

AMENDATORY SECTION (Amending WSR 95-21-041, filed 10/10/95, effective 11/10/95)

**WAC 246-817-601 Purpose.** The purpose of WAC 246-817-601 through ~~((246-817-630))~~ 246-817-660 is to establish requirements for infection control ~~((in dental offices))~~ everywhere dentistry is provided to protect the health and well-being of the people of the state of Washington. ~~((For purposes of infection control, all dental staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to doctor and staff, doctor and staff to patient, and from patient to patient. Every dentist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the dentist must comply with the requirements defined in WAC 246-817-620 and 246-817-630.))~~ The Center for Disease Control and Prevention (CDC) [Guidelines for Infection Control in Dental Health-Care Settings -2003](#) and the 2016 [Summary of Infection Prevention Practices in Dental Settings—Basic Expectations for Safe Care](#) guidelines are the basis for these rules. Case reports and public health events regarding the transmission of diseases from patient to patient, dental health care provider (DHCP) to patient, and

patient to DHCP have been published that demonstrate risk that was ei-  
ther unrecognized in the past or new. This includes people accompany-  
ing patients and visitors. A strong educational component is necessary  
to prevent disease transmission from patient to DHCP, DHCP to patient,  
and from patient to patient.

[Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-601,  
filed 10/10/95, effective 11/10/95.]

AMENDATORY SECTION (Amending WSR 95-21-041, filed 10/10/95, effective  
11/10/95)

**WAC 246-817-610 Definitions.** The following definitions pertain to  
WAC 246-817-601 through 246-817-660 (~~((which supersede WAC 246-816-701~~  
~~through 246-816-740 which became effective May 15, 1992))~~).

~~((**"Communicable diseases"** means an illness caused by an infec-~~  
~~tious agent which can be transmitted from one person, animal, or ob-~~  
~~ject to another person by direct or indirect means including transmis-~~  
~~sion via an intermediate host or vector, food, water or air.~~

~~**"Decontamination"** means the use of physical or chemical means to~~  
~~remove, inactivate, or destroy bloodborne pathogens on a surface or~~

~~item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.~~

~~"Direct care staff" are the dental staff who directly provide dental care to patients.))~~ **"Dental health care provider (DHCP)"** means a licensed dentist, licensed dental hygienist, a licensed expanded function dental auxiliary, a certified dental anesthesia assistant, and a registered dental assistant.

**"Disinfect"** means the use of a chemical agent used on inanimate objects to destroy recognized pathogenic microorganisms, but not necessarily all microbial forms.

**"Sterilize"** means the use of a physical or chemical procedure to destroy all ~~((microbial life))~~ microorganisms including ~~((highly))~~ substantial numbers of resistant bacterial ~~((endospores))~~ spores.

[Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-610, filed 10/10/95, effective 11/10/95.]

#### NEW SECTION

**WAC 246-817-615 Administrative, education and training, and program evaluation.** A licensed dentist must develop and maintain written

infection prevention policies and procedures appropriate for the dental services provided by the facility. Infection prevention policies and procedures shall be reviewed annually. All DHCP's ~~providing direct patient care~~ must have job or task specific infection prevention education upon initial hire and training annually. Bloodborne pathogens training may not count as infection control training.

[ ]

NEW SECTION

**WAC 246-817-625 Personnel safety.** A DHCP must comply with the Washington Industrial Safety and Health Act under chapter 49.17 RCW.

[ ]

NEW SECTION

**WAC 246-817-635 Hand hygiene.** (1) A DHCP will perform hand hygiene appropriately:

(a) When hands are visibly soiled;

(b) After barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or respiratory secretions;

(c) Before and after treating each patient;

(d) Before putting on gloves and again immediately after removing gloves.

(2) A DHCP must use soap and water when hands are visibly soiled; otherwise an alcohol-based hand rub may be used.

[ ]

NEW SECTION

**WAC 246-817-640 Personal protective equipment.** (1) A DHCP must wear gloves whenever there is a potential for contact with blood, body fluids, mucous membranes, nonintact skin, or contaminated equipment.

(a) New gloves are required for each patient.

(b) Gloves shall not be washed or reused.

(c) Gloves selection must be based on the performance characteristics of the glove in relation to the task to be performed as required in WAC 296-~~800-16065~~823-15010.

(2) A DHCP must wear mouth, nose, and eye protection during procedures that are likely to generate splashes or splattering of blood or other body fluids.

(3) A DHCP must comply with Washington State occupational exposure to bloodborne pathogens WAC 296-823-150.

[ ]

NEW SECTION

**WAC 246-817-645 Respiratory hygiene and cough etiquette.** (1) A licensed dentist must post signs at entrances with instructions to patients with symptoms of respiratory infection to:

- (a) Cover their mouth/nose when coughing or sneezing;
- (b) Use and dispose of tissues;
- (c) Perform hand hygiene after hands have been in contact with respiratory secretions.

(2) A licensed dentist must provide tissues and no-touch receptacles for disposal of tissues.

(3) A licensed dentist must offer masks to coughing patients and accompanying individuals.

[ ]

NEW SECTION

**WAC 246-817-650 Safe injection and sharps safety.** (1) A ~~licensed dentist~~DHCP must follow The Center for Disease Control and Prevention (CDC) summary of infection prevention practices in dental settings—basic expectations for safe care, safe injection practices in dental settings.

(2) A DHCP must use either a one-handed scoop technique or mechanical device designed for holding the needle cap when recapping needles. Do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body.

(3) A DHCP must place used disposable syringes and needles, scalped blades, and other sharp items in appropriate puncture-resistant containers.

[ ]

#### NEW SECTION

**WAC 246-817-655 Sterilization and disinfection, environmental infection prevention and control.** A DHCP must:

(1) Follow the Center for Disease Control and Prevention Guidelines for Infection Control in Dental Health-Care Settings-2003 MMWR2003; 52 (No. RR-17); page 66, Appendix C for Methods for Sterilizing and Disinfecting Patient-Care Items and Environmental Surfaces.

(a) Clean and reprocess (disinfect or sterilize) reusable dental equipment (critical, semicritical, and noncritical) appropriately before use on another patient. ~~All~~ Sterilization of low-speed hand piece

motors ~~shall be sterilized before~~after use on ~~another a~~ patient is re-  
quired by ~~March~~December 1, 2019.

(b) Clean and reprocess (disinfect or sterilize) reusable dental equipment (critical, semicritical, and noncritical) according to manufacturer instructions.

(c) Disposable or single use items placed on a surface ready for use with a patient shall not be cleaned or reprocessed (disinfected or sterilized) such as, but not limited to, anesthetic carpules.

(2) Store sterile instruments and supplies in covered or closed cabinets. Wrapped packages of sterilized instruments should be inspected before opening and use to ensure the packaging material has not been compromised.

(3) Use mechanical, chemical, and biological monitors according to manufacturer instructions to ensure the effectiveness of the sterilization process.

(4) Test sterilizers by biological spore test on at least a weekly basis when scheduled patients are treated.

(a) In the event of a positive biological spore test, a licensed dentist must take immediate remedial action.

(b) A licensed dentist must maintain biological spore tests and results either in the form of a log reflecting dates and person(s)



conducting the testing or copies of reports from an independent testing entity.

(c) A licensed dentist must maintain documentation for a period of five years.

(5) Thoroughly rinse items such as impressions contaminated with blood or saliva. Place and transport items such as impressions to a dental laboratory in an appropriate case containment device that is properly sealed and labeled.

(6) Use surface barriers to protect clinical contact surfaces and change surface barriers between patients.

(7) Clean and disinfect clinical contact surfaces that are not barrier-protected with disinfectant after each patient.

(8) Use an intermediate-level disinfectant (i.e., tuberculocidal claim) if visibly contaminated with blood.

(9) Use United States Environmental Protection Agency registered disinfectants or detergents/disinfectants with label claims for use in health care settings and follow the manufacturer instructions.

(10) Use ~~a high volume evacuation~~ioner (HVE), ~~hand held with wide bore or wide hole pattern at the terminus end point, during the~~ in close proximity to the oral cavity with a minimum bore diameter not

smaller than the standard diameter of a HVE evacuation tube is required in all clinical situations reasonably expected to produce large amounts of aerosol or spatter, such as using of ultrasonic or sonic scalers~~air~~, air-polishing, ~~and laser~~high speed hand pieces, or lasers~~procedures to reduce aerosols and splatter.~~

[ ]

#### NEW SECTION

**WAC 246-817-660 Dental unit water quality.** (1) A licensed dentist must use water that meets United States Environmental Protection Agency regulatory standards for drinking water.

(2) A licensed dentist must test the water delivery system for acceptable water quality quarterly. In addition to quarterly testing, a licensed dentist must test the water delivery system five to ten days and again at twenty-one to twenty-eight days after any changes or remedial action to the water lines.

(a) The water delivery system must be tested on each side of the unit at the three-way syringe or at the high speed location.

(b) In the event of an unacceptable level of biofilm, a licensed dentist must take immediate remedial action.

(~~bc~~) A licensed dentist must maintain the water delivery system testing and maintenance either in the form of a log reflecting dates and person(s) conducting the test or maintenance or copies of reports from an independent testing entity.

(~~ed~~) A licensed dentist must maintain documentation for a period of five years.

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#### REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-817-620	Use of barriers and sterilization techniques.
WAC 246-817-630	Management of single use items.