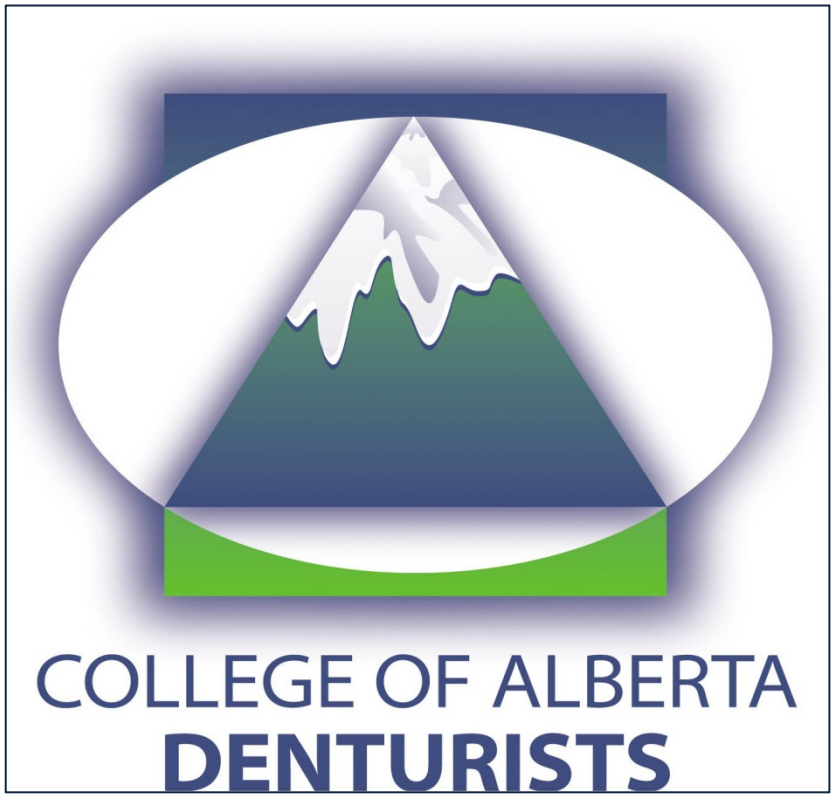
Infection Prevention and Control Standards



College of Alberta Denturists
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These Standards were approved by Council on March 16, 2012.

A. Introduction

These Infection Prevention and Control Standards contain up-to-date information, requirements, and methods for appropriate procedures for use in the denturist clinic and at non-clinic sites such as hospitals, nursing homes and other locations where denturist services are provided.

These evidence-based Standards have been compiled by the Standards Committee of the College of Alberta Denturists, and subsequently approved by the Council of the College of Alberta Denturists. All Regulated Members must comply with these Standards to meet their professional, ethical and legal requirements for Infection Prevention and Control.

It is essential that all Regulated Members read and understand these Standards, and that they take any necessary steps to ensure that their practice meets or exceeds the minimum requirements contained herein. These Standards must be fully implemented in all denturist office/clinics, by **June 01, 2012**.

These Standards for Infection Prevention and Control indicate the requirements that the College of Alberta Denturists (or other health regulatory bodies) may utilize in determining whether or not an individual practitioner has met the appropriate standards of practice in provision of services, and further, that the inherent professional responsibilities of Infection Prevention and Control have been achieved and maintained.

Infection Prevention and Control processes must comply with all applicable legislation, including the Alberta ***Health Professions Act***, the Alberta ***Public Health Act***, the Alberta ***Occupational Health & Safety Act***, and any associated **Regulations** and **Codes** enacted thereunder.

B. Disclaimer

These Standards detail the minimum requirements that must be met by all Regulated Members. They do not however, imply or cannot be interpreted as implying legal opinion or advice.

Further, these Standards are to be considered as a minimum standard for Infection Prevention and Control protocols, but are not intended to be exhaustive.

As such, all Regulated Members should seek independent legal advice for issues related to their Infection Prevention and Control protocols to ensure that their procedures are in compliance with all applicable legislation.

The College accepts no responsibility for the use or lack of use of the information contained herein.

C. Use

These Standards are for use by the Regulated Members of the College of Alberta Denturists only.

No duplication in whole or in part, or use by any third party is allowed, without first obtaining written consent from the College of Alberta Denturists.

D. Risk Management

The requirements of Infection Prevention and Control procedures ("**IP&C**") have always been in effect in healthcare settings; this via "Routine Infection Prevention and Control Practices".

However, because of recent breaches occurring in healthcare settings, IP&C has come to the forefront in both the government's and public's eyes.

These Standards contain the minimum requirements for the denturist profession in Alberta for IP&C and additionally, will afford the Regulated Members with a level of risk management with respect to IP&C.

E. Legislation

In Alberta, the ***Health Professions Act***, the **Denturists Profession Regulation** enacted thereunder, the Alberta ***Public Health Act,*** and ***Occupational Health and Safety Act***, as well as the College's **Code of Ethics** and **Standards of Practice**, are legislations that address Infection Prevention and Control for denturists in Alberta.

Members have the professional responsibility to ensure that they are in compliance with all applicable legislation.

F. Ethical Responsibilities

1. Dental Health Care Personnel (hereinafter known as "**DHCP**"), must not refuse oral health care to individuals based solely on the patients' seropositivity status to any blood-borne pathogen.
2. If a Regulated Member or Provisional Regulated Member (hereinafter collectively known as "**Regulated Members**") has a blood borne infection, serious injury, medical condition or any other condition that has either immediately affected, or may over time affect his or her ability to practice safely and competently, the Regulated Member must immediately inform the Registrar of the College of Alberta Denturists, in writing.
3. If a Regulated Member knows of, or has reason to suspect the existence of a nuisance or a threat that may be injurious or dangerous to public health, the Regulated Member has the legal obligation to immediately notify the **Medical Officer of Health** in the appropriate regional health district, by the fastest method possible; this pursuant to the ***Health Professions Act***.
4. These Standards must be followed by all Regulated Members in the Province of Alberta. Please be reminded that failure to do so constitutes unprofessional conduct and may result in disciplinary action by the College of Alberta Denturists.

G. Written Policies and Procedures

1. All Regulated Members must have a copy of the College of Alberta Denturists' (**CAD**) Infection Prevention & Control (**IP&C**) Standards at their practice sites, as well as written individualized policies and procedures, including but not limited to:
    - Documentation of the individual(s) responsible for IP&C monitoring.
    - Documentation of the individual(s) responsible for the development, maintaining and update of IP&C policies and procedures.
    - A documented hand hygiene protocol policy.
    - Policies and procedures to address the transportation, receiving, handling and processing of new, loaned, shared and/or leased dental instruments and dental devices.
    - Documented sterilization processes to meet or exceed those contained in this IP&C Standard.
    - Policies and procedures to comply with OH&S requirements for personnel safety and protection.
    - Specific cleaning policies and procedures for the office environment.
    - Manufacturers' manuals and directions for the maintenance and reprocessing of dental instruments and dental devices.
2. All DHCP must be aware of the documentation to meet IP&C and Occupational Health and Safety (**OH&S**) requirements, and all DHCP must comply with those requirements.
3. All Regulated Members must annually review all policies and procedures and make appropriate changes to ensure they meet or exceed the requirements contained in the current CAD IP&C Standards.

H. Personnel Health Elements of IP&C

1. All Regulated Members must be aware of their own and their patients' medical histories and presence of communicable diseases.
2. All Regulated Members must ensure that routine practices are in place to protect staff and patients from contact with blood and/or body fluids.

I. Hand Hygiene

1. Proper hand hygiene must be performed by all DHCP, as per the following:
   - At the beginning of the workday.
   - Before putting on and after taking off gloves.
   - Before and after contact with any patient or any items contaminated by a patient; for example, dental instruments/ devices.
   - Before and after performing any procedure allowable as per the Restricted Activities Authorizations contained in the Denturists Profession Regulation.
   - Whenever hands come into contact with any bodily fluids, (saliva, blood, sputum, tears, urine or other bodily fluids).
   - Before handling, preparing, serving and/or eating food.
   - After performing any personal functions; for example, blowing nose, using washroom, brushing teeth.
   - After assisting any individual with personal care: for example, assisting individuals to blow their nose, use the toilet, or perform oral hygiene procedures.
   - Before handling any clean supplies or setting up of armamentarium.
   - Any time hands become dirty by other means; for example: after disinfecting treatment rooms, handling of trash, cleaning of facility.
2. HCP hands must be washed using an appropriate anti-microbial soap-running water-disposable towel combination, or professional grade alcohol-based hand sanitizer with an alcohol percentage of 60-90%.
3. Sinks that have been used by a patient to expectorate in and/or sinks used to decontaminate dental instruments/devices must be cleaned and disinfected prior to being used by DHCP for hand washing procedures. A separate hand hygiene sink should be considered for any renovations or new facilities.
4. Prior to donning gloves, in between patients, after removing gloves, and whenever gloves are changed during a patient visit, the DHCP's hands must undergo antisepsis using either an appropriate anti-microbial soap-water-disposable towel combination, or an appropriate 60%-90% alcohol-based hand rub. Alcohol hand rubs are only allowable if hands are not visibly soiled.
5. Anti-microbial soap and alcohol-based hand rub dispensers should be of the single use variety. If not single use, then the assembly, including the pump mechanism, must be thoroughly cleaned, rinsed and dried prior to refilling.
6. DHCP must maintain fingernails as per the following:
   - No artificial fingernails or fingernail enhancements.
   - No long natural fingernails; fingernails are not to extend beyond the end of the finger.
   - No chipped/damaged fingernail polish.
7. DHCP must not wear hand jewelry other than smooth metal band rings when performing hand hygiene procedures and/or during any clinical treatment procedure. All other hand and wrist jewelry must be removed before donning gloves for procedures as per Section J-1.
8. DHCP must not use a standing basin of water for any hand hygiene procedures.
9. DHCP must not use a communal hand towel for any hand hygiene procedures.
10. DHCP must not use any non-alcohol based, waterless antiseptic agents for any hand hygiene procedures.

J. Personal Protective Equipment

1. DHCP must use the appropriate type of gloves as follows:
   - New, single-use protective gloves for all patient care procedures.
   - New, single-use protective gloves whenever there is a potential to come into contact with bodily fluid(s).
   - New single-use protective gloves when contacting contaminated items/ instruments/ devices.
   - Single-use sterile gloves when involved with any invasive surgical procedure(s).
   - Chemical resistant and puncture proof utility gloves for reprocessing procedures.

2. DHCP must wear a dental face mask that covers the nose and mouth. The mask must be single use and must be replaced whenever it becomes contaminated or wet. Masks must be worn during any procedures where splashes, sprays, or spatter of bodily fluids or water contaminated with bodily fluids, may be produced.

3. DHCP must wear protective eyewear that covers the eyes during any procedures where splashes, sprays, or spatter of bodily fluids, or water contaminated with bodily fluids, may be produced. Personal eyewear does not provide sufficient protection and are not suitable for use as eye protection in the clinical environment.

4. DHCP must wear full personal protective equipment, (**PPE**), including protective eyewear, mask, chemical resistant and puncture proof utility gloves and protective gown during instrument/device decontamination. All PPE must be removed before leaving the reprocessing area.

5. All PPE must be removed before leaving the patient care area unless devices are being transferred directly to the reprocessing area.

K. Purchase and Assessment of Instruments, Devices and Products for Disinfection or Sterilization Processes

1. Reusable instruments and devices that cannot be reprocessed according to the manufacturer's recommendations and as per the CAD's IP&C manual must not be used.

2. All devices or chemical products used in reprocessing must meet the requirements indicated in *Occupational Health & Safety Act* and Regulations.

3. Documentation from the manufacturer of all reusable dental instruments and dental devices is required as follows:
   - Any manuals and/or directions for use including the preventative maintenance.
   - Any specific recommendations and/or requirements for cleaning and reprocessing of any device/instrument.
   - Any training materials for use, cleaning and reprocessing of any device/instrument.
   - Any recommendations for appropriate monitoring of required procedures for reprocessing of the device/instrument.

4. Any newly purchased non-sterile critical and/or semi-critical device/instrument, must be inspected and processed as per manufacturer's written instructions prior to use. These items must not be stored in the patient treatment care area(s) prior to being processed.

L. Selection of Products and Processes for Reprocessing

1. All reusable instruments/devices must have written device-specific manufacturer's cleaning, decontamination, disinfection, wrapping and sterilization instructions.
   - The products and processes used in the reprocessing of an instrument/device must be determined by the intended used of the instrument/device in accordance with the Spaulding Classification. (See chart in Section Z)
   - The processes and products used for reprocessing must be compatible with each other and the instrument/device.
   - If disassembly/reassembly is required, the responsible DHCP must ensure that the manufacturer's instructions used include detailed instructions and wherever possible, diagrams.

2. All Regulated Members are ultimately responsible for the selection of products and processes for reprocessing.
   - Tasks must only be assigned to an individual competent in the area of instrument reprocessing.
   - DHCP must be trained in the procedures for disassembly, reassembly and reprocessing, before the instrument/device is placed into use.

M. Environmental and Structural Considerations

1. There must be a reprocessing area for collecting, cleaning, decontaminating, and sterilization of contaminated instruments/devices.

2. The reprocessing area must:
   - Have adequate space for the cleaning process and storage of necessary equipment and supplies.
   - Have decontamination areas that are physically or spatially separated from areas where clean, disinfected and/or sterile instruments/devices are handled and/or stored.
   - Have an easily accessible hand hygiene facility.
   - Have surfaces that are smooth, non-porous and that can be cleaned and disinfected easily.
   - Have a "one-way" path of movement of instruments/devices through the reprocessing process, from "dirty" to "sterile".

3. The practice facility must use a monitored municipal water supply or a water supply that is tested for and is free of contaminants.

4. DHCP must not touch non-barrier protected environmental surfaces with contaminated gloves during or after any patient treatment.

5. The entire practice premises must be kept neat, clean and free of any exposed waste material.

6. With new construction, office renovation, or relocation, a separate room for reprocessing of instruments/devices and the required one-way path of movement must be incorporated into the design.

N. Distribution and Handling of Contaminated Instruments and Devices

1. Disposable sharps must be removed and disposed of at the point of use in an appropriate puncture-resistant sharps container. Sharps containers must be labeled and disposed of according to local municipal regulations.

2. DHCP must be follow local municipal regulations regarding the proper handling and disposal of all biohazardous materials and general waste from a practice facility.

3. From point of use, any contaminated critical and/or semi-critical instrument/device, must be taken directly to the reprocessing area. In addition, instruments/devices that must be disassembled before sterilization must immediately undergo initial disassembly in the area designated for handling contaminated instruments/devices.

   Instruments/devices that cannot be cleaned immediately after discharging the patient should be processed as soon as possible. These instruments/devices must then be kept moist by using a wet towel moistened with water, or a holding solution/foam, or spray or gel product (but not saline), specifically indicated for such use and in compliance with manufacturer's directions, and transported in an appropriate container.

4. All personnel who handle any contaminated instrument/device, must handle those instruments/devices in a manner that:
   - Reduces the risk of exposure and/or injury to self, other personnel and patients; and
   - Reduces the risk of contamination of any environmental surface.

O. Cleaning Reusable Instruments and Devices

1. Reusable instruments/devices must be thoroughly cleaned prior to proceeding with disinfection or sterilization. The cleaning process must include any necessary disassembly, sorting and soaking, physical removal of materials and/or bioburden, rinsing, drying, physical inspection and proper packaging.

2. Non-critical reusable patient care items do not need to be transported to the central reprocessing area but may be decontaminated where they are used. Low-level disinfectants or intermediate level disinfectants must be used for cleaning and disinfecting these items.

3. Reusable instruments/devices must be cleaned with an appropriate instrument detergent/enzymatic product that is utilized as per manufacturer's instructions and discarded after use.

4. Automated cleaning equipment must be operated and maintained as per manufacturer's instructions.

5. Any cleaning devices such as brushes, sponges, or scrub pads must be either disposed or reprocessed after each use.

P. Disinfection of Reusable Instruments and Devices

1. Between patients, non-critical devices must be cleaned and disinfected using a low-level disinfectant.
2. Heat sensitive, semi-critical instruments/devices must be disinfected as per manufacturer's instructions, using a high-level disinfection process, as per the following:
   - Radiograph film is a semi-critical surface and must be barrier protected or disinfected prior to developing in order to avoid contamination of the radiograph processor; and
   - Digital radiograph sensors must be barrier protected and, if contaminated, disinfected between patient use.
3. All disinfecting solutions used on instruments/devices must have a Drug Identification Number (**DIN**) issued from Health Canada.
4. High-level disinfecting solution used for immersion disinfection of any instrument/device must be prepared, monitored and disposed of according to the manufacturer's instructions.
5. Disposal of high-level disinfecting solution must also be in accordance with municipal regulations.

Q. Sterilization of Reusable Instruments and Devices

1. All critical and semi-critical instruments/devices must be sterilized.
2. Steam sterilization must be used for critical and/or semi-critical instruments/devices that are compatible with heat and moisture.
3. All sterilization materials must be used in accordance with the manufacturer's instructions.
4. All sterilization equipment must follow the manufacturer's instructions for installation, operation, preventative maintenance and quality assurance monitoring of the equipment, and documentation of use and maintenance maintained.
5. Bagged/wrapped sterile instruments/devices must be marked with the date, load number and sterilizer used for reprocessing the item.
6. Bagged sterile instruments/devices must be maintained as sterile until time of use, by being sterilized in a bag designed for this purpose, or sterilized in appropriately wrapped cassettes. Sterile items must be removed from the sterilizer only when cool and dry.
7. The sterilization process must be tested, monitored and recorded. For all sterilizers, the following is required to be completed to ensure that effective sterilization has been achieved:
    - Mechanical monitoring: mechanical or electronic failure alarms for time, temperature and pressure must be in place, and their correct functioning recorded daily.
    - Chemical monitoring: each instrument/device package/cassette must have an external Class 1 process indicator applied to, or visible from, the exterior of the package, and an internal chemical indicator that is a Class 4 multi-parameter indicator or a Class 5 integrating indicator. Class 5 integrating indicators must be used inside the material and/or instrument packs whenever implantable devices are used.
    - A biologic monitor must be utilized for each sterilizer each day the sterilizer is used.
    - A biologic monitor must be used with each load if implantable medical devices are being sterilized.
    - In addition to routine biological monitoring, a Bowie-Dick test must be performed in an empty chamber for all pre-vacuum capable sterilizers, every day the sterilizer is used.
8. Sterilizers must be subjected to biologic testing and monitoring with 3 biologic monitor tests:
    - On initial installation.
    - Following disruptions in the normal activity of the sterilizer.
    - After any repair.
    - Upon unexplained sterility failures.
    - For pre-vacuum sterilizers, an additionally three Bowie-Dick tests.
9. Flash sterilization shall only be used in emergency situations and must not be used for implantable devices.
10. A log must be kept of any and all biological monitoring test results.

R. Storage and Use of Reprocessed Instruments and Devices

1. Reprocessed instruments/devices must be stored in a clean, dry location in a manner that prevents contamination and/or damage.

2. Reprocessed instruments/devices must be inspected for integrity upon opening the instrument/device package/cassette at the point of use. The results of the internal chemical indicator must be monitored and recorded prior to the use of the instruments/devices sterilized in that batch of items.

S. Environmental Infection Prevention and Control Practices

1. All finishes in the facility must be intact, smooth, non-absorbent and easy to clean.

2. All clinical contact surfaces must be cleaned and disinfected OR single use surface covers must be used between patients.

3. When surface covers are utilized:
   - They must cover the entire surface, including edges.
   - They must be impervious to moisture.
   - They must be applied with clean hands or new single-use gloved hands.
   - They must be removed and discarded between each patient, using new single-use gloves. Following removal, all surfaces must be inspected for evidence of contamination and appropriately cleaned and disinfected if contamination is present.
   - All clinical contact surfaces must be appropriately cleaned and disinfected at least daily.

4. If surface covers are not utilized:
   - All surfaces must be appropriately cleaned and disinfected between each patient. The surfaces must be wiped twice; once to clean and once to disinfect.
   - A hospital grade low-level disinfectant or intermediate-level disinfectant that is labeled, stored, prepared and applied according to the manufacturer's instructions must be used to clean and disinfect all clinical contact surfaces.

5. Components of devices that are permanently attached to the dental unit water lines such as handpiece motors and attachments for saliva ejectors must be disinfected or covered with surface barriers that are changed after each patient visit/use.

6. Radiographic equipment must be cleaned and disinfected between each patient or protected with surface barriers that are changed after each patient visit/use.

T. Dental Unit Waterlines

1. All waterlines must be purged at the beginning of each workday by flushing the lines thoroughly with water for a minimum of two minutes.
2. Waterlines must be purged for a minimum of twenty seconds after each patient service.
3. Whenever closed water systems or other special water delivery systems are utilized, manufacturer's instructions for daily and weekly maintenance of the dental units and dental equipment must be followed.
4. Suction lines must be aspirated with water or disinfectant solution between patients to reduce likelihood of infectious material backflow.
5. Suction lines must be cleaned with an enzymatic cleaner once a week.

U. Single Used Dental Instruments and Dental Devices

1. Single-use instruments/devices that are labeled by the manufacturer as single-use must not be reused on any other patient and must be discarded following use. It is to be noted that not all single-use instruments/devices will have the symbol of the crossed-out 2.

V. Internal Laboratory Requirement

1. All finishes in the laboratory, for example, chair upholstery, countertops, cabinetry, sinks, and flooring, must be cleanable and intact.
2. All contact surfaces must be cleaned and disinfected at the end of each business day.
3. Pumice pan/polishing unit(s) used to polish prostheses that have been previously worn by a patient and therefore contaminated, must abide by the following:
   - Polishing pan must be disinfected between uses.
   - Buffs must be disinfected after each use.
   - Pumice must be single use and must be disposed of after use.
   - Dust evacuation system is required in the dental laboratory area(s) as per OH&S requirements.
   - Polishing compounds must be in a single-use amount (i.e.: liquid or paste polishing material).
4. Pumice pan/polishing unit(s) that are used to polish new prostheses that have not previously been worn by a patient and are considered not to be contaminated, must abide by the following:
   - Pan must be disinfected daily.
   - Buffs must be disinfected after each day.
   - Pumice is to be replaced daily and must contain pumice sanitizer.
5. All sinks are to be cleaned and disinfected at the end of each day.

W. Occupational Health and Safety Act Requirements

1. The Regulated Member must comply with all applicable provincial enactments respecting occupational health and safety, including the Alberta *Occupational Health and Safety Act*, Regulation and Code.
    - A written hazard assessment must be completed to identify physical, biological, chemical, and if applicable, radiation risks in the facility, in accordance to the Alberta Safe Workplace Employment and Immigration Standards, and appropriate mitigation of any indentified risks completed.
    - The reprocessing area must be limited to reprocessing activities only, and all other activities are prohibited; for example, eating or drinking, storage of food, smoking, application of cosmetics, handling of contact lenses.
    - Air handling systems must be adequate to protect personnel from toxic vapors.
    - Chemicals must be stored according to manufacturers' instructions and Materials Safety Data Sheets (**MSDS**) documentation must be available as per the Workplace Hazardous Materials Information System (**WHIMIS**) requirements.
    - DHCP handling contaminated instruments/devices must wear PPE.
    - All DHCP must be appropriately immunized.
    - All clinical DHCP and reprocessing personnel must be assessed regarding their immunity to Hepatitis B and if not adequately protected, provided Hepatitis B vaccination (if required).
    - A first aid plan, equipment and services must be in place and all DHCP must be aware of the plan and use of equipment and services.
    - All DHCP must be aware of the signs of possible latex adverse reactions and have a plan in place to deal with such a reaction.
    - The facility must have written policies regarding Work Practice Controls to prevent exposure to blood and body fluids, exposure to chemicals, and injuries from sharp objects.
    - Policies must be in place for immediate response to worker exposed to chemicals.
    - Policies must be in place for immediate response and post-exposure management of workers exposed to blood and/or body fluids.
    - Policies must be in place for immediate response to worker exposure to sharp objects.

X. Glossary

Abbreviations

DHCP	Dental Health Care Personnel
DIN	Drug Identification Number
HLD	High Level Disinfectant (Disinfection)
HPA	Health Professions Act
IP&C	Infection Prevention and Control
LLD	Low Level Disinfectant (Disinfection)
MSDS	Material Safety Data Sheet
OH&S	Occupational Health & Safety (usually referring to that Act)
PPE	Personal Protective Equipment
WHMIS	Workplace Hazardous Materials Information System

Term Definitions

Armamentarium	The equipment and materials of the clinician for a procedure.
Aseptic	Conditions and procedures used to exclude the introduction of microbial contamination.
Antisepsis	Prevention of infection by inhibiting or arresting the growth and multiplication of germs (infectious agents). Antisepsis implies scrupulously clean and free of all living microorganisms
Anti-Microbial Soap	Hand cleanser infused with ingredients against microorganisms found on the skin.
Bioburden	Contamination of the environment, supplies and/or equipment with viable microorganisms.
Biohazard	A biological agent, such as a virus or a condition, that constitutes a threat to humans.
Biological Monitor	A monitoring device of sterilization processes, consisting of a standardized, viable population of microorganisms known to have a high resistance to the mode of sterilization being monitored; usually bacterial spores.
Bodily Fluids	Any fluid in the body including saliva, blood, sputum, tears and urine.
Bowie-Dick Test	Test which tests the efficacy of dynamic-air-removal steam sterilizer systems.
Chemical Indicator	A sterilization monitoring assistive device used to monitor specific parameters of a sterilization process, via means of a color change to the indicator.
Chemical Vapour Sterilization	The process of destroying all living microorganisms through the use of chemicals heated under pressure to form a gaseous state. The various chemicals used include alcohol, formaldehyde, acetone, ketene, and water.
Class 1 Process indicator	Externally visible chemical indicators that are used for exposure control. Used with individual units (pouches, packages), they indicate whether or not the unit has been directly exposed to the sterilization process. These are indicator tapes, labels etc, such as found on the sterilization pouches.
Class 4 Mulitparameter indicator	Used for pack control, internal indicators are usually paper strips with chemical indicator which react to two or more critical variables of the sterilization cycle.
Class 5 Indicator	Chemical indicators which are designed to react to all critical variables in the sterilization cycle.
Class B Sterilizer	Prevacuum steam sterilizer.
Cleaning	The process for the removal of soil, bioburden, secretions/excretions to the extent necessary for its further processing. Does not provide disinfection or sterilization.
Clinical Contact Surface & Contact Surface (non-clinical)	A Clinical Contact Surface is any environmental surface, device, equipment, tool, in a clinical setting, that is contacted with a potentially contaminated source, such as a gloved hand. A non-clinical Contact Surface is any environmental surface, device, equipment, tool, in a non-clinical setting (internal laboratory), that is exposed to use, materials, and contact, such as laboratory countertops, sinks, laboratory equipment.
Communicable	Capable of being transmitted from one person to another.
Contaminated	The state of having been actually or potentially in contact with microorganisms; the presence of microorganisms that could be capable of producing disease or infection.
Critical device	Any dental/medical device which enters sterile tissues. Critical devices present a high risk of infection if the device is contaminated with any microorganisms.
Decontamination	The process of cleaning, followed by the inactivation of pathogenic microorganism, which will result in an object being safe for handling.

Dental Health Care Personnel (DHCP)	DHCP include denturists, dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).
Disinfectant	A chemical agent used on inanimate objects to destroy virtually all pathogenic microorganisms, but not microbial forms; for example, Bacterial spores.
Disinfection	A process that destroys some forms of microorganisms excluding bacterial spores.
Drug Identification Number	A number provided by Health Canada which is required by the *Food & Drugs Act and Regulations*, which ensures that labelling and supporting data have been provided and it has been established that the product is effective and safe for its intended use.
Dry Heat Sterilization	A method of sterilization that uses heated dry air at a temperature of 320° to 356° F (160° to 180° C) for 90 minutes to 3 hours.
Environmental Surface	Surfaces such as floors, walls and related objects that are not associated with transmission of infections to patients or health-care workers.
Flash Sterilization	The sterilization of unwrapped instruments/devices in a pre-vacuum sterilizer, used only for the emergency sterilization of devices, when routine sterilization cannot be done.
Hand Hygiene	Refers to the process of removing or reducing microorganisms on hand surfaces, via use of soap and water or use of antiseptic hand rubs.
Healthcare Facility	A facility where patients are accommodated on the basis of medical and/or nursing need.
High Level Disinfection (HLD)	The level of disinfection required for processing of Semi-Critical devices. Destroys vegetative bacteria, mycobacteria, fungi and lipid and non-lipid viruses, but not normally bacterial spores.
Hospital-grade Low-level disinfectant	Disinfectant used to clean and disinfect non-critical devices and environmental surfaces.
Immersion Disinfection	The process of disinfection by immersing an item/device into a disinfectant for the required time to complete the disinfection.
Implantable Device	A device or material that is placed into a surgically or naturally formed cavity of the human body, that is intended to remain there for a period of 30 days or more.
Infection Prevention & Control (IPC)	The appropriate practices and procedures that can prevent or reduce the risk of transmission of microorganisms to healthcare personnel, clients, and visitors in a health care setting (clinic).
Invasive Procedure	A series of steps that causes bleeding or the possibility of bleeding.
Low Level Disinfection (LLD)	A process using low level disinfectants to kill most vegetative bacteria and some fungi and some lipid viruses. Does not kill mycobacteria or bacterial spores. Used to clean and disinfect Non-Critical devices and environmental surfaces.
Material Safety Data Sheet	Provides detailed hazard and precautionary information for hazardous materials.
Mechanical Monitoring	Device to measure parameters such as time, temperature and pressure to ensure that sterilization is achieved.
Microorganism	A microscopic organism; those of medical interest include bacteria, fungi, and protozoa. Viruses are often included, but are sometimes excluded because they are not cellular and are unable to replicate without a host cell.
Microbial forms	Microscopic organisms such as bacteria, protozoa, and some fungi and algae.
Non-Critical device	A device that contacts only intact skin or does not touch a patient.
One-way Workflow	The practice of ensuring that reprocessing work flows in one direction from the dirtiest to the cleanest.
Personal Protective Equipment (PPE)	Specialized equipment or clothing used by health care workers to protect themselves from direct exposure to a client's blood, saliva, tissue or other body fluids. Includes but not limited to, dental uniforms, dental gloves, processing gloves, gowns, face shields, face masks, eye protection.
Point of Use	The point in time and location at which a dental device is used on a client, such as in the operatory.
Pre-vacuum Sterilizer	Steam sterilizer which removes the air and before the injection of steam. European classification is “Class B”
Provisional Regulated Member	An individual registered with the College of Alberta Denturists in the category of Provisional Regulated Member; such individuals are not allowed to practice independently.
Regulated Member	An individual registered with the College of Alberta Denturists in the category of Regulated Member. Usually refers to an individual who is allowed independent practice.
Reprocessing	All steps necessary to make a reusable contaminated dental/medical device, ready for its intended use. Steps may include disassembly, cleaning, packaging, labelling, disinfection and sterilization.
Reprocessing Area (Centralized)	Area within a health care setting for cleaning, disinfecting and sterilizing of dental/medical devices.
Routine Infection Prevention & Control Practices	The approach to infection control in which all human blood and body fluids are treated as if know to be infectious. All devices receive for reprocessing are considered potentially infectious.

Semi-Critical device	A dental/medical device that comes into contact with mucous membrane and/or non-intact skin, but does not penetrate them.
Seropositivity	Showing positive results on serological examination; showing a high level of antibody.
Sharps	Any object capable of causing a puncture or cut; for example, scalpel, perio-probe, broken denture clasps.
Spatially	Relating to space or a space.
Spaulding Classification	Classification system for dental/medical devices which determines methodology required for reprocessing the device.
Steam Sterilization	The destruction of all forms of microbial life on an object by exposing the object to moist heat for 15 minutes at 121° F (49.44° C) under high pressure.
Sterile Gloves	Single use gloves which have been cleansed from previous agents and chemicals as well as bioburden. Usually wrapped in packaging of one pair per package and usually made of latex.
Sterilization	The process which results in the destruction of all forms of microbial life including bacteria, viruses, spores and fungi.
Workplace Hazardous Materials Information System (WHMIS)	The program which provides vital information about hazardous materials; includes criteria to identify controlled products and information about them in the workplace; a cautionary labelling system for containers of controlled products; requirements for disclosure of information via MSDS.

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2. Modified Spaulding Classification

Category	Description	Management Of Items	Denturist Examples
Critical Items	**Items which Penetrate Soft Tissues and/or Bone**	Items **must** be **Sterilized** and then stored wrapped until point of use.	• Any items used in surgical procedures (when denturist is assisting a surgeon), such as a mouth mirror when inserting immediate dentures. • Implant tools if below gingival margin and/or blood is present. • Periodontal Probes
Semi-Critical Items	**Items which contact Mucous Membrane and/or Non-Intact Skin**	Items **must** be **Sterilized**, but may be stored unwrapped in a clean, dry and covered area, and handled only with clean hands, gloved hands or forceps. Heat-sensitive items **must** receive **High-Level Disinfection** (HLD) between patient uses.	• Mouth Mirrors • Reusable Impression Trays • Facebow Intraoral Fork • Fox Plane • Implant Abutment Wrenches and Screwdrivers • Wire bending pliers (when adjusting an existing/new partial denture-patient present) • Metal Cheek Retractors • Suction Tips • Gauze • Cotton Rolls • Handpieces • Burrs/screwdrivers • Any item used in the mouth
Non-Critical Items	**Items which contact Intact Skin only, but not Mucous Membranes - or do not contact patient directly**	Items **must** be protected with barriers, or cleaned and disinfected between patient uses, if blood/saliva contacts the item or the item otherwise is contaminated.	• External portion of a Facebow • Cameras (intraoral and regular) • Mixing spatulas • Laboratory knives • Rubber mixing bowls • Boley Gauge • Shade guides • Curing lights • Radiograph Head/Cone • Blood pressure cuffs

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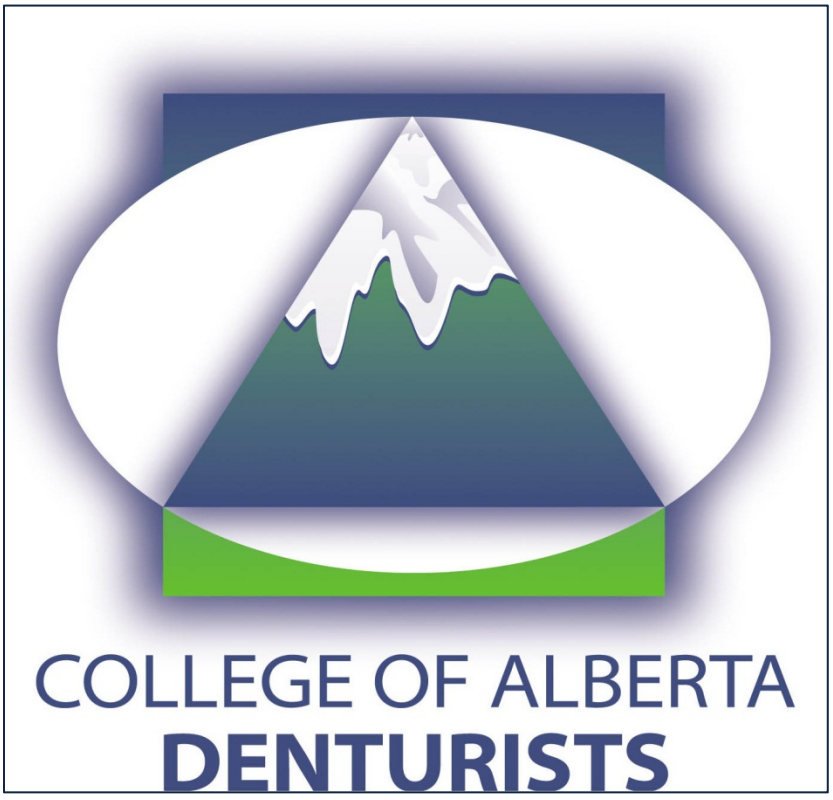
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Further, these Standards are to be considered as a minimum standard for Infection Prevention and Control protocols, but are not intended to be exhaustive.

As such, all Regulated Members should seek independent legal advice for issues related to their Infection Prevention and Control protocols to ensure that their procedures are in compliance with all applicable legislation.

The College accepts no responsibility for the use or lack of use of the information contained herein.

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