

OREGON DENTAL ASSISTANTS ASSOCIATION

POSITION STATEMENT

INFECTION CONTROL IN DENTISTRY

Within the Code of Ethics for member dentists of the Oregon Dental Association is the section on objectives of service to the public. This section establishes the obligation of the dentist to deliver care competently and timely. Quality of care is to be a primary consideration of the dental practitioner. Also included within the Code of Ethics, is the privilege of dentists to be accorded professional status by virtue of the knowledge, skill, and experience with which they serve their patients and society. The 2014 Oregon Board of Dentistry Dental Practice Act, General Provisions section 679.140 (4) describes unacceptable patient care. OAR 818-012-0040 clarifies infection control guidelines

Sharing the same principal, the Oregon Dental Assistants Association objective for its members and all dental assistants is to support and encourage continued education, and to maintain the highest standards of performance and knowledge which includes state and federal mandates in regard to OSHA and Infection Control Policies.

One recognized pathway to become ICE certified is written testing by the Dental Assisting National Board (DANB). The Oregon Dental Assistants Association believes the public needs are best met by dental assistants who have demonstrated their knowledge and competencies by meeting a standardized DANB infection control exam – known as ICE.

Reference: The Oregon Board of Dentistry, Dental Practice Act dated January 2013. OAR 818-042-0040 – Infection Control Guidelines. Additional Methods of Discipline for Unacceptable Patient Care OAR 818-012-0040 amended 1.1.14

In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association. Additionally, licensees must comply with the following requirements:

- (1) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.
- (2) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.
- (3) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.
- (4) Heat sterilizing devices shall be tested for proper function on a weekly basis by means of a biological monitoring system that indicates micro-organism kill. Testing results shall be retained by the licensee for the current calendar year and the two previous calendar years.

- (5) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.
- (6) Impervious backed paper, aluminum foil or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.
- (7) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.

Implemented historically 1-1988

In addition, The Oregon Board of Dentistry, Dental Practice Act dated January 1, 2014 Division 42 OAR 818-042-0030 states:

The supervising dentist shall be responsible for assuring that dental assistants are trained in infection control, bloodborne pathogens and universal precautions, exposure control, infectious waste disposal, Hepatitis B and C and post exposure follow-up.

The Oregon Board of Dentistry Dental Practice Act dated January 1, 2014, Division 42 rule 818-042-0030 is the basis for this position statement.

Implemented historically 9-1999.

Presented: January 2014

Adopted: February 15, 2014

Amended: March 15, 2014