Infection Control Protocols (RCoD)

RAHBAR COLLEGE
OF DENTISTRY

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No.102/RCoD/ 63a Dated: 12 July 2024

To: Director Admin

Info: Medical Branch

INFECTION CONTROL PROTOCOLS
RAHBAR COLLEGE OF DENTISTRY

1) **PURPOSE:** To establish effective Guidelines to prevent the spread of infection.

2) **SCOPE:** Rahbar College of Dentistry

3) **RESPONSIBILITY:** All Staff on duty

4) **RCoD INFECTION CONTROL COMMITTEE (ICC):**

A dedicated infection control team, with full participation of all RCoD staff, is key to effective infection control.

Incharge:
HOD Oral Pathology, reportable to the Principal RCoD for monthly submission of a written report on infection control management.

Members:

- One faculty representative of Clinical Departments in liaison with focal persons of each clinical department.
- One faculty representative of the Community Dentistry Department in liaison with focal persons of each basic sciences lab.
- One representative of administration for effective waste management.

Note: All focal persons shall submit a monthly written report on infection control by the 25th of each month to the respective liaison infection control committee members for effective infection control management.

(Annex-I: Infection Control Report & Charge Sheet Format)

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5) **AIM:**

- ➢ To minimize the risk of spread of infection amongst the patient; staff, trainees, students and general public.
- ➢ To lay down effective ways and means to minimize the spread of infection at RCoD.
- ➢ To reduce the possible risk of transmission of infection while carrying out various medical & dental procedures.

6) **PREVENTION OF THE SPREAD OF MICROORGANISMS FROM:**

- ➢ Patient to Patient
- ➢ Patient to Staff Member
- ➢ Staff member to Patient
- ➢ Staff member to Staff member

7) **POLICY:**

- ➢ The hospital/clinics/various departments are visited by diverse groups of patients, visitors, and staff. On a daily basis, there is a significant turnover of patients in the OPDs. Many patients arrive in clinics and various departments with multiple infections, which are either treated in outpatient or inpatient settings. These infections can be easily transmitted from patient to patient, from patient to staff, and from staff to patient if basic precautions are not taken.

- ➢ It is mandatory that all healthcare workers at RCoD follow the procedures that control hospital-related infections. All consultants, postgraduate registrars, house officers, paramedical staff, and support staff involved in patient management must adhere to these procedures and train their subordinates accordingly.

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➢ This policy covers the topics mentioned in the subsequent pages and has been prepared in accordance with guidelines from the World Health Organisation (WHO), Pakistan Biological Safety Association (PBSA), protocols adopted by hospitals in the United Kingdom like King's College, and the Infection Control Guidelines of the Pakistan Kidney and Liver Institute.

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INFECTION CONTROL PROCEDURES

Sr. no.	Contents	Annexure
1	Effective Hand Hygiene	Annex - A
2	Cleaning and Disinfection	Annex - B
3	Standard Operating Procedures (SOPs)	Annex - C
4	Standard Precautions	Annex - D
5	Use of Personal Protective Equipment	Annex - E
6	Nosocomial infections and precautions	Annex - F
7	Instructions to patients to prevent infections	Annex - G
8	Hepatitis B Vaccination	Annex - H
9	COVID-19 Vaccination	Annex - I
10	Needle Stick Injury	Annex - J
11	Safety in Injection practices & Handling Sharps	Annex - K
12	Managing spills in hospital setting	Annex - L
13	Waste Management and Disposal	(Separate Policy)
14	Infection Control Report & Charge Sheet Format	Annex - I
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MANAGING SPILL AT THE DENTAL CLINICS AND RESPECTIVE DEPARTMENTS

- At times blood, urine, infected secretions and body fluids get accidentally spilled on the floors, working stations or other places which are potentially hazardous and thus must be managed in a proper way.

1. Principle

Spill management is a set of practices used to confine, contain and evacuate an accidental spill of blood and other body fluids regardless of infectious status.

a. **Principle and procedure of spill management**

- Promptly clean and decontaminate spills of blood or other potentially infectious materials.
- Follow proper procedures for site decontamination or spills of blood or blood-containing or other body fluids.
- Use protective heavy-duty gloves and other personnel protective equipment (PPE) like gown and mask.
- Put copious amount of disinfectant like hypochlorite solution (bleach) on the spill and cover it with absorbent material like gauze. Leave it there for 10-15 minutes and then discard the absorbent material in infectious waste bin.
- Swab the area with a cloth or paper towels moderately wetted with disinfectant, and allow the surface to dry.
- Use EPA-registered sodium hypochlorite granules or Haz Tab Is preferred.
- Use 8: 1:100 dilution (500-015 ppm available chlorine) to decontaminate nonporous surfaces a cleaning a spill of either blood or body fluids in patient-care setting.

- If a spill involves large amounts of blood or body fluids, or it a blood or culture spill occurs in the laboratory, use a 1:10 dilution 15,000-6,150 ppm available chlorine) for the first application of germicide before cleaning.

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b. Hand washing with soap and water after managing spill

- Wash hands first with water (avoid using hot water)
- Apply soap to hands
- Rub hands vigorously for, at least 15 seconds, covering all surfaces of hands and fingers
- Rinse hands with water and dry thoroughly with paper towel. Use paper towel to turn on/off water faucet/tap.

2. Spot Cleaning at work station

- Wipe up spot immediately with disinfectant wipe.
- Place contaminated absorbent material into plastic bag for disposal.
- Clean the area with detergent solution, using disposable cloth or sponge.
- Wipe the area with sodium hypochlorite and allow drying.
- Perform hand hygiene after the procedure.

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CHEMICAL SPILLS

CLEANING - SIMPLE BENCH TOP OR LAB FLOOR (SOPs)

1. **Purpose**: To establish effective Guidelines to clear the Chemical Spill
2. **Scope:** Rahbar College Of Dentistry
3. **Responsibility**: All Staff on duty
4. **Precautions:**

a) Be careful not to step in the chemical or contaminate yourself.
b) Alert everyone in the room and evacuate the area.
c) Put a barrier and sign to prevent entry to the area.
d) Locate and review the MSDS of the chemical spilled

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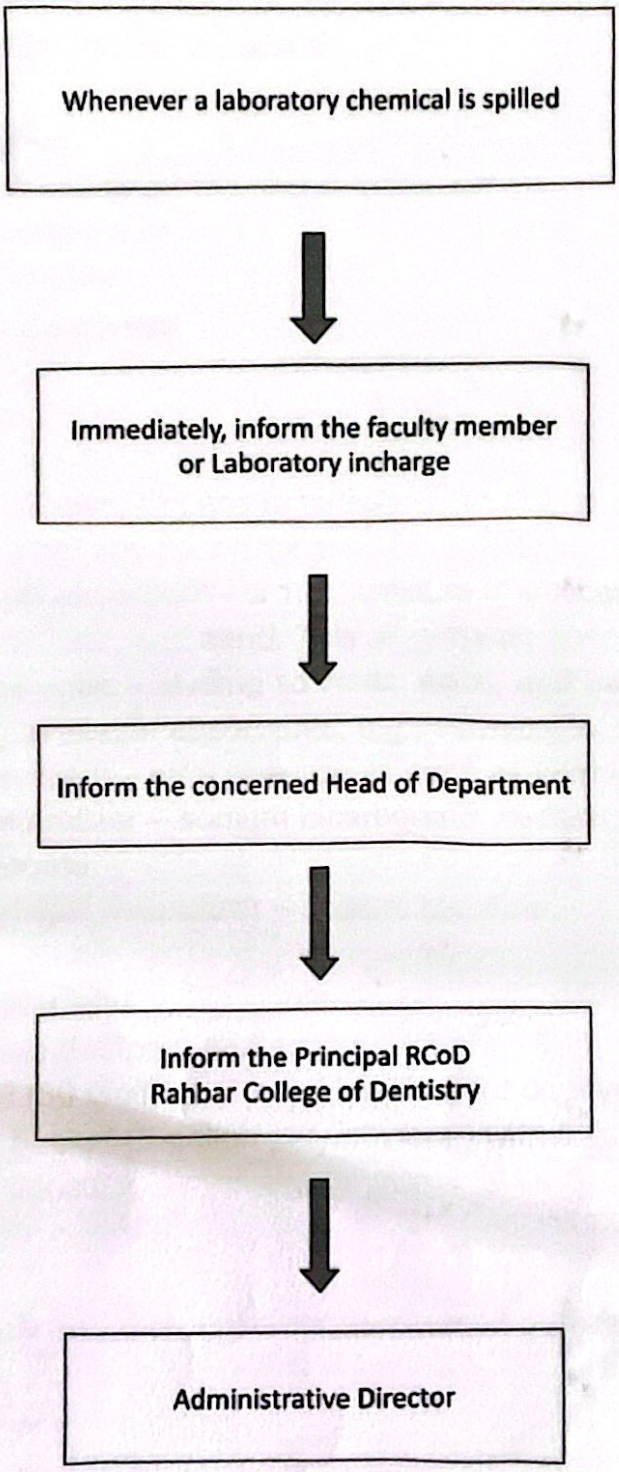
CHEMICAL SPILL INCIDENT RESPONSE



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CHEMICAL SPILL KIT

Personal Protective Equipment (PPE) if not already being worn (should be in a separate sealed container):

- Safety goggles.
- Protective gloves (e.g., neoprene, latex, nitrile).
- Long-sleeved lab coat
- Plastic vinyl booties.
- Dust mask Absorbents

Neutralizers:

- Spill socks, pillows, or pads in sufficient quantity to contain a spill and keep it away from any floor drains.
- Universal spill absorbent – a 1:1:1 mixture of unscented kitty litter, sodium bicarbonate, and sand. This all-purpose absorbent is good for most chemical spills including solvents, acids, and bases. Other commercially available absorbents, e.g., vermiculite, may also be used.
- Solvent absorbent – inert absorbents such as vermiculite, clay, or sand.
- Acid spill neutralizer – sodium bicarbonate, sodium carbonate, or calcium carbonate.
- Alkali (base) spill neutralizer – sodium bisulfate.

Clean-Up Materials:

- Broom, plastic dustpan, and scoop.
- Plastic bags (30 Gallons, 3 mil thickness) for contaminated PPE.
- One plastic bucket (5-gallon polyethylene) with a lid for spill and absorbent residues.

Other;

- Aspirator bulb and mercury decontamination powder if mercury is used in the lab.
- pH paper
- Tongs

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CHEMICAL SPILLS

a. **Major Spills**:

I. Spilling 4 Litres or more.
II. Chemical vapours are too dangerous for being in the room.
III. Risk of being electrocuted, a risk of fire, or explosion from possible electrical sources contaminated by chemicals.

b. **Minor Spills:**
The Spills other than the major spills are minor ones

MANAGEMENT

The following procedures should be followed in the event of an emergency chemical spill;

- Cease all the activity and immediately alert others in the room of the spill
- Stay calm, don't panic, everything you need is in the spill kit with step-by-step directions.
- Locate and review the Material safety Data Sheet (MSDS) of the spilled chemical
- Open Spill Kit found in the lab
- Wear protective equipment present in spill kit;
  - Lab safety goggles
  - Chemical appropriate gloves
  - Button up lab coat
  - Hair tied back
  - Closed toe footwear

- Choose appropriate management guidelines for the spilled chemical listed in the instruction manual present in the spill kit.
- After clean-up always notify your supervisor so that they can consider future preventative options
- Replace materials used in the clean-up kit for future use.

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QUICK REFERENCE FOR CHEMICAL SPILL CLEAN-UPS

Material Safety Data Sheet (MSDS)

The table below provides a synopsis of the type of chemicals that may be spilled and the recommended clean-up materials and procedure for them.

NOTE; The Safety Data Sheet for the particular chemical is the preferable reference. If you choose to purchase pre-packaged, commercially available spill kits, the clean-up procedures shown in the table below would be modified to reflect specifics, e.g., Acid Spills: Use container "A" from spill supplies in accordance with directions on the package

Chemical Spilled	Clean-Up Procedures	Date, Time and Location of the incident	Management of the incident	Remarks with Signature of the Faculty member or lab incharge
Acids, organic	• Apply sodium bicarbonate. • Absorb with a spill pillow or vermiculite.			
Acids, inorganic	• Apply sodium bicarbonate/calcium oxide or sodium carbonate/calcium oxide. • Absorb with a spill pillow or vermiculite.			
Aldehydes	• Absorb with a spill pillow or vermiculite.			
Aliphatic Amines	• Apply sodium bisulfite. • Absorb with a spill pillow or vermiculite.			
Aromatic Amines	• Absorb with a spill pillow or vermiculite. • Avoid skin contact or inhalation.			

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Aromatic Halogenated Amines	• Absorb with a spill pillow or vermiculite. • Avoid skin contact or inhalation.			
Azides	• Absorb with a spill pillow or vermiculite. • Neutralize with 10% ceric ammonium nitrate solution.			
Bases (Caustic Alkalis)	• Neutralize with acid, citric acid, or commercial chemical neutralizers. • Absorb with a spill pillow or vermiculite.			
Chlorohydrins	• Absorb with a spill pillow or vermiculite. • Avoid skin contact or inhalation.			
Cyanides	Cover solids with a damp paper towel and push them onto a dustpan or use a HEPA filter vacuum to collect the solids			
Halides, organic or	• Absorb liquids with a spill pillow or vermiculite.			
inorganic	• Apply sodium bicarbonate. Absorb with a spill pillow or vermiculite.			
Halogenated Hydrocarbons	• Absorb with a spill pillow or vermiculite.			
Hydrazine	• Avoid organic matter. • Apply "slaked lime." Absorb with a spill pillow vermiculite.			
Inorganic Salt Solutions	• Apply soda ash. • Absorb with a spill pillow or vermiculite.			
Mercaptans/Organic	• Neutralize with calcium hypochlorite solution. • Absorb with a spill pillow or vermiculite.			
Sulfides				
Nitriles	• Sweep up solids.			

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	• Absorb liquids with a spill pillow or vermiculite.			
Nitro Compounds/ Organic Nitriles	• Absorb with a spill pillow or vermiculite. • Avoid skin contact or inhalation.			
Peroxides	• Absorb with a spill pillow or vermiculite.			
Phosphates, Organic and Related	• Absorb with a spill pillow or vermiculite.			
Reducing Substances	• Apply soda ash or sodium bicarbonate. • Absorb with a spill pillow or vermiculite.			
Waste Acid Liquids(D002)	• Apply sodium bicarbonate. • Absorb with a spill pillow or vermiculite.			
Waste Basic/Caustic	• Neutralize with acid, citric acid or commercial chemical neutralizers.			
Liquids (D002)	• Absorb with a spill pillow or vermiculite.			
Waste Fixer (D011)	• Absorb with a spill pillow or vermiculite.			
Waste Flammable Liquids (D001)	• Absorb with a spill pillow or vermiculite.			
Waste Flammable	• Sweep up solids. Absorb liquids with a spill pillow or vermiculite.			

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Types of Chemical / Hazardous Material	Neutralizing Agent / Clean-up Supplies
Acid	Sodium Bicarbonate (Baking soda)
Bases	Citric Acid, Diluted Acetic Acid, Vinegar,
Organic Solvents	Sodium Bisulphate, Absorbent Pads, charcoal, sand or kitty litter
Mercury	Amalgam (Mercury absorbent) sponges
Metals* (e.g., sodium)	Do not use water, only use litter or Class-D fire extinguisher
Other chemicals	Absorb with inert absorbent material kitty litter

1. **Acid Spills**

a) If there are drains (floor or sink) block them first to prevent the chemical from entering the drain system.

b) Contain the spill by surrounding the outer edge of the spill with the clay absorbent sponge tubing provided in the Spill Kit.

c) Pour baking soda (sodium bicarbonate) over the spill to neutralize it until the fizzing completely stops. Working from the outer edge towards the centre

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Caution: Remember, not to lean over the spilled chemical while cleaning to prevent oneself from inhaling any off the gaseous vapours.

d) After fizzing has stopped, insert the pH paper to confirm neutralization of the spilled acid.
Caution; Always wear appropriate gloves while doing so.

e) Collect or scoop the neutralized residue with a broom and dust pan (add Kitty Litter for scooping)

f) Dispose the neutralized waste into a plastic container or plastic bag (present in the Spill Kit).

g) Dispose container or bag into general waste, it is no longer a hazard as it has been neutralizedNote: If there are hazard warnings with this chemical Mark these warnings on the bag/container using the provided labels and dispose of accordingly. For example, carcinogenic (cancer causing) should not go into regular waste disposal.

h) Clean up the spilled surface area with lots of soap and water after the chemical has been removed

2.Base Spills

a) If there are drains (floor or sink) block them first to prevent the chemical from entering the drain system

b) Contain the spill by surrounding the outer edge of the spill with the clay absorbent sponge tubing provided in the Spill Kit.

c) Pour diluted Acetic Acid (vinegar), Citric Acid, or Sodium bisulphate over the spill to neutralize the base working from the outer edge towards the centre.
Note: If using vinegar remember it's a liquid and will cause the spill to spread. Make sure the absorbent barrier around the outer edge of the spill is in place.

d) Test with a pH paper to confirm neutralization

(Don't forget to wear appropriate gloves)

e) Once neutralized scoop up the residue material with a broom and dust pan (add kitty litter or absorbent towel to fluid for scooping, then use broom and dust pan)

f) Dispose the neutralized waste into a plastic container or plastic bag (present in Spill Kit)

g) Dispose the bag or container into general waste as it is no longer a hazard since it has been neutralized

Note: If there are hazard warnings with this chemical mark these warnings on the bag/container using the provided labels and dispose of accordingly. For example, carcinogenic (cancer causing) should not go into regular waste disposal

h) Clean up the spilled surface area with lots of soap and water after the chemical has been removed.

2. Organic Solvent Spills (including Oil Spills)

Check for possible ignition sources such as fire, heat, or electricity.

If yes, determine

1. If you can safely remove the source
2. If there is a risk of fire or explosion

a) If yes, treat it as a major spill, contact safety and security 1122;

I. Be careful not to step in the chemical or contaminate yourself
II. Alert everyone in the room and evacuate the area
III. Put a barrier and sign to prevent entry to the area
IV. Locate and review the MSDS of the chemical spilled
V.

b) If no, proceed with instructions below;

I. If there are drains (floor or sink) block them first to prevent the chemical from entering the drain system

II. Surround the outer edge of the spill with the clay absorbent sponge tubing provided in the Spill Kit to prevent it from spreading further.
III. Pour Kitty Litter or Sand over the spill.
IV. Once the chemical has been absorbed scoop up with broom and dust pan into a plastic organic waste container.
V. Label the container as organic, waste with appropriate Hazard Warnings
VI. Dispose of container with the organic waste removal

4. Mercury Spills

a) If there are drains (floor or sink) block them first to prevent chemical from entering the drain system
b) If possible, surround the outer edge of the spill with the clay absorbent sponge tubing provided in the Spill Kit to prevent it from spreading.
c) Refer to the Mercury Spill Kit for specific procedure and management guidelines to follow.

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OPERATOR ASSESSMENT FORM

NAME:_____ **DESIGNATION:**_____

ASSESSMENT DURATION: _____

Sr No	DUTIES	ASSESSMENT
1	Personal cleanliness/ adherence to uniform	
2	Punctuality- sign in/sign out	
3	Punctuality in Treatment Planning Seminars	
4	Is present in clinic during designated clinical hours	
5	Attitude & etiquettes	
6	Performs treatment procedures as per the proper protocol	
7	Documents appropriate patient diagnostic records including lab tests and radiographs.	
8	Charts neatly, accurately & thoroughly	
9	Does not start treatment before approval of a treatment plan from senior faculty and clinical coordinator.	
10	Follows the cross-infection protocol before, during and after the procedure.	
11	Documents all treatment procedure details in patient files, makes appropriate notes.	
12	Ensures that all necessary documents, radiographs, forms are complete and attached to the patient file.	
13	Gives appointment on appointment card and enters it in clinical appointment diary.	
14	Clears the dental unit after the procedure.	
15	Disposes of the waste in allocated waste bins, as per the cross-infection control SOPs.	
16	Maintains high level of quality and accuracy and neatness in work performed.	
17	Maintains of personal boundaries	
18	Takes breaks in allocated time only	
19	Maintains clean and professional work area	
20	Consistently adheres to rules, regulations, and policies of CCD & IC	
21	Consistently adheres to individual allocated duties	
22	Maintains cleanliness of Dental Clinic	
23	Maintains & handles equipment in accordance with protocols	
24	Conveys information to doctor courteously and politely	
25	Responds to critical review in positive and respectful manner	
26	Displays consistent skills and job	
	OBTAINED SCORE	
	TOTAL SCORE	**26**

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EFFECTIVE HAND HYGIENE POLICY

Hands are the most used parts of healthcare personnel while dealing with the patients. Since we cannot visibly see the microscopic microorganisms attached with hands, these microorganisms can be transferred to the patients if effective hand hygiene procedures are not followed.

The hospital/clinics/various departments are frequented by diverse groups of patients, visitors, and staff. On a daily basis, there is a significant turnover of patients in the OPDs. Many patients arrive in clinics and various departments with multiple infections, which are either treated in outpatient or inpatient settings. These infections can be easily transmitted from patient to patient, from patient to staff, and from staff to patient if basic precautions are not taken.

To control hospital-related infections, it is mandatory for all healthcare workers at RCoD to follow effective hand hygiene procedures. This policy outlines the procedures for proper hand hygiene, in accordance with the guidelines from the World Hea!th Organisation (WHO), Pakistan Biological Safety Association (PBSA), protocols adopted by hospitals in the United Kingdom like King's College, and the Infection Control Guidelines of the Pakistan Kidney and Liver Institute.

SCOPE:

This policy applies to all consultants, registrars, postgraduates, house officers, undergraduate students, paramedical staff, and support staff involved in patient management. It is essential for these individuals to adhere to these procedures and train their subordinates accordingly.

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HAND HYGIENE COMPLIANCE

- **Training**: Regular training sessions on hand hygiene for all healthcare workers.
- **Monitoring and Feedback**: Routine monitoring of hand hygiene practices and providing feedback.
- **Availability of Supplies**: Ensure availability of soap, water, and alcohol-based hand sanitizers at all points of care.
- **Patient Education**: Educate patients and visitors on the importance of hand hygiene.

INDICATIONS FOR HAND HYGIENE:

- Before touching a patient, even if gloves are to be worn.
- Before exiting the patient's care area after touching the patient or the patent's immediate environment.
- After contact with blood, body fluids or secretions, or wound dressings.
- Prior to performing an aseptic task (eg. accessing a port, preparing an injection)
- If hands will be moving from a contaminated body site to a clean-body site during patient care.
- After gloves removal.

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HAND HYGIENE PROCEDURES

WHEN TO PERFORM HAND HYGIENE:

1. **Before and after patient contact**: To prevent the transmission of infectious agents.
2. **Before performing an aseptic task**: Such as inserting an IV or urinary catheter.
3. **After contact with body fluids or secretions**: Even if gloves are worn.
4. **After touching patient surroundings**: Including bed rails, medical equipment, and other surfaces in close proximity to the patient.
5. **Before and after eating or handling food**: To prevent ingestion of harmful pathogens.
6. **After using the restroom**: To prevent faecal-oral transmission of pathogens.

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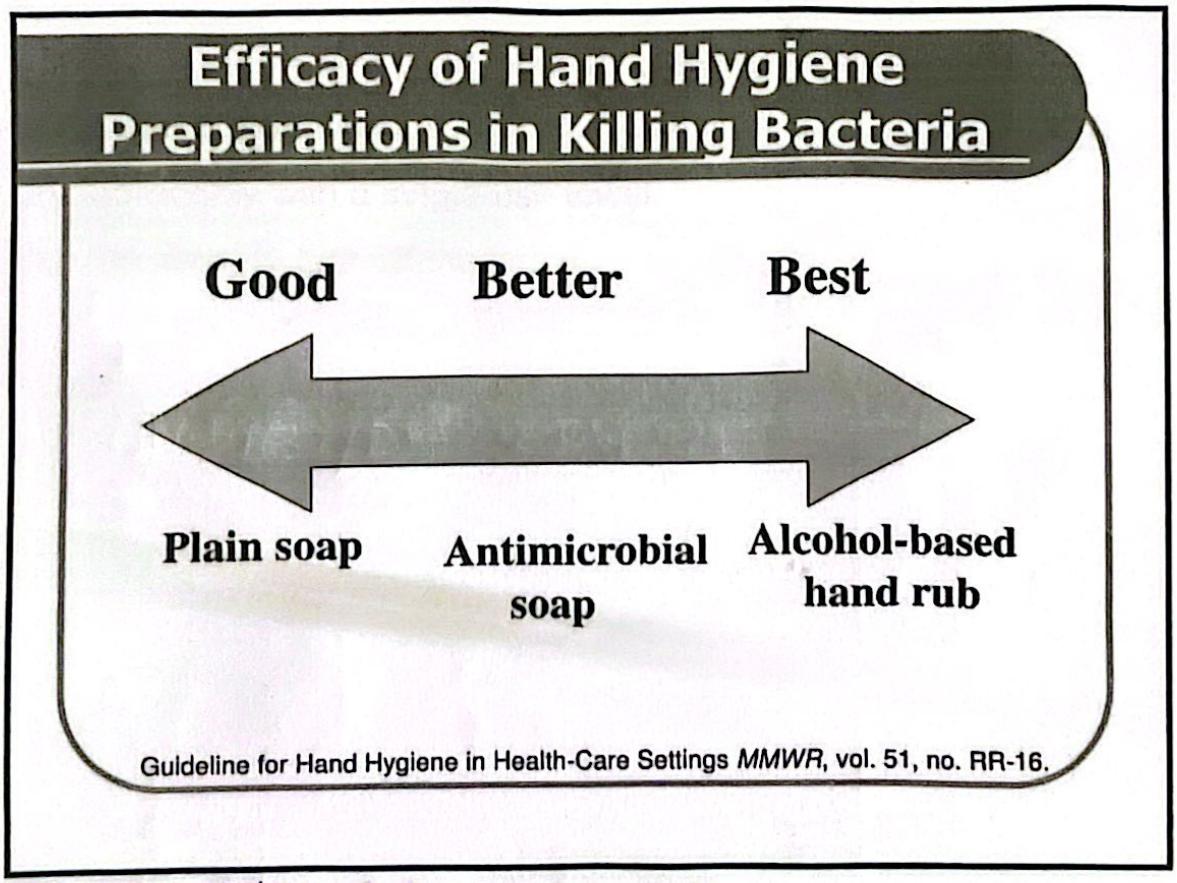
HAND HYGIENE TECHNIQUES

- Hand washing and hand asepsis can be achieved by using both plain and antimicrobial soap or antiseptics liquids and water.
- Alcohol-based antiseptics are best for hand hygiene.
- Remove jewellery / wrist watches before performing hand hygiene patient care.
- Ensure that your nalls are clipped



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1. HANDWASHING WITH SOAP AND WATER:

- Wet hands first with water (avoid using hot water)
- Apply enough soap to cover all hand surfaces.
- Rub hands palm to palm.
- Rub each palm over the back of the other hand with interlaced fingers.
- Rub palm to palm with fingers interlaced.
- Rub the backs of fingers to opposing palms with fingers interlocked.
- Rotational rubbing of each thumb clasped in the opposite hand.
- Rotational rubbing, backwards and forwards with clasped fingers of the right hand in the left palm and vice versa.
- Rub hands vigorously for at least 15 seconds
- Rinse hands with water.
- Dry thoroughly with a single-use towel.
- Use the towel to turn off the faucet.

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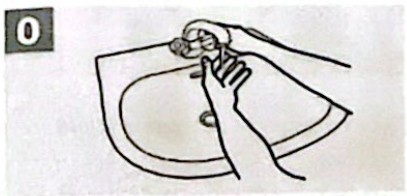
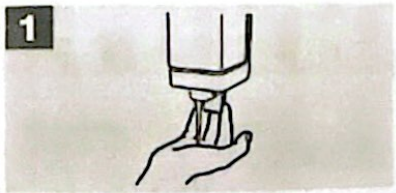
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

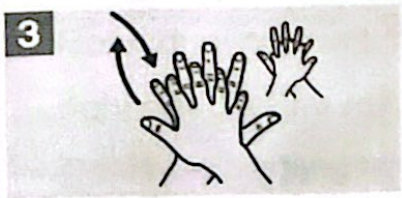


Wet hands with water;

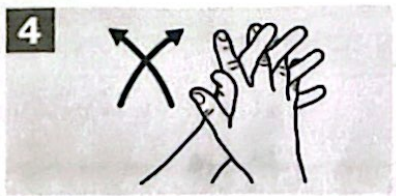


Apply enough soap to cover all hand surfaces;

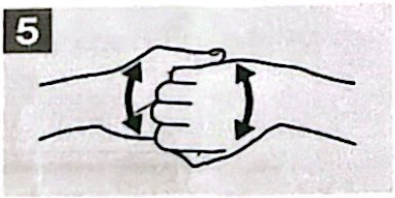
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;

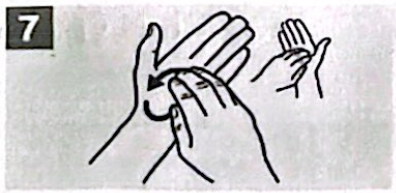


Palm to palm with fingers interlaced;

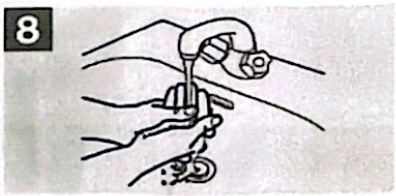


Backs of fingers to opposing palms with fingers interlocked;

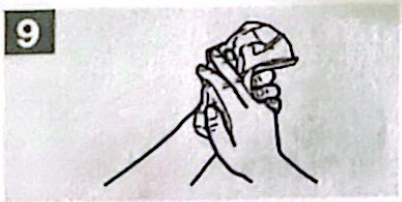
Rotational rubbing of left thumb clasped in right palm and vice versa;



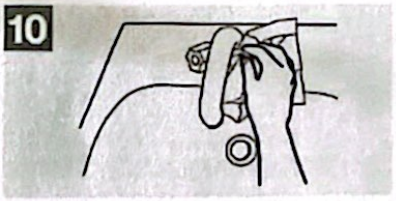
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



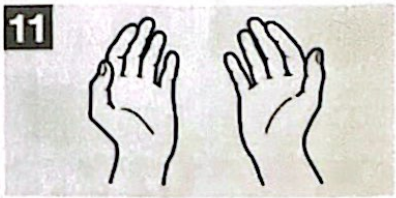
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

May 2009

No. 102/RCoD/163a Dated :- 12 July 2024

2. HANDRUBBING USING ALCOHOL-BASED HAND SANITIZER:

- Indicated only when your hands are visibly clean.
- Less time consuming (15-20 seconds)
- Dispense the recommended volume of product (3-5 ml)
- Apply a palmful of sanitizer in a cupped hand, covering all surfaces.
- Rub hands palm to palm.
- Rub each palm over the back of the other hand with interlaced fingers.
- Rub palm to palm with fingers interlaced.
- Rub the backs of fingers to opposing palms with fingers interlocked.
- Rotational rubbing of each thumb clasped in the opposite hand.
- Rotational rubbing, backwards and forwards with clasped fingers of the right hand in the left palm and vice versa.
- Continue rubbing until hands are dry (no rinsing is required)

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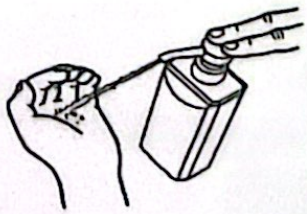
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a



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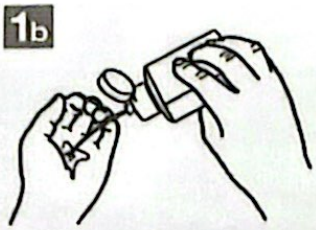
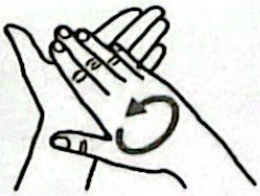


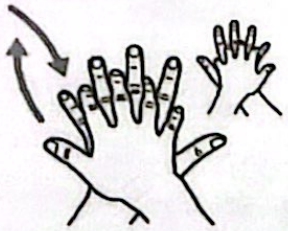
Apply a palmful of the product in a cupped hand, covering all surfaces;

2



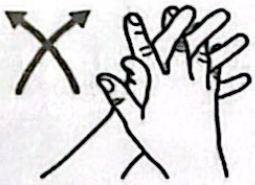
Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4

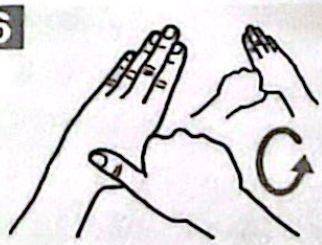


Palm to palm with fingers interlaced;

5

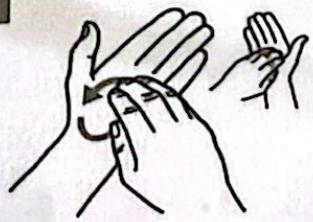
Backs of fingers to opposing palms with fingers interlocked;

6



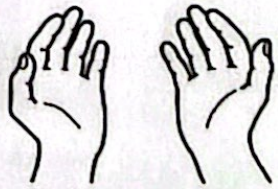
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.

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Clean Your Hands

RAHBAR COLLEGE

CLEANING, DISINFECTION & STERILIZATION
ALL CLINICS-RCoD

GENERAL GUIDELINES FOR INSTRUMENT STERILIZATION:

All instruments should be cleaned thoroughly before sterilization by rinsing and scrubbing with detergent and water. Splashing of water should be avoided. Heavy duty gloves and, where appropriate, face protection shield, should be worn.

Items which will penetrate tissues must be sterilized in an autoclave or hot air sterilizer. Items which will touch mucous membrane but not penetrate tissues should similarly be sterilized by heat, or, if not possible, disinfected, e.g., by immersion in 2% glutaraldehyde solution in a closed container according to the manufacturer's instructions. All chemical residues must then be removed by thorough rinsing before use or storage.

Hand pieces, ultrasonic scaler inserts/tips and air-water syringe tips where detachable should be flushed for 30 seconds, dismantled, cleaned, oiled where required, and autoclaved between patients. (Hand pieces, etc. left overnight should be allowed to discharge water for two minutes at the beginning of the day). Hand pieces which cannot be autoclaved are disinfected with an appropriate veridical agent.

Following sterilization, all instruments should be stored in clean containers to prevent recontamination. Surgical and endodontic Instruments should be kept in closed containers. It may be necessary to re-sterilize them immediately before they are used and care should be taken to ensure the instruments are cool prior to use.

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LLEGE

GENERAL GUIDELINES FOR LABORATORY ITEMS:

Impressions and appliances should be rinsed thoroughly to remove all visible blood and debris. Gloves should be worn when handling impressions and pouring models.

Certain types of impression material (silicone, polysulphur) can be disinfected by total immersion in glutaraldehyde (2%) or sodium hypochlorite (0.1%). Other materials (alginate, polyether) may be disinfected by submerging for several seconds in sodium hypochlorite (0.1%), which should then be wrapped in a hypochlorite saturated paper towel and kept in a closed container for the recommended disinfectant time.

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RECOMMENDED METHODS FOR STERILIZATION OF DENTAL ITEMS:

1.Burs: Diamond

Armamentarium: Metallic brush, detergent, autoclave
Method: Clean with metallic brush and detergent. Then autoclave.

2.Burs; steel, tungsten carbide

Armamentarium: Metallic brush, detergent, autoclave
Method: Clean with metallic brush, detergent and dry. Then autoclave with dry heat.

3.Dental Mirrors

Armamentarium: Detergent, water, bowl, autoclave, covered container
Method: Clean with detergent and water, autoclave and store in covered pack or container.

4.Handpieces/ air motor for slow speed handpieces:

Armamentarium: Detergent, oil, water, gauze pad, autoclave.
Method: Flush for 30 sec. Clean with detergent water, oil, and autoclave. OR Flush for 30 sec, clean with detergent and water, oil, surrounding the handpiece by a gauze pad soaked in 2% glutaraldehyde for 10 mins, rinse with water.

5.Injection needles for local anesthetics: Disposable

6.Instrument Trays:

Armamentarium: detergent, water, steel tray, autoclave
Method: Clean with detergent and water in a steel tray and then autoclave.

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7.Polishing Stones:

Armamentarium: detergent, water, steel tray, autoclave, sealed bags
Method: clean with detergent and water then autoclave and place in sealed bags.

8.Prophylactic cups and brushes:

Armamentarium: detergent, water, autoclave
Method: Clean with detergent, water then autoclave OR use disposables.

9.Saliva Ejectors: Disposable

10.Saliva Ejectors: Metallic:

Armamentarium: detergent, water, steel tray, autoclave, sealed bags
Method: clean with detergent and water in a steel tray then autoclave

11.Stainless Steel Instruments:

Armamentarium: detergent, water, steel bowl, covered pack/container, autoclave, sealed bags
Method: Clean with detergent and water, autoclave and store in covered pack/container. OR use dry heat sterilization.

12.Suction Tips:

Armamentarium: detergent, water, autoclave, sealed bags
Method: clean with detergent and water then autoclave. Pack in sealed bags.

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OLLEGE

13.Suction tube adaptors:

Armamentarium: detergent, water, autoclave.
Method: Clean with detergent and water. Autoclave weekly.

14.Ultrasonic scaler tips and inserts:

Armamentarium: detergent, water, bowl, autoclave, sealed bags, container
Method: Clean with water and detergent. Autoclave then stores it in a sealed bag or container.

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CLEANING, DISINFECTION & STERILIZATION
ALL CLINICS-RCoD

RECOMMENDED METHODS FOR DISINFECTION OF DENTAL ITEMS:

1.Articulators:

Armamentarium: 70% ethyl alcohol, wipes
Method: wipe with 70% ethyl alcohol

2.Bracket Tables:

Armamentarium: wipes, 70% ethyl alcohol, 0.5% sodium hypochlorite
Method: Wipe with 70% ethyl alcohol OR if contaminated with blood or pus, clean and disinfect with 0.5% sodium hypochlorite and rinse.

3.Dental Chairs:

Responsibility: Operator/DSA
Armamentarium: Wipes, detergent, water, 0.5% sodium hypochlorite,2% gluteraldehyde
Method: Clean with detergent and water between each appointment. Clean within 5 minutes of the unit getting free. if visible blood and pus contamination present, clean and disinfect with 0.5% sodium hypochlorite or 2% gluteraldehyde and rinse.

At the end of the day raise the dental unit at its highest position to allow drainage of the pipes and tubes overnight.
Ensure that the drainage pipes are not blocked, and water in the dental unit should not be contaminated according to the local environmental guidelines.

4.Dentures:

Armamentarium: detergent, water, bowl, 0.1% sodium hypochlorite

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Method: Clean with detergent and water. If contaminated with blood then immerse in 0.1% sodium hypochlorite for 10 mins and rinse.

5. Gloves:
Disposable

6.Impressions:

Armamentarium: bowls, water, detergent, plaster, slurry, camel tipped brushes, closed containers, 0.1% sodium hypochlorite, 2% gluteraldehyde
Method: Rinse under running water to remove saliva and blood. If saliva is ropy then sprinkle plaster over the impression and brush it gently with the camel tipped brush under running water. Clean impression with slurry.
Alginate in plastic trays: Spray with 0.1% sodium hypochlorite, put in a closed container for 10 mins.
Alginate in metal trays: Spray ith 2% gluteraldehyde and put in a closed container for 10 mins.
Zinc oxide eugenol paste: Spray with 0.1% sodium hypochlorite, put in a closed container for 10 mins.
Rubber Base: Immerse in 2% gluteraldehyde for 10 mins and rinse.

7.Injection needles for local anesthetic:
Disposable

8. Protective goggles, shields

Armamentarium: Wipes, 0.1% sodium hypochlorite
Method: Wipe with 0.1% sodium hypochlorite

9.Scalpel Blades:
Disposable

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10. Wax bite, block, wafer:

Armamentarium: water, bowl, 0.1% sodium hypochlorite, sealed bags
Method: Rinse with water, immerse in 0.1% sodium hypochlorite for 10 mins and rinse, then store in sealed bags

11. Aspiration and ventilation:

The use of high volume aspiration will reduce any risk of cross-infection from aerosols. The risk is further reduced by good ventilation. The tubing of high volume aspirators and saliva ejectors should be flushed with water between patients and with disinfectant (sodium hypochlorite, 0.1%) regularly or according to the manufacturer's instructions.

12.Disposal of waste:

- Sharp items including needles and scalpels and local anesthetic cartridges, should be placed into puncture proof containers which should be securely sealed. These, together with all medical waste must be disposed of in red bags, securely fastened. Red plastic bags are to be picked up by a special collection service for hospitals and clinics.
- Non-infectious waste should be disposed of in thick black plastic bags securely fastened.
- Liquid waste should be carefully poured into a drain and then flushed with water.
- Spatter and splash should be avoided.

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RECOMMENDED METHODS OF DECONTAMINATION FOR DENTAL ITEMS

ITEM	RECOMMENDED METHOD	ALTERNATIVE METHOD
Amalgam/composite carriers	Wipe with 70% ethyl alcohol	
Articulators	Wipe with 70% ethyl alcohol	
Attachments dental units	Wipe with 70% glutaraldehyde, rinse	Wipe with 70% alcohol
Bracket tables	Wipe with 70% ethyl alcohol	
	If there is visible pus or blood, clean and disinfect with 0.5% sodium hypochlorite, rinse	
Burs - diamond	Clean with metallic brush and detergent, autoclave	
Burs - steel, tungsten, carbide	Clean with metallic brush and detergent, rinse, dry with dry heat	Clean with metallic brush and detergent, rinse, dry and immerse in 2% glutaraldehyde for 10 hours, rinse
Dental Chairs	Clean with detergent and water	
	If there is visible pus or blood, clean and disinfect with 0.5% sodium hypochlorite or 2% glutaraldehyde, rinse	
Dental Mirrors	Clean with detergent and water, Autoclave, store on covered pack or container	

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RAHBAR COLLEGE OF DENTISTRY

STANDARD OPERATING PROCEDURES (SOPS) FOR CROSS INFECTION CONTROL FOR ALL DENTAL CLINICS OF RCoD

A. Medical history:
A thorough medical history should be taken and up-dated at subsequent examinations. Medical history screening is essential in alerting the clinician to medical problems that could, in conjunction with dental treatment, adversely affect the patient.

B. Protective measures:
Protection can be achieved by a combination of immunization procedures, use of barrier techniques and strict adherence to routine infection control procedures.

C. Immunization:
All dental health care workers are advised to be immunized against HBV unless immunity from natural infection or previous immunization should be documented.

D. Personal Protective coverings:
Uniforms: Uniforms should be changed regularly and whenever soiled. Gowns or aprons should be worn during procedures that are likely to cause spattering or splashing of blood.

E. Hand protection:
Gloves must be worn for procedures involving contact with blood, saliva or mucous membrane. A new pair of gloves should be used for each patient. If a glove is damaged, it must be replaced immediately. Hands should be washed thoroughly with a proprietary disinfectant liquid soap prior to and immediately after the use of gloves. Disposable paper towels are recommended for drying of hands. Any cuts or abrasions on the hands or wrists should be covered with adhesive waterproof dressings at all times.

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F. Protective glasses, masks or face shields:
Protective glasses, masks or face shields should be worn by operators and close-support dental surgery assistants to protect the eyes against the spatter and aerosols which may occur during cavity preparation, scaling and the cleaning of instruments.

G. Sharp instruments and needles:
Sharp instruments and needles should be handled with great care to prevent unintentional injury. Needles should never be recapped by using both hands in direct contact or by any other technique that involves moving the point of a used needle towards any part of the body. The needle can be recapped by laying the cap on the tray, placing the cap in a re-sheathing device or holding the cap with forceps before guiding the needle into the cap.

I. First aid and inoculation injuries:
In the event of a skin puncture by a contaminated instrument, the wound should be encouraged to bleed and washed thoroughly with running water.

All incidents should be reported to the officer i/c of the clinic. Where there is reason to be concerned about the possible transmission of infection, advice on appropriate serologic testing, medical evaluation and follow-up could be sought from the Accident and Emergency Department or AIDS Unit, and the address and contact telephone of the patient concerned should be recorded.

J. Surface disinfection:
Surfaces that are likely to become contaminated may be decontaminated after treatment or protected with disposable coverings before they become contaminated.

Effective cross-infection control is aided by a strict system of zoning and the use of sterilized trays. Procedures should be adopted which limit the areas touched and contaminated each time a patient is treated.
Between clinical sessions, work surfaces should be thoroughly cleaned and decontaminated with ethyl alcohol (70%). If there is visible blood or pus, the

the surface should be cleaned and disinfected with sodium hypochlorite (0.5%), followed by water rinse.
Protective gloves should be worn and care taken to minimize direct skin, mucosal or eye contact with these disinfectants.

K. Laboratory items:
Impressions and appliances should be rinsed thoroughly to remove all visible blood and debris. Gloves should be worn when handling impressions and pouring models.

Certain types of impression material (silicone, polysulphur) can be disinfected by total immersion in glutaraldehyde (2%) or sodium hypochlorite (0.1%). Other materials (alginate, polyether) may be disinfected by submerging for several seconds in sodium hypochlorite (0.1%), which should then be wrapped in a hypochlorite saturated paper towel and kept in a closed container for the recommended disinfectant time.

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STANDARD PRECAUTIONS USED FOR CARE OF ALL PATIENTS

1. **Wash hands with soap and water**

- When touching blood body fluids, secretions, and contaminated equipment
- After gloves are removed
- Before and after patient contact
- Alcohol based hand gel is not recommended for use when the skin is visibly soiled.

2. **Wear gloves**

When touching blood body fluids, secretions, excretions, mucus membranes, non-intact skin and contaminated items/equipment

3. **Change gloves**

Between tasks/procedures on the same patient after contact with contaminated surfaces

4. **Remove gloves**

- Promptly after use
- Before touching non-contaminated items and environmental surfaces

5. **Wear a mask, eye protector or face shield**

To protect mucous membranes of the eyes, nose and mouth during procedures likely to generate splashes/sprays of blood fluids, secretions and excretions

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6. Wear gown

During procedures likely to generate splashes or spray of blood, body fluids, secretions or excretions

7. Remove gown

- Promptly after use to avoid transfer of microorganisms to other patients
- Clean common use places and equipment before removing it from the room

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LAHBAR COLLEGE OF DENTISTRY

PERSONAL PROTECTIVE EQUIPMENT (PPE) PROTOCOL

Following personal protective equipment is used in hospital settings.

1. **Gloves:**

- Always wear gloves when there is potential contact with blood (e.g. during phlebotomy), body fluids, mucous membranes, non-intact skin of contaminated equipment.
- Wear gloves that fit appropriately (select gloves according to hand size)
- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash gloves for the purpose of reuse
- Perform hand hygiene before and immediately after removing gloves

2. **Gowns:**

- Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Do not wear the same gown for the care of more than one patient.
- Remove gown and perform hand hygiene before leaving the patient's environment (e.g. exam room)

3. **Facemasks:**

Wear a facemask:

- When there is potential contact with respiratory secretions and sprays of blood of body fluids (as defined in standard precautions and for droplet precautions)
- May be used in combination with goggles or face shield to protect the mouth, nose and eyes
- When placing a catheter or injection material into the spinal canal or subdural space, (to protect patients from exposure to infectious agents carried in the mouth or nose of healthcare personnel)
- Wear a facemask to perform intrathecal chemotherapy.

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4. **Goggles & Face Shield:**

- Wear eye protection for potential splash or spray of blood, respiratory secretions, or other body fluids.
- Personal eyeglasses and contact lenses are not considered adequate eye protection. One can use goggles with face masks or face shield alone to protect the mouth, nose and eyes.

5. **Respirators:**

- Wear N95 or higher respirators for potential exposure to infectious agents transmitted via the airborne route (e.g. tuberculosis).
- All healthcare personnel that use N95 or higher respirator are tested at least annually and according to OSHA requirements.

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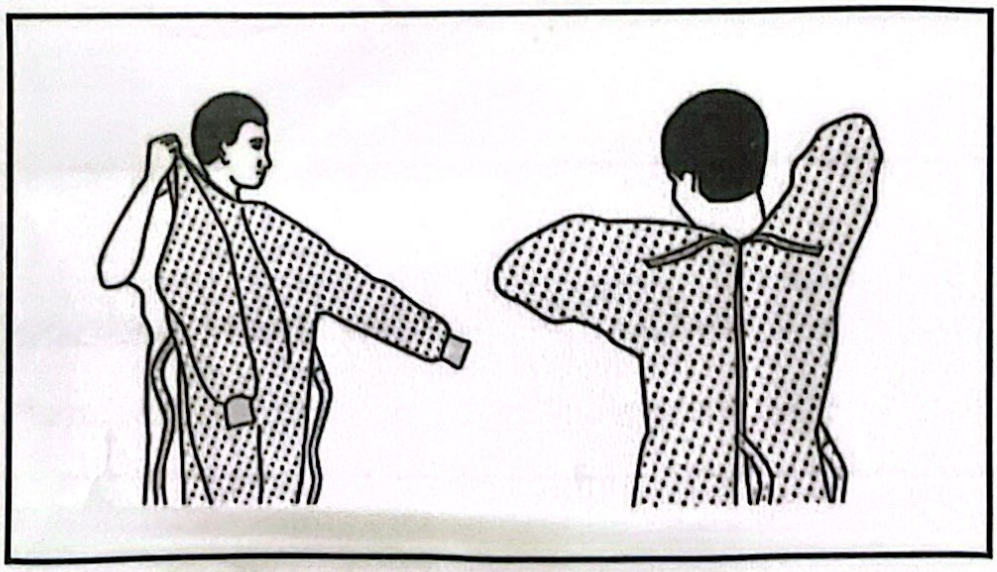
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precaution required,such as standard and contact,droplet or airborne infection isolation precautions.The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN:

- Fully cover the torso from neck to knees, arms to end of wrists, and wrap around the back.
- Fasten the back of the neck and waist.



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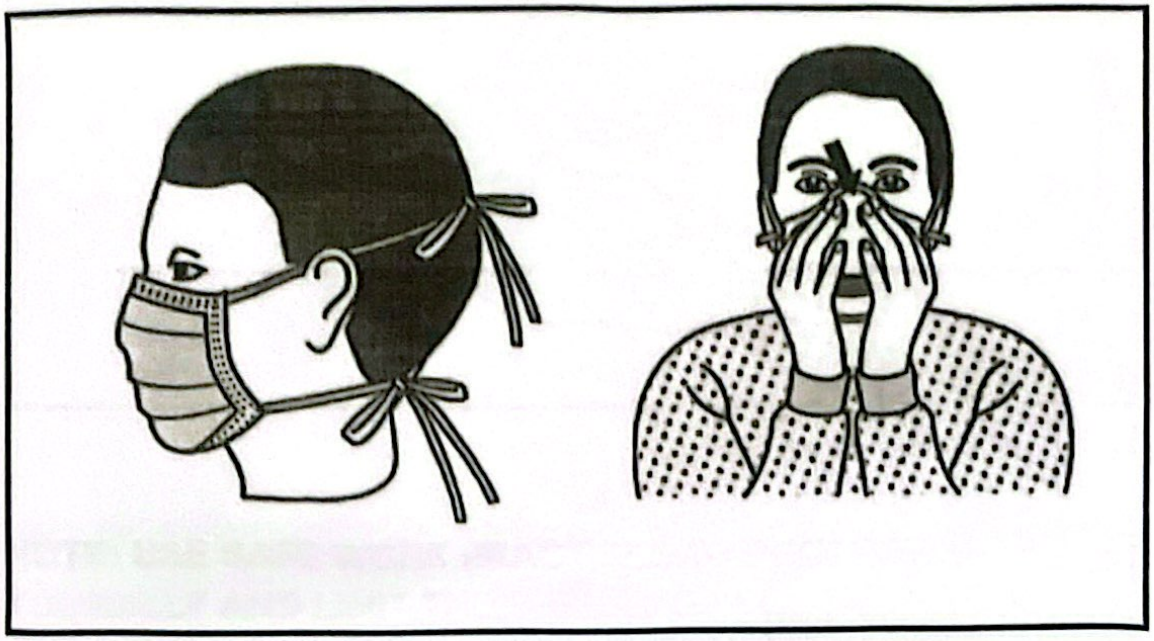
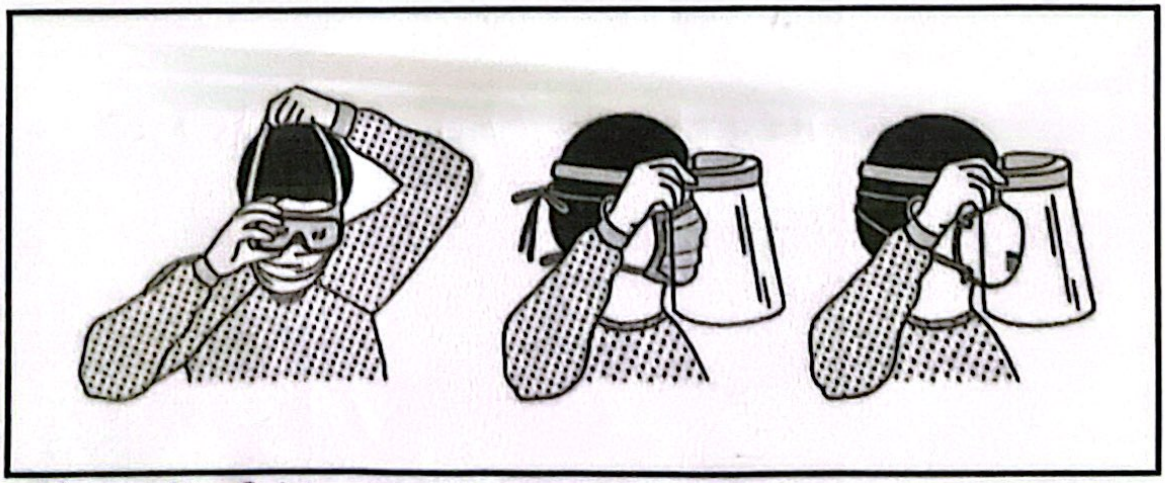
2. MASK OR RESPIRATOR:

- Secure ties or elastic bands at the middle of head and neck.
- Fit flexible band to nose bridge.
- Fit snug to face and below chin.
- Fit-check respirator.



3. GOGGLES OR FACE SHIELD

- Place it over your face and eyes and adjust it to fit.



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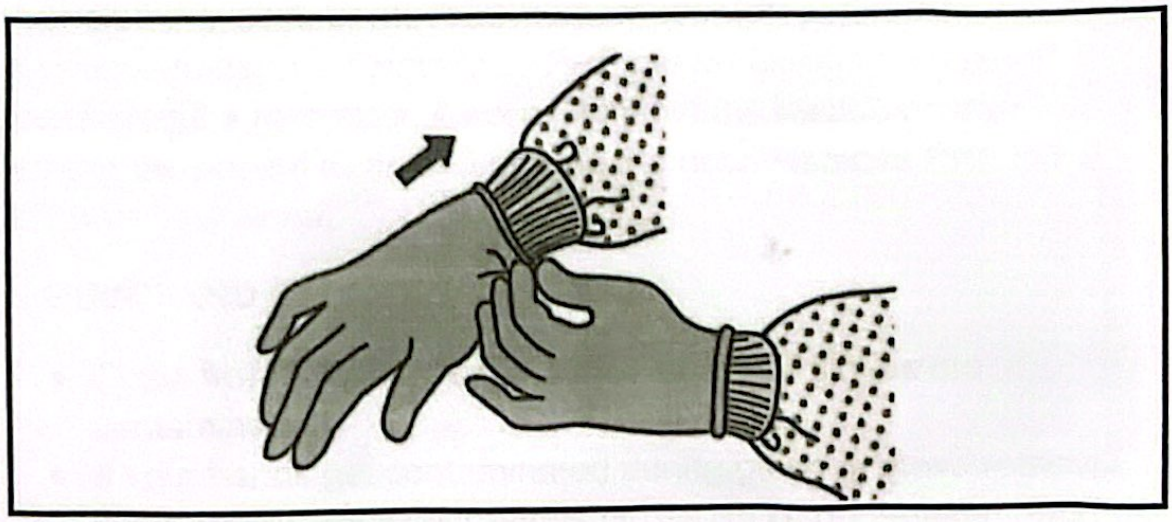
4. GLOVES

- Extend to cover the wrist of the isolation gown.



NOTE: USE SAFE WORK PRACTISES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- **Keep hands away from face.**
- **Limit surfaces touched.**
- **Change gloves when torn or heavily contaminated.**
- **Perform hand hygiene.**

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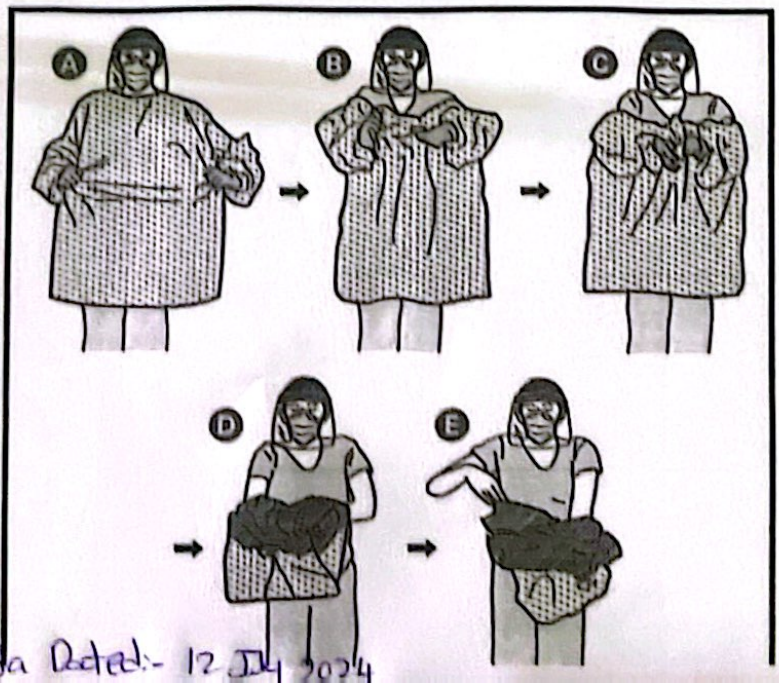
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

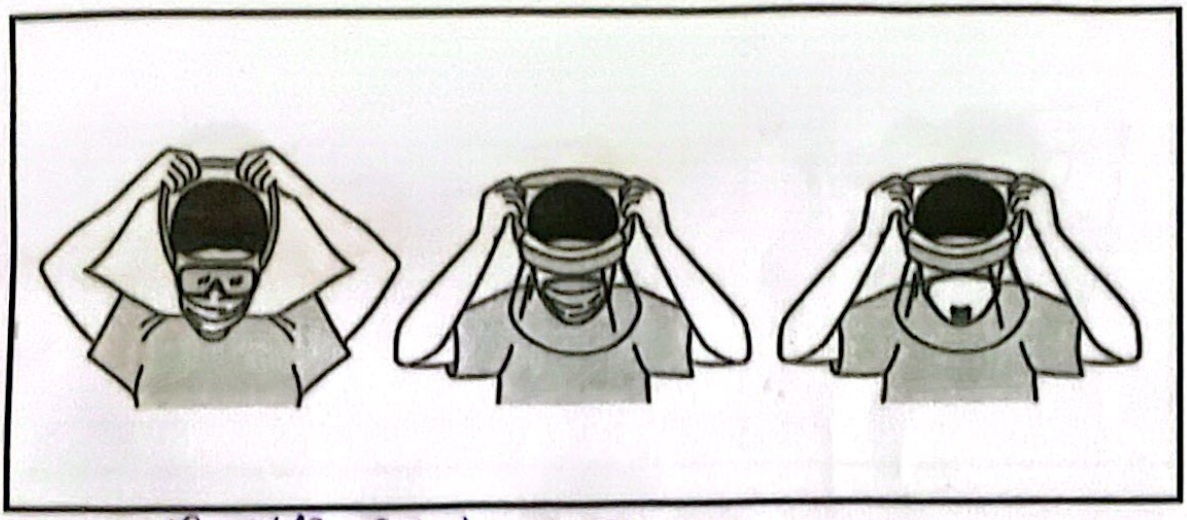
1. GOWN AND GLOVES:

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Grasp the gown in the front and pull away from your body so that the ties break, touching the outside of the gown only with gloved hands.
- While removing the gown, fold or roll the gown inside-out into a bundle.
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container.



2. GOGGLES OR FACE SHIELD:

- Outside of goggles or face shields are contaminated!
- If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Remove goggles or face shield from the back by lifting the headband and without touching the front of the goggles or face shield.
- If the item is reusable, place in a designated receptacle for reprocessing. Otherwise, discard in a waste container.



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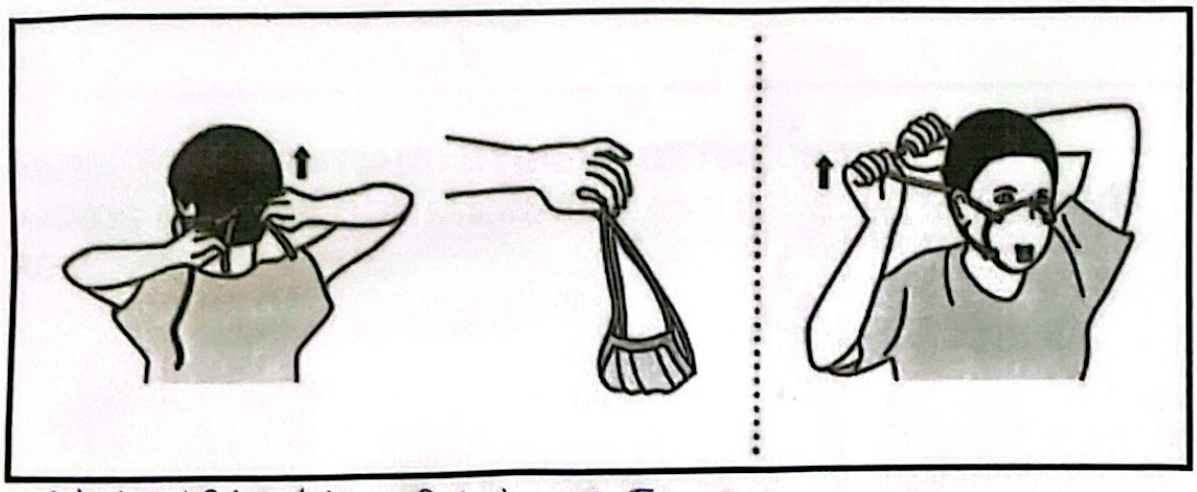
3. MASK OR RESPIRATOR

- The front of the mask/respirator is contaminated - DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.
- Discard in a waste container.
- Discard the mask or respirator in a waste container.



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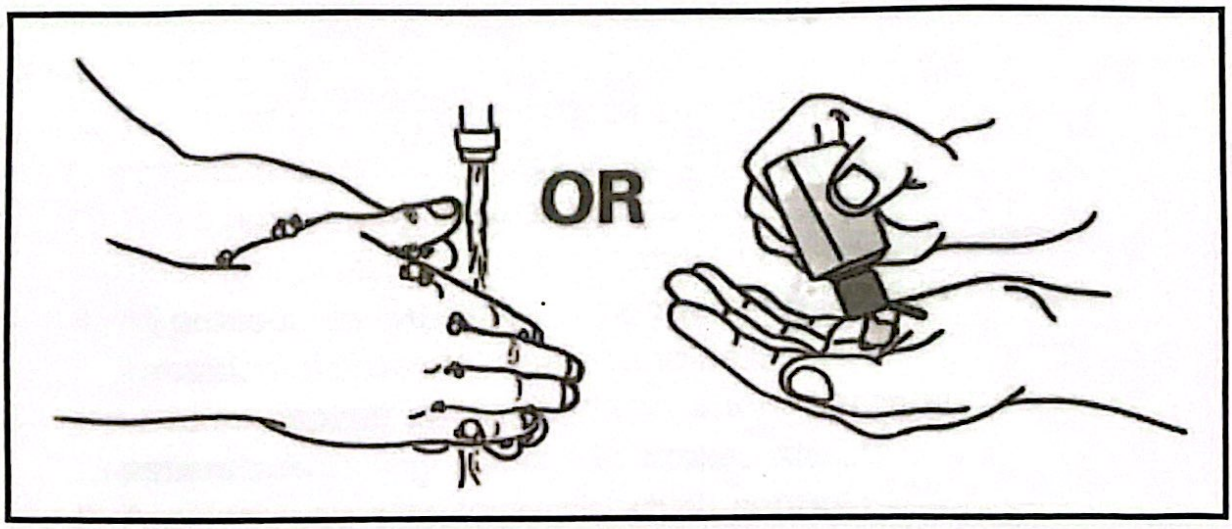
4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



NOTE: PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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ADDITIONAL PRECAUTIONS TO BE TAKEN WHEN PERFORMING INVASIVE PROCEDURES ON HIV INFECTED INDIVIDUALS:

1. If possible, schedule the patient's surgery at the end of the list.
2. The team should be limited to essential members of staff and the procedures should be performed by experienced, fully trained staff.
3. The operator should wear two pairs of gloves. Plastic gown, cap mask and protective eyewear should be worn.
4. All procedures should be performed in a way which minimizes the formation of droplets, spatter and aerosols, utilizing high volume vacuum aspirators, rubber dams where appropriate and proper patient positioning. Ultrasonic scalers should be avoided.
5. Avoid the use of instruments which cannot be easily decontaminated.
6. Instruments and tools used should be handled and cleansed by experienced staff before autoclaving.
7. After the operation, all surfaces inside the surgery and equipment should be cleaned and decontaminated with appropriate disinfectants.

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NOSOCOMIAL INFECTIONS PRECAUTIONS

An infection that a patient acquires in the hospital, after 48 hours or more of admission, is called **"Nosocomial Infection"**. Health care workers should follow transmission based precautions for a patient with confirmed/ diagnosed infection. It consists of contact precautions, droplet precautions or airborne precautions according to the mode of transmission of that infection.

1. CONTACT PRECAUTIONS

It consists of standard precautions, plus precautions for direct and indirect contact. Contact precautions are used to prevent transmission of infectious microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment.

- Perform hand hygiene before and after patent contact
- Wear gloves upon entering patient room
- Wear a gown upon entering patient room
- Use dedicated or single use disposable patient equipment

2. DROPLET PRECAUTIONS

Droplet precautions are used to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

Droplet infection can be spread by coughing, sneezing, talking, Procedures such as suctioning and bronchoscopy

Note: Use a simple disposable mask when caring for the patient.

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3. AIRBORNE PRECAUTIONS:

Airborne precautions are used for reducing the risk of airborne transmission of infectious agents. Airborne droplets' nuclei consist of small-particles residue (5um or smaller in size) of evaporated droplets that may remain suspended in air for a long time. Special air handling and ventilation are required to prevent airborne transmission. Airborne precautions apply to patients known or suspected to be Infected with pathogens that can be transmitted by the airborne route.

1. Pulmonary tuberculosis
2. Measles
3. Varicella zoster virus infections
4. Disseminated zoster

Airborne Precautions Include:

- Perform hand hygiene before and after patient contact
- Always keep patient room door shut/closed
- Anyone entering patient room must wear an N95 respirator
- Give surgical mask to patient while transportation
- Contact infection prevention department if you have questions

4. Protective Precautions (To prevent spread of infections)

- Perform hand hygiene before and after patient contact
- Wear a mask / gown upon entering patient room
- Do not visit patients if you are ill
- Do not bring dried or fresh flowers or potted plants

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TUBERCULOSIS

Tuberculosis (TB) is caused by a bacteria called mycobacterium tuberculosis. A person who has disease in his/her lung can release tiny particles into the air by coughing, sneezing, talking or breathing. Tiny particles can transmit the disease (TB) to others.

INSTRUCTIONS FOR TB PATIENTS:

- A patient with TB positive should use N-95 respirator
- Instruct the patient to cover his/her mouth with tissue while coughing
- Patient should place in negative pressure room or in open area
- HCWs should follow airborne precautions, consisting:
  - ☐ N-95 mask
  - ☐ Hand hygiene

SPUTUM INDUCTION PROCEDURE:

- Induction of sputum should only be conducted in a single room with a good ventilation system / open area.
- Staff must wear the recommended N-95 mask while in the room and disposable gloves when handling sputum specimens.
- Do not allow any person without an N-95 mask.
- Instruct patients that do not throw masks and containers in an open place, they should be discarded in a dustbin.
- After the procedure, use disposable masks and tubing and discard. contaminated supplies in approved biohazard containers.
- Clean the nebulizer with 1:10 bleach solution
- Wash hands removal of gloves

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INSTRUCTIONS TO PATIENTS TO PREVENT INFECTIONS

HCPs should instruct the patient to:

- Avoid a poor ventilated environment or wear masks when in overcrowded areas.
- Active participation in physical activities.
- Dietary medication like avoid raw foods and junk food
- Maintenance of medication discharge (immunosuppressive agent)
- Laboratory studies should be done according to set duration
- General health maintenance such as vaccination, avoidance of sun and cancer screening
- Extensive teaching regarding his or her medications and immunosuppressive agents and their potential side effects
- Notify the transplantation program, about abnormal fever, diarrhea, headaches

Prevention: HCW should instruct patient to:

- Keep away from the area with lots of dust like construction or excavation site
- Stay Inside during dust storm
- Stay away from areas with birds and bat droppings. This included places like chicken coops and caves
- Wear gloves when handling material such as sail, mass and manure.
- Keep away from people being vaccinated with live attenuated vaccines.
- Wear shoes, Trousers and;a long sleeved shirt when doing outdoor activities such as gardening, yard work, or visiting wooded areas.

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HEPATITIS - B VACCINATION

1. Prevention:

- Since **Hepatitis "B"** is quite common in our country, prevention against Hepatitis "B" is of paramount importance for health care workers.
- All healthcare workers should be vaccinated against Hepatitis B.
- If anyone is pre-vaccinated he/she has to submit a copy of his vaccination card to concerned authorities,
- If someone is not vaccinated, she/he should receive the 1st dose of Hepatitis B vaccine before joining the duty (specially workers who have direct contact with patient's care /blood and body fluids)
- The regimen can be 0,1st and 6th month/0,1st and 3rd month and it should be administered intramuscularly in the deltoid muscle.
- Antibody titers preferably should be checked one to four months after the completion of a primary course of vaccine.
- In case of any query, please contact the infection control team.

2. Post exposure Measures:

Evaluate exposure source:

- Assess the risk of infection
- Test known sources for Presence of HBsAg
  - ➢ Presence of HCV antibody
  - ➢ Presence of HIV antibody

If the source of exposure is HBsAg positive or exposure source is unknown for HBsAg status then flow diagram mentioned at serial no 3 and 4 of this section should be followed:

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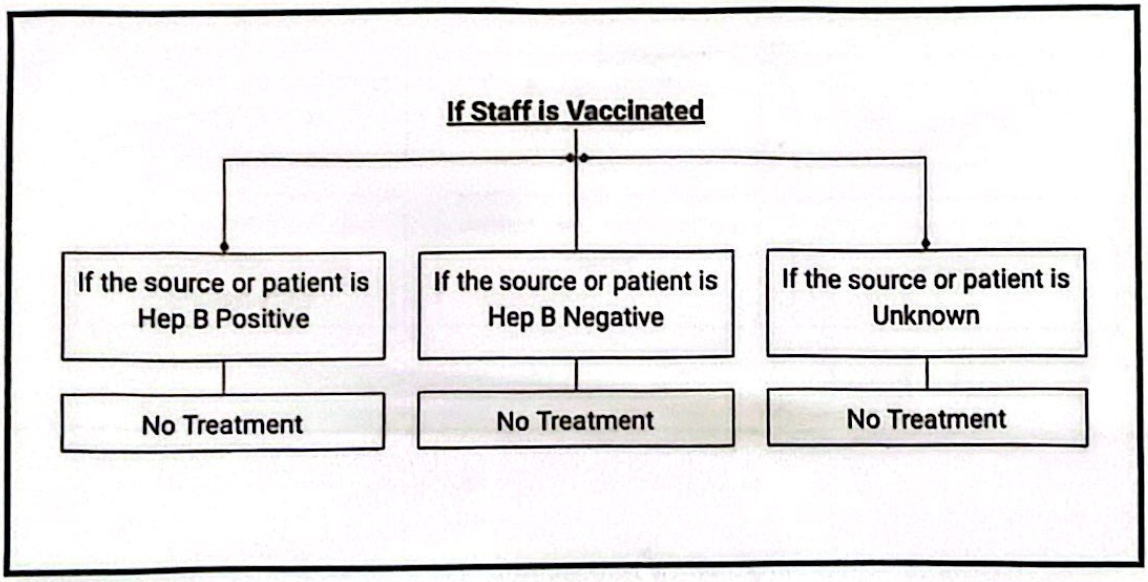
3. HBsAg Positive exposure source:

- Health care persons who have written documentation of a complete hepatitis B vaccine series and who did not receive post vaccination testing should receive a single vaccine booster dose.
- Persons who are in the process of being vaccinated but who have not completed the vaccine series should receive the appropriate dose of hepatitis B immune globulin (SHBIG) and should complete the vaccine series.
- Unvaccinated persons should receive both SBIG and hepatitis B vaccine as soon as possible after exposure (preferably within 24 hours). Hepatitis B vaccine may be administered simultaneously with HBIG in a separate injection site.
- The hepatitis B vaccine series should be completed in accordance with the age appropriate vaccine dose and schedule.



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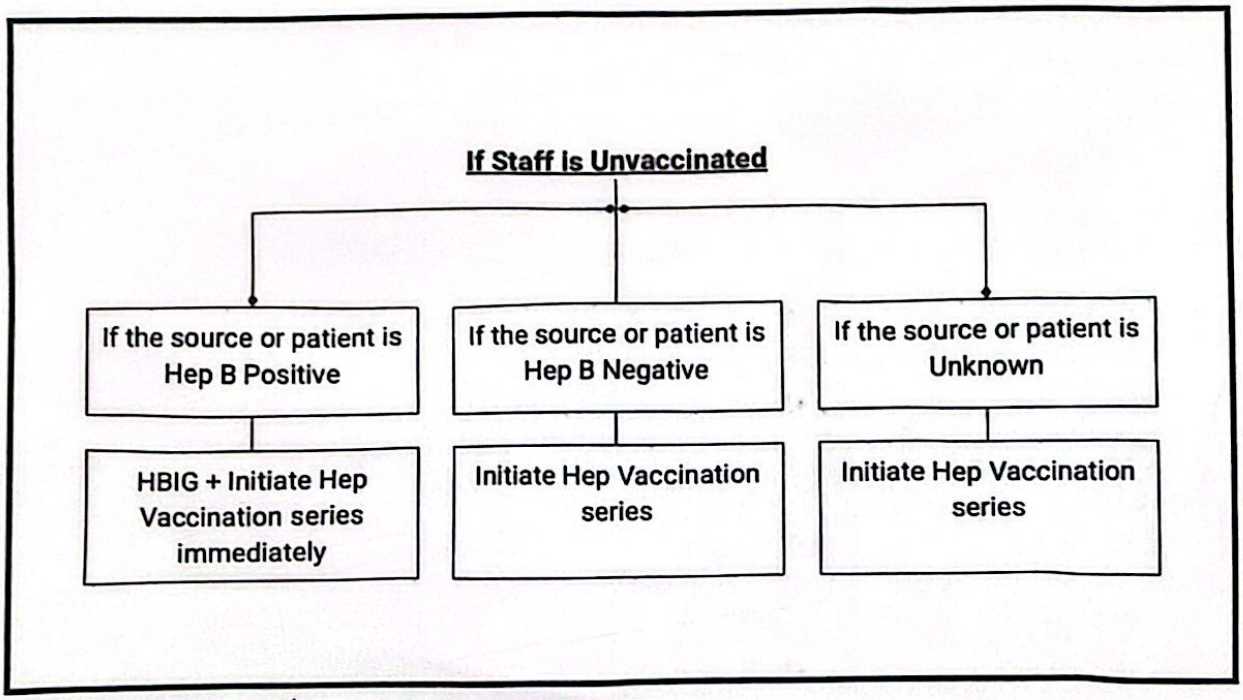
4. Exposure source with unknown HBsAg status

- Health care persons with written documentation of a complete hepatitis B vaccine series require no further treatment.
- Health care persons who are not fully vaccinated should complete the vaccine series.
- Unvaccinated healthcare persons should receive the hepatitis B vaccine series with the first dose administered as soon as possible after exposure, preferably within 24 hours, The vaccine series should be completed in accordance with the age appropriate dose and schedule.



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RAHBAR COLLEGE OF DENTISTRY

_____ CLINIC
CROSS INFECTION CONTROL REPORT- MM/YY

This report identifies the breaches of cross infection and waste management protocols, problems pertaining to availability of instruments and working of dental units, observed in the Comprehensive Care Dentistry and Implant Clinic in the month of (MONTH/YEAR) on following aspects.

1. Breach of Cross Infection Protocol
2. Breach of Waste Management Protocol
3. Instrument Sterilization Schedule
4. Non-Availability of Instruments
5. Problems pertaining to Dental Instruments and units

_____

Dr.

Designation/Department

Cross Infection Control Officer

Rahbar College of Dentistry, Lahore

RAHBAR COLLEGE

COVID-19 POLICY
RAHBAR COLLEGE OF DENTISTRY

While the global COVID-19 pandemic has subsided, Rahbar College of Dentistry (RCoD) remains committed to maintaining readiness for any potential resurgence or localized outbreaks. This policy outlines the measures that will be put in place should COVID-19 re-emerge, ensuring the health and safety of all healthcare workers, students, and patients. The policy also serves as a guideline for handling any infectious disease outbreaks in the future.

---

1. Vaccination Encouragement

Although COVID-19 is currently under control, all healthcare workers and students are encouraged to stay updated with vaccinations, including booster doses as recommended by health authorities. Vaccination records will be maintained as a precautionary measure, particularly for those involved in clinical settings, including faculty members, house surgeons, students and staff.

2. Health Screening Protocols (Inactive During Normal Operations)

- **Symptom Monitoring**: While daily health screenings are not active, individuals are encouraged to stay vigilant regarding their health. If COVID-19 or any infectious symptoms arise, healthcare workers and students must notify the administration and refrain from attending campus or clinical duties until they are cleared by a healthcare provider.
- **Temperature Checks**: Temperature screening stations are currently deactivated but may be reinstated in the event of an outbreak.

3. PPE Usage in Clinical Settings

- **Face Masks and PPE**: PPE requirements, such as masks, gowns, gloves, and face shields, are no longer mandatory in most settings. However, these items will be readily available for healthcare workers and students to use as needed, especially in situations where infection risks may rise. In the event of a local outbreak, PPE protocols will be reinstated based on updated health guidelines.

4. Hand Hygiene and Infection Control

- **Hand Hygiene**: Regular handwashing and the use of hand sanitizers remain part of standard hygiene practices, particularly in clinical settings and patient care areas. While not enforced for COVID-19 specifically, this practice is vital for overall infection prevention.
- **Sanitizing Stations**: Hand sanitizing stations will remain available across the campus for continuous use.

5. Social Distancing (Dormant Until Needed)

Social distancing measures have been lifted but may be reactivated if health conditions change. RCoD will adjust spacing in classrooms, common areas, and clinics as needed to comply with any future health advisories.

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6. Testing and Quarantine Protocols (On Hold)

- **Testing**: Routine COVID-19 testing is not currently required. However, testing kits and procedures are in place and can be deployed swiftly in the event of any suspected cases on campus or during an outbreak.
- **Quarantine**: Quarantine protocols are dormant but will be reactivated as per local health guidelines if COVID-19 cases arise.

7. Sanitization and Cleaning Procedures

- **Routine Cleaning**: High standards of cleanliness are maintained across the campus. Regular disinfection of classrooms, labs, and patient care areas continues, with heightened measures being ready to implement in response to a potential COVID-19 resurgence.
- **Clinical Areas**: Special attention continues to be given to the cleaning of clinical areas, particularly in patient treatment zones.

8. Emergency Preparedness for COVID-19 Resurgence

RCoD has a preparedness plan in place to swiftly respond to any resurgence of COVID-19:

- **Remote Learning**: Remote learning options for theoretical classes will be activated if necessary.
- **Telemedicine and Reduced Clinical Capacity**: Telemedicine consultations and reducing patient loads will be employed if in-person clinical activities become restricted due to health risks.

9. Mental Health and Support

Even though the immediate crisis has passed, RCoD remains dedicated to supporting the mental health of its community. Counseling and wellness services are available for healthcare workers and students who may continue to experience anxiety or stress related to the pandemic or other health concerns.

10. Communication and Updates

RCoD will maintain clear communication channels to keep all students and staff informed in the event of any new COVID-19 developments. Email notifications, updates on the official website, and campus notices will be used to disseminate information quickly and effectively if needed.

Conclusion

Rahbar College of Dentistry is prepared to reactivate necessary safety protocols if COVID-19 or other infectious diseases re-emerge. By staying vigilant and following these guidelines, we ensure that the campus remains a safe environment while allowing healthcare workers and students to focus on their educational and clinical responsibilities.

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RAHBAR COLLEGE

NEEDLE STICK INJURY

Some people, such as health care workers are at increased risk of needlestick injury, which occurs when the skin is accidentally punctured by a used needle. Blood-borne diseases that could be transmitted by such an injury include human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV). This article can only offer general guidelines, so see your doctor or occupational health and safety officer for further information and advice.

WAYS TO REDUCE THE RISK

Ways of reducing the risk of needlestick injuries include:

- Health workers who may come in contact with blood or body fluids should receive hepatitis B vaccinations.
- Follow all safety procedures in the workplace.
- Regularly undertake safety refresher courses.
- Minimise your use of needles.
- Remember that latex gloves don't protect you against needlestick injuries.
- Don't bend or snap used needles.
- Never re-cap a used needle.
- Place used needles into a clearly labelled and puncture-proof sharps approved container.

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STEPS TO BE FOLLOWED IN CASE OF NEEDLE STICK INJURIES:

- Do not squeeze
- Wash with soap and water then cover with waterproof dressing
- Get the medical record of the patient and check status if possible
- Inform infection control department within a few hours (within 24 hours) of injury.
- Further course of action in regard to investigations to be carried out by infection control teams and microbiologists.
- If the needle stick injury involves contact with Hepatitis "B" infected patient
  then section of SOPs pertaining to Hepatitis "B" vaccination should be consulted

AVERAGE RISK OF TRANSMISSION:

- Hepatitis B virus (HBV) 6-30%
- Hepatitis C virus (HCV) 1.3%
- Human Immunodeficiency virus (HIN) 0.3%

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AHBAR COLLEGE
OF DENTISTRY

MANAGEMENT OF MEDICAL EMERGENCIES (SOPS)

SHARP/NEEDLE STICK INJURY

Protocol:

1. Stop the procedure
2. Remove gloves
3. Wash under running water for 15-30 seconds
4. Do not squeeze the wound
5. Apply antiseptic
6. Put bandage
7. Report to the in-charge surgery clinic
8. Document this incident in department record
9. Confirm patient's history again
10. Take the patient's consent for his blood reports.
11. Get your immunization status (antibody titer) checked.
12. Log incident in the Incident Report Register.

If anyone gets a needle stick injury while working at hospital it should not be hidden and should be responded to as soon as possible to your immediate supervisor or infection control department.

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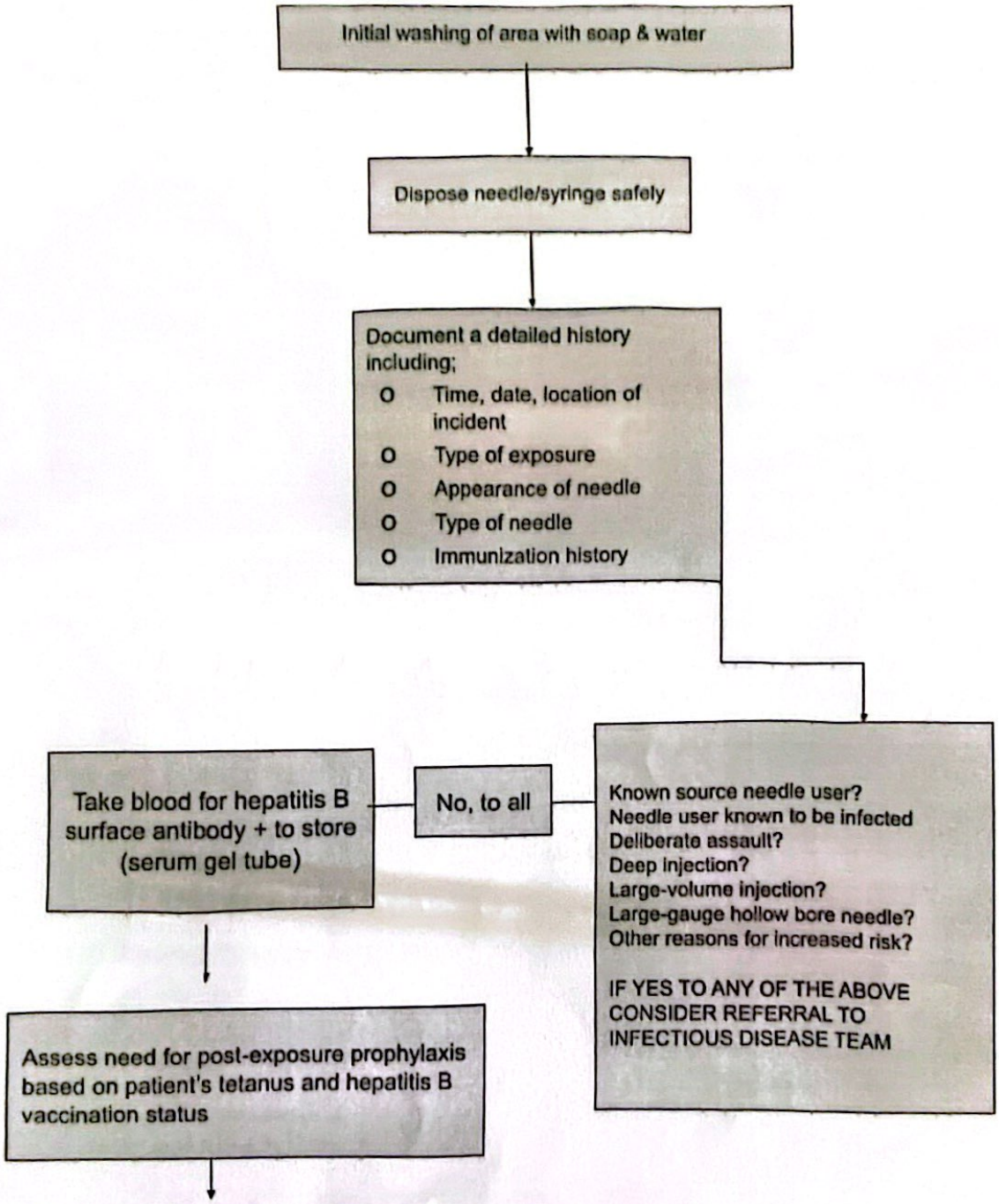
KAHBAR COLLEGE OF DENTISTRY

MANAGEMENT OF NEEDLE STICK INJURIES IN GENERAL DENTAL PRACTICE



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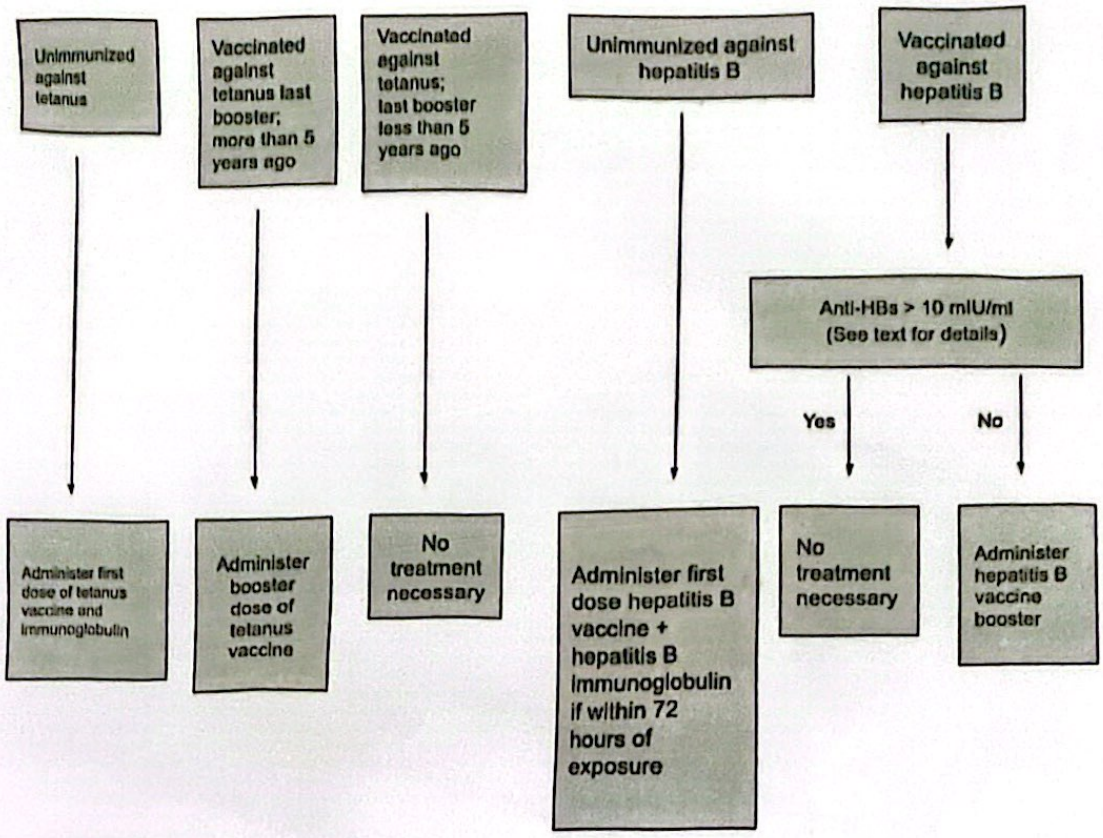
See Management of Tetanus prone wounds



FOR ALL PATIENTS

- Reassure patient and their family
- Consider referral to Infectious Disease outpatient clinic
- If unavailable at time of discharge from the department, follow-up hepatitis B serology.
- Arrange booster vaccination if required

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RAHBAR COLLEGE

SAFETY IN INJECTION PRACTICE & HANDLING SHARPS

In dental clinics, the use of sharp instruments and needles is common for various procedures. Proper handling and safety practices are crucial to prevent injuries and ensure a safe environment for both patients and healthcare providers. This guide outlines the best practices for handling sharps and ensuring safety in injection practices within dental settings.

Best Practices for Handling Sharps

1. **Training and Education**:
   - Ensure all staff are properly trained in the use of sharps and aware of the associated risks.
   - Regularly update training to include new guidelines and safety techniques.
2. **Use of Safety-Engineered Devices**:
   - Utilize needles and other sharp instruments that have built-in safety features, such as retractable needles or needle guards.
   - Ensure that all safety devices are used correctly and as intended.
3. **Sharps Containers**:
   - Use puncture-resistant sharps containers that are clearly labeled and easily accessible.
   - Place sharps containers close to the area where sharps are used to facilitate immediate disposal.
   - Do not overfill sharps containers; replace them when they are three-quarters full to prevent needlestick injuries.
4. **Handling and Disposal**:
   - Handle all sharps with care, using instruments rather than fingers when possible.
   - Immediately dispose of used sharps in the appropriate sharps container.
   - Never recap needles by hand. If recapping is necessary, use a mechanical device or the one-handed scoop technique.

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5. **Personal Protective Equipment (PPE):**
    - Wear appropriate PPE, such as gloves, masks, and eye protection, to reduce the risk of exposure to bloodborne pathogens.
    - Inspect PPE regularly and replace any damaged or worn items.
6. **Post-Injury Protocol:**
    - Have a clear protocol in place for managing needlestick injuries, including immediate washing of the area, reporting the incident, and seeking medical evaluation.
    - Follow up with appropriate medical care and documentation.

Safe Injection Practices

1. **Aseptic Technique:**
    - Always perform hand hygiene before preparing and administering injections.
    - Use sterile, single-use needles and syringes for each injection and each patient.
2. **Preparation of Injections:**
    - Prepare injections in a clean, designated area.
    - Use single-dose vials when possible; if multi-dose vials must be used, follow strict protocols to prevent contamination.
3. **Injection Administration:**
    - Identify the correct injection site and clean it with an appropriate antiseptic.
    - Administer injections following standard protocols to ensure patient safety and comfort.
4. **Post-Injection Care:**
    - Properly dispose of all used injection equipment immediately after use.
    - Monitor the patient for any adverse reactions and provide appropriate care as needed

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SHARP INJURY LOG

Faculty/ Location: _____ Year:_____

Note: The information in the Sharp injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured worker.

Case/ Report Number	Date	Type of Instrument (e.g., Syringe, Suture Needle)	Type of Exposure (e.g., Sharp needle, large gauge hollow bore needle)	Brief Description of how the incident occurred (e.g., procedure being done , action being performed, body part injured)	Steps taken for the management of the injury	Remarks/ Signature of the Faculty Member Incharge or present at the time of the Incident

MANAGEMENT OF SHARP INJURIES IN GENERAL DENTAL PRACTICE

Sharps Injury

↓

STOP ALL PROCEDURES

↓

Injury Assessment
How deep is injury?
Is the instrument contaminated with blood?
Has the needle been in patient's blood vessel?
Is the wound bleeding?

↓

WASH WITH WATER
DO NOT scrub the affected area
DO NOT suck the area
DO encourage bleeding of accidental puncture
Gently squeeze above wound to increase Venous back pressure
DO treat mucosal surfaces such as mouth or conjunction by rinsing with warm water

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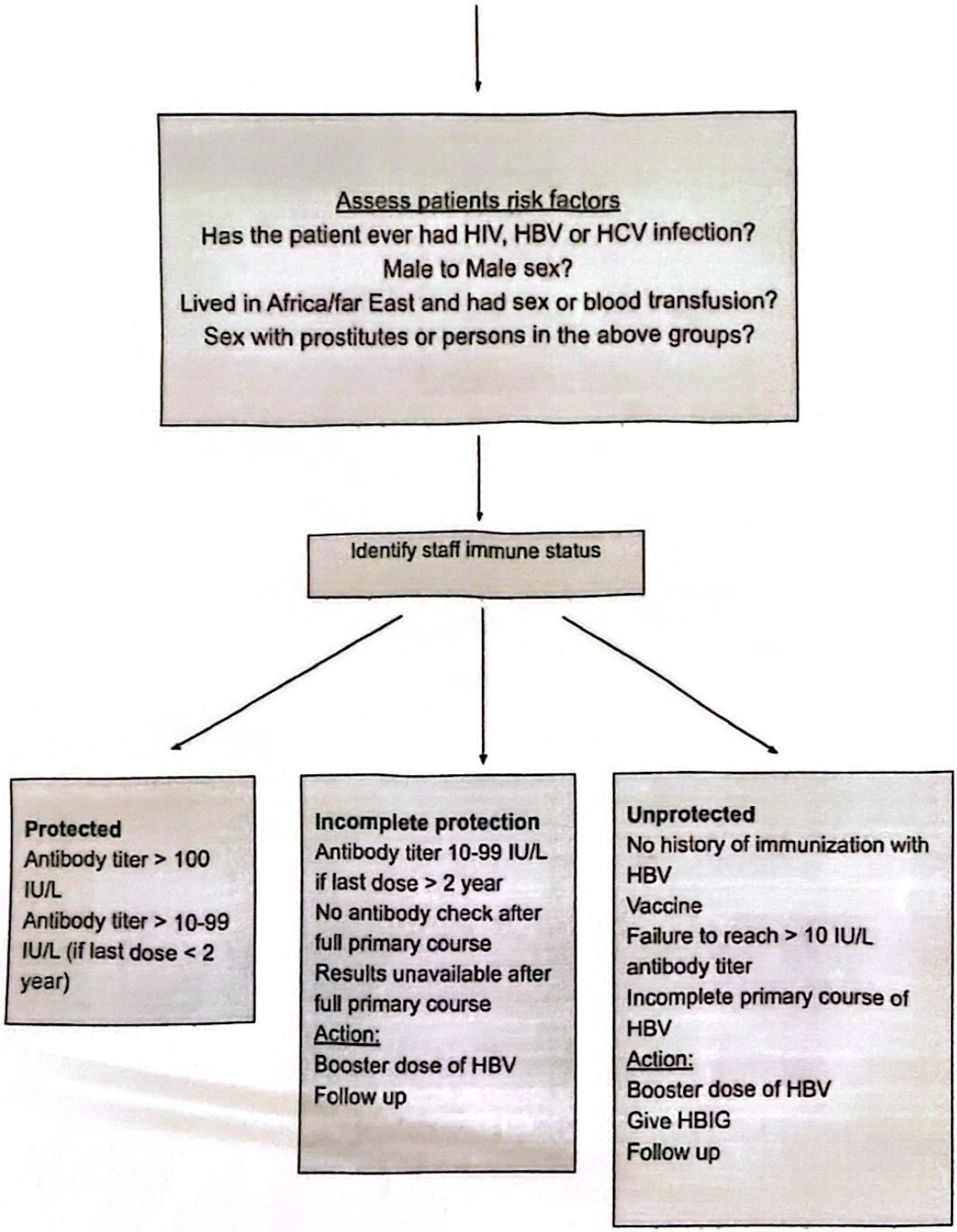

Obtain expert advice from one of the following telephone sources;
(to be completed by each practice)
Accident and Emergency Department: .....
Occupational Health: .....
Medical practitioner ....
You will probably be asked for the following information:
Type of injury.....
Source: ....
Patient risk assessment.....
Your hepatitis B serostatus ...
Arrangements for sampling of baseline bloods (HCW and possible patient) should also be determined

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MYTHS AND REALITIES ABOUT INJECTION PRACTICES

Listed below are some examples of dangerous misperceptions about safe injection practices.

MYTH	TRUTH
Changing the needle makes a syringe safe for reuse	• Once they are used, both the needle and syringe are contaminated and must be discarded. A new sterile needle and a new sterile syringe should always be used for each patient and to access medication vials.
Syringes can be reused as long as an injection is administered through an intervening length of IV tubing	• Everything from the medication bag to the patient's IV catheter is a single interconnected unit. • Distance from the patient's gravity, or even infusion pressure donot ensure that small amounts of blood won't contaminate the syringe once it has been connected to the unit. • Syringes should never be reused for more than one patient or to access medication vials.
If you don't see blood in the IV tubing or syringe. It means that those supplies are safe for reuse	• Pathogens in spreading hepatitis C virus, Hepatitis B virus and HIV can be present in sufficient quantities to produce injection without any visible blood.
Single dose vials with large volumes that appears to contain multiple doses can be used for more than one patient	• Single dose vial should not be used for more than one patient regardless of the vial size.

MERCURY SPILLS

RAHBAR COLLEGE
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Rahbar College of Dentistry, Lahore

No.102/RCoD/ 63a Dated: 12 July 2024

To: Director Admin

Info: Medical Branch

MERCURY SPILLS

Mercury, commonly used in dental amalgams, poses significant health risks if improperly handled. Rahbar College of Dentistry (RCoD) is committed to ensuring the safe management of mercury to protect the health of students, faculty, and staff. This document outlines the availability of mercury spill kits and provides a detailed response protocol for managing mercury spills.

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1. Mercury Spill Kit Availability

RCoD ensures the availability of mercury spill kits in all relevant clinical and laboratory areas where mercury-containing instruments or materials are used. Each kit is equipped with:

- **Mercury absorbent powder**: Designed to bind mercury and prevent vaporization.
- **Mercury collection tray and tools**: For safely collecting and containing spilled mercury.
- **Sealable hazardous waste containers**: To securely dispose of collected mercury.
- **Personal Protective Equipment (PPE)**: Including gloves, face masks, and protective eyewear.
- **Detailed instructions**: On how to use the kit safely and effectively.

---

2. Locations of Mercury Spill Kits

Mercury spill kits are strategically placed in areas where mercury usage is prevalent:

- **Dental Operatories**: Where amalgam fillings and mercury-containing instruments are handled.
- **Laboratories**: Where mercury may be used for experiments or demonstrations.
- **Storage Areas**: Where mercury-containing materials are stored.

---

3. Mercury Spill Response Protocol

In the event of a mercury spill, the following steps must be taken:

1. **Alert**: Immediately clear the area and notify nearby individuals of the spill to prevent accidental exposure.
2. **Secure the Area**: Ensure that the area is well-ventilated. Evacuate non-essential personnel and restrict access to the affected zone.
3. **PPE**: Don appropriate personal protective equipment (gloves, mask, and protective eyewear) before approaching the spill.
4. **Containment**: Use the mercury absorbent powder to carefully contain the mercury droplets. Do not use a vacuum cleaner or broom, as this can spread mercury vapors.

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5. **Collection**: Use the provided collection tools to gather the mercury droplets and place them in the sealed container. Be meticulous in ensuring all mercury is collected.
6. **Ventilation**: Continue ventilating the area by opening windows and doors to minimize mercury vapor concentration.
7. **Disposal**: Securely seal the container and label it for hazardous waste disposal. Store it in a designated safe location until proper disposal procedures are carried out.
8. **Reporting**: Notify the safety officer or designated personnel immediately and complete a detailed incident report.

---

4. Training and Awareness

- **Regular Training**: All relevant staff and students handling mercury-containing materials will undergo training on proper mercury handling and spill response procedures.
- **Signage**: Clear instructions on mercury spill management are displayed in all areas where mercury is used, including the location of mercury spill kits.

---

5. Incident Reporting and Follow-Up

- **Spill Incident Report**: All mercury spills must be reported immediately to the safety officer. The report should include details of the spill, personnel involved in the cleanup, and any follow-up actions required.
- **Post-Spill Evaluation**: After any mercury spill, the affected area will be evaluated to ensure no residual mercury remains and that it is safe for further use.

---

6. Mercury Spill Kit Maintenance

- **Routine Inspections**: Mercury spill kits will be inspected regularly to ensure that all components are intact, functional, and readily available.
- **Restocking**: Used or expired components will be promptly replaced to ensure preparedness for any future spills.

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Clinic (RCoD) Cross Infection Control Monitoring

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No.102/RCoD/ 63a Dated: 12 July 2024

To: Director Admin

Info: Medical Branch

RAHBAR COLLEGE OF DENTISTRY

_____ CLINIC

RAHBAR COLLEGE OF DENTISTRY
CROSS INFECTION CONTROL MONITORING MONTH/YEAR

Date	Breach of Cross Infection	Breach of Waste Management	Instrument Sterilization Schedule	Non Availability of Instruments	Problems pertaining to Dental Units	Remarks
DD/MM/YY						
DD/MM/YY						
DD/MM/YY						
DD/MM/YY						
DD/MM/YY						

No.102/RCoD/63a Dated: 12 July 2024

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Standard Operating Procedure (SOP) for Instrument Transportation in Central Sterile Supply Department (CSSD)

Purpose:

The purpose of this SOP is to outline the procedures for safely and efficiently transporting dental instruments to and from the Central Sterile Supply Department (CSSD) at RCoD. The goal is to prevent cross-contamination, maintain the sterility of instruments, and ensure that proper infection control measures are followed at all stages of transportation.

---

1. Scope

This SOP applies to all staff members involved in the transportation of dental instruments, including dental assistants, clinical staff, CSSD personnel, and any other relevant staff in a dental college

---

2. Materials and Equipment Required

- **Clean, leak-proof containers or trays** for transporting soiled instruments.
- **Sterile storage containers** for transporting sterile instruments.
- **Heavy-duty gloves** for handling contaminated instruments.
- **Sterile drapes or covers** for wrapping sterile instruments during transport.
- **Biohazard bags** for the disposal of contaminated disposable items.
- **Color-coded bins or containers** to distinguish clean from dirty items.
- **Personal Protective Equipment (PPE)**: Gloves, masks, face shields, gowns, and shoe covers.
- **Sealed and labeled transport bags** for sterile instruments.
- **Shoe covers** (for staff entering clean areas).

---

3. General Guidelines

- **Separation of Contaminated and Sterile Items**: Contaminated and sterile instruments should never be transported together. Use separate containers or bins for each to prevent cross-contamination.

No.102/RCoD/634 Dated 12 July 2024

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- **Staff Hygiene and PPE**: All staff involved in the transportation of instruments must wear appropriate PPE to avoid contamination. This includes gloves, gowns, and face shields or masks.
- **Clearly Labeling Containers**: Containers used for transporting instruments must be clearly labeled to indicate their contents (e.g., "Contaminated Instruments," "Sterile Instruments," etc.) to prevent mishandling.

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4. Transportation of Contaminated Instruments to CSSD

4.1 Procedure for Collecting Contaminated Instruments

- **Collection Point**: Contaminated instruments should be collected immediately after patient treatment, before being transferred to the CSSD for cleaning and sterilization.
- **Use of Proper Containers**: Place instruments in appropriate, leak-proof containers or trays to prevent spillage of bodily fluids. These containers should be labeled "Contaminated" and should be designed to prevent contact with other surfaces or individuals during transport.
- **Handling**: Wear heavy-duty gloves and handle contaminated instruments using tongs or forceps. Never handle contaminated instruments directly with bare hands.
- **Sealing**: If instruments are packaged in bags, ensure they are sealed tightly before transport to prevent exposure to the environment.

4.2 Transporting Contaminated Instruments

- **Route**: Follow the designated route for transporting contaminated instruments to the CSSD. This should be a direct route, avoiding areas where clean or sterile instruments are stored.
- **Use of Transport Carts**: Use a closed, wheeled cart or trolley for transportation to prevent exposure to the environment. The cart should be equipped with separate compartments for soiled and clean instruments.
- **Avoidance of Cross-Contamination**: Ensure that the transport cart is not used for any other purpose other than instrument transportation and is cleaned regularly.

4.3 Disposal of Waste

- **Biohazard Disposal**: Any disposable items (e.g., gloves, gauze, disposable trays) used during instrument handling should be placed in a biohazard waste bag immediately and disposed of according to the institution's waste management protocols.

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5. Receiving Contaminated Instruments at the CSSD

5.1 Initial Inspection

- **Review**: Upon receiving the contaminated instruments, CSSD staff should inspect the transport containers to ensure they are properly sealed and labeled.
- **Decontamination Room**: Contaminated instruments should be directly transported into the decontamination area of the CSSD for cleaning. Instruments should never be left outside the decontamination room.

5.2 Personal Protection

- **PPE for CSSD Staff**: All CSSD staff must wear appropriate PPE, including gloves, face shields or goggles, masks, and gowns while handling contaminated instruments.

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6. Transportation of Sterile Instruments from CSSD to Clinical Areas

6.1 Packing Sterile Instruments

- **Sterile Packaging**: After sterilization, instruments should be properly packaged in sterile pouches or containers. Ensure that packaging is intact and there is no compromise in the seal.
- **Labeling**: Each package should be labeled with the date of sterilization, the name of the operator, and any other relevant information, such as instrument type.

6.2 Transporting Sterile Instruments

- **Sterile Transport Containers**: Sterile instruments should be transported in sealed, clean, and labeled containers to maintain their sterility. Use separate clean carts or trolleys to transport sterile instruments.
- **Cleanliness of the Transport Cart**: Ensure that the cart or trolley used for transporting sterile instruments has been cleaned and disinfected before use. It should only be used for sterile items.
- **Avoid Contamination**: Transport sterile items directly to the clinical area, ensuring that they are not exposed to any potential sources of contamination during transit.

6.3 Delivering to Clinical Areas

- **Hand-off Procedure**: In clinical areas, ensure that the sterile instruments are received by the dental staff in a manner that maintains their sterility. Avoid any contact with non-sterile surfaces.

No. 102/RCoD/634 Dated:- 12 July 2024

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- **Sign-off**: Maintain documentation of instrument transportation, including the date, time, and recipient to ensure traceability and accountability.

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7. Special Considerations

7.1 Handling Sensitive Instruments (e.g., High-speed Handpieces, Surgical Instruments)

- **Special Containers**: Instruments such as high-speed handpieces, surgical instruments, and other sensitive items should be placed in protective containers during transport to prevent damage.
- **Inspection**: Prior to transportation, ensure that these instruments are in proper working condition and have been cleaned and lubricated (if necessary) before sterilization.

7.2 Handling of Bulk Instrument Loads

- **Bulk Loads**: For larger batches of instruments, ensure that appropriate and sufficient containers are used. Do not overload transport containers, as this could compromise safety and lead to potential cross-contamination.
- **Identification**: Clearly label all instruments to avoid any mix-up between dirty and clean instruments, especially when dealing with multiple procedures or large groups of instruments.

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8. Cleaning and Maintenance of Transport Containers and Carts

- **Regular Cleaning**: All transport carts, containers, and trolleys should be cleaned and disinfected regularly according to institutional protocols. This is especially important after transporting contaminated instruments.
- **Inspection of Containers**: Routinely check containers for any signs of wear and tear, leaks, or damage. Ensure they are replaced when necessary.

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9. Documentation and Record Keeping

- **Transportation Log**: Maintain a log documenting the transportation of instruments between clinical areas and CSSD. This should include:
  - Date and time of transportation.
  - Identification of the instruments.
  - Names of the staff involved in the transportation.

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- Any issues or irregularities observed during transport.

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10. Training and Education

- **Staff Training:** All staff involved in the transportation of instruments must be trained in proper handling, PPE usage, and the procedures for transporting contaminated and sterile instruments.
- **Ongoing Education:** Periodic training and updates should be provided to ensure compliance with infection control and safety guidelines.

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11. Conclusion

Proper transportation of dental instruments is critical in maintaining infection control standards and ensuring the safety of patients and staff. By following this SOP, dental college staff can minimize the risk of cross-contamination and ensure that all instruments are transported efficiently and safely between clinical areas and the CSSD. Regular review and compliance with these guidelines are essential to maintaining a high standard of care and infection control.

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