


<b>Policy title</b> <b>Use barriers to protect against infection</b>		
<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>	
<b>Policy No.:CL003</b>	<b>Release Date:</b>	
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<b>Director approval:</b>	<b>Date of last revision:</b>	
<b>Applicable to: medical staff and support medical staff</b>		

**Target:**

- Protecting the medical staff and the supporting medical staff from exposure to infection risks while working.

**Politics:**


- The department of teaching dental clinics is committed to providing personal protective equipment from infection and ensuring its use by medical and supportive medical staff when they may be exposed to infection risks.

**Action:**

**A- General rules:**

All members of the medical and medical support staff are obligated to wear protective clothing (preferably to be used once) disposable during treatment or examination for patients and when there is any risk of exposure to droplets, blood or saliva.

- 1- Personal protective equipment (gloves, masks, goggles, medical aprons) are provided through the clinics.
- 2- Personal protective equipment is placed in appropriate and easily accessible places.
- 3- Appropriate personal protective equipment should be used for the procedure before commencing work.
- 4- All barriers to protect against infection that are used once must be disposed of immediately after completing the treatment or examining the patient in the place designated for them.
- 5- Take off the clothing used in the work environment; scrubs, Gown, Lab coat before eating or drinking and before leaving the work environment and it is not allowed to go out while wearing it at all

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6- The work uniform is not considered a barrier to infection.

**B- Gloves**

- 1- All members of the medical and supportive medical staff are obligated to wear gloves in the event of any possibility of contact with blood, saliva or contact with mucous membranes, i.e. for all therapeutic procedures
- 2- Wearing gloves does not replace hand hygiene, as described in the Hand Hygiene Policy CL002 due to the possibility of manufacturing defects or holes that are not visible to the user in the gloves.
- 3- Gloves are to be used only once and for one patient only, and they are not to be washed before or after use.
- 4- Gloves are removed immediately when a puncture or tear occurs, and taken off before touching any clean surface (outside the contaminated area), and taken off immediately after the completion of treatment or examination to the patient, and hands are washed immediately after that.
- 5- Packets of gloves should be stored in a place away from infectious droplets.
- 6- Gloves are worn when cleaning tools and surfaces, and the type of glove worn should be appropriate for the required task.
- 7- Thick, puncture-resistant rubber gloves are to be worn when (hand cleaning) tools, as for regular gloves (Latex) they are not suitable during this process, thick gloves can be reused provided that they are washed with water with a detergent solution and dried before reuse and replaced immediately when punctures, scrapes or signs of expiration.
- 8- It is recommended to use powder-free gloves. Powder free-latex free are used to reduce the possibility of developing a latex allergy.

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9- The use of latex gloves is strictly prohibited in the event that a member of the medical staff and the supporting medical staff or the patient has an allergy to this substance, an alternative free of this substance is used.

- 10- procedures that require the use of sterile gloves:
- Farming the teeth, surgical Processes involving surgical removal of impacted teeth, removal of teeth apices, removal of radicular cysts, periodontal surgery and for minor oral surgeries.

**C- A protective gown, lab coat, Scrubs:**

- 1- A protective gown should be worn to protect the body and prevent the flow of blood and secretions if there is splashes during the procedure.
- 2- The protective gown must be of a quality that does not allow liquids to pass through.
- 3- Protective clothing is changed when it becomes contaminated with blood, saliva or dyes as a result of repeated exposure to contaminated droplets.
- 4- Scrubs are accepted as a protective gown only if they are intended for the work environment. They should be worn immediately before entering the work environment and taken off immediately after leaving the work environment. **A lab coat could be worn over it in cases where the scrubs are worn more frequently.**

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#### **D- Masks:**

- 1- All Individuals of the medical crew should be committed to wearing suitable face masks, these masks should prevent water droplets or aerosol entrance.
- 2- Masks should be worn in cases where the medical crew is exposed to sprays, aerosols, volatilized blood, or saliva. If any risk of inhalation of materials is present, masks should be worn. Masks should be worn in all cases where examination of patients is being carried out or treatment is being submitted, masks should be worn.
- 3- Wear protective masks before washing the hands and putting on gloves .
- 4- Wears the masks properly and install it from the sides and install it on the nose.
- 5- The mask should cover the nose, mouth and chin fully.
- 6- The mask threads should be symmetrical.
- 7- The mask should not be touched at all during examination or treatment, they are fully removed at the end of treatment.

#### **E - Safety glasses- Goggles:**

- 1- Medical crew should wear protective transparent (face shield) to protect eyes during submission of treatment or examination of patients.
- 2- The glasses should be clean and transparent , Empty From scraping and installed tightly and her baffles From sides .
- 3- Well designed glasses only suitable for treatment are the only type used by the medical crew.

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4- Supply the patient with protective glasswear during treatment to reduce the risk of injury from tools or materials (chemicals). The glasswear should be preferably dark to protect the eyes from any bright lights. After use, the glasswear is washed and cleaned with water and cleaning solution.

**f - Protection feet:**

- The medical crew should wear fully covered footwear to protect from any accidents or injury with sharp tools.

**Terms:**

- **Infection protection equipment:** are the tools that are used to protect the medical crews skin, mucous membranes, respiratory tract, mouth and eyes from infection with infectious substances.
- **Body fluids and secretions that are sources of infection:**
  - 1- Blood.
  - 2- saliva

**The required documents:**

- A guide to using infection protection tools.

**references:**

- Guideline for the selection and use of personal protective equipment (PPE) in health care settings. CDC
- Standards for the accreditation of primary health care for health institutions, standard)10) + Criterion (22) + Criterion (25) of Patient Support Group No. 6.


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**Head of the infection control committee**

<b>Policy title</b> <b>Clean and polluted areas and take care of them</b>		
<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>	
<b>Policy No.:CL030</b>	<b>Release Date:</b>	
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<b>Applicable to: All employees of educational dental clinics</b>		

**Target:**

- To determine the borders of the contaminated and clean regions to prevent any mixture between clean and contaminated tools.


**Policy:**

- All medical staff, support medical staff must abide by the procedures that reduce risk of contamination and carry out the methods that help contain the contamination as well as carry out the protocols that determine the clean areas.

**Action:**

❖ **Methods that help contain pollution inside contaminated region:**

1. All surfaces and materials inside contaminated region are considered as polluted during Procedure processing
2. Materials that are placed in the contaminated region are considered contaminated even if originally clean, these tools or materials can not be used until cleaned thoroughly. Only contaminated materials and tools necessary for treatment are added to save expenses and materials as much as possible. Frequently used equipment such as glove, cotton and gauze sterilizer are kept away from the contaminated region.
3. The work environment shall be clean (non-polluted) and contaminated areas that are clearly indicated and marked must be separated from each other.
4. The working direction should always be from the clean to the contaminated and not the other way around.


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5. The materials and tools should be moved from the clean area to the contaminated area. Any other working line is forbidden.
6. The medical crew must wear new gloves, not the gloves already worn while treating the patients, to clean all surfaces in between patients.
7. Materials and surfaces that are hard to clean or sterilize should be covered by disposable sheets; plastic or paper based. By this, when the treatment is done, the sheet/cover can be removed and discarded and replaced with a new one.

Examples of this include:

- Dental chair lamp and the dental chair control panel.
  - X-ray unit
  - Suction tubes
  - triplex syringes/three in one
  - Optical (light cure), Intra-oral camera.
  - Trolley handles and trays
  - Computers in the work environment may be a source of infection and must be covered with insulating covers or wiped with sterile alcohol.
    - In cases where protective covers can not be used, an effective cleaning system should be carried out to remove any chances of infection or contamination.
- 8- It is strictly forbidden to bring luggage, personal items, bags or suitcases into the work area
  - 9- When moving from the contaminated area to the clean area, gloves and masks are removed, and hands are washed properly before touching any non-insulated surface or materials.
  - 10- Containers of materials and tools are kept away from the contaminated area.



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- 11- Medical staff offices and dining rooms are completely separated from patient treatment areas, laboratories and sterilization areas, and public safety conditions are met.
- 12- It is strictly forbidden to bring food and drink into treatment areas, laboratories or sterilization areas, and food should not be stored in the refrigerator with dental materials and treatments, medicines or biological samples.

**❖ Collection procedures that reduce infection at the contaminated region:**

- Use of rubber dam.
- Use of high volume suction.
- Asking the patient to rinse mouth with an antiseptic mouth rinse.
- Cleaning contaminated surfaces and disposing of materials; disinfecting before starting the treatment of the next patient.

**❖ Methods that help determine the clean regions from the contaminated regions accurately:**

1. It is strictly forbidden to expose the clean area to contaminated materials or tools.
2. Labeling areas (clean and polluted)
3. The medical staff and the supporting medical staff are obligated to clean paper files and keep them away from the source of infection
- 4- The frequently used materials such as cotton, gauze and filling materials are kept inside large cupboards to keep them away from sources of infection and pollution. They are taken out of the cupboards when needed.


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5- In cases where extra quantities of materials or tools are needed while treating the patient, materials must be taken out in a way that ensure no contamination, this can be done by:

- Opening drawers or cupboards without directly touching them by hand.
- Use of special tongs to transport materials such as transfer tweezers. Make sure that when tweezers are used to be kept separate from the rest of the tools.
- Wearing additional gloves or single-use protective covers that are kept away from the rest of the tools.
- Gloves should be removed and hands should be washed before bringing in additional tools or materials.
- Hire a member of the supporting medical staff or a colleague to bring the tools

#### ❖ **Cleaning the working areas:**


- The contaminated area should be cleaned routinely.
- Working areas should be waterproof, smooth and isolated on the sides to guarantee proper cleaning and to avoid the accumulation of any microbes. The working medical crew should also wear protective wear such as gloves and masks.
- Cleaning solutions used should be neutral and lukewarm water used. The flasks containing the cleaning solution should also be cleaned routinely
- A list of instructions are written regarding the frequency and method of cleaning the working environment. (In the form of a schedule).
- Complete cleaning the sinks at least once daily or more as needed .

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- Washbasins and spittoons are cleaned following each patient by wiping it down with a disinfectant to remove any trace of blood or saliva.


**❖ The Design and cleaning of the surroundings and working environment:**

- The working area should be supplied with adequate lighting and ventilation as well as a working space for tools and materials.
- Floors, walls, curtains and windows should be in a clean condition, free from any saliva or blood.
- The external surfaces outside the contaminated region should be cleaned as least once one weekly with water and cleaning solutions and when needed.
- The surfaces of the contaminated area are cleaned immediately after use and periodically.
- Any splatter, aerosol should be avoided while cleaning. It is also recommended to wipe surfaces with a wet fabric.
- Dust absorbent mops or electric vacuums are used while normal brooms are forbidden to be used to prevent any dust stimulation.
- Any mop or fabric that has been used is cleaned thoroughly and left to dry.
- All floors are covered with anti-slippery covers, impermeable to liquids, and insulated on all sides.
- It is possible to use carpets in the reception and waiting areas but not in the work environment (clinics, laboratories, sterilization areas, x-ray areas).

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❖ **Water lines and water quality:**

- Water lines constitute a environment stimulative for the growth of germs, especially in hidden places such as the cavities of the handpieces and the three in one (Triplex and ultrasonic cleaner, Ultrasonic scaler) and all water lines connecting to it.
- All water lines should be cleaned regularly to prevent the formation of any biofilms.
- It is recommended that anti-backflow valves be installed in all water lines to prevent the transmission of contamination from the mouth to the water lines.
- Measures that help reduce biofilm in the water lines:
  - 1- Water treatment with ozone or electro-chemical treatment.
  - 2- Add reagents such as; peroxygen compounds and/or hydrogen peroxide
  - 3- Flushing the water lines by running the dental unit handpiece water lines (Hand piece) and the three-in-one tool after each patient and at the beginning of each working day to get rid of an biofilm formed in water lines, and this is very important, especially after long vacations and holidays.
  - 4- It is recommended that the dental unit air and water lines such as the handpiece line and the three-in-one instrument line run for at least two minutes at the beginning of each day and for 30 seconds between patients.
  - 5- The quality of the water must be identical to the quality of drinking water. In the case of a surgical procedure or dental

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implants, a sterile liquid such as sterile water or sterile saline solution is used; sterile saline.

#### Terms:

- **Clean area:** The territory outside the working area where there is no potential source of infection (uncontaminated); Infection-Free Zone (which includes office areas, rooms for medical staff and support medical staff, patient waiting and reception areas, and sterile materials and tools storage areas.
- **Polluted area:** The work area in which transmission of infection can occur through body fluids (blood, saliva) through direct transmission through blood, droplets or spray, and includes areas contaminated with materials or liquids from the patients and area cleaning tools.

#### The required documents:

- None

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**References:**

- Ministry of Health Instructions No. (1) For the year 2001 published in Gazette No. (4511) on 10/11/2011.
- OSHA Blood Born Pathogen Standard
- Standards for the accreditation of primary health care for health institutions, standard)10) Patient Safety Group No. 6.

**Certified:**

**Head of the infection control committee**



<b>Policy title</b> <b>Standard and non-standard infection control procedures</b>	
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**Target:**

- Removal of microbial contamination resulting from contact with sources of infection or environmental pollutants.
- Prevent the spread of infection.

**Policy:**

- All workers must adhere to the application of standard and non-standard procedures (when necessary) to control infection

**Action:**

1- Standard procedures (standard - main) for infection control:

**It applies to all patients without exception**

- 1- Follow the hand hygiene instructions as stated in hygiene policy No.CL002.
- 2- Wearing personal protective equipment (clothes, gloves, goggles, and masks)
- 3- Adhere to protective measures during treatment of patients and during handling of contaminated tools and materials (films, dentures, wax)
- 4- Proper handling of contaminated waste
- 5- Proper handling of sharp tools
- 6- Properly prepare frequently used tools
- 7- Daily and periodic cleaning operations of the work environment
- 8- Alert and educate patients about the manners of coughing and sneezing
- 9- Proper handling of contaminated medical clothing



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**Standard and non-standard infection control procedures**

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**2- Non-Standard measures:**

These measures apply to patients with infectious/contagious diseases such as; flu, measles, smallpox, tuberculosis pulmonary.

The medical crew **should** follow these guidelines:

- 1- Use masks especially (P2 N95 surgical respirators) or surgical masks installed tightly
- 2- Unnecessary treatment should be delayed until the disease is no longer contagious. The patients can be given painkillers to manage the pain until treatment can be given.
- 3- Submit treatment for these patients at the end of the clinic to minimize spreading the infection.
- 4- Clean surfaces twice instead once one.

**Notes :**

- The patients should be considered a source of infection (as the patient maybe carrying any virus but not know or not disclose so)
- The patients who are carriers for blood borne viruses; viruses transferred via blood such as HIV, HepC or HepB, for these patients, the standard procedures should be followed as well as the none standard procedures mentioned above (Point 3 and point 4).
- There is no scientific evidence that wearing more than a pair of gloves would add any extra protection for blood borne viruses.



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**the reviewer:**

- WHO, Hand Washing Technique 2001.
- Australian infection control guidelines 2015, Australian Dental Association.
- CDC, Infection Control Guideline/ Hand Hygiene in Health Care Settings 2002.
- Health care accreditation standards for primary health care, Cluster 6, patient care support, PS. 10 and \PS 12.

**Certified:**

**Head of the infection control committee**

**Policy title**  
**Pre-sterilization procedures**



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**Target:**

Preventing the transmission of infection to workers through tools during the process of transporting and cleaning them.

**Policy:**

**(All employees must abide by this policy)**

Transfer tools polluted and/or sharps along with the decontamination of surgical instruments and vessels that have been in direct contact with blood or any other secretions of the patient.

**Procedure:**

**A. Transfer polluted tools and sharps:**

- Move tools to the sterilization area in closed and break resistant packs to reduce the risk of injuries and in cases of dropping the utensils.
- Move polluted tools to the cleaning area, while wearing gloves and proper scrubs/labcoats. Remove the gloves wash the hands immediately following the delivery of polluted tools .
- Wear thick gloves prior to starting the cleaning process.
- Move the polluted tools from area of work to clean area.

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**B. Disinfecting and cleaning:**

- It is recommend to cleaning tools initially before moving them to the clean area especially if they were contaminated by blood or saliva or by dental materials to prevent the adhesion of these materials to the tools and make the cleaning process easier, as some materials may become dry/hard which makes the cleaning process more difficult. This cleaning process can be completed by passing a piece of sponge or a special wet cleaning material very carefully to prevent any pricking with sharp tools. Where this is not applicable, dip the polluted tools in disinfection solution , (zeta); this is a cleaning solution with the ability to resolve any proteins or agents attached to the tools.
- Its recommend to cleaning tools using machines and not manually.
- Tools should be cleaned completely before sterilization with the infection reagent removed, presence of any infectious material will impede the effectiveness of the sterilization process.
- The sterilization team should wears thick protective liquid resistant apparel; gloves, protective glasses and masks during the cleaning process.
- [Avoid any sprays during cleaning.](#)

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**Pre-sterilization procedures**



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- The crew should be trained on sterilization and disinfecting.
- if It cleaning was completed using an Ultra sonic cleaner, the lid should be kept on during use to prevent any droplet or spray formation.
- Cleaning tools can be done either manually or mechanically using a washing machine (Washer) or Ultra sonic cleaner.
- Automated cleaning is considered more effective than manual as it decreases the puncture accidents with sharp tools.
- At the end of the cleaning process (whether manual or automated ) tools must be scanned carefully under light to make sure all the liquids and/or plankton is removed. Any damaged tool is disposed

1- Manual cleaning with warm water following the full immersion of tools in washing sink dedicated for cleaning purposes using solution special cleaning tools and using a long brush to clean tools.

- Rinse tools well with warm water to remove foamy cleaning solution then visually it must be checked to make sure it is free from any liquids and plankton .

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2- Automated cleaning is done either in the instrument washing machine or by the acoustic Ultra sonic cleaner .

- The instrument washer is considered the best washing method to be used.
- Complete the maintenance job for the washing machine tools and/or Ultra sonic cleaner according to the manufacturer or company instructions.
- Complete cleaning and preview the covers, closets and scrapes in washing machine daily
- Distilled water is used for the washing machine.
- The cleaning liquid is changed daily.
- Cover are closed tightly during the cleaning process.
- Following the instructions safely when using the washing machine tools or Ultra sonic cleaner
- Complete a fault report immediately if found in the device.

c- Drying: Tools must dry completely before packaging or sterilization because humidity may hinder the efficiency of the sterilization process. Drying Tools can be done by either leaving them on a counter to dry or manually using fabric drying .

- If washing machine is supplied with a dryer, there is no need for drying.

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**D- Packaging before sterilization:**

- All sensitive tools (Critical Items) must be packaged before sterilization, stored in their packaging, and opened only when used.
- Semi-sensitive equipment do not need to be packaged before sterilization and stored in suitable places away from sources of infection until use.
- The supporting medical staff is trained on the categories of tools that need to be packed before sterilization (refer to the tool categories policy).
- Paper envelopes conforming to international packaging specifications are used and used only once.
- Tools consisting of more than one piece are disassembled before packaging.
- The paper envelope is closed tightly and emptied of air before the sterilization process begins.
- It is strictly forbidden to put any stickers or adhesive tapes on the tools before packaging them because this hinders the sterilization process, if stickers are present they are removed by scraping.
- To mark the envelopes, use a special marker or a special stamp that shows the date of sterilization.
- It is preferable to put a label on each envelope showing the date and type of sterilization used. When using the tools, this label is removed and pasted in the patient's file next to the procedure that was done in the clinic as a system of control and follow-up in the event of any infection transmission accidents resulting from a defect in sterilization.

**Policy title**  
**Pre-sterilization procedures**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.:CL003</b>	<b>Release Date:</b>
<b>page:6-7</b>	<b>approval date:</b>
<b>Director approval:</b>	<b>Date of last revision:</b>
<b>Applicable to: medical staff and support medical staff</b>	

**E- Decontamination of tools (clinic specific):**

- 1- Provide a container of reinforced plastic with a lid to add a concentration 5% hypochlorite.
- 2- Wear thick gloves when handling tools
- 3- Open and disassemble all tools before immersing them in zeta solution.
- 4- When you have finished using any surgical tools or equipment, immerse them directly in the solution zeta with hypochlorite 5% for 10 minutes
- 5- Do not add or remove any tool following immersion in solution.
- 6- Use thick gloves or long forceps to lift tools immersed in the solution
- 7- Add trays in the zeta solution for 24 hours-the shelf life of the solution is 28 days
- 8- No need to sterilize Metal (Matrix band) or wooden wedges or brushes used between the teeth brushes or threads before use.
- 9- Regarding the Burs; they can be re-used after carefully sterilizing them unless they are rusty or eroded.

**C- Expiry of sterile materials:**

- 1- As long as sterile surgical instruments are within good condition and have not been used or opened, they are valid for use in 28 days from the date of sterilization
- 2- In the case of using them or just opening sterile surgical instruments, even if they are not used, they must be re-sterilized
- 3- Sterile surgical instruments are checked weekly to ensure their expiry date.

**Policy title**  
**Pre-sterilization procedures**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.:CL003</b>	<b>Release Date:</b>
<b>page:7-7</b>	<b>approval date:</b>
<b>Director approval:</b>	<b>Date of last revision:</b>
<b>Applicable to: medical staff and support medical staff</b>	

**Terms:**

- **Sterilization:** Killing and destroying all forms of vesiculated, non-cropped and heat-resistant microbes and spores.
- **Medical alcohol:** An alcohol solution with a 60-90% concentration
- **Solution zeta:** Disinfection/de-infection solution. Disinfectant, manufactured by Zhermack, comes in several types and concentrations.

**The required documents:**

- None

**References:**

- Guideline for Disinfection and Sterilization in Healthcare Facilities, CDC 2008
- Infection Control Guidelines/ Egyptian Society
- Medical Assisting : Essentials of Administrative and Clinical Competencies
- Health care accreditation standard for primary health care, Cluster 60, patient care support, PS 10 and PS 14

**Certified by the head of the infection control committee**



**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.</b>	<b>Release Date:</b>
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<b>Director approval:</b>	<b>Date of last revision:</b>
<b>Applicable to: All employees of the Dental Assistants and Sterilization Division</b>	

**Aim:**

- Preventing the transmission of infection to workers through tools during the process of transporting and cleaning them by following all infection control standards

**Politics:**

- All employees working as dental assistants and in the sterilization unit, should be familiar with the ways infection can be transferred and the methods of controlling the infection according to the infection control policy. **Commitment to proper sterilization when polluted or sharp tools are being used; to remove contamination from surgical instruments and vessels that have direct contact with blood or any other secretions of the patient.**

**Procedures:**

**1- The transfer of polluted and sharp tools:**

- Move tools to region of sterilization closed puncture- resistant containers to reduce risk of punctures incase the tools are dropped.
- Move polluted tools to the sterilization area and mandate the medical crew to wear protective gloves, gowns during the transport of such tools/materials. Once done, take gloves off and wash hands.
- Wear thick gloves prior the cleaning process.
- The working line should always be from the polluted to the clean area.

**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
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<b>Applicable to: All employees of the Dental Assistants and Sterilization Division</b>	

**2- Cleaning:**

- Initially, it is recommend to clean tools before moving them, especially if they were polluted by blood or saliva.
- Materials used in dental treatment should also be cleaned to prevent any adhesion of materials or liquids to the tools especially after they are dry as it is even harder to clean them then.
- This cleaning can be completed by carefully wiping the tools by sponge or special cleaning fabric that has been wet with water or cleaning material.
- Complete the cleaning super carefully, to prevent any prick accidents with the sharp tools.
- In cases where wiping is not an option, the tools can be cleaned by dipping them in a disinfection solution (ZETA).
- Cleaning solution used is 5% hypochlorite.
- Open and disassemble all tools before immersing them in zeta.
- When you have finished using any surgical tools or equipment, immerse them directly in the solution zeta with a hypochlorite-5% for 10 minutes
- Do not add or upload any tool after starting the timing
- Use thick gloves or long forceps to lift tools immersed in the solution
- It is recommend to clean tools mechanically and not manually where possible.
- Tools should be cleaned thoroughly before being sterilized and the infection source should be removed; as the presence of any material on the tools may prohibit an efficient sterilization process.

**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
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<b>Applicable to: All employees of the Dental Assistants and Sterilization Division</b>	

- The members should wear protective apparel; thick gloves, protective glasses and masks during the cleaning process
- Avoid any aerosol spray during cleaning.
- The medical members should be trained fully and cleaning processes.
- If instruments were cleaned using the ultrasonic cleaner, ensure the lid is closed to prevent any spray of any aerosol.
- Cleaning tool can be done through a washer or an ultrasonic cleaner.
- Automated cleaning is more effective than manual cleaning as it reduces the handling of sharps thus reduces the risk of being punctured by them.
- Following the completion of cleaning, whether manual or automated, the tools should be scanned carefully under light to make sure they are clean.
- Any damaged or rusty tool should be eliminated .

❖ Manual cleaning: Completed with warm water, then by the immersion of tools in a washing solution and cleaning them using a brush.

The tools must be rinsed thoroughly to remove any foam. The tools are then checked to confirm cleanness.

❖ Automated cleaning is done by using a washing machine or ultra sonic cleaner.

The washing machine is considered the best cleaning technique.

**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
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- Make sure the washing machine and ultrasonic cleaner always undergo maintenance as indicated by manufacturer instructions.
- Daily complete cleaning and preview the covers closets and scrapes in washing machine.
- Distilled water is used in washers.
- Daily change the cleaning liquid.
- Tightly place the covers while cleaning.
- tracking instructions safety the public when deal with washing machine Tools or Ultra sonic cleaner
- if any flaw presents itself, a report should be completed immediately.

❖ **Drying:** tools must dry completely before packaging or sterilization as humidity may hinder the efficiency of the sterilization process. Drying Tools by either leaving them to dry or manually using a cloth, however, if washing was done via washers they will already be dried.

**D- Packaging before sterilization:**

- Ensure that tools are clean and exclude damaged ones
- Packaging the tools with sterile packaging bags- Autoclave(Steam-pressure) in the clean area
- All critical Items must be packaged before sterilization, stored in their packaging, and opened only when used.
- Semi-sensitive equipment does not need to be packaged before sterilization and stored in suitable places away from sources of infection until use.

**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.</b>	<b>Release Date:</b>
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<b>Applicable to: All employees of the Dental Assistants and Sterilization Division</b>	

- The supporting medical staff is trained on the categories of tools that need to be packed before sterilization (refer to the tool categories policy).
- Paper envelopes conforming to international packaging specifications are used and used only once.
- Tools consisting of more than one piece are disassembled before packaging.
- The paper envelope is closed tightly and emptied of air before the sterilization process begins.
- It is strictly forbidden to put any stickers or adhesive tapes on the tools before packaging them because this hinders the sterilization process and if necessary, the tools are taught by scraping.
- To mark the envelopes, use a special marker or a special stamp that shows the date of sterilization.
- It is preferable to put a label on each envelope showing the date and type of sterilization used. When using the tools, this label is removed and pasted in the patient's file next to the procedure that was done in the clinic as a system of control and follow-up in the event of any infection transmission accidents resulting from a defect in sterilization.

**E-sterilization process**

- Ranking the tools that are closed inside the sterilizer in an orderly manner to allow the passage of steam through them and to obtain a positive result (sterile). Do not overload the sterilizer because it hinders movement.
- Check the temperature and atmospheric pressure of the sterilizer, where it is:  
134 degrees, atmospheric pressure 2.2 bar, for 45 minutes, for both coated and unwrapped instruments.  
121 degrees, 1.2 bar, 45 minutes for rubber and heat-sensitive tools.
- The duration of the sterilization cycle is 45 minutes
- Take out sterilized tools from the central sterilizer from the outlet of sterile area and distribute them, arrange them on shelves, and fix the date of sterilization.

**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
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**And the-control the performance:**

- 1- The sterilization technician physically checks the sterilizer, making sure of reading the pressure and temperature of the device and filling out the form (DC-P07-F03).
- 2- The sterilization technician checks the effectiveness of the sterilizer by performing a chemical examination at the end of each sterilization cycle, and the form (DC-P07-F04).
- 3- The biological examination is carried out once a week and the form is filled out (DC-P07-F05).
- 4- The sterilization technician collects the results on a daily basis.
- 5- R.S. Al-Jawdah takes the results every month, analyzes the data, and produces the results monthly so that the sterilization results are 100%.

**11- Storage of tools after sterilization:**

- 1- Storing tools after sterilization in places away from sources of pollution, especially spray.
- 2- The packaged tools are checked before use to ensure the integrity of the cover, and in case of doubt about the integrity of the cover, the sterilization process is repeated again.
- 3- Certain places are designated for storing tools after sterilization. These places are not used to store any other materials, and they are completely clean and dry.
- 4- In the case of storage in open shelves, the height of the shelves must not be less than 25 cm away from the ceiling at least 40 cm and away from direct sunlight, windows and air currents.
- 5- It is preferable to store tools in closed drawers or cabinets, taking into account that they are easy to open and close and provide sufficient space for storage.  
When arranging sterile tools, these recently sterilized tools are placed at the end of a drawer or cupboard
- 6- When taking out the tools for use, the covers are not damaged.

**Policy title  
sterilization**



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- 7- For semi-sensitive and non-sensitive tools that do not need to be wrapped or that have been disinfected, keep them in dry and clean places such as drawers or cupboards. It is preferable to put plastic wrap under the stored tools.
- 8- Storage drawers or cabinets are cleaned regularly with water and a disinfecting solution.

**J- Expiry of sterile materials:**

- 1- As long as sterile surgical instruments are within the conditions and have not been used or opened, their validity is for a period of time 28 days from the date of sterilization
- 2- In the case of using them or opening sterile surgical instruments, even if they are not used, they must be re-sterilized
- 3- Sterile surgical instruments are checked weekly to ensure their expiry date.

**L – Disinfection: Removal of infection :**

- It is the process of killing infectious germs (except for bacterial vesicles) from surfaces or tools by exposing them to thermal or chemical means. And some semi-sensitive tools, especially those that cannot be sterilized because they do not tolerate heat or steam.
- 1- **Heat disinfection:** It is the destruction of infectious germs using heat and water, noting that the germs with vesicles are resistant to this process. This method can be used to disinfect some dental fixtures tools, brushes or polishing discs, while making sure that the tools are completely clean before disinfecting them.
  - 2- **Chemical cleansing:** It is carried out through chemical solutions such as glutaraldehyde, for a sufficient time according to the manufacturer's instructions, chemical disinfection is used in the absence of thermal disinfection. It is strictly forbidden to mix chemical disinfection solutions, and it is also forbidden to use them after the expiry date.

**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
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- disinfection solutions are used at the concentration recommended by the manufacturer and at the recommended time. The solutions must be renewed daily and no new solution should be added to a used solution.
- Do not store tools in disinfection solutions for the next day, but go out and wash well before the end of the working day.
- Touch handles of storage drawers or cabinets with contaminated gloves and follow the procedures recommended in the Clean and Contaminated Areas Policy.
- Place Impression trays in the zeta solution for 24 hours and change the solution periodically as the shelf life of the solution is for 28 days.
- No need to sterilize the metal frame (Matrix band) and wedge wooden or brushes used between the teeth or the dental floss before use.
- The burs can be re-used again if their condition is good without any rust or bends in them.
- **Terms:**
- **sterilization:** Killing and destroying all forms of microorganisms and spores that are vesicular, non-transformed and heat-resistant.
- **Medical alcohol:** An alcohol solution whose concentration is from 60-90%
- **Solution zeta:** Disinfection/de-infection solution, Disinfectant, manufactured by Zhermack, comes in several types and concentrations.
- **Autoclave:** A device used to sterilize tools, which is based on the principle of pressure, steam, and temperature.
- **Biological Indicator:** It is an ampoule used weekly to detect the presence of heat-resistant spores or germs inside the sterilizer.
- **chemical index:** It is a daily check to check the effectiveness of the sterilizer.
- **physical index:** It is an indicator that shows the temperature and pressure of the sterilizer and the stages it goes through during sterilization.



**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
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<b>Applicable to: All employees of the Dental Assistants and Sterilization Division</b>	

**The required documents:**

- none.
- **references:**
  - Guideline for Disinfection and Sterilization in Healthcare Facilities, CDC 2008
  - Infection Control Guidelines/ Egyptian Society
  - Medical Assisting : Essentials of Administrative and Clinical Competencies
  - Health care accreditation standard for primary health care, Cluster 60, patient care support, PS 10 and PS 14


**Certified:**

- **Head of the infection control committee**

**Policy title  
sterilization**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.</b>	<b>Release Date:</b>
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<b>Director approval:</b>	<b>Date of last revision:</b>
<b>Applicable to: All employees of the Dental Assistants and Sterilization Division</b>	

<b>Policy title</b> <b>Categories of tools and how to safely handle sharp tools</b>		
<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>	
<b>Policy No.:CL031</b>	<b>Release Date:</b>	
<b>page:1- 2</b>	<b>approval date:</b>	
<b>Director approval:</b>	<b>Date of last revision:</b>	
<b>Applicable to: All employees of teaching dental clinics</b>		

**Target:**

- Reducing the possibility of transmission of diseases (blood-borne infections) among clinic workers.
- Reducing work injuries by reducing the possibility of workers being stabbed with sharp tools.

**Politics:**

- Sharp tools are used frequently in the field of dentistry, improper use of sharpies while treating patients or after is considered one of the main reasons for puncture injuries or the transfer of diseases, therefore, these guidelines must be followed carefully and completely to reduce the risk of injury.
- All clinic workers should be fully aware of the three categories of tools (a critical tool, a semi-critical tool, and a non-critical tool), as the risk of transmission of infection through the tool is related to the type of tool and how sharp tools are handled and safely disposed of according to the latest standards.

**Action:**

- Tools and equipment used in the treatment of oral mucosal tissues and their lesions must be either single-use or be cleaned and re-sterilized after each patient, such as oral surgery tools and other accompanying tools.

**Policy title**  
**Categories of tools and how to safely handle sharp tools**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.:CL031</b>	<b>Release Date:</b>
<b>page:2- 2</b>	<b>approval date:</b>
<b>Director approval:</b>	<b>Date of last revision:</b>
<b>Applicable to: All employees of teaching dental clinics</b>	

- Categories of instruments used in dentistry:

**1- Critical items:**

- Tools whose use includes cutting or contact with sterile tissue and blood streams; such as tools used in surgical extractions of impacted teeth or ordinary extractions and apical surgery, for example (dental clamps), forceps and elevators+ flap retractors
- The tools used in dental implants and surgical handpieces must be single-use or be prepared for re-sterilization with steam.
- Sensitive tools must be used immediately after sterilization or kept in special bags until use. In the event of any defect in the sterilization bags, they must be re-sterilized before use.
- It is recommended to use the Batch control identification system where sterilized items are labeled.

**2- Semi-critical items:**

- Instruments whose use involves contact with the intact (uninjured) oral mucosa. Examples (oral mirror, mouth mirrors, tools for placing fillings, tweezers and metal impression trays).
- These tools must be sterile, and if this is not possible, it is recommended to use a protective barrier (for example, to protect the end of the photo-processor Light cure tip)
- It is preferable to use single-use tools.
- After sterilization, semi-sensitive tools are kept in carefully closed drawers or cabinets

**Policy title**  
**Categories of tools and how to safely handle sharp tools**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.:CL031</b>	<b>Release Date:</b>
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<b>Applicable to: All employees of teaching dental clinics</b>	

- These tools should be sterilized between patients without the need to wrap them.

3- **Non critical items:**

- For tools whose use involves touching the surface of the skin only, washing these tools with water and a detergent solution is sufficient. These tools are stored in the same way as semi-critical tools. Examples of such tools are: assembly scales, facial arc, goggles, for these.

▪ **Handling sharp tools:**

- It is forbidden completely pass sharp tools, such as blades or scaler tips , from hand to me hand, instead such utensils are placed in hard containers.
- Sharp tools that are frequently used are placed in the region of sterilization.
- It is forbidden to re-cap needles unless one hand is used to do so or special tools are used.
- Second hand needles should not be touched/bent or removed from the syringe.
- Removing needles is only carried out by the medical crew responsible and is done using special devices or special tools such as artery forceps, then they are placed in corresponding containers.
- Local anesthetic vessels (Local anesthetic carpules) must be disposed of after using as well as sharp objects their sharp waste.

**Policy title**  
**Categories of tools and how to safely handle sharp tools**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.:CL031</b>	<b>Release Date:</b>
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<b>Applicable to: All employees of teaching dental clinics</b>	

- In cases of puncture accidents or exposure to sharp tools, such as needles, the recommended measures are followed, these measures are clear understandable for everyone.

- **Materials or tools with one use:**

It is always recommended to use certain tools once. These Include:

- 1- Injections and topical anesthesia packs, surgical blades, surgical sutures.
- 2- Three in One/triplex syringe tips and the plastic low & high volume suction tips.
- 3- Teeth cleaning cups, gingiva cleaning tips and brushes- prophy- cups & brushes).
- 4- Disposable impression trays.

- ❖ These tools Should not be re-used but they should be disposed of immediately after use.

- **How to dispose of tools used once:**

Disposing of sharpies or tools used only once is the responsibility of the medical crew only and not the backup crew. It must be completed at the area of work or area of treatment.

Three in One /triple tips must be changed instead of changing the whole handpiece for ease of sterilization.


**Policy title**  
**Categories of tools and how to safely handle sharp tools**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>
<b>Policy No.:CL031</b>	<b>Release Date:</b>
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<b>Director approval:</b>	<b>Date of last revision:</b>
<b>Applicable to: All employees of teaching dental clinics</b>	

- Small or sharp tools such as; stainless steel endodontics, files, reamers and broaches are generally hard to clean or to sterilize. Therefore it is recommended to only be used once, except in cases were a safe and effective method is present.
  
- Second hand needles and empty carpules or half empty along with the syringes must be disposed of in hard/resistant container. This container should be labeled “sharp container”.
  
- Place all sharp tool containers in a safe space away from the reach of children.
- Complete training and teach the medical crew dispose of all sharps before a second patient is admitted to the clinic.
- The bur is removed from the handpiece and is placed in a special unit for sterilization.
- Dispose of the sharp container when it reaches 3/4<sup>th</sup> if its capacity.
- Wear thick gloves when disposing of all sharps containers.
- Do not attempt to retrieve anything from inside the package.
- Sharps should be placed inside the containers and no parts should be protruding out.
- A label must be placed indicating the place, date and time of delivery of the container and the signature of the recipient.

**Terms:**

<b>Policy title</b> <b>Categories of tools and how to safely handle sharp tools</b>		
<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Prevention and Control Committee</b>	
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<b>Applicable to: All employees of teaching dental clinics</b>		

- **Sharp tools:** Any object that cuts or punctures the body, for example, medical needles, surgical thread needles, and broken glass from ampoules.

**The required documents:**

None

**references:**

- Ministry of Health Instructions No. (1) For the year 2001 published in Gazette No. (4511) on 10/11/2011.
- OSHA Blood Born Pathogen Standard
- Standards for the accreditation of primary health care for health institutions, standard)10) Patient Safety Group No. 6.

**Certified:**

**Head of the infection control committee**



**Policy title**  
**Reprocessing of tools and work lines**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Control Committee</b>
<b>Policy No.:CL032</b>	<b>Release Date:</b>
<b>page:1-2</b>	<b>approval date:</b>
<b>Director approval:</b>	<b>Date of last revision:</b>
<b>Applies to: Support staff</b>	

**Target:**

- Determine the tool treatment area and work lines.

**Politics:**

- All workers concerned must abide by this policy when processing tools, as the work lines for reprocessing tools pass in one direction only and from the contaminated area to the clean area only.

**Action:**

- 1- **Allocate a specific area for the purpose of reprocessing the tools:**
  - 1- Re-treatment procedure includes all the necessary steps to ensure that any contaminated equipment is ready to be used again. These steps include (cleaning, checking the readiness, packing, marking, disinfection and sterilization).
  - 2- The area of cleaning/treating the tools should not be used for any other purposes, as it is preferable to be in separate rooms separated from patient treatment area or any contaminated area (working environment).
  - 3- If there is a need to carry out the cleaning process within the work environment, the area for cleaning tools and the contaminated area should be marked and separated clearly while maintaining the work line from the contaminated area to the cleaning area, and the cleaning area should be appropriate in its design and size for the size and number of tools to be handled.

**Policy title**  
**Reprocessing of tools and work lines**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Control Committee</b>
<b>Policy No.:CL032</b>	<b>Release Date:</b>
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<b>Applies to: Support staff</b>	

4- The design of the tool treatment region can be divided into the following:

The region that receives the used tools, the cleaning area, and the sterilization area.

- The region of processing and packaging
- The region of sterilization;
- The Storage area (the treated tools are placed in a clean area far from the place of contamination)
- Line of work should always be from the contaminated area to the clean one.
- Good light should be shone to enable good visualization while cleaning to reduce the risk of injury with sharp tools.
- Ventilation should be enough.
- Floors should be non-slippery and waterproof, they should also be cleaned regularly.
- Floors should also be smooth without holes.
- Cupboards and lockers should be at the right height appropriate for work.
- Multiple wash basins should be present with the right depth.
- Water taps should have sensors installed to work automatically when sensing a hand as not to be touched by hand. Or taps should be open or closed by the elbow where a automatic wash tap can not be installed.
- An adequate number of lockers and shelves should be present for storage.
- Enough space should be present to allow working, drying and packaging as to improve the efficiency of work.

**Policy title**  
**Reprocessing of tools and work lines**



<b>Policies and Procedures Record: Clinical</b>	<b>Established entity: Infection Control Committee</b>
<b>Policy No.:CL032</b>	<b>Release Date:</b>
<b>page:3-2</b>	<b>approval date:</b>
<b>Director approval:</b>	<b>Date of last revision:</b>
<b>Applies to: Support staff</b>	

- A drying region should be present in order to dry tools that have been sterilized and awaiting to be stored.
- The trays that have been used to place tools on are removed from the sterilization device placed on a dry area not on the work area.

**references:**

- Guideline for Disinfection and Sterilization in Healthcare Facilities, CDC 2008
- Infection Control Guidelines/ Egyptian Society
- Medical Assisting : Essentials of Administrative and Clinical Competencies
- Health care accreditation standard for primary health care, Cluster 60, patient care support, PS 10 and PS 14

**Certified:**

- **Head of the infection control committee**