WAC 246-812-520 Use of barriers and sterilization techniques. The use of barriers and sterilization techniques is the primary means of assuring the least possible chance of transmission of communicable diseases from denturist and staff to patients, from patient to patient, and from patient to denturist and staff. To prevent patient to patient cross contamination, instruments and supplies contaminated, or likely to be contaminated, with blood or saliva and touched during treatment must be sterilized between patients or discarded, except as otherwise listed in this section. Surfaces and equipment that are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier that is discarded and replaced between patients, except as otherwise set forth below:

(1) Denturists shall comply with the following barrier techniques:

(a) Gloves must be used by the denturist and direct care staff during treatment that involves intraoral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves must be used for every intraoral patient contact. Gloves must not be washed or reused for any purpose. The same pair of gloves must not be used, removed, washed, and reused for the same patient at the same visit or for any other denturist or nondenturist purpose.

(b) Masks must be worn by the denturist and direct care staff when splatter or aerosol is likely.

(c) Unless effective surface decontamination methods are used, protective barriers must be placed over areas that are likely to be touched during treatment, not removable for sterilization, and likely to be contaminated by blood or saliva. These procedures must be followed between each patient including, but not limited to:

(i) Delivery unit;

(ii) Chair controls (not including foot controls);

(iii) Light handles;

(iv) Head rests;

(v) Instrument trays;

(vi) Treatment areas and laboratory countertops and benches.

(d) Protective eyewear shields must be worn by the denturist and direct care staff and provided to all patients during times when splatter or aerosol is expected.

(2) Denturists shall comply with the following sterilization requirements:

(a) Each denturist office must have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide, where adequate ventilation is provided. Sterilizers must be tested with a biological spore test, on a minimum weekly basis. In the event of a positive biological spore test, the denturist shall take immediate remedial action to ensure the objectives of (a) of this subsection are accomplished. Documentation must be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation must be maintained for a period of a minimum of five years.

(b) The following items must be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide sterilization method between patients:

(i) Hand instruments;

(ii) Air-water syringe tips;

(iii) High volume evacuator tips;
(iv) Nose cone sleeves;
(v) Metal impression trays.

(c) Gross debris must be removed from items prior to sterilization. Ultrasonic solution cleaning must be used whenever possible.

(d) Nondisposable items used in patient care that cannot be sterilized by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide must be immersed in a chemical sterilant. If such a technique is used, the solution must be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva must be thoroughly rinsed, appropriately disinfected, and placed in and transported to a denturist laboratory in an appropriate case containment device that is properly sealed and separately labeled.

(f) In the laboratory:
(i) Ragwheels must be sterilized or disinfected;
(ii) Patient pumice must be discarded after each use; and
(iii) Patient burrs and stones must be sterilized or disinfected.

[Statutory Authority: RCW 18.30.065. WSR 20-04-028, § 246-812-520, filed 1/28/20, effective 2/28/20. Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-520, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-520, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-520, filed 10/30/95, effective 11/30/95.]