



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 · Olympia Washington 98504-7852

DENTAL QUALITY ASSURANCE COMMISSION DENTAL INFECTION CONTROL COMMITTEE WEBINAR MEETING AGENDA

DATE: Monday, March 2, 2020

TIME: 12:00 p.m.

LOCATION: Webinar

CONTACT: Jennifer Santiago, Health Services Consultant 4
Phone: (360) 236-4893
Fax: (360) 236-2901

Times and Order: The meeting will commence at 12:00 p.m. on March 2, 2020 and continue until agenda items are completed. Public comment will be taken during the committee meeting. This agenda is subject to change.

Accessibility: This meeting is accessible to persons with disabilities. Special aids and services can be made available upon request. If you need assistance with special needs and services, you may leave a message with that request at 1-800-525-0127. If calling from outside Washington State, dial 360-236-4052. TDD may also be accessed by calling the TDD relay service at 1-800-833-6388. If you need assistance due to a speech disability, Speech-to-Speech provides human voices for people with difficulty being understood. The Washington Speech-to-Speech toll free access number is 1-877-833-6341. If you wish to receive general information about this meeting, please call the program at 360-236-4893.

OPEN SESSION - 12:00 p.m.

1. CALL TO ORDER – Dr. Carsten, Committee Chairperson

- 1.1. Introduction of attendees.
- 1.2. Approval of agenda.
- 1.3. Approval of the January 16, 2020 meeting minutes.

2. DRAFT RULE LANGUAGE

The committee will:

- 2.1. Discuss commission, committee, and stakeholder comments received.
- 2.2. Review and make necessary rule modifications to proposed sections WAC 246-817-601 through 660 Infection Control.

3. FUTURE BUSINESS

Determine information needed for the next committee meeting.

4. ADJOURN

Conference Call Instructions:

To ensure space is available, contact Jennifer Santiago at jennifer.santiago@doh.wa.gov or 360-236-4893 for the approved webinar link and phone number.



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47852 · Olympia Washington 98504-7852

DENTAL QUALITY ASSURANCE COMMISSION DENTAL INFECTION CONTROL COMMITTEE MEETING MINUTES

Thursday, January 16, 2020

MEMBERS PRESENT

David Carsten, DDS
Bree Kramer, EFDA
Karen Clements, DDS
Brian Macall, DDS

MEMBERS ABSENT

Tiffany Bass, DDS
Kunal Walia, DDS

STAFF PRESENT

Jennifer Santiago, Program Manager
Becky McElhiney, Assistant Program Manager
Bruce Bronoske, Jr., Program Manager
Trina Crawford, Executive Director
Heather Carter, Assistant Attorney General

OTHERS PRESENT

Jennifer Zbaraschuk, Washington Dental Hygienists' Association (WDHA)
Colleen Gaylord, WDHA
Sophie Doumit, Washington State Dental Association (WSDA)
Emily Lovell, WSDA
Terre Harris, Harrisbiomedical
Marissa Smith, Columbia Valley Community Health
Maricella Serrano, EFDA
Dr. Corwyn Hopke, Washington State Society of Orthodontists (WSSO)
Michelle Neal, WSSO
Lori Miller, Dental Assistant
Kathy Bassett, Dental Hygienist
Matthew Haynes, Willamette Dental
Patty Montgomery, Nurse Consultant, Infection Control Assessment and Response Lead
Carol Carbone, Washington Denturist Association

OPEN SESSION

- 1. CALL TO ORDER** – Dr. Carsten called the meeting to order at 12:01 p.m.
 - 1.1. The committee and staff introduced themselves.
 - 1.2. The committee approved the agenda.
 - 1.3. The committee approved the August 19, 2019 meeting minutes as presented.

2. DRAFT RULE LANGUAGE

2.1. The committee discussed stakeholder comments.

- Discussion on comments received regarding WAC 246-817-610, Definitions.
 - The committee agreed to change the word “in” to “throughout” per Department of Health standard rule writing.
 - The committee agreed to change the word “is” to “means” per Department of Health standard rule writing.
 - The committee discussed a suggestion to change “dental health care provider (DCHP)” to “practitioner”. The committee agreed to the suggested change.
- WAC 246-817-615 language “provide documentation” of training is ambiguous, and does not direct dentists to whom they must provide documentation. The committee agreed to change the language to indicate that providers “must have, verify and maintain” their own documentation.
 - The committee discussed who would be responsible for verifying the training documentation for providers within a practice.
 - Ms. Montgomery suggested “business owner or licensed dentist”.
 - Dr. Carsten shared concerns that “business owner or licensed dentist” could be an issue with large or group practices.
 - Ms. Santiago shared a concern that some free clinics employ dentists and dental auxiliaries, but are not owned by licensed dentists.
 - Mr. Harris suggested “owner or director”.
 - Ms. Bassett suggested “employer, dental director, owner, or designated human resources director”.
 - Ms. Santiago expressed concerns that the dental commission only has authority over licensed dentists, so “owner” or “director” titles may not fall under the commission’s jurisdiction if they are not licensed dentists.
 - Dr. Clements suggested “licensed dentist responsible for human resources and/or hiring”.
 - Ms. Santiago will work with Ms. Carter to draft proposed language for this section.
- The committee discussed a suggestion received from Eve Cuny to add “standard” to “precautions” in WAC 246-817-615 (5) (a).
 - Mr. Harris shared history that this refers to a change that the Centers for Disease Control (CDC) and the Occupational Safety and Health Association made to their rule language in 2003 in which they changed “universal” to “standard”.
 - The committee agreed with the suggested changes.
- The committee discussed comments received regarding the use of the word “verifiable” in WAC 246-817-615 (6) and decided no further discussions or changes were needed.
- The committee discussed comments received on WAC 246-817-635 (4), regarding hand hygiene “before putting on gloves and again immediately after removing gloves”.

- This section may be unnecessary because section 3 already requires hand hygiene “before and after treating each patient” and section 1 already requires hand hygiene “when hands are visibly soiled”.
- Ms. Santiago shared history that the CDC guidelines updated in 2016 include a requirement for hand hygiene “before and after each patient”, which is where the language in the WAC came from.
- Dr. Clements expressed concerns about the requirement to wash hands when working on the same patient if gloves need to be changed due to a small puncture.
- Ms. Montgomery shared concerns that it is difficult to change gloves without contaminating hands.
- Dr. Hopke expressed concerns that it would not be practical to leave the patient and change gloves every time there were a small glove puncture when working on the same patient.
- Ms. Montgomery suggested the environment could be adjusted to accommodate hand hygiene, such as moving sanitizing stations closer to the patients so providers don’t have to walk away.
- Dr. Clements suggested a new glove could be placed over the punctured glove as a workaround.
- Dr. Neal expressed her opinions that the rule should allow for some judgement by the practitioner, the risk is minimal, and questioned where the scientific evidence for the requirements originated.
- Ms. Montgomery clarified that the evidence came from the CDC guidelines. The committee agreed to strike item #4 and write an FAQ addressing hand hygiene, to include precautions about prolonged glove wearing hazards.
- Ms. Carter clarified that rules are a minimum standard and leave room for practitioner judgement.
- The committee decided no revision was needed for WAC 246-817-640 regarding protective clothing as protective clothing is already referenced in other WAC sections.
- The committee discussed a comment suggesting revising WAC 246-817-645 to include language mandating providers provide health masks to patients and family in waiting rooms.
 - Dr. Clements expressed concerns that this level of rule writing may be overregulation.
 - Ms. Serrano suggested compromising by changing the language to require providers to have masks available when requested.
 - Ms. Santiago suggested keeping the current language, which requires providers to offer masks upon request.
- The committee discussed comments received regarding WAC 246-817-655 (1).
 - A stakeholder suggested combining sections (1) (a) with (1) (b) by replacing “appropriately” with “according to the manufacturer’s instructions”.
 - The committee agreed with the suggestion.
 - Ms. Serrano requested clarification between electric hand pieces and low speed turbine hand pieces to be added to section (1) (a) (ii).

- Dr. Carsten explained the difference between the motors.
- Ms. Santiago clarified that they are categorized as “battery-operated” in the rule.
- The committee discussed a comment received by Eve Cuny to add “and devices” to WAC 246-817-655 (1) (b).
 - Ms. Santiago clarified that this is defined the section regarding critical vs. non-critical devices.
 - Dr. Carsten clarified that these guidelines originated based on CDC rules.
 - The committee agreed to add “and devices” to the rule.
- The committee discussed a comment received regarding a perceived conflict in language in WAC 246-817-655 (1) (c) regarding cleaning single-use items.
 - Dr. Clements suggested writing an FAQ to clarify.
 - A stakeholder expressed concerns with reprocessing items that did not come with manufacturer instructions for cleaning.
 - Ms. Santiago suggested changing “single use” to “single patient use”.
 - Ms. Carter suggested adding language to definition such as “does not apply to use on the same patient”.
 - Ms. Montgomery shared that the Food and Drug Administration’s definition of “single use items” is being intended for “single patient use”.
 - Ms. Santiago and Ms. Carter will work on revising the language in sections (1) (c) (i) and (1) (c) (ii) to reflect single patient use exception.
- The committee discussed comments received regarding WAC 246-817-655 (2) (c) regarding allowable time between opening single use items and use on a patient.
 - Ms. Miller expressed her opinion that only critical instruments need to be sterilized immediately before use and that the rule overlooks many other issues, such as the one-hour training requirement for dental assistants being insufficient.
 - Dr. Carsten and Ms. Serrano share Ms. Miller’s concerns.
 - There was a concern that single use items that come in bulk are contaminated as soon as they are opened.
 - Ms. Santiago clarified that the rule section in question refers to sterilized instruments and suggested adding “sterilized instruments”.
- The committee agreed to add “off-site” to WAC 246-817-655 (5) regarding dental labs.
- The committee agreed to remove the second sentence from WAC 246-817-655 (6) regarding work surfaces and add “before and after each patient” at the end of the first sentence.

3. FUTURE BUSINESS

The committee will meet again to finalize proposed rules and make additional changes as needed.

4. ADJOURN

The meeting was adjourned at 2:00 p.m.

Submitted By:

Jennifer Santiago, Program Manager

Committee Approval By:

David Carsten, DDS, Committee Chair

Dental Infection Control rules review

March 2020

WAC 246-817-615 Administrative, education, and training

- (3) change “provide documentation” to “maintain documentation”
- (7) What about the other providers as defined under DHCP? If they all have to take training shouldn't they all maintain their training documentation?
- (7) May need to specify whose/what documentation the dentist must maintain. Is it just the dentist or all DHCP's under the dentist supervision or annual office review

Recommendation – Updated DRAFT with changes paragraph 2, 3, 4, and 7

WAC 246-817-655 Sterilization and disinfection, environmental infection prevention and control

- (1)(c) “shall not be cleaned” Do we need to say except as allowed under (ii)?

Recommendation – updated DRAFT with changes

- (1)(c) Single use items - Proposed language: *Clean and reprocess reusable dental equipment according to manufacturer instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.*

Recommendation – committee to discuss

- (10) (a) “are categories...” If the definition is restrictive, use “means.” If the definition is inclusive, use “includes.” – Need to consider rewriting.

Recommendation – updated DRAFT with changes

- (10)(a)(i) “sterile tissue” what is considered sterile tissue and how do they sterilize it by heat? Maybe it is the way the sentence is written... - Need to consider rewriting.

Recommendation – Updated DRAFT with changes

- 10(c) The words to be defined “High-level” should be changed to “High-level disinfection”. The way the item is “High-level” means disinfection.... The correct way to write this would be: “High-level disinfection” means disinfection that...

Recommendation – Updated DRAFT with changes

- 10(e) The definition of “remedial action” is described as “any” action necessary to obtain a negative spore test. It really shouldn’t be “any” action it should be “recommended action”. Stating that remedial action can be “any” action gives the practitioner free reign to engage in action outside of manufacturers recommendations.

Recommendation – Updated DRAFT with changes

- (10) (f) Physical or chemical procedure, what is physical?

Recommendation – Updated DRAFT with changes

WAC 246-817-660 Dental unit water quality

- (1) Consider using “CFUs/mL” for clarity

Recommendation – Updated DRAFT with changes

- Add “for non-surgical procedures” to first sentence. “A licensed dentist shall use water for non-surgical procedures that meets...”

Recommendation – Updated DRAFT with changes

- (2) Consider clarifying that the instructions are those of the dental equipment manufacturer since some may interpret this to mean the waterline testing company recommendations.

Recommendation – Updated DRAFT with changes

- (2)(a)(i)(B) From the same operatory or water bottle.

No recommendation to change

From: [Lori Miller](#)
To: [Santiago, Jennifer D \(DOH\)](#)
Subject: RE: Dental Infection Control Committee meeting Jan 16, 2020
Date: Sunday, January 19, 2020 10:17:26 AM
Attachments: [2C0B79A08597487FA51A00950BD146F1.png](#)
[0E30E4D13B42446D8AE1D9BF5994A52F.png](#)
[E8140E3F62F543AFBD4CAE2DD75C6274.png](#)
[71316079A1C24210BCE6DFA798C8195A.png](#)
[45B40533BBA941F0A8AE59A514054C73.png](#)

Dear Jennifer,

I attended the meeting for infection control via internet on the 16th and mentioned that there are many items introduced to the oral cavity that are not sterile, as you already know. I think the rules miss this completely and I am wondering if it is too late to add in some rules about these items. And also I did want to say that although there is a critical lack of understanding, there are also very dedicated assistants who try hard to keep things as safe as possible. One big obstacle they constantly have is pressure from the doctor: to turn a room so the patient won't have to wait, to get things sterilized with sterilizers that are too small to accommodate the demand, to get supplemental 2x2s or a different size matrix quickly during a procedure (so they leave the buckets open for quick access), and so they prevent the assistant from being able to accomplish these objectives without losing their jobs for being too slow. The doctors need to understand their role.

The unbagging of instruments prior to the procedure is the least important part of this equation.

A vast majority of offices pre-prep their trays. Not opening the bag is moot. Assistant will still pre-set these set-ups sans opening the bag, that is not the solution. The assistants will handle, with bare hands, placing the matrix bands, the wedges, the 2x2s and cotton rolls, pieces of floss, syringes with tips for applying hemostatic agents, etc., on the tray way in advance, next to the sterile still bagged instruments. All of these items are the most critical of all as they actually come in contact with the oral mucosa and vascular system. **You would need a rule that NO PRE-PREP is allowed for the rule of not opening the instruments prior to an hour of procedure to make any logical sense.** Look at a used tray and you will see bloody and saliva soaked 2x2s, blood on the matrix bands as they cut the gingiva almost every time, bloody wedges, bloody floss, etc. These are the items least attended to and most likely to be in contact with the human system. Even the bur blocks will be open on the trays, back up bur blocks on the counter and exposed constantly. In one office I assisted in, I had the opportunity to pre-package into a ziplock baggy all the anticipated items for the procedure, including the cotton products and floss. When I had a procedure, I grabbed the pre-made baggy and a sterile set of instruments, bagged burs and at the time of the appointment, I simply emptied the baggy on the tray and supplemented with needed items specific to the procedure. This also sped up my prep time and these bags can be premade during down time. The baggies can then be recycled to be used to bag the preps, used in ultrasonic, etc. or even use large autoclave bags that can then go to the sterilizer room for packaging. Those bags are already handled with gloves so there is no cross contamination.

First, the use of plastics is scary for our planet, but I do understand. I think of times when a quick exam is done and all the plastic is applied, and tossed, with no actual contamination. The plastic is always applied with bare hands. The instruments are placed in the mouth and all is well until the

gauze is used to assist in retraction or to hold the tongue, etc. These 2x2s as they are called are usually in a drawer where they are constantly exposed with every opening, every retrieval of them for use. Bare hands used for pre-set up. Many times in mid-procedure extra is called for. Is **there a rule for using an auxiliary forcep for retrieval? Many offices I have been in do not supply them.**

All single use materials (cotton rolls, gauze, replaceable tips for a variety of products like etch, flowable, hemostatic agents, retention products like toffelmeier bands and kidney shaped bands) should be stored in containers, not just loose in the drawers or loose in buckets. Sterile separate forceps should be used for retrieval. I see constantly the use of procedure buckets being used where there is an open bin of items specific to each procedure on the counters during the procedure, getting their hourly shower of contaminants. These will include the matrix bands, wedges, etc. and those buckets are stained with old temp cement, blue articulation paper, dried up etch, etc. showing the infrequency of their being cleaned out.

Burs are notoriously contaminated by blood, infection, saliva, decay, exudate during crown preps or endo especially. Therefore they are critical items. I see they get sterilized but very often doctors have open bur blocks for “backup” out on the counter all day, every day. These are rooms covered in plastic. And then in goes the most contaminated item in the room, the bur from the bur block on the counter.

I think **advising that sterilizing items that have no instructions for sterilizing is not well advised.** The manufacturer of autoclave manuals have lists of materials not suitable for autoclaves as the heating of these items can produce noxious gases and can damage the systems. Plastics especially, and they can melt. That advice should be amended to be referenced against the manual to be sure that the material is suitable for high heat steam. If it is not a dental product, what is going in there? Cold sterile can also be used as a high level disinfectant. Large intraoral mirrors used in photography are frequently suitable candidates for cold sterile and there is a misconception that they must remain in their for 12 hours, so it is not used. The instructions clearly state on these chemicals that they are also high level disinfectants in a range of an hour to 90 minutes. Large oral mirrors used for pictures, x-ray holders, patient napkin holders are not “critical” items and can be safely disinfected in these solutions. Many offices have policies of emptying these out after lunch and beginning of work day. This can be applied to unused matrix bands, etc. This lessens burden in autoclave, as well.

I strongly advise making it a rule to not let the patients close down on the saliva ejector! You can have everything as sterile as possible and then instruct the patient to close down on the ejector??? That can create a vacuum where they can actually draw the fluid back into their mouth. So much for that sterile environment all of the above created. Google CDC and saliva ejector. Gross.

Thank you and the committee for all you do, by the way. I am so grateful that you have taken up this cause.

I hope that if the assistants cannot get more than an hour a year of training that perhaps it should be **mandatory for the Doctor's CE requirements.** In California, I need 25 units of continuing ed to keep my license current and it must include infection control and HIPPA every time as part of the mandated training to be current.

With much appreciation,

Lori

Sent from [Mail](#) for Windows 10

From: [Santiago, Jennifer D \(DOH\)](#)

Sent: Thursday, January 9, 2020 1:48 PM

To: [Santiago, Jennifer D \(DOH\)](#)

Subject: Dental Infection Control Committee meeting Jan 16, 2020

You previously requested to participate in the webinar/conference call meeting for the Dental Infection Control Committee on Thursday, January 16th at noon. Attached are meeting materials for the meeting and below is the webinar call in information.

Dental Infection Control Committee meeting
Thu, Jan 16, 2020 12:00 PM - 2:00 PM (PST)

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Or dial directly: 946905605@67.217.95.2 or 67.217.95.2##946905605

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Jennifer Santiago

Program Manager

Dental Quality Assurance Commission

Health Systems Quality Assurance

Washington State Department of Health

Jennifer.santiago@doh.wa.gov

360-236-4893 | www.doh.wa.gov



Item 2.2

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-pracitioner~~ to patient, and patient to ~~DHCP-practitioner~~ 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-practitioners~~ is necessary to prevent disease transmission from patient to ~~DHCPpractitioner~~, ~~DHCP-practitioner~~ to patient, and patient to patient. A licensed dentist may delegate appropriate tasks to a ~~DHCP-practitioner~~ 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 throughout 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"
ismmeans a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States.

(2) "Dental health care providerPractitioner" 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-practitioners the current office infection prevention policies and procedures annually. A licensed dentist shall maintain documentation for five years.

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

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

(45) Infection prevention standards education must include:

- (a) Standard pPrecautions and prevention of disease transmission;
- (b) Prevention of cross-contamination;
- (c) ~~DHCP-Practitioner~~ 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;
- (i) Dental unit water quality; and
- (j) Current WAC 246-817-601 through 246-817-660.

(56) For the purposes of this section, a qualified individual or organization means a person or entity that has verifiable training, expertise, or experience in all aspects of infection control.

(67) A ~~licensed dentist~~practitioner shall maintain ~~training~~ documentation of infection control prevention standards education for a period of five years.

[]

NEW SECTION

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

[]

NEW SECTION

WAC 246-817-635 Hand hygiene. A ~~DHCP~~practitioner 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.~~

[]

NEW SECTION

WAC 246-817-640 Personal protective equipment. (1) A ~~DHCP~~ practitioner 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~~ practitioner shall wear mouth, nose, and eye protection during procedures that are likely to generate aerosols or splashes or splattering of blood or other body fluids.

(3) A ~~DHCP~~ practitioner shall 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 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.

[]

NEW SECTION

WAC 246-817-650 Safe injection and sharps safety. (1) A ~~DHCP~~ practitioner 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~~practitioner shall use either a one-handed scoop technique or mechanical device designed for holding the needle cap when recapping needles. A ~~DHCP~~practitioner 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~~practitioner shall place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers in each operatory.

[]

NEW SECTION

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

devices ~~appropriately according to manufacturer instructions~~ before use on another patient.

(i) Effective December 1, 2021, 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 and devices according to manufacturer instructions.

(c) Disposable or single patient 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, except as allowed under (1)(c)(ii).

(i) Single patient use items are determined by the manufacturer description of product.

(ii) Single patient use items that need to be tested for size can be cleaned or reprocessed (disinfected or sterilized) when following manufacturer's instructions. If manufacturer's instructions are unavailable, the nature of the material may allow heat sterilization of unchanged items including, but not limited to, stainless steel crowns. High level disinfection can be used if heat sterilization is impossible, on a case-by-case basis, dependent on the quality of disinfection and the ability of the item to be disinfected.

(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 of sterilized instruments must be opened as close to the time of the procedure as possible. Opening in the presence of the patient is preferred.

(d) Instruments sterilized for immediate use do not mandate the use of a bag or a wrap. If the instrument is not used immediately, it must be bagged or wrapped.

(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 off-site in a case containment device that is sealed and labeled.

(6) All work surfaces must be disinfected after each patient.

~~Impervious surface barriers must be used if the counter space or other work surfaces are used for instruments.~~

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

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

(9) 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.

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

(a) "Critical," "semicritical," and "noncritical" ~~are~~ means 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.~~ Critical items must be sterilized by heat.

(ii) "Noncritical items" means those items used to contact intact skin. ~~that the CDC has determined~~ Noncritical items must be disinfected with United States 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~~ Semicritical items 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 disinfection" 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 debris, aerosols, and liquids.

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

(f) "Sterilize" or "sterilization" means the use of ~~a physical~~
~~or heat,~~ chemical, or other non-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 for non-surgical procedures that meets United States Environmental Protection Agency regulatory standards for drinking water of five hundred or less colony-forming units or CFUs/mL.

(2) A licensed dentist shall follow dental equipment manufacturer's instructions when testing the water delivery system for acceptable water quality. If manufacturer's instructions are unavailable, 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) Effective December 1, 2021, all water lines must be tested.

(i) All water lines for each operatory or dental unit can be pooled as one single sample.

(A) A pooled sample must use an equal amount of water from each water line.

(B) A pooled sample can have up to ten water lines included.

(C) The number of water lines pooled into one sample must be documented.

(ii) All water lines for each operatory or dental unit can be tested individually.

(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 United States Environmental Protection Agency 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.