IPC General Information and FAQ's

THE NEW CDSS IPC STANDARD WILL TAKE EFFECT JUNE 1st, 2019.

The CDSS is a regulatory body that is responsible for creating minimum standards. All CDSS members are responsible for internalizing the Standard and creating a specific facility manual for their specific practice setting. Redundancies must be put in place for public protection.

The IPC Standard is designed to make the process of infection prevention and control more consistent across all oral health care facilities (private practice, teaching locations, outreach clinics, hospitals, etc.).

- The vocabulary has been tightened up to include more "musts" than "shoulds" which must be transferred to the individual facility manuals.
- See the references used at the end IPC Standard for source information.
- All SOHCP are responsible for understanding and implementing the entire contents of the Standard. The following is a brief overview of changes by category:

IPC 01 Introduction

01-03 Standard Practices are now referred to as Routine Practices.
01-03 Effective IPC procedures must interrupt one or more links in the chain of infection.

IPC 02 Personal Health

02-03 The updated Canadian Immunization Guide for health care providers now includes the annual Influenza Vaccine.
02-06 Requirement to include current work-practice controls in the exposure prevention process and updated exposure management protocol.
02-09 Alcohol based hand rubs are now the preferred method for hand hygiene when hands are not visibly dirty.

IPC 03 Personal Protective Equipment

03-03 Updated mask requirements and protocols. A normal aerosol environment means the mask does not become wet from splatter; a heavy aerosol environment means the mask becomes wet from splatter.
03-05 Clinic clothing must be changed daily or when soiled and must not be worn outside the clinic.
03-06 Cough etiquette has been added and triage should be done at reception.

IPC 04 Sterilization and Disinfection

04-01 Reminder that all newly purchased critical and semi-critical items must be cleaned and sterilized prior to first use.
04-02 If a single use item is available, it should be used whenever possible.
04-02 Chemical vapor sterilizers are no longer acceptable as a method of sterilization.
04-02 Flash sterilization (Cassette autoclaves used without a dry cycle) must be limited to emergency sterilization only.
04-02 Instrument sharpening must be done at point of care; if not, instruments must be reprocessed prior to use.
04-04 All instrument sterilization packs must be allowed to dry inside the sterilization chamber before opening, removing and handling.
04-02 A Class 5 chemical integrating indicator, which has been inserted in a separate sterilization package must be placed in every sterilization load.

04-04 An in-office Biological Indicator (BI) test must be completed every day for each sterilizer. In addition to this, one control biological indicator must be incubated each day to confirm that the incubator is functioning.

04-04 CDSS members are required to report all positive in-house and all positive non-U of S biological monitoring service results to the CDSS.

04-04 The date, sterilizer or incubator and cycle number for the BI and the control must be recorded and signed.

IPC 06 Specific Applications

06-09 Additional requirements for in office dental laboratory asepsis.

06-13 Additional considerations for alternative practice settings have been added.

06-14 A new section with requirements for the safe handling of injectables has been added.

Costs

The CDSS has received a few concerns from members with respect to the cost to implement a daily biological monitoring program within each office. The CDSS understands that with the development of new standards there will be some new costs and equipment. In the case of the 2019 update, new costs are minimal as illustrated in the example below. The office used in this example has two autoclave units, and each unit runs 5 sterilizer cycles per day. As a reference, the costs included are from major supplier catalogues and don't reflect any promotions or bulk discounts, they are essentially the highest price you could expect to pay and include all taxes:

Option A- Using 1 Hour Readout

3 Biological Indicators (1 for control and 1 for each autoclave)
3 x $6.40 = $19.20

10 Class 5 Indicators (1 for each load)
10 x $0.31 = $3.10

TOTAL = $22.30/day = $5,820.00 per year in a facility open 261 days

Option B-Using 24 Hour Readout

3 Biological Indicators (1 for control and 1 for each autoclave)
3 x $3.26 = $9.78

10 Class 5 Indicators (1 for each load)
10 x $0.31 = $3.10

TOTAL = $12.88/day = $3,361.00 per year in a facility open 261 days

The decision to use a 24-hour read out or a 1-hour read out is the member's decision. There are obviously benefits to using a 1-hour read out in the event of a positive result but that decision rests on the member.

As you can see in the example above, we did not include the costs of an incubator or staff costs for the following reasons:

1. Incubator – Incubators are approximately $5,000.00. Many dentists who reviewed the new Standard prior to the PDC were able to receive an incubator at no charge if they purchased sufficient Biological Indicators. It is our understanding that this promotion has been extended by several suppliers so please contact your representative.

2. Staff - the process of placing a BI and a Class 5 indicator into the autoclave and recording the results is not onerous to the point where additional staff time or even additional staff will be required. Unlike other provinces (ie: Alberta and Ontario) the CDSS does not require recording of each individual instrument which would have increased both staff time and costs.

There has also been some concern expressed about the need for a weekly outside biological monitoring and how this leads to redundant costs. As a self-regulated profession, the CDSS feels that it is prudent to have independent verification of the sterilizers in each facility. This has not changed with the new standards. The addition of the daily monitoring is a way to make sure that each member can provide effective and safe infection prevention and control for their patients. If facilities were up to date with the 2013 standards, the minor changes made to the 2019 standards will have minimal financial impact on daily practice expenses.

Questions Asked by the Membership About Costs

1. **Question:**
   Having only 3 months to incorporate all the changes is not fair and almost an impossible ask for offices that are running to maximum efficiency with the current guidelines that they follow.

   Answer:
   The time required to implement the new protocol is minimal. A survey taken of several Regina offices indicated that less than two weeks was required to implement them by the staff. This is not an onerous task by any means. Additional costs and staff time will only be required if the facility was not following the recommendations of the 2013 IPC Standard.

2. **Question:**
   What are the increased costs?

   Answer:
   Our included example (above) shows the cost increases. A survey taken of several Regina offices showed that less than $5,000.00 in equipment costs was required to make the updates.

3. **Question:**
   Were there changes in our Saskatchewan fee guide to compensate for these increases.

   Answer:
   No.

4. **Question:**
   Would the Economics Committee be prepared to make a recommendation for a higher than usual increase to our Professional Fee Guide for 2020 to account for increased IPC costs? I feel that the examination and diagnostic services fees are unreasonably low when compared to diagnostic services charged by other professionals and trade services.

   Answer:
   Yes, the committee will consider any impact this Standard has on the economics of dentistry in Saskatchewan when discussing the fee guide.

5. **Question:**
   The switch to chamber sterilizers has practically made our Statim sterilizers useless and headed to the landfill all over Saskatchewan, and we must purchase new equipment due to the drying cycle guideline restriction.

Answer:
This is not new to the Standard. The 2013 Standard recommended the use of a Cassette autoclaves for flash sterilization only.
(page 31) The only change for sterilizers in the 2019 Standard is the removal of all chemical sterilizers from dental offices.

6. **Question:**
If a member wishes to charge a fee for IPC procedures, could they?

Answer:
There is no USC & LS code to charge for IPC procedures. All IPC procedures are factored into the fees associated with the standardized USC & LS codes. With the appropriate informed consent a member can charge any fee for a specific procedure code.

7. **Question:**
With all these IPC changes and the increased level of in-office sterilization monitoring requirements, I would like to know why the IPC committee chose not to reduce the frequency of third-party Biological Indicator testing from weekly to monthly? This would allow some reallocation of costs from this third-party service to what will now be performed in the office on a daily basis. In light of all these requirements for in office testing, having to send these BI tests to the U of S service on a weekly basis is excessive.

Answer:
To ensure that Dentistry remains a self-regulated profession, it is prudent to have independent weekly verification for all sterilizers for each facility. This has not changed with the new standards.

FAQ's by IPC Standard Categories

IPC 01 Introduction

1. **Question:**
Public Protection is imperative to the GP and incorporating the standards does insure the most ideal scenario for our patients and we do all realize this, although, the ultimate panacea of making a dental operatory a surgical OR**,** although coming, does not seem realistic nor cost effective for the general public and we are all keenly watching this unfold with a bit of hesitation.

Answer IPC 01-01:
At no point does this Standard even suggest that the CDSS is recommending we make our operatories surgically sterile. The 2019 Standard provides the basic requirements for a comprehensive Infection Prevention Control Standard. The CDSS understands that access to care is very important to the Saskatchewan population and this Standard has created a balance between additional costs to the dental facilities and the basic protection expected by the public.

IPC 02 Personal Health

1. **Question:**
"Additional SOHCP and other personnel must receive an annual IPC Standard ***review***."
What do you mean by this sentence?

Answer IPC 02-01:
Initial IPC training and annual review protocols must be identified and recorded in the facility manual. This is not new to the Standard.

2. **Question:**
Is it mandatory or not for existing staff to get the annual flu vaccine now? What do we do if someone refuses?

Answer IPC 02-03:
The annual flu vaccine is not mandatory but it is recommended for all Canadian health care workers. The Canadian Immunization Guide, SHA Immunization Policy and Procedure Documents are linked above or appended for reference.

3. **Question:**
Documentation of sterilizer monitoring (dated and signed by sterilization monitor)
What does this mean?

Answer IPC 04-04:
This is not new. It refers to the recording of a successful sterilization cycle in a facility sterilization manual.

4. **Question:**
We would like to confirm if we are required to keep records (keep track) of our current employee's immunization status or are we just to inform them what is recommended for immunizations?

Answer IPC 02-03:
Yes, up to date records should be maintained in the facility manual and yes, the CDSS member is responsible for informing the SOHCP of all suggested immunizations.

5. **Question:**
This would require us to ask our current employees to provide their immunization records.

Answer IPC 02-03:
Yes, this is mandatory for all new and current employees. If a SOHCP declines to have the recommended immunization they must be informed of the risks of possible infection and would have to sign a waiver explaining they were informed of these risks. The Canadian Immunization Guide, SHA Immunization Policy and Procedure Documents are linked above or appended for reference.

6. **Question:**
Hand washing should be done using plain liquid soap. Anti-microbial soaps are no longer recommended for routine hygiene. Why ?

Answer IPC 02-09:
There is no data demonstrating that anti-microbial soaps are better at preventing illness than washing with plain soap and water. The questionable long-term health effects and a lack of evidence on their effectiveness has caused them to be banned in many countries. Alcohol rubs are now recommended for non-soiled hands. Antimicrobial soaps are still recommended for all surgical procedures.

7. **Question:**
What soap product do you recommend? And why?

Answer IPC 02-09:
We don't recommend specific products.

IPC 03 Personal Protective Equipment

1. **Question:**
   Latex gloves not being recommended, with nitrile, being the next option introduces an increase in glove cost.

   Answer IPC 03-02:
   Latex gloves are not recommended due to the risks of latex allergies. This is a recommendation (not a "must") and the decision is left to the facility to decide what is best or how to deal with latex allergies or sensitivities in the facility.

2. **Question:**
   Regarding eye wash station, is the 1 eye or 2 eye station required in the dental office.

   Answer IPC 03-04:
   That is a facility decision.

3. **Question:**
   Washing of protective clothing inhouse being recommended increases cost to the office.

   Answer IPC 03-05:
   This is not new as it was a recommendation in the 2013 Standard. Many offices either use a laundry service or have in office laundry facilities.

4. **Question:**
   Cough Etiquette - Do you provide hand washing/ cough etiquette signs that we can post?

   Answer IPC 03-06:
   There are many to choose from on the web. Each facility should choose one that suits their need.

5. **Question:**
   Regarding cough etiquette, you mention that "triage information should be gathered at the time of booking". Can you give me an example of what questions exactly are supposed to be asked and how long before the appointment would be acceptable to be asking?

   Answer IPC 03-06:
   The triage process is facility specific. Each facility should develop their own set of questions. An in-person phone call is best but the facility could attach a message to their text/email confirmation system. The receptionist should confirm patient status when patient arrives.

IPC 04 Sterilization and Disinfection of Patient Care Items

1. **Question:**
   It would seem to me from the guidelines that all orthodontic pliers, articulating paper holders, denture clasp adjusting pliers could be sterilized un-bagged and placed in a drawer. Can you please confirm this?

   Answer:
   The modified Spaulding Classification describes Semi-Critical items that touch intact mucous membrane or non-intact skin. The management of such items that are not single use disposable must be sterilized and stored wrapped until point of care. Examples of such items: Articulating ribbon holder, orthodontic pliers etc. (see page 61 for Modified Spaulding Classification)

2. **Question:**
Are cassette autoclaves to be used for flash sterilization only?

Answer IPC 04-02:
If your cassette autoclave has a drying cycle it can be used with bagged instruments.

3. **Question:**
We use both a Delta-Q and a Statim 2000 autoclaves. The Delta-Q manual specifically says to place sterilization bags with paper side down (manufactures instructions). The 2019 Standard (page 30) under "Loading the Sterilizing Chamber" states:

"Items must be placed in the sterilizer according to manufactures instructions"
"Bagged items should be placed on trays with the paper side facing up"

These are contradictory statements since the manufacture's instructions are specifically for paper side down. I suspect the manufacture's instructions have priority and paper side down should be observed.

Answer IPC 04-02:
Yes**,** items must be placed in the sterilizer according to manufactures instructions.

4. **Question:**
Once an item has been bagged and sterilized with at date-stamp on it, how long does this item remain "sterile" before we should sterilize again? (ie: impression trays, other items not used daily)?

Answer IPC 04-02:
As long as the pouch is intact, the contents remain sterile – this should be stated on the manufactures instructions for the sterilization pouches used – please read the manufactures instructions for the products used in your clinic.

5. **Question:**
(a) By monitoring sterilizers daily (by incubating the active and control biological indicators – the control confirms the incubator is functioning properly), along with monitoring of each load with a Class 5 chemical integrating indicator and every bag/cassette with at least a Class 1 external indicator and at least a Class 4 internal indicator will significantly increase cost to the dental office, will it not?

Answer IPC 04-04:
The process you have mentioned above is correct. The only changes from the 2013 Standard is that the sterilization process is monitored by a daily BI and a Class 5 chemical integrating indicator in every load. The cost associated with this is minimal as represented in the above example. The BI test is the only process that confirms sterilization. All other tests only confirm that the sterilizer reached various parameters for a specific sterilization cycle such as pressure or temperature.

(b) Mandatory weekly monitoring at the U of S seems excessive when monitoring is already required with every load and daily monitoring.

Answer IPC 04-04:
As a self-regulated profession, the CDSS believes that it is prudent to have independent verification of all sterilizers in each facility. This has not changed with the new standards.

6. **Question:**
In regard to charting what information regarding the sterilizer must be written? The standard recommends the date, time and sterilizer used to be stamped on the package but is it enough to just record the cycle number in the chart?

Answer IPC 04-04:
The standard is to stamp the sterilization packages with the date, time and sterilizer to make identification of the packages more efficient in case of a positive BI test result. The standard does not require the recording of the cycle number in the patient record.

7. **Question:**
What level of chemical indicators is required internally and externally on all sterilized packages and cassettes? Is Class 1 chemical indicators internally and externally on all packaging considered acceptable under these new Saskatchewan Standards or must it be Class 4 chemical indicators internally and externally on all packages?

Answer:
All instruments must be bagged or wrapped with a Class 1 indicator on the outside (external) and a Class 4 or 5 on the inside (internal). Most bags are manufactured with Class 4 internal which meets the standard.

8. **Question:**
I object to the term critical items to include things like wedges and matrix bands that go into the same location as floss, soft picks, and proxy brushes.

Answer IPC 04-05:
Critical Items are all items or instruments that may penetrate soft tissue or bone. Critical patient care items have the greatest risk of transmitting infection and must be sterilized by heat. Examples of these items include, but are not limited to scalers, reusable burs, and all surgical instruments (wedges and matrix bands are also examples, see Appendix 1 Spaulding Classification items). Floss, soft picks and proxy brushes are not used to penetrate soft or hard tissue.

9. **Question:**
Must a Bowie Dick Sterilizer test strip also be performed at any time as part of the sterilizer monitoring protocols or does a Class 5 Chemical Integrating Indicator in each cycle suffice by itself?

Answer:
A Bowie-Dick test is not required. Placing a Class 5 integrating indicator is the standard.

10. **Question:**
Is the placing of the class 5 integrator in a separate sterilization bag to simulate the same conditions as the dental instruments in the load?

Answer:
Yes.

11. **Question:**
Can the class 5 integrator be placed in the sterilizer without bagging if the manufacture does not specifically indicate placement of the Class 5 within a separate sterilization bag for processing?

Answer:
Bagging the Class 5 integrator confirms the challenge for sterilization of the integrator and the other contents in the sterilizer is the same.

12. **Question:**

(a) On page 30 of the Standards it states, "It is RECOMMENDED that the date, time and sterilizer used be stamped on the product wrapping upon removal from the sterilizer.

Answer IPC 04-02:

Page 30 discusses how to manage the sterilized packages. (ie. How to deal with a failed BI test 1-24 hours following the sterilization process.) If you date, time and sterilizer stamp the packages you only have to reprocess a specific volume of instruments. (It allows you to save time and sundries if a BI fails.) The incubation period of the BI will also help with this. The shorter the incubation period the fewer instruments will need to be reprocessed following a failed BI. Again, the CDSS does not dictate how you run your facility it just provides you with the minimum standard.

(b) Then on page 34 of the Standards it states, "In the event of a positive in-house or external service spore test, the oral health care facility MUST be able to identify all sterilization packages since the last confirmed negative test and then reprocess all of these packages prior to use. The stamping of sterilization packages with the date, time and sterilizer used will allow this identification process to be more efficient."

Answer IPC 04-04:

The CDSS member is responsible for the sterilization process in the facility they are working in and as such the identification of all instrument packages that could be incompletely processed and considered not sterilized. Page 34 discusses how to register the results of the BI (this is kept in a sterilization book and signed off by a staff member).

13. **Question:**

(a) If we are using a Class 5 Chemical Integrating Indicator strip in every cycle, which is 99.9% as effective as a Biological Indicator test at measuring all parameters necessary to achieve sterilization, and if this test comes out negative at the end of the cycle, is this not sufficient to deem these instruments sterile and safe for patient use? If so, then why do we need to tag and identify these instruments when we have already deemed them to be sterile? There should never be a need to recall these instruments.

Answer IPC:

A Class 5 integrating indicator is very accurate at determining when a sterilization cycle has been complete (when a specific set of parameters are reached), but it DOES NOT confirm sterilization. Only a BI test can confirm sterilization and instruments can not be confirmed sterile until the BI test comes back negative. The CDSS believes our standard is a good balance (unlike Alberta and now Ontario) who have added multiple additional steps including quarantining instruments until BI incubation is complete and documenting all instruments used in the patient chart.

(b) If I happen to get a positive BI test on that sterilizer the next morning and I re-test and get another positive BI result from that sterilizer, I immediately suspend use of that sterilizer until repairs are made. But if that same sterilizer the day before had a negative BI in the morning and negative Class 5 integrating indicator tests for every cycle that was run through that sterilizer for that day, what reason would there be to question whether any of those instruments that came out of that sterilizer with a negative Class 5 indicator test are sterile or not that would warrant them being recalled and re-processed?

Answer:

A Class 5 integrating indicator DOES NOT confirm sterilization. Only a BI test can do this, and instruments cannot be confirmed sterile until the BI test comes back negative.

(c) The only instruments that would ever have to be recalled and re-processed are the ones sitting in the sterilizer that are with a positive Class 5 Integrating indicator strip, correct?

Answer:
Only a BI test can confirm sterilization and instruments cannot be confirmed sterile until the BI test comes back negative.

(d) If we are doing a BI test and control on every sterilizer daily, doing a Class 5 Integrating Indicator test on every cycle, placing a Class 4 indicating strip inside every package, the fail safe monitoring systems of our highly engineered and precise sterilizers have told us it has completed a successful sterilization cycle; if all these tests come back negative, surely this is sufficient to deem these instruments sterile. Thus, there is no need to mark and identify them because we are assured they are sterile and have recorded so in our logs.

Answer:
It is recommended to mark all sterilization packages and pouches to make it easier to isolate and reprocess instruments from a sterilizer that has failed a BI test. If packages are not stamped, then all instruments must be reprocessed.

(e) As an extension of this fact, there is no need to record in the patient's chart which instrument packages where used on that patient because all instruments are assured to be sterile before they are allowed to leave the sterilization area.

Answer:
Recording sterilization confirmation in the chart is not required.

14. **Question:**
Do we need to keep a paper record for the Class 5 indicators for each machine and each cycle?

Answer:
No.

15. **Question:**
"IPC -04-04 Monitoring Sterilization under Mechanical Techniques it states, "Monitoring sterilization includes assessing cycle time, temperature and pressure by observing the gauges or displays on the sterilizer and noting theses parameters for each load." I understand the term "noted" to mean observed, is this implying it must be document/recorded on paper daily for each cycle on each machine?

Answer:
No, oral health facilities are only required to keep records of the daily BI monitoring. The documentation recorded is to include the date, sterilizer and cycle number and the signature of a SOHCP. The daily recording of the control BI test is also required to confirm the incubator is functioning correctly.

16. **Question:**
Can a 24-hour biological indicator (BI) be used for the daily tests required?
ie The guideline says "daily". Therefore, if the test is performed Monday @ 8am is the result 24-hours later ie Tuesday 8am satisfactory? I realize if power is interrupted, incubator or test fails overnight the customer would need to notify the college and wait for confirmation of a successful pass. If there is a fail for that day or if a new sterilizer, loaner or demo is introduced, is a Class 5 integrator test able to be used to confirm sterilization for that day's instruments? Or is the result of a BI test needed before using this unit? As I read the IPC Standard the BI results MUST be obtained before using the instruments, is that correct?

Answer:
Correct, a 24-hour BI can be used (as the daily in office test) but the member must understand that the longer the incubation period a larger volume of instruments must be accounted for and then reprocessed if a BI test fails. A Class 5 integrator indicator cannot be used to confirm sterilization. (The IPC Standard is very specific on the protocol to follow for a failure, new or loaner sterilizer.)

17. **Question:**
'In office B.I. testing' will be mandatory to take place every morning. With this comes the questions of how quickly the results are required, and if the instruments need to be quarantined until the results are back?

Answer:
BI testing must be done daily. Instruments do not need to be quarantined (except implant/bone grafting instruments) but the member is responsible for all instruments and the reprocessing of these instruments if a BI test fails. A shorter incubation time will create less risk and fewer instruments to be reprocess. Choice of an incubation period is a facility decision.

18. **Question:**
The guidelines say if a positive BI test is experienced, the college must be notified, and all packs, cassettes, pouches since the last confirmed negative BI test must be identified and reprocessed and not used until a successful BI test result. What if these instruments/pouches have been used that day? ie. Monday AM BI passes, then all day Monday Class 5 integrator passes all cycles, then Tuesday AM BI fails...

Answer:
This is no different than the 2013 Standard. The facility is responsible for all instruments since the last passed BI test. The sterilizer must be removed from use until it passes a new BI test. The facility is expected to do a chart audit to confirm no high-risk patients. If a second BI test fails all previous instruments since the last passed BI must be recalled and reprocessed. The facility must report the issue to the CDSS and if high risk patients were identified then the health district must be notified.

19. **Question:**
Is there any recommendation on incubation time for in-office Biologic Monitoring? There is a wide range of time for incubation (24 minutes to 12 or more hours) and large cost difference between these incubators.

Answer:
This is a facility decision.

20. **Question:**
What is the possibility that this may change in the near future, ie need for Biologic test for every load? We don't want to buy equipment now that is not up to standard in near future.

Answer:
The equipment you purchase is a facility decision. It must meet or exceed the minimum standard.

21. **Question:**
(a) Are Class 5 indicators in each load satisfactory to accomplish the daily biological testing?

Answer:
No.

(b) Does it need to be the incubation type testing?

Answer:
Yes.

(c) Can the weekly (BI) incubation type testing be done in house, or does that need to be outsourced?

Answer:
The weekly BI testing must be outsourced to a third party.

22. **Question:**
With the non-critical items, we sterilize but don't wrap. We were wondering with the new time/date/sterilizer stamping on the wrapped items/cycles how do we time/date the cycles of the non-wrapped instruments, for example: rubber dam frame, rubber dam forceps, x-ray bite tabs with the ring and bar, v-ring forceps and pin tweezers, ortho bracket placer, some ortho instruments, etc. Does that mean everything we sterilize now has to be wrapped regardless of the critical standard of the instrument?

Answer IPC 04-02:
All critical and semi-critical items must be bagged or wrapped, then sterilized and stored wrapped until point of use. This is not new. See Spaulding Classification IPC Standard, Appendix for more information. Only items flash sterilized do not need to be wrapped and they must be used immediately following the cycle.

23. Question:
How long do we need to keep the sterilizer testing reports and water sample reports received from the Sterilizer & Waterline Monitoring Service?
Answer: The timeframe for keeping sterilizer testing reports and water sample reports received from the Sterilizer & Waterline Monitoring Service is **6 years.**

IPC 05 Environmental

1. **Question:**
Mandatory annual dental waterline testing at the U of S will be a new annual cost?

Answer:
This is not new. Annual dental waterline testing was a recommendation in the 2013 Standard IPC 06-02.

2. **Question:**
Annual water line testing. Several years ago, new filtration devises came out to reduce cfu in water lines. At the time we had some units on enzymatics and we decided to try the filters in a few rooms then we did the water line testing. The filters were far superior as I'm sure all the testing and data would show. I think the recommendation to use these filters would be more effective in reducing cfu in water than the use of annual testing.

Answer:
As a self-regulated profession, the CDSS believes that it is prudent to have independent verification of water and waterline quality in each facility. Annual dental waterline testing was a recommendation in the 2013 Standard.

3. **Question:**
Water testing, does that need to be outsourced, or can we do that in house?

Answer:
Yes, independent verification means that water testing is to be "outsourced" to a third party. The IPC document suggests (page 42) the Saskatchewan Disease Control Laboratory or the College of Dentistry Sterilization & Water Monitoring program as commercial business where members can have the water-testing performed.

4. **Question:**
For the waterline testing we use a closed Adec water system with filtered water and tabs we put in – do we still need to flush all lines for 2 mins every morning?

Answer IPC 05-05:
Closed Water System - After treatment, handpieces and air/water syringes must be run for 20 seconds in order to flush all potentially contaminated air and water. A variety of products are available that effectively maintain clean dental unit waterlines in closed water systems. Manufacturer's instructions must be followed.

IPC 06 Specific Application

1. **Question:**
Bagging and sterilizing of or purchasing of individually packaged sterilized burs will be a new cost and manpower hours.

Answer IPC 06-4:
Individual, single use, sterilized burs have been available for more than a decade. Burs are classified as critical instruments and must be treated as such. Each facility can determine how these are to be packaged as long as the minimum standard is achieved. (See Appendix-Spaulding Classification item)

2. **Question:**
Do the standard air driven slow-speed motors need to be sterilized?

Answer IPC 06-01:
Yes, if the sterilization symbol is present on the hand-piece it must be sterilized

3. **Question:**
What is the actual final disinfection procedure for an intraoral appliance? (nightguard, denture, etc...). Can they be sprayed with Cavicide, or is that a health concern for the patient? Page 52 of the manual just states that the oral health facility should provide the final disinfection procedure.

Answer:
One option is to spray with an intermediate level disinfectant and then let soak in a mouth rinse or let soak in CHX. The products and protocol are determined by the facility and must be listed in the facility manual.

4. **Question:**
I am responsible for multiple facilities can those facilities submit a weekly spore testing only for those weeks that they actually do the treatment?

Answer:

Yes, the weekly 3rd party test is required for the weeks the clinic is providing services.

5. **Question:**
When should the sterilizers be tested? At the beginning of the day before they start treatment or after the first load of contaminated instruments?

Answer:
Once the sterilizing cycle has been successfully confirmed, the specific time of the daily BI test is determined by the member. This process must be clearly documented in the facility manual.

6. **Question:**
Do all staff or just chair-side people need to change 'scrubs' coming and going from the office?

Answer IPC 03-05:
All clinical staff must meet the minimum standard.

7. **Question:**
Is it a must to use utility, industrial or general gloves for operatory clean up?

Answer IPC 03-02:
Gloves for operatory clean up should be puncture and chemical resistant. This is a member decision.

8. **Question:**
Does IPC-06-01 include electric motors slow speed motors that are removable from the dental unit tubing and indicate the 135C sterilization symbol?

Answer IPC 06-01:
According to the Centers for Disease Control and Prevention all dental handpieces and other intraoral devices that can be removed from the air and water lines of dental units are considered semi-critical devices and must be cleaned and sterilized between patients. Manufacturers' instructions for cleaning, lubrication and sterilization should be followed closely to ensure both the effectiveness of the process and the longevity of handpieces. Components of dental devices and equipment that are permanently attached to dental unit waterlines should be treated as clinical contact surfaces (see IPC-05-02). Such components (electric handpiece motors, handles for ultrasonic devices or dental unit attachments for saliva ejectors, high-volume evacuators, and air/water syringes) should be cleaned and disinfected with an intermediate-level disinfectant prior to use on the next patient or covered with surface barriers that are changed after each use (see IPC-05-02).

9. **Question:**
Do the standard air driven slow-speed motors need to be sterilized?

Answer IPC 06-01:
Air driven slow speed motors do not require sterilization unless the manufactures instructions state that they must be sterilized between patients. Most new motors are sterilisable and must be sterilized between patients.

10. **Question:**
Can the Statim be used for nasal hoods, x-ray holders, other devices on the rubber/plastic unwrapped cycle?

Answer IPC 04-02 IPC 04-03:
These items are classified as semi-critical items and all semi-critical patient care items must be wrapped and sterilized (IPC 04-02, IPC 04-03).
SOHCP must use professional judgement for every instrument, device and surface in their specific facility to ensure the minimum standards are being met.

11. **Question:**

Offices would like to keep their older Statim for emergency flash sterilization but do not want to upgrade to USB or print off data loggers.

Answer:

Cassette autoclaves can be used for emergency flash sterilization when used according to manufactures instructions in accordance with the IPC Standard.

12. **Question:**

I called my lab and they don't recommend putting the dentures through the sterilizer. (The lab holds them over a steamer, but they aren't sterilized). I had a snoring appliance made for a patient. It comes in a bag that says, "not sterilized". What do I do? It seems to make a lot of sense to me to just wash it with soap and water, but then I should be able to do the exact same thing with disposable impression trays. I'm a little hesitant to place a $600 appliance in my sterilizer.

Answer:

One option is to spray with an intermediate level disinfectant and then let soak in a mouth rinse or let soak in CHX. The products and protocol are determined by the facility and must be listed in the facility manual. *Note: Intermediate-level disinfectant means a hospital grade liquid chemical with a Drug Identification Number (DIN) from Health Canada with a claim of potency as a tuberculocidal disinfectant.*