

PROCEDURES FOR INFECTION CONTROL

Standard precautions will be followed and the chain of asepsis maintained.

Hand Hygiene should be done at the start/end of every clinic session and begin with Antiseptic Hand Wash: Water and Antimicrobial Soap.

Antiseptic Hand Wash: Water and Antimicrobial Soap.

- a. Remove all visible debris from the hands and arms with soap and water.
- b. Wet hands and wrists under cool running water.
- c. Dispense the anti-microbial hand wash onto all areas of the hands and wrists (pay particular attention to the areas around the fingernails and between the fingers).
- d. Vigorously rub together all surfaces of hands and fingers for at least 15 seconds.
- e. Rinse fingers, hands, wrists, forearms in that sequence, under cool/tepid water.
- f. Repeat the previous two steps and dry hands thoroughly by gently patting dry with paper towel.
- g. Cover cuts and abrasions with Band-Aid or a non latex finger cot.

Antiseptic Hand Rub: Alcohol Based Hand Rub

- a. Should not be used in the presence of visible soil or organic material.
- b. Hold hand under dispenser nozzle of the VioNexus dispenser.
- c. Wait until the automatic dispenser completes to allow for correct amount of alcohol rub to be dispensed.
- d. Apply to palm of one hand and rub hands together vigorously.
- e. Cover all surfaces of the hands and fingers until hands are dry.

Unit / Operatory Preparations

Pre-treatment Infection Control Preparations

Face Mask/Shield: Must cover the nose, mouth and facial hair when worn. The face mask may not be placed under the chin at any time present in the clinical area.

Personal Items: Store any personal items such as bags, coats, cell phones or other non-essential clinical equipment in the student clinician's locker. Do not bring to clinic floor.

1. Stock Alabama cart with supplies prior to each clinic session.
2. Put on Personal Protective Equipment for cleaning and disinfecting the unit/Operatory area.
 - a. Put on the lab coat
 - b. Proceed to the sink.
 - c. Put mask on sink counter.
 - d. Wash eyewear with anti-microbial soap and water.
 - e. Pat dry with paper toweling.
 - f. Put on facemask to adequately achieve a seal around the nose and mouth - never wear cupped under chin.
 - g. Put on eyewear
3. Perform Hand Hygiene using Antiseptic Hand Wash or Rub.
 - a. Mandatory at the beginning of each clinic session.
 - b. Before and after treating each patient.
 - c. Before glove placement and after glove removal.
 - d. After barehanded touching of inanimate objects likely to be contaminated by blood or saliva.
 - e. Before leaving the clinic floor or laboratory.
 - f. When visibly soiled.
 - g. Before regloving after removing gloves that are torn, cut or punctured.
4. Put on nitrile gloves: Pull the sleeve of the gloves over the cuff of the lab coat.

Sanitize Surfaces and Equipment

1. Follow current OSAP, ADA, and CDC recommendations to flush lines for several minutes at beginning of each clinic day
2. Flush handpieces with air/water for 20 to 30 seconds between patient appointments
3. Check ICX water bottle to see if it is empty, if yes, follow procedure for Dental **Unit Water Quality Maintenance.**
4. Use the following sequence as a guideline for cleaning and disinfecting the unit/
Operator: begin at the cleanest areas (top of unit) to the dirtiest areas (bottom of unit):
 - Light handles
 - Light should be cleaned with dry wipe or cheese cloth (if soiled, use a disinfectant wipe to clean and then immediately dry, light is sensitive to chemicals)
 - Front delivery system and attachments
 - Hoses, tubes, cords
 - Chair (use soap and water only unless an area is a “touched” surface)
 - Cabinet tops, sides and drawer
 - Wall dividers as necessary
 - Base of chair (use soap and water only)
 - Rheostat
 - Dust computer monitor with a dry paper towel
 - a. Disinfect all smooth and hard clinical contact surfaces (known or likely to become contaminated by touching, droplet or splatter or by transfer from contaminated items).
 - b. Use packaged disinfectant soaked towels using a WIPE-DISCARD-WIPE PROCEDURE. Wipe across the smooth hard surfaces to apply the disinfectant to the surface, wipe entire unit and cart, excluding chair, with disinfectant.
 - c. WIPE: Use disinfectant towelette, directly onto the surface to cover with moisture (If towelette becomes dry/soiled discard and obtain a new one).
 - d. DISCARD: Dispose of the disinfectant towelette in the waste receptacle at the sink area.
 - e. WIPE: Repeat the above procedure until all necessary surfaces and equipment are cleaned and disinfected.
 - f. Allow to dry for 5 to 10 minutes according to manufacturer’s instructions/directions.
 - g. Dispose of the soiled wipe in receptacle.
 - h. Remove contaminated gloves.
 - i. Remove gloves inside out.

- j. Place inside opposite glove.
- k. Dispose of gloves in waste receptacle.
- l. Wash hands with one 15-second hand wash or apply alcohol-based hand rub.
- m. Don new gloves.

5. Remove following items from kit:

- a. Multi-colored pens, red/ blue pencil, lead pencil; place in the cup holder taped to the side of the Alabama cart.
- b. Hand mirror(s); place on the side counter.
 - 1. Disclosing solution wands; place on the bracket table.
 - 2. Floss dispense enough for the appointment, place on the bracket table.
 - 3. Clipboard
 - 4. Patient education materials
 - 5. Patient Protective Eyewear from the student cubby.
 - 6. The disposable air/ water syringe tip can be placed on the syringe.

6. Clean and disinfect reusable supplies:

- a. Wipe above mentioned kit items with a new disinfectant wipe.
- b. Wash with antibacterial soap and water and dry the patient protective eyewear.
- c. Place eyewear on Alabama cart.
- d. Remove contaminated gloves.
- e. Remove gloves inside out.
- f. Place inside opposite glove.
- g. Dispose of gloves in waste receptacle.
- h. Wash hands with one 15-second hand wash or apply alcohol-based hand rub.

Note: Perform hand hygiene after removing gloves and before putting gloves on. This can be done by hand washing or, if the hands are not visibly contaminated, applying and alcohol based hand rub to the hands.

7. The clinic assistants will deliver sterilized items and instruments to the bay operatory Instruments should remain packaged until the patient is seated (unless they need to be sharpened-follow: Instrument

Sharpening under Supportive Procedures). The sterile item will then be removed in front of the patient and placed on the front delivery system.

8. Check instrument sharpness during initial set up. Avoid sharpening contaminated instruments.

Barrier Protect Equipment and Surfaces

1. Place environmental surface barriers to protect clinical contact surfaces and equipment (known or likely to become contaminated by touching, droplet or splatter, or by transfer from contaminated items) which cannot be adequately cleaned and disinfected.
2. Place on the following: (When using blue tape be sure to fold edges for ease of removal during clean up.)
 - Light handles with light handle sleeves
 - Switches with blue tape
 - Cover chair adjustment buttons with plastic baggie, (not blue tape in case contaminated hands touch back of panel which is exposed)
 - Air/water syringe with blue tape or clear plastic sleeve
 - Pens and pencils with blue tape
 - Patient mirror handle with blue tape
 - Place patient safety glasses on Alabama cart
3. Use three chair cover bags to cover the following:
 - Chair, over headrest and back of chair
 - Delivery system
 - For swinging tray
 - Place mat on swinging tray (to keep tray with items from sliding)
4. Obtain additional items as needed and arrange on tray handling all items with clean gloved hands.
 - saliva ejector
 - polishing paste if needed
 - patient bib
 - mask
5. Turn computer on
 - ☑Place appropriate sleeves on handle that adjusts computer monitor.
 - ☑Cover mouse with baggie or barrier tape.
 - ☑Cover keyboard with x-ray cover.
6. Place protective covers:
 - Tape 1 headrest cover to the side of the operatory cabinet with 1-3 strips of masking tape for potentially infectious waste.
 - Barrier handpiece, ultrasonic, intraoral camera arms on delivery system; saliva ejector, high speed evacuation hose, air/water syringe, delivery system arms.
- c. Barrier tape light switches, buttons on the x-ray view box, ultrasonic control switch, patient hand mirror, operator chair controls, and others as indicated.

- d. Tape 1 patient cup to side of cart; place barrier wrapped pens and pencils.
- e. Barrier clipboard with headrest cover.
- f. Place the computer keyboard in a chair cover and fold over.
- g. Place the mouse into a size 5X5 plastic bag and seal.
- h. Place barrier sox on the arms of the computer monitor.
7. Tape over gloves to side of Alabama cart with masking tape. Utilize overgloves for retrieving items from Alabama cart during treatment and to prevent cross contamination of paper documents.

Unit Dose Anticipated Items

- Prepared by the Clinic Manager and Clinical Assistants and stored in the sterilization areas on the “clean side” counter where trays are dispensed.
 - Trays are picked-up by the students, in full PPE, and brought to student operatory.
1. Prepare unit doses of the following items:
 - Patient’s antiseptic mouth-rinse (if alcohol is contraindicated, use non-alcohol rinse); put in a medicine cup on the tray set-up.
 - Cotton rolls, gauze and cotton tip applicators as anticipated.
 - Place a safety wipe on the corner of the bracket table to debride instruments at chair-side.
 - Unit dose of dental floss
 - Lip balm on a gauze square (non-petroleum based lubricant)
 - Disclosing swabs

Check Unit/ Operatory for Appropriate Preparation

1. Remove PPE and perform Hand Hygiene.
2. Sign out anticipated equipment from the Dispensary; ie: ultrasonic attachment, local anesthesia, sealant armamentarium, intraoral camera.
3. Keep unit-dose items on the bracket tray and keep other items in the Alabama cart.
4. Use top of Alabama carts for patient assessment items such as calculus detection forms and plaque index forms and patient charts only.
5. Keep patient charts in the drawer of the Alabama cart.
6. Keep sterile instruments packaged until the patient is seated unless they need to be sharpened (see Instrument Sharpening under supportive treatments).

- a. If they are sharpened before the patient's arrival, they must be placed on the front delivery system with the cassette closed, until the patient is seated.
 - b. If the patient does not arrive for his/her appointment, the instruments must be repackaged and re-sterilized.
7. Remove lab coat and PPE, before leaving the clinic floor. Hang lab coat on the hook in the bay area.

CHAIRSIDE INFECTION CONTROL: PATIENT TREATMENT

Seat the Patient

1. Escort the patient from the waiting room to the operatory. Address the patient formally (Ms., Mr. or Mrs.) unless they indicate otherwise or are a child. Hang the patient's coat on the hook in the bay area.
2. Seat the patient with the chair in an upright position.
3. Put on lab coat. Wash hands or use disinfectant rub.

Put on Personal Protective Equipment/ Prepare for Treatment

1. Put on the facemask creating a tight seal around the nose and mouth-never cup under chin.
2. Put on protective eyewear if not already on
3. Perform Hand Hygiene
4. Put on non-latex examination gloves
5. Return to the patient.
6. Follow: 2. STANDARD OPERATING PROCEDURE: ASSESSMENT

Treat the Patient Appropriately Avoiding Contamination and Maintaining an Aseptic Chain Following POC sequence.

1. Avoid touching anything not directly involved in patient treatment.
2. Avoid leaving chairside. Gloves must be removed and discarded when leaving the bay area. Do not write in paper chart with gloved hands
3. Hands must be washed or disinfected before leaving and upon return prior to re-gloving and resuming patient treatment.
4. Change gloves if they become damaged or compromised in any manner. Wash hands or use disinfectant rub prior to donning new gloves.
5. Wear a face mask with attached visor, protective eyewear and a disposable gown when performing procedures that generate excessive aerosols, such as ultrasonic scaling.
6. Retrieve items from Alabama cart during the course of treatment:

- a. Retrieve items from Alabama cart with over gloves.

7. Handle and dispose of needles and other sharps carefully:

- a. Use tray set up for local anesthesia administration and follow all precautions to prevent needle sticks and sharps injuries. Use a recapping device to recap needles. Never manipulate or bend the needle by hand. The person administering the anesthesia is responsible for the recapping and disposal of the needle and glass cartridge(s).
- b. All sharps must be disposed in the sharps container located at each bay.

8. Debride instruments during patient treatment in the following manners:

- a. Attach a Safety Wipe onto the bracket table to debride instruments at chairside. It may become necessary to replace the Safety Wipe if it becomes overtly contaminated during the procedure. Overtly contaminated Wipes (blood, heavy deposits) should be disposed of as infectious waste.

9. Utilize barriered clipboard with over gloves to avoid contaminating the paper documents (plaque index and calculus detection/removal sheet, dental hygiene care plan).

10. Use pens/pencils wrapped with barrier wrap.

11. Mouth rinsing must be done at chairside. The patient should spit into a paper cup or use the saliva ejector.

NOTE: Due to the potential for contamination, do not allow the patient to put his or her lips around the saliva ejector during low volume evacuation. There is a potential for back-flow of suctioned fluids into the patient's mouth through the saliva ejector from the suction line. Previously suctioned fluids might reach the patient's mouth when a seal around the saliva ejector is created by the patient closing his or her lips around the tip of the disposable ejector.

12. Segregate all medical waste as infectious or potentially infectious and dispose in the hazardous waste containers (headrest taped to side of tray) at chairside.

13. Gloves are not worn when writing in patient chart or when taking Vitals.

14. Barrier protect in plastic any student chairside notes. Keep on a "ring" to minimize clutter on Alabama cart.

15. Prevent contamination of patient OHI bag by letting them handle it. Do not handle with contaminated gloves.

16. Dismiss the patient.

END OF APPOINTMENT

1. Close instrument cassette for patient and clinician safety.
2. Sit patient in upright position.
3. Have patient remove safety glasses and place on Alabama cart.

4. Remove bib and dispose in trash. Remove bib whenever patient leaves unit to use restroom, have radiographs etc.
5. Remove gloves and dispose of properly.
6. Remove mask.
7. Remove safety glasses and place on Alabama cart.
8. Perform hand hygiene.
9. Remove lab coat and place on the coat hook.
10. Escort the patient to the waiting room.
11. Return to operatory

Prepare Instruments for Sterilization

Chairside Management of Instrument Cassettes/Hand piece and Transport for Cleaning, Packaging and Sterilization

1. Don PPE
2. Prepare Instruments in cassette for transport to the cleaning and sterilization area as soon as possible after patient dismissal.
3. Open up cassette and Inspect instruments for gross debris and debride them as necessary using a single-handed technique (Safety Wipe).
4. Arrange the instruments securely in the cassette.
5. Remove all disposable items from the cassette and tray.
6. Segregate waste according to biohazard and potentially infectious and dispose of the waste in the appropriate waste containers.
7. Close and lock the cassette.
8. Perform hand hygiene and proceed to sterilization area.
9. Nitrile gloves are donned and purple utility gloves retrieved (but not donned) in sterilization area.
10. Return to operatory, retrieve plastic container, don purple utility gloves and place closed cassette into container and seal.
11. Transport container to sterilization area, remove cassette and place in Miele. Clean storage tub with disinfectant wipe.
12. Place utility gloves in steriliation area.
13. Disinfect and return metal tray to dispensary.

Prepare the Handpiece for Sterilization

The following is the procedure for sterilization of hand pieces in either the Statim 5000 or LISA sterilizers.

Prior to sterilization:

1. Hand pieces should be wiped with soap and water to remove any contaminated material; blood and pumice.
2. Oil and clean internal structures of handpieces using the Assitina 301 Plus.
The following is the process for the Assitina.
 - a) Connect the instrument to the coupling and close cover.
 - b) Push start button to begin the automated delivery of service oil and maintenance liquid.
 - c) The process runs for 35 seconds and the hand piece is properly maintained and prepared for sterilization.
 - d) Wipe excess soil off handpiece; place the handpiece in the appropriate sized autoclave bag and store in the cabinet, on the “dirty” side of the sterilization area, above the MIELE units. If sterilization in the Statim 5000, place unwrapped instrument on the tray and process.
3. Follow specific handpiece manufacturer’s directions for cleaning, maintenance and sterilization.
4. All borrowed clinic handpieces must be labeled appropriately and must be returned to the clinic supply or to the appropriate person.

IMPORTANT:

1. Straight attachments will not operate without a bur installed.
2. On Power Lever handpieces, never sterilize with lever open.
3. Never sterilize with a bur installed.
4. Do not exceed 275°F (135°C) in sterilizer.
5. For Slow Speed Motors, follow above instructions at least twice per week if not sterilizing between patients.
6. If sterilization in the LISA, place the handpiece in the appropriate sized autoclave bag and store in the cabinet above the MIELE units on the “dirty” side of the sterilization area. If sterilization in the Statim 5000, place unwrapped instrument on the tray and process.

POST TREATMENT OPERATORY CLEAN-UP

Breakdown of unit

Wear All Appropriate PPE Barriers

1. Clean and Disinfect All Surfaces and Equipment as Done During the Pre-Treatment Operatory Preparation (Wipe, Discard, Wipe)

Disposable items:

- a. Remove chair barrier and turn inside out.
- b. Segregate all potentially infectious waste, at chair side, and discard into a “turned inside out” chair cover.
- c. Any items that are blood soaked/saturated should be discarded in a paper cup and then transported in the biohazard container (located under the bay sink area) to the sterilization area. Dispose of blood soaked gauze in sharps container located in sterilization area. Throw plastic cup away in trash receptacle.

- d. Place used disposable needles and sharps in puncture resistant biohazard container located under sink in bay area.
2. PRECLEAN SURFACE with disinfectant. WIPE: Remove organic matter-blood and saliva from unit/chair/patient glasses/items from kit, light (except plastic shield, unless soiled) light back, floor, walls, sink, and counter tops with disinfectant wipes. DISCARD wipe.
3. Remove gloves and perform hand hygiene.
4. DINSINFECT UNIT
 - a. Using disinfectant wipes, disinfect dental cart/tray, light (except plastic shield), sink and countertops again with disinfectant wipes (WIPE, DISCARD, WIPE).
 - b. Clean plastic shield on light with dry wipe (if soiled, use disinfectant wipe and then dry wipe)
 - c. Disinfect all items used during appointment with new disinfectant wipes and place on disinfected operator chair. Clipboard, pens/pencils, patient ed aids, hand mirror, patient glasses, transparency.
 - d. Obtain a new wipe if soiled/dry (must cover area disinfected with moisture to disinfect)
5. REMOVE PPE
 - a. Clean protective eyewear with disinfectant wipes
 - b. Allow to dry for five minutes or according to manufacturer's instructions.
 - c. Wash with soap and water after disinfection dries as disinfectant can cause cloudiness on glasses and skin irritation.
 - d. Remove face mask- by strings and dispose of mask
 - e. Remove Lab coat and turn inside out and place in plastic bag.
 - f. Launder scrubs and lab coats separately from other articles of clothing.
 - g. Perform hand hygiene
 - h. Dispose of gloves properly
 - i. Store items (pens, pencils, etc.) used during treatment

MIELE High Thermal Disinfecting Unit

The first step is to run instruments through the MIELE. The MIELE is the unit for high thermal disinfection of instruments prior to sterilization.

Procedure: How to load MIELE:

- A. Non sterile instruments in cassettes are placed in MIELE (non-bagged).
- B. The MIELE is loaded from back to front.
- C. Loose instruments can be placed in baskets i.e. clinic instruments including syringes, burs and implant instruments.
- D. Put one scoop of neo-disher powder in receptacle on the inside door of MIELE. The powder is stored in a closed plastic container adjacent to the MIELE.
- E. The sign on front of MIELE should indicate:"dirty" prior to cycle.
- F. When the MIELE is full the disinfection cycle may begin.

To run MIELE:

There are two MIELE units.

Left unit:

- A. Close door
- B. Press yellow button to open.
- C. Press disinfection button labeled #1.
- D. Press drying button labeled #2.
- E. Press start button labeled #3.
- F. Turn sign on door front to “clean”.
- G. When cycle is completed dot lights on panel next to word **disinfection**.

Right unit:

- A. Close door
- B. Turn dial clockwise to disinfection 93 degrees.
- C. Press drying.
- D. Press start.
- E. Turn sign on door front to “clean”.
- F. When cycle is complete dot on panel will light next to word **complete**.

To unload MIELE:

- A. Press yellow door button.
- B. Open door to vent.

Allow instruments to cool, then bag for sterilization. There are two types of autoclave bags; one with indicator on the inside of pouch, the other requires the sealing strip to be placed into the pouch prior to closing. The student’s name and the date are written on the flap of the autoclave bag.

- Prior to sterilization bagged instruments and cassettes are placed in the holding cabinet above the MIELE units. This area is designated “dirty”.

DENTAL UNIT WATERLINE ASEPSIS

PREPARE THE EVACUATION SUCTION MATERIALS FOR STERILIZATION

Evacuation System Maintenance

- Second clinical year students are responsible for cleaning evacuation system traps with Pure-Vac.
- At the completion of each clinic session, evacuation traps are changed when suction is off by the clinic manager.
- Pure-Vac is mixed and carried to the bays in the Pure-Vac buckets.

Procedure (Sultan Chemists, Inc.): (LP2009)

1. Fill the Pure-Vac unit with water up to 1 quart.
2. Add Pure-Vac Evacuation System Cleaner. Pump 1 oz (30ml) of PureVac per 1 quart of water (one pump = 1 oz).
3. Place high volume evacuation and saliva ejectors onto plastic fitting.
4. Turn suction lines on. Aspirate until the next fill marker is visible. This will be 1 quart.

Dental Unit Water Quality Maintenance

Perform hand hygiene and wear new gloves before handling, filling and installing the water bottle.

1. Turn unit off if bottle needs to be filled.
2. Turn counterclockwise to remove.
3. Take empty water bottle to the sterilization area.
4. Empty any remaining water left in bottle.
5. Place one ICX tablet in bottle and fill with tap water. ICX tablets come in two strengths, 0.7-liter and 2-litre.
6. Avoid touching the tablet with unprotected skin.
7. Place one 2-litre tablet in the large water bottle or one 0.7-litre tablet in the smaller water bottle; fill with tap water.
8. Wait 60 seconds for tablet to fully dissolve.
9. Connect to unit
10. Turn on unit

Hazardous Waste Management

All waste generated during examination and treatment procedures are considered medical waste. This medical waste must be segregated at chairside as either infectious or potentially infectious medical waste or hazardous waste. All waste receptacles and containers will be clearly marked with the biohazard label with the description of the hazard or potential hazard.

Potentially Infectious Waste

1. Potentially infectious waste is all single-use disposable items that are not blood soaked and dripping or that do not contain tissue:
 - a. vinyl, copolymer and gloves
 - b. face masks
 - c. disposable barriers
 - d. saliva ejectors
 - e. polishing cup/ brush
 - f. gauze, cotton rolls, cotton tip applicators
 - g. paper toweling
 - h. fluoride trays
 - i. Stabe holders and bitewing tabs
 - j. other as indicated
2. Segregate all potentially infectious waste, at chair side, and discard into a "turned inside out" chair cover.
3. Tie knot in chair cover, dispose trash receptacle located in bay area.

Infectious Waste

1. Infectious waste includes the following:
 - a. blood
 - b. blood saturated and dripping items
 - c. tissue, both hard and soft (extracted teeth, gingival tissue, biopsies, tissue tags, Etc.)
 - d. needles and sharps, including anesthesia cartridges, disposable oraqix syringes, arrestin tips, sealant tips etc.
2. Segregate infectious waste into a plastic cup. Transport plastic cup in the biohazard container, located in bay area, to the sterilization area. Dispose contents of cup into the larger sharps container located in the sterilization area. Dispose of plastic cup in trash receptacle.
3. Discard all I sharps in the sharps container located under sink in bay area. Be sure to use the gripping device on the sharps container for single-handed removal/ disengagement of the needle from the reusable syringes. If the syringe is a single-use, disposable item, discard the entire syringe and needle as one unit. When the container is $\frac{3}{4}$ full, the Clinic Administer will discard it as hazardous infectious (bio-hazardous) waste. Examples of sharps include: needles, carpules of anesthesia, broken instruments, sealant application tips and etchant tips.

Hazardous Waste

1. Hazardous waste includes the following:
 - a. Spent fixer solution
 - b. EPA designated hazardous chemicals used in the clinic and laboratory setting
 - c. Lead foil from the x-ray film packets
 - d. Amalgam and amalgam scrap containing mercury
 - e. Extracted teeth containing amalgam
 - f. Others as indicated
2. Extracted teeth with amalgam will be decontaminated according to CDC guidelines: Standard precautions must be adhered to whenever extracted teeth are handled; the teeth should first be cleaned of adherent patient material by scrubbing with detergent and water or by using an ultrasonic cleaner. Teeth should then be stored immersed in a fresh solution of sodium hypochlorite (household bleach 1:10 dilution with tap water) or any liquid chemical germicide suitable for clinical specimen fixation. Once decontaminated, the extracted teeth containing amalgam can be disposed as a hazardous metal waste.
3. Segregate solid hazardous waste and discard in the appropriate containers. Keep all chemical/ liquid hazardous waste in tightly sealed and labeled leak proof containers. Store all hazardous waste in safe and clearly labeled areas until appropriate transport and disposal by a licensed hazardous waste hauler.
4. The Clinic Administer will keep all necessary records and a copy of the manifests of regulated medical and hazardous waste generated and transported from the clinical and laboratory setting.

Always wear appropriate personal protective equipment (masks, gloves, eyewear and protective attire) to handle, transport and discard medical and hazardous waste.

Unit Check Out

1. Position all equipment in the unit operatory area as follows:
 - a. turn off all switches except the master switch;
 - b. position the light and the front delivery system over the chair seat;
 - c. raise the chair with the back in the highest upright position,
 - d. put the rheostat on the right side of the chair base;
 - e. move all suction apparatus making sure that the hoses are not tangled;
 - f. place the operator's stool at the foot of the right side of the chair (side opposite the self-contained water bottle)
 - g. position the computer monitor parallel to the patient chair
 - h. position evacuation system arm parallel to the chair, in line with the computer monitor
 - i. place the operator stool at the foot of the right side of the chair (side of the chair opposite the self-contained water bottle)
 - j. turn off the unit master switch
2. Request a UNIT CHECK from assigned instructor
3. Return and appropriately sign in all borrowed equipment and tray set-ups to the Dispensary.
4. Report any damaged, missing or malfunctioning equipment to the Clinic Instructor or Clinic Manager.
5. Return the completed patient record to the front desk in the waiting room for filing. After 5:00 p.m. Monday, Wednesday and Friday and 5:30 p.m. Tuesday and Thursday, all records must be dropped into the black lock box located behind the reception area.
6. Gather all personal belongings. Remove all belongings from the Alabama cart. MCPHS is not responsible for any personal items left in the clinic area.
7. Place all single use/ disposable attire in the potentially infectious waste containers
Remove lab coat/ barrier attire and place it into a leak-proof plastic bag for transport. Change remaining clinic attire as soon as possible after leaving the clinic area. Transport used/ soiled clinic/ pre-clinic attire from the facility in a leak-proof plastic bag to avoid cross-contamination during transport for laundering.