloves
  - Do not touch radiographs while wearing gloves
  - Do not pick up the telephone while wearing gloves.
- b. Do not use items dropped on the floor—obtain a sterile replacement.
- c. If leaving the operatory, remove PPE and wash hands. Upon return, wash hands and don new gloves.
- d. Do not enter drawers/cabinets with contaminated gloves; use aseptic technique to retrieve the needed item(s)—a sterile cotton forceps to retrieve the item, use an overglove, or remove gloves and wash hands. After retrieving the item(s), don new gloves.
- e. Remove PPE and wash hands.
- f. Dismiss the patient.

### 4. Between Patients—Operatory Turnover

- a. Don appropriate PPE.
- b. Flush any device connected to the air/waterlines for a minimum of 20–30 seconds after each patient—including dental handpiece(s), air/water syringes, ultrasonic scalers, and cavitron units.
- c. Remove burs from dental handpieces and disconnect all devices from the dental unit.
- d. Discard all disposable sharp objects in the sharps containers.
- e. Discard all disposables appropriately—use regulated waste containers as appropriate.
- f. Place all instruments and handpieces (high and low-speed components and motors) in a carrying container/transport bin for transfer to the instrument processing area.
- g. Remove all surface barriers without touching the underlying surface and discard appropriately.
- h. Clean and disinfect contaminated surfaces that were not barrier-protected including patient safety glasses.
- i. Remove PPE (clean and disinfect reusable PPE) and wash hands.
- j. Use a carrying container to take contaminated instruments/handpieces to the instrument processing area.
- k. Begin preparing for the next patient (*see above starting with 1f*)

### 5. End of the Day

- a. Don appropriate PPE.
- b. Clean and disinfect clinical contact surfaces, dental unit surfaces, and countertops at the end of daily work activities.
- c. Empty the water bottle and purge lines until dry—if indicated by the waterline treatment product manufacturer. (Note: When using some continuous-use waterline treatment products, the bottle does not have to be emptied each night.)
- d. If not using a continuous-use waterline-cleaning product, use a periodic waterline treatment product according to manufacturer instructions (e.g., once a week, overnight or weekend treatment).
- e. Clean high-volume evacuator, low-volume suction lines and suction/amalgam trap using an approved evacuation system cleaner according to manufacturer instructions.
- f. Dispose of scrap amalgam from the trap according to local policy. Replace amalgam/suction traps according to local policy.
- g. Dispose of regulated waste according to local policy.
- h. Clean trash receptacles according to local policy.
- i. Remove PPE (clean and disinfect reusable PPE) and wash hands.
- j. Place reusable protective clothing in an appropriate laundry receptacle according to local policy.
- k. Leave the dental operatory “Clean and Clear”.