

Kansas Administrative Regulations

Kansas Dental Board

Article 1.—General Rules

71-1-18. Sterilization and infection control.

(a) As used in this regulation, the following definitions shall apply:

(1) "Dental health care worker" means dentist, dental hygienist, dental assistant, or other employee of the dentist, or any other person who performs or participates in an invasive or exposure-prone procedure or functions ancillary to invasive procedures.

(2) "Exposure-prone procedure" means a procedure in which there is an increased risk of percutaneous injury to the dental health care worker by virtue of digital palpation of a needle tip or other sharp instrument in a body cavity or simultaneous presence of the dental health care worker's fingers and a needle or other sharp instruments in a poorly visualized or highly confined anatomic site, or any other circumstance in which there is a significant risk of contact between the blood or body fluids of the dental health care worker and the blood or body fluids of the patient.

(3) "HBsAg seropositive" means that the presence of the hepatitis B antigen has been confirmed by a test meeting the criteria of federal centers for disease control.

(4) "HBV" means the hepatitis B virus.

(5) "HIV" means the human immunodeficiency virus.

(6) "HIV seropositive" means that the presence of HIV antibodies has been confirmed by a test meeting the criteria of the federal centers for disease control.

(7) "Invasive procedure" means any surgical or other diagnostic or therapeutic procedure involving manual or instrumental contact with or entry into any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous membrane, or percutaneous wound of the human body.

(b) Each dental health care worker who performs or participates in an invasive or exposure-prone procedure shall observe and adhere to infection control practices and universal blood and body fluid precautions. For the purpose of infection control, all dental staff members and all patients shall be considered potential carriers of

communicable diseases. Infection control procedures shall be required to prevent disease transmission from patient to doctor and staff, doctor and staff to patient, and patient to patient. Each dentist shall be required to comply with the applicable standard of care in effect at the time of treatment. Precautions shall include the following minimum standards.

(1) Each dental health care worker shall routinely use protective barriers and surface decontamination.

(A) Gloves shall be used by the dentist and direct care staff during any treatment involving procedures or contact with items potentially contaminated with the patient's bodily fluids or other dental debris. Fresh gloves shall be used for each patient. Gloves that have been used for dental treatment shall not be reused for any other purpose.

(B) Surgical masks and protective eyewear or chin-length plastic face shields shall be worn to protect the face, the oral mucosa, and the nasal mucosa when splashing or splattering of blood or other body fluids is likely.

(C) Reusable or disposable gowns, laboratory coats, or uniforms shall be worn when clothing is likely to be soiled with blood or other body fluids. If reusable gowns are worn, they may be washed, using a normal laundry cycle. Gowns shall be changed at least daily or when visibly soiled with blood.

(D) Surface decontamination and disinfection or protective barriers shall be used in areas of the dental operatory that may be contaminated by blood or saliva during treatment and are not removable to be sterilized. Contaminated surface coverings shall be removed, discarded, and then replaced with clean material between patients.

Surfaces to be covered or decontaminated and disinfected shall include the following:

- (i) The delivery unit;
- (ii) chair controls;
- (iii) light handles;
- (iv) the high-volume evacuator handle;
- (v) x-ray heads and controls;
- (vi) headrests; and
- (vii) instrument trays.

(E) Dental health care workers shall wash their hands after glove removal if the hands have been contaminated by bodily fluids or other dental debris.

(F) Dental health care workers who have exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling patient care devices used in exposure-prone invasive procedures, unless covered by an effective barrier.

(2) Dental health care workers shall take appropriate precautions to prevent injuries caused by needles, scalpels, and other sharp instruments during and after procedures. If during a single visit a patient needs multiple injections over time from a single syringe, the needle shall be recapped or placed in a sterile field between each use to avoid the possibility of needlestick injury or needle contamination. Used sharp items shall be placed in puncture-resistant containers for disposal.

(3) Any heat-stable instrument or device that enters tissue or contacts the mucous membranes shall be sterilized. Dental health care workers shall comply with the following sterilization requirements:

(A) Before sterilization, all instruments shall be decontaminated to remove all visible surface contamination, including blood, saliva, tooth and dental restorative material cuttings and debris, soft tissue debris, and bacterial plaque. Decontamination of instruments may be accomplished by a thorough scrubbing with soap and water or detergent, or by using a mechanical device, including an ultrasonic cleaner. Persons involved in cleaning instruments shall take reasonable precautions to prevent injuries.

(B) Heat-stable dental instruments shall be routinely sterilized between patient use by one of the following methods:

- (i) Steam under pressure autoclaves;
- (ii) heat plus pressurized chemical (unsaturated formaldehyde or alcohol);
- (iii) vapor chemoclave;
- (iv) prolonged dry heat exposure;
- (v) dry heat convection sterilizers;
- (vi) ethylene oxide sterilizers; or
- (vii) other equivalent methods.

(C) Biological spore testing devices shall be used on each sterilization unit after each six days of use, but not less often than each month, to verify that all pathogens

have been killed. A log of spore testing shall be kept for three years for each sterilization unit.

(D) Items to be sterilized shall include the following:

- (i) Low-speed handpiece contra-angles and prophyl-angles;
- (ii) high-speed handpieces;
- (iii) hand instruments;
- (iv) burs;
- (v) endodontic instruments;
- (vi) air-water syringe tips;
- (vii) high-volume evacuator tips;
- (viii) surgical instruments; and
- (ix) sonic or ultrasonic periodontal scalers.

(E) When sterilizing the heat-stable instruments or devices listed in paragraphs (b)(3)(D)(i) through (ix), each instrument or device shall be placed in a closed bag or container for sterilization and thereafter maintained in that bag or container until immediately before use.

(F) Following the sterilization of heat-stable instruments or devices not listed in paragraphs (b)(3)(D)(i) through (ix), each instrument or device shall be maintained in covered storage until immediately before use.

(G) Nondisposable items used in noninvasive procedures that cannot be heat sterilized shall be decontaminated and disinfected with a chemical sterilant that has been registered by the U.S. Environmental Protection Agency and is tuberculocidal.

(H) Materials, impressions, and intra-oral appliances shall be decontaminated and disinfected before being sent to and upon return from a commercial dental laboratory.

(I) A dental health care worker who is HBsAg seropositive or HIV seropositive, or who otherwise knows or should know that the worker carries and is capable of transmitting HBV or HIV, shall not thereafter perform or participate directly in an exposure-prone procedure unless the worker has sought counsel from an expert review panel. The expert review panel shall be composed of these individuals:

- (i) The dental health care worker's personal physician;
- (ii) an infectious disease specialist with expertise in HIV and HBV transmission;

(iii) a dentist licensed in the state of Kansas with expertise in procedures performed by the health care worker; and

(iv) a state of Kansas or local public health official.

(c) Reports and information furnished to the Kansas dental board relative to the HBeAg or HIV status of a dental health care worker shall not be deemed to constitute a public record but shall be deemed and maintained by the board as confidential and privileged as a medical record. These reports and this information shall not be subject to disclosure by means of subpoena in any judicial, administrative, or investigative proceeding, if the dental health care worker adheres to the regulations of the board and is willing to participate in counseling and be reviewed and monitored by the board or its designated agent.

(d) When the board learns that a dental health care worker is HBeAg or HIV seropositive, contact shall be made with that dental health care worker to review the regulations of the board and develop a process of monitoring that individual's practice.

(e) The monitoring of a dental health care worker's HIV or HBV status and discipline of the dental health care worker shall be reported to the Kansas department of health and environment, but shall remain confidential.

(f) During business hours, the office of a licensed dentist may be inspected by the Kansas dental board or its duly authorized agents and employees in order to evaluate compliance with this regulation. A written evaluation shall be given to the licensed person or office representative, and a copy shall be filed with the Kansas dental board. (Authorized by K.S.A. 74-1406; implementing K.S.A. 1998 Supp. 65-1436; effective Dec. 27, 1993; amended Jan. 3, 2000.)

***** Authenticated Kansas Administrative Regulation *****