6.1 Policy on Infection Control

Policies and Procedures Policy 4.6.1

Effective date: 6/18/20
Supersedes: 6/19/19
Responsible officer: Associate Dean for Clinical Affairs and Hospital Relations
Issuing Authority: NYU Dental Center Board of Directors

The infection control procedures at the New York University College of Dentistry (NYU Dentistry) are used universally for all patients by healthcare providers and clinic staff (Standard Precautions). The following overview is based on the American Dental Association's Report issued by the Council on Dental Materials, Instruments, and Equipment; the Council on Dental Practice; the Council on Dental Therapeutics; the NYS DOH Vaccines for Health Care Personnel; OSHA Bloodborne Pathogens Standard (1991); and the 2003 CDC Guidelines for Infection Control in Dentistry.

Healthcare personnel are potentially exposed to a wide variety of microorganisms in the blood and saliva of patients. These microorganisms may cause infectious diseases such as the common cold, pneumonia, tuberculosis, herpes, hepatitis B, hepatitis C, acquired immune deficiency syndrome, Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) or COVID-19. The use of effective infection control procedures at NYU Dentistry will prevent cross-contamination that may extend to patients, healthcare providers, administrators and staff.

HEALTH SCREENING UNIT (HSU)

NYU Dentistry employs registered nurses and a nurse practitioner on-site to assist students in fulfilling mandatory health requirements. The HSU office is located on the 11th floor, Weissman Building, Room 1180, (212) 998-9314. The HSU monitors and ensures the medical compliance of all NYU Dentistry students, faculty, staff, and administrators with applicable federal, state, and city regulations; details of mandatory health and immunization requirements are listed below.

MANDATORY HEALTH AND IMMUNIZATION REQUIREMENTS FOR: STUDENTS

- ***Physical Examination:*** Entering students must have a complete physical examination by their private healthcare provider (within six months prior to start of classes) and provide documentation. Subsequently, students are required to complete an annual Self-Health Assessment Form.

- ***Tuberculin Testing:*** NYU Dentistry requires an annual Mantoux TB skin test or Quantiferon-Gold blood test for all students. Students must have proof of a baseline Mantoux TB skin test within six months prior to start of classes. NYU Dentistry will accept Quantiferon-Gold test in lieu of a Mantoux test, which will then be done annually. Students with proof of a positive reaction to the Mantoux test should not be retested, but should follow up with a chest x-ray at prescribed intervals to determine health status. If the student has received BCG, one Mantoux TB skin test is required and must be submitted to the Health Screening Unit.

  Note: Tuberculin skin testing may interfere with vaccine schedules. The Mantoux tuberculin test must be read within 72 hours of administration. The test must be administered before an MMR or varicella vaccine and may be taken at the same time as hepatitis B or tetanus vaccines.

- ***Measles, Mumps, and Rubella:*** Students are required to demonstrate immunity via laboratory titers for measles, mumps and rubella. A copy of the lab report within 5 years must be submitted. If blood titers are positive, no further action is required. If titers are negative, student must submit proof of two MMR vaccines in their lifetime. If no documentation is available, the vaccine will be administered to meet the requirement.

- ***Varicella:*** Students immune to varicella must submit a copy of the titer lab report. Students not immune must complete two vaccines at least four weeks apart.

- ***Hepatitis B:*** All incoming Students must present laboratory testing including hepatitis B surface antibody and antigen. A copy of the lab report must be submitted. Students not immune to hepatitis B must complete a three vaccination series over a six-month period. Students are required to have the first two doses prior to orientation. On completion of the three vaccines, the student must then confirm immunity with titers four to six weeks after completion of the series. Females who believe they are pregnant must provide a physician's confirmation letter including expected delivery date and hepatitis antibody titers. The hepatitis B vaccine is not contraindicated during pregnancy, but the decision to vaccinate should be made in consultation with the student's physician. Students who have a diagnosis of chronic hepatitis B viral infection are required to provide results of a HBV DNA blood test.

- ***Tetanus/Diphtheria/Pertussis:*** Students must present evidence of tetanus/diphtheria or tetanus/diphtheria/pertussis within 10 years of their first day at NYU Dentistry. Exact date of the vaccine is required.

- **Meningitis:** The American College Health Association currently recommends that college students under the age of 21 and living in residence halls consider getting vaccinated against meningococcal disease. For further information, contact the Health Screening Unit.

MANDATORY HEALTH AND IMMUNIZATION REQUIREMENTS FOR: FACULTY AND STAFF

- ***Physical Examination:*** Employees (faculty, staff, administrators, volunteers) must satisfy medical requirements as a condition of employment. Employees have the option of using a healthcare provider at the Health Screening Unit at New York University College of Dentistry or their own primary care provider. Physical forms completed by a private medical provider must have a valid authorization and accompanying signature. A subsequent annual health assessment is required of all employees.

- ***Tuberculin Testing:*** New York University College of Dentistry requires an annual Mantoux TB skin test or Quantiferon-Gold blood test for all employees. Employees must have proof of a baseline Mantoux TB skin test within six months prior to start of employment. NYU Dentistry will accept Quantiferon-Gold test in lieu of a Mantoux test, which will then be done annually. Employees with proof of a positive reaction to the Mantoux test must provide date of their positive conversion and must have a chest x-ray within 1 year. A copy of the radiology report must be submitted to the Health Screening Unit.

  Note: Tuberculin skin testing may interfere with vaccine schedules. The Mantoux tuberculin test must be read within 72 hours of administration. The test must be administered before an MMR or varicella vaccine and may be taken at the same time as hepatitis B or tetanus vaccines.

- ***Measles, Mumps, and Rubella***: New York University College of Dentistry employees born before January 1, 1957 are required to prove immunity of rubella by a laboratory titer. Employees born after December 31, 1956, must demonstrate immunity to measles, mumps and rubella by providing documentation via a laboratory titer. A copy of the lab report must be submitted to the Health Screening Unit. Faculty and staff not immune to measles, mumps or rubella must provide documentation of two doses of MMR vaccine in their lifetime for clearance. If no documentation is provided with a negative titer result, MMR vaccination is required.

- ***Varicella:*** Faculty and staff may choose to receive varicella vaccine (two doses at least four weeks apart). If the employee chooses to decline this vaccine, they must sign a Varicella Declination form.

- ***Hepatitis B:*** The hepatitis B vaccine is strongly recommended to faculty and staff who have the potential for exposure to blood or other potentially infectious substances. New employees must submit a baseline hepatitis B antigen and surface antibody titer from within the past 5 years. If titer is negative, one repeat series of 3 vaccines is recommended over a 6 month time period. Employees have the option to sign a hepatitis B Declination Form annually. Employees who previously declined may opt to be vaccinated at any time during employment. Faculty and staff who have a diagnosis of chronic hepatitis B viral infection are required to provide results of a HBV DNA blood test.

INFECTION CONTROL PROTOCOLS: PROTECTION FOR THE CARE PROVIDER

Provider Hygiene

The single most effective mode in the prevention of the transmission of disease is hand hygiene
Hands are to be washed (no less than 15-20 seconds) between patient contacts, before donning gloves, and again after removing gloves. Hands are also to be washed after touching inanimate objects likely to be contaminated by blood, saliva, and/or aerosols. Antimicrobial soap or alcohol based hand sanitizers are to be utilized before and after routine and surgical procedures.

- Hand jewelry and watches are to be removed before washing hands.
- Fingernails should be clean and filed short and smooth.
- The use of artificial fingernails is strongly discouraged as there is greater potential for bacterial growth and may prevent effective hand hygiene.
- Cuts and open wounds on hands or other exposed areas are to be clean and covered by bandages before gloves are put on.
- Healthcare providers' hair shall be either short or tied away from the face.
- Please see Clinic Manual Section 10.2 – Clinical Attire and Personal Hygiene.

Both sinks with anti-microbial soap and running water, and alcohol-based hand sanitizers are available throughout the facility, including all clinical locations. *Note: Alcohol-based hand sanitizers are not to be utilized if hands are visibly soiled.*

Barrier Protection

- All healthcare providers must wear Personal Protective Equipment (disposable gown, eyewear, safety goggles, face shield, level 3 surgical mask, gloves), when performing any intraoral or laboratory procedure, and when cleaning up after completing patient treatment.
- When performing high aerosol generating procedures, providers may need additional PPE, including respirators.
- Personal Protective Equipment (PPE) must be worn by Clinic Supply Assistants (including level 3 surgical mask)when dispensing supplies and dental equipment.
- Unless a writing implement is barrier wrapped, gloves are not to be worn when writing or completing reports or other paperwork. Gloves are never to be worn when utilizing a telephone.
- Computer keyboards must also be barrier wrapped by the provider upon entering the operatory.
- After the patient leaves the operatory the provider is to remove all plastic barriers (while wearing disposable gown, nitrile gloves and protective eyewear) and dispose in designated waste receptacle.
- Spray any contaminated or unwrapped surface with an EPA approved intermediate level surface disinfectant,
- Turn off computer keyboard and remove plastic bracket tray cover. An EPA approved intermediate level disinfectant can be sprayed onto clean paper towel, and wipe surface of the keyboard.
- Barrier wrap all light switches and handles, bracket tray handles and switches, air-water syringes, hoses, radiographic exposure button and adjustment knob of dental stool.

Gloves must not be washed or decontaminated for use, and must be changed as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised. Hands are to be rewashed before re-gloving. Paper towels may be used as an intervening barrier to turn or shut off water faucets. Gloves are not be worn outside clinical or laboratory areas.

Protective Clothing and Equipment

All healthcare providers must wear clean, long-sleeved, three-quarter length, disposable gowns over street clothes or scrubs. These are to be changed if there is communication, (tears in material, or gown becomes porous), or when visibly soiled. All disposable gowns must not be worn outside clinical areas and are to be disposed of before exiting the clinic. Disposable plastic protective aprons/gowns are also available, to be worn by those individuals who may perform procedures (e.g. clean and/or scrub instruments) that may cause spatter.

Masks and protective eyewear must be worn while performing intraoral and laboratory procedures in which the splashing of blood, saliva, other body fluids, or chemicals is likely. Prescription eyeglasses that have side protectors are suitable

substitutes for goggles. If during the course of care, spray, splatter or droplets of blood or saliva may be anticipated by the provider, then a chin length plastic face shields should be worn in addition to protective eyewear. Facemasks can be worn outside of clinical areas during a declared Public Health Emergency; prevalence of influenza or other respiratory infections, such as Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) or COVID-19.

Hand hygiene should be performed prior to donning of PPE. Reusable protective eyewear is to be washed with an antimicrobial soap after each patient-treatment session. Masks are to be discarded in designated waste receptacles after completing treatment of each patient. Masks and reusable protective eyewear are not to be worn, carried or removed outside of the clinics or laboratories. Plastic safety goggles are also provided to our patients; decontamination (by utilizing only soap and water). Protection and disinfection of eyewear is the responsibility of the healthcare provider.

After completing treatment of a patient, healthcare providers are to continue wearing gloves, masks, and eyewear for cleaning and disinfecting the unit and cubicle.

Clinic staff will wear disposable gowns, level 3 surgical masks and gloves while dispensing dental supplies and equipment. Masks, eyewear (except prescription glasses) and gloves may not be worn, carried or removed outside of clinical locations. Facemasks can be worn outside of clinical areas during a declared Public Health Emergency; prevalence of influenza or other respiratory infections, such as Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) or COVID-19.

During periods of increased respiratory infection activity in the community (e.g. prevalence of influenza in New York City, New York State or metropolitan area), masks will be required for all patients upon entering the building. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions. Providers should wear procedure masks, in addition to Standard Precautions while interviewing and evaluating patients with symptoms of a respiratory secretions.

When performing high aerosol generating procedures, providers will need additional PPE, including N95 respirators. Providers must be medical cleared and fit tested prior to being permitted to wear an N95 respirator. The University's Respiratory Protection Program is managed by Environmental Health and Safety. If a provider is not cleared to use an N95 respirator, they will be provided with an N95 respirator equivalent, such as a PAPR or CAPR.

Sharps

Needles, scalpel blades and other sharp instruments must be handled with care. Needles are not to be cut or clipped. Needles (used for the administration of local anesthesia) are to be recapped by the one-handed scoop technique, as described below:

1. Place the needle cap on a hard, flat surface (instrument tray) with the orifice facing the operator.
2. After injection, slide the needle into the cap without picking up the needle cap.
3. When the needle is sufficiently inside the cap, tilt the syringe upright, and only then tighten the needle cap at the hub, not at the point.
4. A pliers or hemostat must be utilized to remove the capped needle from the syringe and place it directly into the sharps container.
5. Bent needles are never to be re-capped. Immediately after use, a pliers or hemostat is to be utilized to remove the bent needle from the syringe and directly placed into the sharps container.

Used needles, scalpel blades and any other disposable sharp instruments and carpules (matrix bands, burs, files, ortho wire) must be discarded immediately after use in the rigid, OSHA-approved disposal, containers in each cubicle. Sharps may NEVER be thrown into bins with other infectious waste.

Providers are to wear PPE when handling used instruments, and are to carefully replace instruments into the slots in the metal cassettes to prevent injury. The cassettes should then be placed in a red bag in the operatory prior to transporting to the supply desk. Personnel who experience an occupational exposure are to report the injury or the accident to their supervisor/program or group practice director, and then immediately be referred to a trained counselor.

INFECTION CONTROL PROTOCOLS: STERILIZATION AND DISINFECTION

Instruments

Clean instruments are obtained from the supply dispensary (clean side) of the Clinic Supply Area. Used instruments are brought to the instrument utility section (dirty side) of the Clinic Supply Area.

The sterility of cleaned instruments must be safeguarded:

- Do not open the autoclaved package until the patient is seated in the operatory.
- Do not use autoclaved cassettes or instruments, if packaging is torn, open or wet.

Instruments must be washed and sterilized, through the Central Sterilization Unit, after each treatment session:

- Wait until the patient has left the operatory before beginning clean-up.
- Wearing gloves, mask and eyewear, place all used disposable sharps in the puncture-proof disposal sharps container.
- Carefully replace instruments in the instrument cassette.
- Close the cassette and place in a red waste bag while in operatory.
- While wearing personal protection (disposable gown and gloves), bring the used cassette to the dirty side of the Clinic Supply Area.

Cavitrons

Use protective barrier sleeves to prevent contamination of the cavitron unit and blue tape all controls.

Curing Lights

Distribution:

- To assure proper infection control, all curing lights necessary for patient care will be dispensed from the clean side of the Clinic Supply Areas throughout the College. Curing lights are distributed to students using their Instrument Management System (IMS) ID card.
- Students are expected to barrier wrap and use a “cure-thru” sleeve on the curing light.
- After use, students follow proper infection control procedures using EPA approved disinfectant wipes.

Collection:

- Curing lights are to be returned to the dirty side of the Clinic Supply Area.
- Supply Assistants will follow disinfection control policy using EPA approved disinfectant wipes, placing the items in applicable storage (bin, bag, box), and loading them on a red clean cart for restocking on the clean side of the Clinic Supply Area.

Waveone Machines, Apex Locators, and Electrosurge Units

Distribution:

- To assure proper infection control, all Waveone Machines, Apex Locators, and Electrosurge Units necessary for patient care will be dispensed from the clean side of the Clinic Supply Areas throughout the College. They are distributed to students using their IMS ID card.
- After use, students follow proper infection control procedures using EPA approved disinfectant wipes.

Collection:

- Waveone Machines, Apex Locators, and Electrosurge Units are to be returned to the dirty side of the Clinic Supply Area.
- Supply Assistants will follow disinfection control policy using EPA approved disinfectant wipes, placing the items in applicable storage (bin, bag, box), and loading them on a red clean cart for restocking on the clean side of the Clinic Supply Area.

Butane Torches

Distribution:

- Supply Assistants dispense torches to students from the clean side of Clinic Supply Area at their request.
- Students will test torch at counter and assess if torch functions or if refill is necessary.
    - *If refill is necessary, the student will request Butane and will perform refill at Supply counter. Refill will now occur ONLY when torch is distributed. Butane is NOT to be removed from Clinic Supply Area. Cap for Butane must be placed back on the can after filling and before returning to the Supply Assistant.*

Collection:

- Torches must be returned to the dirty side.
- After each use, the student must properly turn off torch, reattach its base and perform disinfection protocol with Cavicide wipes before returning to the dirty side of the Clinic Supply Area.
- Upon receipt, Supply Assistant must ensure each torch is properly turned off, the flame adjustment switched to the (-) position or flame adjustment knob is turned to OFF and placed in bin for processing.
- Supply Assistants will follow disinfection control policy using Cavicide wipes, placing the items in applicable storage (bin, bag, box), and loading them on a red clean cart for restocking on the clean side.

Transilluminators, Pulp Testers, and RelyXActivatorx/Appliers

Distribution:

- Students request Transilluminators, Pulp Testers, and RelyXActivators/Appliers from the clean side of the Clinic Supply Areas by submitting their IMS ID card to the Supply Assistant.
- After use, students follow proper infection control procedures using EPA approved disinfectant wipes.

Collection:

- Transilluminators, Pulp Testers, and RelyXActivators/Appliers are to be returned to the dirty side of the Clinic Supply Area after use. IMS ID cards are returned upon equipment return.
- Supply Assistants will follow disinfection control policy using EPA approved disinfectant wipes, placing the items in applicable storage (bin, bag, box), and loading them on a red clean cart for restocking on the clean side of the Clinic Supply Area.

Endo Sealer and Compcore, Impression guns, Water Baths, Shade Guides, Mirrors, Impression and Syringable Materials

Distribution:

- Supply Assistants dispense Endo Sealer and Compcore, impression guns, water baths, shade guides, mirrors, impression and syringable materials to students from the clean side of the Clinic Supply Area at the student's request.
- After use, students follow proper infection control procedures using EPA approved disinfectant wipes.

Collection:

- Endo Sealer and Compcore, impression guns, water baths, shade guides, mirrors, impression and syringable materials are to be returned to the dirty side of the Clinic Supply Area after use.
- Supply Assistants will follow disinfection control policy using EPA approved disinfectant wipes, placing the items in applicable storage (bin, bag, box), and loading them on a red clean cart for restocking on the clean side of the Clinic Supply Area.

Dental Units and Chairs

All surfaces that have not been barrier wrapped must be disinfected after every treatment session using an EPA approved surface disinfectant , and follow manufacturer guidelines..

For example, if Cavicide was to be utilized, the following steps would be taken:

Use the SPRAY-WIPE-SPRAY technique:
- Spray surface disinfectant onto surface.
- Wipe with paper towels.
- Spray surface a second time.
- Allow to dry for three (3) minutes.
- Use a damp paper towel to remove residue.

Hard to disinfect surfaces must be protected:
- Place disposable plastic cover on dental chair and bracket tray. As a barrier, place blue adhesive plastic sheets on the following surfaces: light handles and switch, bracket tray handles, air-water syringes and metal collars of high speed and low speed evacuation hoses, and the seat adjustment lever of the operator's chair.
- Enclose computer keyboard with plastic bracket tray cover.
- Cover the wrapped instrument tray with a single bib towel or paper liner.
- Remove wraps after each patient has gone.
- If not contaminated by blood, discard barrier wraps, chair covers, paper towels, masks, etc., in regular waste receptacles.
- Any disposable item that is contaminated with blood or other potentially infectious materials is to be disposed in a designated biohazard waste receptacle.

Dental Unit Waterlines (air/water syringes and handpieces)
Flush water lines at the start of the day for 20-30 seconds; and before/after treating each patient.

Air/Water Syringes
- Use sterile water/solutions for cooling and irrigating during surgical procedures.
- Discard air/water syringe tips ("protips") after each treatment session.
- Disinfect the syringe itself with EPA approved disinfectant

Handpieces
Place used handpieces on top of the used cassette and into the red bag; submit to the Supply Assistant.

Rag wheels/Muslin Buffs
In order to ensure that there is no cross-contamination and to meet infection control standards, *all rag wheels/muslin buffs will be discarded after use.*

Providers may obtain packaged rag wheels/muslin buffs in the clinical laboratory or from the supply dispensary. Once the rag wheel/muslin buff has been used, they must be discarded in the trash container in the laboratory.

Bite registrations, impressions and other laboratory materials used intraorally must be cleaned and disinfected; both *before* handling/adjusting/polishing/grinding and *before* sending to the Central Dental Laboratory.(utilize an EPA approved surface disinfectant, and follow manufacturer's guidelines. It is recommended that alcohol-based disinfectant for laboratory models, impressions, etc.

Protocol:
- Rinse thoroughly under running water.
- Spray thoroughly with an EPA approved surface disinfectant
- Place in head rest cover or other plastic wrap for three minutes.
- Rinse away excess EPA approved surface disinfectant under running water.
- Use packaged rag wheels (obtained from the Clinic Supply Area) and small doses of fresh pumice for polishing acrylic.
- Obtain pumice powder from lab area.
- Mix with water.

- Dispose of excess.
- Protective eyewear must always be worn in labs.
- Masks must be worn if grinding or polishing. All models must be disinfected prior to grinding. Gloves are not to be worn when grinding.

INFECTION CONTROL PROTOCOLS: INFECTIOUS AND HAZARDOUS WASTE DISPOSAL

Solid Waste

Solid waste is disposed of into the receptacles lined with clear plastic bags. (If any of the following materials contain or may absorbed droplets of blood, then it must be disposed in red bagged waste in appropriately labelled biohazard waste receptacles.

Solid waste may include:

- Bracket table covers
- Barrier wrapping
- Saliva ejectors
- Dental chair covering
- Gloves
- Face mask
- Disposable gowns
- Gauze
- Cements
- Non-amalgam filling materials
- Polishing materials
- Porcelain stains

Bloods, suctioned fluids and other liquid wastes go into a drain connected to the sewer system. Pour the waste carefully and then flush copiously with water.

Extracted Teeth with Metallic Restorations

- Whenever extractions are to be done, obtain a paper or plastic drinking cup that will be used to contain the extracted teeth before beginning the procedure.
- Place the cup on a neutral, uncontaminated surface – i.e., at the amalgamator counter or on the second shelf of the dental cart.
- After the patient session, clean up and disinfect the operatory with EPA approved surface disinfectant. However, before cleaning the bracket tray where the extracted teeth are usually placed, pick-up the extracted teeth with forceps, and carefully place the teeth into the paper or plastic drinking cup. DO NOT HOLD THE CUP WITH CONTAMINATED GLOVES WHILE DOING THIS.
- Continue cleaning and disinfect the bracket tray with Cavicide. Afterwards, remove contaminated gloves and bring the cup with the extracted teeth to the Clinic Clinic Supply Area.
- Unscrew the lid of the designated collection container, Extracted Teeth Metallic Restorations, and without touching the teeth, carefully place it into the container. The container is maintained at the Clinic Supply Desk and must not be removed until it is 90% full, and immediately replaced with an empty one.
- Close the container securely, and dispose of the cup into "red bag" waste receptacle.
- The Supply Assistants, while wearing appropriate personal protective equipment will EPA approved surface disinfectant wipe the outside surfaces of the collection container.

Extracted Teeth without Amalgam are placed directly into the sharps container.

PRE-CLINICAL LABORATORY COLLECTION OF EXTRACTED TEETH: INFECTION CONTROL, STORAGE, AND DISPOSAL PROCEDURES

Standard Precautions

Extracted teeth collected for academic purposes must be treated as potentially infectious material, even after disinfection.

- Proper PPE (personal protective equipment) – such as gloves, mask, protective eyewear with side shields, and lab coat – must always be used.
- Laboratory work surfaces must also be protected with either barrier covers or disinfected with an EPA and ADA approved surface disinfectant when work activities are completed.
- Hands must be washed after removal of gloves and after completion of laboratory activities.

- Furthermore, extracted teeth must be regarded as sharp objects, and extreme caution must be observed to prevent exposures to bloodborne pathogens.

The 1:10 bleach solution (1 part bleach and 9 parts water) can only reduce bacterial growth during storage and it does not completely sterilize both external surface and interior pulp tissue. Although bleach is by far the safer chemical to handle and is readily available, care in handling of this chemical must also be observed. Liquid and mists of bleach and/or sodium hypochlorite may severely irritate or damage the eyes and contact with the liquid will irritate the skin, causing redness and possible inflammation. Inhalation of fumes or mists causes respiratory tract irritation and irritation of the mucous membranes. Therefore, when handling this chemical and extracted teeth stored in it, eye protection, gloves, and mask must be worn, and adequate ventilation must be used.

Container for Extracted Teeth Collection

- A wide-mouth, plastic container with a tight-fitting and leak-proof, screw cap, is to be utilized. The container should be filled to half of its capacity, with 1:10 bleach solution (regular household bleach containing 5.25% sodium hypochlorite diluted 1:10 with tap water).
- Each container must be labeled indicating contents and hazards.
- Containers must be stored in a re-sealable plastic bag (e.g., zip-lock) to contain leakage or accidental spills.

Decontamination after extraction

a. Carefully rinse the tooth under running water to remove saliva, blood, gross debris, etc.
b. Decontaminate with Cavicide (use the spray-wipe-spray technique), rinse again with water.
c. Place the tooth into 1:10 bleach solution for storage.

Disposal Method

Drain liquid portion and place teeth without metallic restorations into sharps container. Teeth with metallic restorations must be separated and placed in special containers located at each Clinic Supply Dispensary for disposal as hazardous waste.

- Note that CDC recommends immersion of extracted teeth in 10% formalin solution for two weeks as it has been found to be an effective method of disinfecting both the internal and external structures of the teeth. However, formalin contains formaldehyde, which is known to be a potential occupational carcinogen. Due to these safety and health concerns, the College is not recommending this process.
- Heat sterilization is also recommended by the CDC. Due to the potential health hazard associated with mercury vaporization and exposure, this process can only apply to teeth that do not contain amalgam or metallic restorations. Microbial growth can be eliminated using an autoclave cycle for forty (40) minutes (Pantera and Shuster); yet, autoclave sterilization can affect dentinal structure or pulpal tissue which may compromise pre-clinical laboratory exercises.

Amalgam Waste: Amalgam Waste is disposed of in the container labeled "Scrap Metal Recycling- Non-contact Dental Amalgam". Each clinic area and clinical laboratory are provided with appropriately labeled recycling containers for each amalgam triturator station in the clinic. The container to be used is a one-gallon, wide-mouth, plastic container with tight-fitting, screw-on caps.

Each container is labeled:

Scrap Metal Recycling
Non-contact Dental Amalgam
Do Not Add Water
Keep Closed at All Times Except When Filling
Start Date: _____
MUST BE REMOVED FROM CLINIC AND TRANSFERED TO WASTE ROOM WHEN JAR IS **90%** FULL.

- The container must be dated as soon as it is first used to contain non-contact amalgam scrap ("Start Date").
- When the jar is 90% full it must be removed from the clinic area and transferred into the Hazardous Waste Room on the 8th Floor of the Weissman Building.
- One container will be stored next to the triturator for active use and the second container will be kept in reserve at the

supply dispensary for the clinic area. The second container for clinical laboratories will also be accessible to faculty supervising lab activities.

- These containers are exclusively used for recycling non-contact Mercury-Amalgam scrap.
- No water is to be placed in these containers, in accordance with the requirements of the contractor for scrap metal recycling.
- All forms of dental mercury-amalgam scrap are to be placed in these containers, including used amalgam capsules, unused excess amalgam, scrap amalgam, and accumulated dust or particles in triturators - without exception.
- The recycling containers are to be kept tightly closed at all times, except when scrap is actively being placed into the container, to prevent mercury vapor emissions. No extraneous fluid shall be present or added to the container.
- If the container is found to be already filled up to 90% of its capacity, the individual making the observation will immediately report the situation to the Clinic Supply Assistant or the supervising faculty member.
- In addition, the Clinic Supply Assistant will check the containers and document results in the Clinic Checklist on a daily basis to determine if they are already 90% full and need to be replaced, securely capped and replace caps if lost or broken, in good condition (not punctured, label is not defaced, etc.) and that there is no spilled material around the containers.
- If the container is no longer usable, the Clinic Supply Assistant or faculty member will add the back-up container to the area, and request pick up of the filled container and replacement of the reserve container. For pre-clinical laboratories the course directors are responsible for checking the waste containers as well.
- Recyclable dental mercury-amalgam scrap is maintained in the NYU Dentistry Hazardous Waste Room for a period not to exceed 360 days. An approved scrap metal recycling company removes the amalgam scrap within the 360-day period.

Lead Shields and Aprons: Worn-out lead shields and aprons should be collected and returned to the manufacturer or recycled using New York University's hazardous waste contractor. Do not dispose in the trash or biohazard bags. Contact the Office of Compliance and Emergency Response at x89949 or x89932, or NYU Environmental Services at x81450, for proper disposal.

Aerosol Cans: All used aerosol cans are to be returned to the supply dispensary and placed in a designated waste receptacle for disposal as hazardous waste.

Reference Documents

A written Exposure Control Plan, a Safety Data Sheet (SDS) binder and Clinic Manuals are updated annually and available in every clinical area. Additionally, specific written protocols are posted or otherwise available in every clinic.
These include, but are not limited to, overviews of:

- Dental laboratories
- Preparation of the dental operatory
- Disposal of extracted teeth
- Infection control for radiological procedures
- Tuberculosis control plan
- Dental unit waterlines
- Occupational exposures