

Tenn. Comp. R. & Regs. 0460-01-.11

Section 0460-01-.11 - INFECTION CONTROL

(1) The dentist shall ensure that at least one (1) of the following sterilization procedures is utilized daily for instruments and equipment:

- (a) Steam autoclave
- (b) Dry-heat
- (c) Chemical vapor
- (d) Disinfectant/chemical sterilant. U.S. Environmental Protection Agency (EPA) approved disinfectant shall be used in dilution amounts and specified time periods.
- (e) Any procedure listed in MMWR, Vol 41, No. RR8, pp. 1-12, May 28, 1993 or successor publications.

(2) The following instruments, unless disposable, shall be sterilized between patients, after removal of debris, by one (1) of the above methods provided in paragraph (1):

- (a) Low speed handpiece contra angles, prophylaxis angles and nose cone sleeves
- (b) High speed handpieces and surgical handpieces
- (c) Hand and orthodontic instruments
- (d) Burs and bur changers, including contaminated laboratory burs and diamond abrasives
- (e) Endodontic instruments
- (f) Air-water syringe tips
- (g) High volume evacuator tips
- (h) Sonic or ultrasonic scalers and tips
- (i) Surgical instruments
- (j) Electro-surgery tips
- (k) Metal impression trays
- (l) Intra-oral radiographic equipment that can withstand heat sterilization

(3) All heat sterilizing devices must be tested for proper function by means of a biological monitoring system that indicates microorganism kill. The biological monitoring system used must include a control to verify proper microbial incubation. In the event of a positive biological spore test, the dentist must take immediate action to ensure that heat sterilization is being accomplished. Immediate action is defined as following manufacturer guidelines

and performing a second (2nd) biological spore test. In the event a second (2nd) positive biological spore test occurs, the device must be removed from service until repaired. Proof of such repair must be maintained with the testing documentation.

(4) Documentation must be maintained on all heat sterilizing devices in a log reflecting dates and person(s) conducting the testing, or by retaining copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least two (2) years, and shall be maintained in the dental office and be made immediately available upon request by an authorized agent of the Tennessee Department of Health.

(5) Environmental surfaces that are contaminated by blood or saliva must be properly cleaned prior to disinfecting.

(6) Disinfection must be accomplished with an appropriate disinfectant that is registered with the EPA and used in accordance with the manufacturer's instructions or with bleach used in a dilution ratio of one (1) to ten (10) or one hundred (100) [1:10 or 1:100]. The disinfection process must be followed between each patient in the absence of a barrier.

(7) Barrier such as impervious backed paper, aluminum foil or plastic wrap must be used to cover surfaces or items that may be contaminated by blood or saliva and that are difficult or impossible to disinfect. The barrier must be removed, discarded, and then replaced between patients.

(8) All single use or disposable items, labeled as such, used to treat a patient must be discarded and not reused.

(9) Items such as impressions contaminated with blood or saliva must be thoroughly rinsed, disinfected, placed in, and transported to the dental laboratory in an appropriate case containment device that is properly sealed and labeled "Biohazard", or labeled with the universal symbol for hazardous materials, or placed in a red container.

(10) Oral prosthetic appliances received from a dental laboratory must be washed with soap or a detergent and water, rinsed well, appropriately disinfected, and rinsed well again before the prosthetic appliance is placed in the patient's mouth.

(11) Surgical or examination gloves, surgical masks, and eye protection with eye shields shall be worn by all dentists, dental hygienists and dental assistants while performing, or assisting in the performance of, any intra-oral dental procedure on a patient in which contact with blood and/or saliva is imminent in accordance with CDC recommendations. Surgical or examination gloves must be changed between patients. Gloves are never to be washed and reused. Surgical or examination gloves that are punctured or torn must be removed and replaced immediately with new gloves following rewashing of the practitioner's hands with soap and water.

(12) All dentists, dental hygienists, and dental assistants shall follow hand hygiene guidelines in accordance with current CDC recommendations. Hand hygiene guidelines include, but are not limited to:

(a) Hands shall be washed with soap and water when hands are visibly dirty or contaminated with proteinaceous material, are visibly soiled with blood or other body fluids, before eating, and after using a restroom.

(b) Use alcohol-based hand rubs for routine decontamination of hands for all clinical indications, except as provided in subparagraph (a).

(c) Indications for hand hygiene include contact with a patient's intact skin, contact with environment surfaces/inanimate objects in the immediate vicinity of patients, before donning surgical or examination gloves, and after removal of gloves.

(13) To minimize the need for emergency mouth-to-mouth resuscitation, a practitioner shall ensure that mouthpieces, resuscitation bags, or other ventilation devices, appropriate to the patient population served, are available.

(14) All dental health care workers shall take appropriate precautions, pursuant to OSHA standard 29 C.F.R. 1910.1030, "Bloodborne Pathogens" or its successor, to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures. If a needlestick injury occurs, the dentist shall comply with the requirements established by OSHA.

(15) All sharp items and contaminated wastes must be packaged and disposed of according to the requirements established by any federal, Tennessee state, and/or local government agencies which regulate health or environmental standards.

(16) All dental health care workers who have exudative lesions or weeping dermatitis shall refrain from contact with equipment, devices, and appliances that may be used for or during patient care, where such contact holds potential for blood or body fluid contamination, and shall refrain from all patient care and contact until condition(s) resolves unless barrier techniques would prevent patient contact with the dental health care worker's blood or body fluid.

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Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-2-101, 63-5-105, 63-5-108, 63-5-115, and 63-5-124.
