

Advantage Dental

From DentaQuest

Policy Name: Universal Precautions	Policy Number: PL058-Universal Precautions- CARE
Type of Policy: DCO	Effective Date: 06/14/2012
Responsible Department: Plan Operations	
Page Number (s): 3	Revised Date: 05/20/2019
Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 07/17/2019
PURPOSE: To establish the Dental Care Organization's (DCO's) policy on the universal precautions that providers and their staff must follow when providing treatment to enrollees.	
DEFINITIONS:	
<p>Standard Precautions-a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes (CDC).</p> <p>Universal Precautions- refers to the practice, in medicine, of avoiding contact with patients' bodily fluids, by means of the wearing of nonporous articles such as medical gloves, goggles and, face shields (CDC).</p>	
REFERENCES: 42 CFR 438.236; OAR 410-141-0200; OAR 410-141-3200	
POLICY:	
<p>It is the policy of the DCO to use universal precautions; which is now incorporated into Standard Precautions by the Centers for Disease Control and Prevention (CDC), when giving treatment to enrollees.</p> <p><i>Standard precautions</i> are the practices and controls put in place that treats all blood and other potentially infectious material (OPIM), as infectious. They apply to contact with 1) blood; 2) all bodily fluids, secretions and excretions (except sweat) regardless of whether they contain blood; 3) non-intact skin, and 4) mucous membranes. Saliva has always been considered a potentially infectious material in dental infection control; thus, no operational difference exists between universal precautions and standard precautions in regards to saliva.</p> <ol style="list-style-type: none"> 1. Consider sharp items (e.g., needles, instruments, burs, lab knives, and wires) that are contaminated with enrollee blood and saliva as potentially infectious, and establish engineering controls and work practices to prevent injuries. Avoid use of/or exposure to sharps and sharp objects when possible, but, where unavoidable, take particular care in their handling and disposal by taking all universal precautions into consideration. 2. Do not pass syringes. 3. A needle recapping device designed for holding the needle cap when recapping needles 	

(e.g., between multiple injections and before removing from a non-disposable syringe) must be used.

4. Place used sharps (disposable syringes and needles, scalpel blades, etc.) in appropriate puncture resistant sharps containers located at point of use.
5. Each heat sterilizing device shall be tested for proper function by means of a biological monitoring system that indicates micro-organisms kill each calendar week in which scheduled enrollees are treated. Testing results shall be retained by the provider for the current calendar year and two preceding calendar years.
6. Perform hand hygiene by washing with either a non-antimicrobial or antimicrobial soap and water:
 - A. When hands are visibly soiled
 - B. Immediately if in direct contact with blood or other potentially infectious material, and avoid hand to mouth/eye contact.
 - C. Before and after treating each enrollee (e.g., before glove placement and after glove removal) and before leaving any enrollee-care, laboratory or instrument processing area.
 - D. Wear gloves when contact with blood or OPIM is anticipated and wash hands after their removal.
 - E. Before donning gloves; and
 - F. Immediately after removing gloves.
 - G. Store liquid hand care products in either disposable closed containers or closed containers that can be washed and dried before refilling. Do not add soap or lotion to a partially empty container.
 - H. Keep fingernails short and smooth to allow thorough cleaning and prevent glove tears.
 - I. If open sores or weeping dermatitis exists, refrain from direct enrollee contact and handling of enrollee-care equipment until the condition is resolved.
 - J. Protect skin lesions and existing wounds by means of waterproof dressings and/or gloves.
 - K. Prevent puncture wounds, cuts and abrasions in the presence of blood and OPIM.
7. Use Personal Protective Equipment (PPE) to protect the skin and mucous membranes of the eyes, nose, and mouth from exposure or OPIM;
 - A. Wear medical gloves when potential exists for contact with blood, saliva, OPIM, or mucous membranes.
 - B. Wear a new pair of medical gloves for each enrollee, remove them promptly after use, and wash hands immediately to avoid transfer of microorganisms to other enrollees or the environment.
 - C. Remove gloves that are torn, cut or punctured as soon as feasible and wash hands before re-gloving.
 - D. Do not wash medical gloves before use or wash, disinfect or sterilize gloves for reuse.
 - E. Wear a surgical mask and eye protection with solid side shields to protect mucous

- membranes of the eyes, nose and mouth during procedures likely to generate splashing or spattering of blood or OPIM
- F. Change masks between enrollees or during enrollee treatment if the mask becomes wet.
 - G. Clean with soap and water, or if visibly soiled, clean and disinfect reusable facial protective equipment (e.g., clinician and enrollee protective eyewear, face shields) between enrollees.
 - H. Wear scrubs and supplement scrub gowns with PPE (e.g., clinic smock, long sleeved gowns, jackets) when exposure to blood or OPIM is reasonably anticipated.
 - I. Launder or dispose of scrubs, gowns and PPE that are visibly soiled with blood or OPIM or have been exposed to contaminated spray and spatter (PPE is considered contaminated in such instances even if no visible evidence of contamination is evident). Wear PPE when handling laundry.
 - J. Store or dispose of contaminated waste and PPE in biohazard appropriate containers following OSHA regulations for biohazard waste.
8. Control surface contamination by blood and OPIM through containment and appropriate decontamination and sterilization procedures.
- A. Use only FDA-cleared medical devices for sterilization and follow the manufacturer’s instructions for correct use.
 - B. Clean and heat-sterilize critical and semi-critical dental instruments before each use.
 - C. Follow manufacturer instructions for use of chemical sterilants/disinfectants.
 - D. Ensure that noncritical enrollee care items are barrier-protected or cleaned, or if visibly soiled, cleaned and disinfected after each use.
 - E. Use PPE, as appropriate, when cleaning and disinfecting environmental surfaces and instruments.
- Application of these precautions, particularly with regard to necessary protective clothing, will vary according to the degree of anticipated contact with blood, body fluids or tissues. The risk of exposure must be assessed with each procedure and the appropriate action taken.

Reviewed and Revised By:

06/14/2012	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
06/06/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
03/12/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Dr. Gary Allen
03/17/2017	QI/UR Committee			
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak
05/20/2019	Gary Allen	Missy Mitchell	Phebe Ditzler	Rosa Pedraza