

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 Centers for Disease Control and Prevention *Guidelines for Infection Control in Dental Health-Care Settings* 2003, MMWR Vol. 52, No. RR-17, and the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*, March 2016, are the basis for these rules. Case reports and public health events regarding the transmission of

diseases from patient to patient, DHCP to patient, and patient to DHCP
have been published that demonstrate risks that were either
unrecognized in the past or new. This includes people accompanying
patients and visitors. A strong educational component for DHCPs is
necessary to prevent disease transmission from patient to DHCP, DHCP
to patient, and patient to patient. A licensed dentist may delegate
appropriate tasks to a DHCP as authorized in WAC 246-817-501 through
246-817-570.

[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)~~) apply 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 infectious~~
~~agent which can be transmitted from one person, animal, or object to~~

~~another person by direct or indirect means including transmission 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.~~

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

(1) "The Centers for Disease Control and Prevention" or "CDC" is a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States.

(2) "Dental health care provider" or "DHCP" means a licensed dentist under chapter 18.32 RCW, licensed dental hygienist under chapter 18.29 RCW, a licensed expanded function dental auxiliary under chapter 18.260 RCW, a certified dental anesthesia assistant, or a registered dental assistant under chapter 18.260 RCW.

(3) "Hand hygiene" means the use of soap and water when hands are visibly soiled; or use of an alcohol-based hand rub.

[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. (1) A licensed dentist shall develop and maintain written infection prevention policies and procedures appropriate for the dental services provided by the facility.

(2) A licensed dentist shall review with all DHCPs the current office infection prevention policies and procedures annually.

(3) A DHCP shall ~~complete a one-time~~provide documentation that they have completed current infection prevention standards education provided by a qualified individual or organization within the previous 12 months. Bloodborne pathogens training may not count as infection prevention standards education.

(4) A DHCP shall have at least one hour of current infection prevention standards education annually provided by a qualified individual or organization.

(5) Infection prevention standards education must include:

(a) Precautions and prevention of disease transmission;

(b) Prevention of cross-contamination;

(c) DHCP safety and personal protection equipment;

(d) Hand hygiene;

(e) Respiratory hygiene and cough etiquette;

(f) Sharps safety and safe injection practices;

(g) Sterilization and disinfection of patient care items and devices;

(h) Environmental infection prevention and control; and

(i) Dental unit water quality.

(6) For the purposes of this section, a qualified individual or organization means a person or entity that has expertise in all aspects of infection control in a dental office.

(7) A licensed dentist shall maintain training documentation for a period of five years.

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NEW SECTION

WAC 246-817-625 Personnel safety. A DHCP shall comply with the applicable requirements of the Washington Industrial Safety and Health Act under chapter 49.17 RCW.

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NEW SECTION

WAC 246-817-635 Hand hygiene. A DHCP shall perform hand hygiene as defined in WAC 246-817-610 in any of these situations:

(1) When hands are visibly soiled;

(2) In the event of barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or respiratory secretions;

(3) Before and after treating each patient; or

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

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NEW SECTION

WAC 246-817-640 Personal protective equipment. (1) A DHCP shall 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 must 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 applicable in WAC 296-800-16065 and 296-823-15010.

(2) A DHCP shall 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 shall comply with Washington state occupational exposure to bloodborne pathogens WAC 296-823-150.

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NEW SECTION

WAC 246-817-645 Respiratory hygiene and cough etiquette. (1) A licensed dentist shall post signs in a place visible to individuals receiving services in the premises 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 shall provide tissues and no-touch receptacles for disposal of tissues in the dental office.

(3) A licensed dentist shall offer masks to coughing patients and accompanying individuals in the dental office.

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NEW SECTION

WAC 246-817-650 Safe injection and sharps safety. (1) A DHCP shall follow the CDC *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*, March 2016, guidelines for safe injection practices in dental settings.

(2) A DHCP shall use either a one-handed scoop technique or mechanical device designed for holding the needle cap when recapping needles. A DHCP shall 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 shall place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers in each operatory.

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NEW SECTION

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

(1) Follow the CDC *Guidelines for Infection Control in Dental Health-Care Settings* 2003, MMWR Vol. 52, No. RR-17, Appendix C for Methods for Sterilizing and Disinfecting Patient-Care Items and Environmental Surfaces, including:

(a) Clean and reprocess through disinfection or sterilization reusable critical, semicritical, and noncritical dental equipment appropriately before use on another patient.

(i) Effective November 1, 2020, sterilization of low-speed hand piece motors after use on a patient is required.

(ii) Sterilization is not required for those sections of a battery operated hand piece system that cannot be sterilized according to manufacturer's instructions. However, battery operated hand piece

systems that have specific engineering controls to isolate the sections that cannot be sterilized, render those sections "noncritical," must be used if commercially available; those sections that cannot be sterilized must be processed according to manufacturer's instructions between patient uses.

(b) Clean and reprocess through disinfection or sterilization reusable critical, semicritical, and noncritical dental equipment 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) including, but not limited to, anesthetic carpules.

(2) Bag or wrap contaminated instruments in packages, containers, or cassettes in preparation for sterilization.

(a) Store sterile instruments and supplies in a covered or closed area.

(b) Wrapped packages, containers, or cassettes of sterilized instruments must be inspected before opening and use to ensure the packaging material has not been compromised.

(c) Wrapped packages, containers, or cassettes must be opened as close to the time of the procedure as possible, and may not exceed an

hour prior to the time of the procedure. Opening in the presence of the patient is preferred.

(d) Instruments flash sterilized or sterilized for immediate use are not required to be bagged or wrapped during an adverse event.

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

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

(a) In the event of a positive biological spore test, the licensed dentist shall take immediate remedial action as recommended by the manufacturer.

(b) A licensed dentist shall record biological spore tests and results either in the form of a log reflecting dates and person or persons conducting the testing or copies of reports from an independent testing entity. A licensed dentist shall maintain this 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 a case containment device that is 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 treating each patient.

(8) Disinfect using an intermediate-level disinfectant such as, but not limited to, a tuberculocidal claim when a surface is visibly contaminated with blood.

(9) Use only United States Environmental Protection Agency registered disinfectants or detergents/disinfectants with label claims for use in health care setting, following the manufacturer instructions.

(10) Use high volume evacuation or HVE whenever possible in all clinical situations expected to produce aerosol or spatter, such as, but not limited to, ultrasonics, high-speed hand pieces and air polishing devices. HVE equipment must be installed and maintained to manufacturer's specifications to ensure proper evacuation at the treatment site. HVE devices must be used as intended for HVE. A saliva ejector does not qualify as an HVE device.

(11) The following definitions apply to WAC 246-817-655.

(a) "Critical," "semicritical," and "noncritical" are categories given to patient care items including, but not limited to, dental instruments, devices, and equipment depending on the potential risk of infection associated with intended use.

(i) "Critical items" means those items used to penetrate soft tissue, contact bone, enter into or contact the bloodstream or other normally sterile tissue that the CDC has determined must be sterilized by heat.

(ii) "Noncritical items" means those items used to contact intact skin that the CDC has determined must be disinfected with Environmental Protection Agency registered hospital disinfectant or detergent.

(iii) "Semicritical items" means those items used to contact mucous membranes or nonintact skin that the CDC has determined must be sterilized by heat if heat-tolerant, or by high-level disinfection if a semicritical item is heat-sensitive.

(b) "Disinfect" or "disinfection" means use of a chemical agent on inanimate objects, such as floors, walls, or sinks, to destroy virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms such as bacterial endospores.

(c) "High-level" means disinfection that inactivates vegetative bacteria, mycobacteria, fungi, and viruses but not necessarily high numbers of bacterial spores.

(d) "High volume evacuation" or "HVE" means the equipment used to remove particles debris, and large amounts of liquid from the oral cavity.

(e) "Remedial action" means any action necessary to obtain a negative spore test result.

(f) "Sterilize" or "sterilization" means the use of a physical or chemical procedure to destroy all microorganisms.

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NEW SECTION

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

(2) A licensed dentist shall test the water delivery system for acceptable water quality quarterly. A licensed dentist shall test the water delivery system five to ten days after repair or changes in the plumbing system and again at twenty-one to twenty-eight days later.

(a) All water lines must be tested and may be processed as a single sample for each operatory.

(b) In the event of an unacceptable level of colony-forming units or CFUs, a licensed dentist shall take immediate remedial action. For the purposes of this section, remedial action means any action necessary to reduce the CFUs to five hundred or a lesser number currently recognized by the CDC as acceptable for drinking water.

(c) A licensed dentist shall record the water delivery system testing and maintenance either in the form of a log reflecting dates and person or persons conducting the test or maintenance or copies of reports from an independent testing entity. A licensed dentist shall maintain this 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.