



SACRAMENTO
CITY COLLEGE
EST. 1916

DENTAL HEALTH CARE PROVIDER

INFECTION CONTROL STANDARDS

Updated August 2017
Includes CDC guidelines 2003

OVERVIEW

One of the primary concerns of the Dental Department at SCC is the education and protection of our students in regards to Infection Control. Though exposure and contraction of a communicable disease through dental treatment is slight, it is imperative that all Allied Dental Health Professionals (ADHP) follow required/recommended guidelines to prevent disease transmission, both from the ADHP to the patient, and from the patient to the ADHP.

There are many agencies and governing bodies whose main objective is safety; safety for the patient and safety for the employees. As we review the following guidelines, notations will be made regarding whether the statement is a “requirement” or a “recommendation”, and which agency is making this statement. Please refer to the Glossary at the end of this booklet for descriptions and definitions of **Key Terms**. When a Key Term is used more than once, it will only be highlighted in blue the first time, after that it is assumed that you have learned this term.

EDUCATION AND TRAINING

Dental Board of California Requirement:

- ✚ All Dental Assisting Schools must provide Infection Control training at the start of their program. That is why we have given you this booklet with your enrollment and are reviewing it with you during the first week of school.



OSHA Requirement:

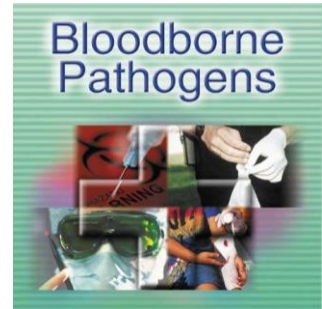
- ✚ All dental employers must provide training upon hire, before exposure to blood or Other Potentially Infectious Materials (OPIM), and at least annually thereafter. This training must be provided at no cost to the employee and during working hours. This training should include:
 - Bloodborne Pathogens Standard Compliance
 - Hazard Communication Plan
 - Emergency Preparedness Plan
 - Record Keeping
 - Electrical Hazards
 - Other Significant Compliance / Hazard Issues



Guidelines for Infection Control in Dental Health Care Settings 2003 can be found at:
<https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>.

BLOODBORNE PATHOGENS

A **Pathogen** is a disease causing microorganism. Therefore, **Bloodborne Pathogens (BBP)** are disease causing microorganisms which are present in the blood. Three of the diseases which are of greatest concern for health care workers, are HBV, HCV and HIV.

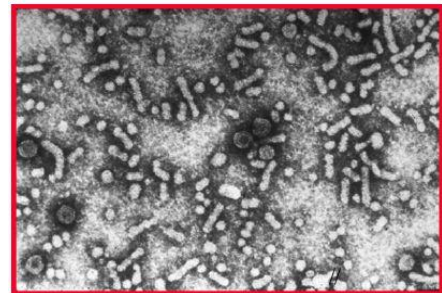


Hepatitis B Virus (HBV)

Facts:

1. Approximately 1/3 of the world population are infected with HBV
2. Approximately 5% of those infected are in the U.S.
3. A small fatality rate – approximately 100-200 health care workers annually
4. Attacks the liver
5. Most of those who are infected only remain infected for a short time as they produce enough **antibodies** to get rid of the HBV completely.
6. Approximately 5% of those infected can not produce enough antibodies and remain infectious for life.
7. There IS a vaccine – helps the immune system produce the necessary antibodies so that if the person comes in contact with HBV, the antibodies will kill the virus before it does any damage
8. HBV can live up to one week outside the host

Hepatitis B Virus



Modes of Transmission:

1. Direct contact with infected person
2. Indirect contact – contact with contaminated instruments
3. Droplet infection – Through the air from the spray of a sneeze or cough

Transmission Can Occur Through Contact With:

1. Blood
2. OPIM – including saliva and tear fluids

Symptoms:

1. Jaundice (yellowing) of the skin and eyes
2. Loss of appetite
3. Fatigue & fever
4. Nausea / vomiting
5. Stomach or joint pain



OSHA Requirements:

1. Employers must offer HBV vaccine at no cost to employees potentially at risk
 - a. Employers do not have to offer it for:
 - i. Those who have already had the vaccine
 - ii. Those who are already immune
 - iii. Those who can't have the vaccine for other medical reasons
2. Vaccine must be offered within 10 working days of hire or new assignment putting the employee at risk for potential exposure
3. Employees can refuse to have the vaccine – must sign declination.

Hepatitis C Virus

Facts:

1. Disease of the liver
2. Virus lives in the blood
3. Can live outside the body up to one week
4. It is the most common chronic viral infection spread by blood
5. The [Center for Disease Control \(CDC\)](#) states that approximately 2% of the U.S. population are infected with HCV
6. This is a serious virus – most human's [immune system](#) can not eliminate this virus
7. Most people infected carry the virus for the rest of their life – they can transmit the virus indefinitely
8. Causes damage to the liver
9. Most people don't feel sick from the disease
10. Less than 3% of those infected die from the effects of HCV



Modes of Transmission:

1. Direct contact with infected person
2. Indirect contact – contact with contaminated instruments
(Can NOT be spread through food/water, casual contact, sneezing or coughing)

Transmission Can Occur Through Contact With:

1. Blood
2. OPIM

Symptoms:

1. Similar to HBV but with pain in the joints
2. Approximately 80% of those who are carriers have NO symptoms

HIV (Human Immunodeficiency Virus)



Facts:

1. HIV attacks the immune system
2. Can't live long outside the host
3. Chances of acquiring HIV through accidental needle sticks from a contaminated needle is approximately 1 in 300 or .3%
4. An HIV infected person can be a carrier for years without having any symptoms – this is considered Stage 1
 - a. Once beginning signs start, this is considered Stage 2
 - i. Lymph nodes swell
 - ii. Weakness
 - iii. Fever
 - iv. Headaches
 - v. Nausea
 - vi. Loss of weight
 - vii. Diarrhea
 - viii. White patches on the tongue (leukoplakia)
 - b. Stage 3 is when the infected person's immune system can not fight the virus any longer and they are very sick. At this point, the patient is said to have **AIDS**.

Modes of Transmission:

1. Direct contact with infect person (most likely transmission)
2. Indirect contact – contact with contaminated instruments (very remote)
(Can NOT be spread through food/water, casual contact, sneezing or coughing)

Transmission Can Occur Through Contact With:

1. Blood
2. Semen
3. Vaginal fluid
4. Breast Milk
5. Fluid around the brain and spinal cord
6. Fluid surrounding bone joints
7. Fluid surrounding an unborn baby

Symptoms:

1. Rapid weight loss
2. Dry cough
3. Recurring fever or profuse night sweats
4. Severe unexplained fatigue
5. Swollen lymph glands in the arm pits, groin and neck

Review Questions:

1. Why are we providing this training to you during your first term at school?
2. Who requires that this training be provided in a dental office?
3. What does OSHA stand for and what is their main objective?

Answer the following questions True or False. If false, correct the statement to make it true.

4. Hepatitis B can be fatal.
5. There is a vaccine for Hepatitis B.
6. HBV can not live up to one week outside the host.
7. Hepatitis B can be contracted through the air from the spray of a sneeze or cough.
8. All pathogens are “bloodborne” pathogens.
9. Pathogens are disease causing microorganisms.
10. Dental Board of California requires that employers must offer HBV vaccine to all employees who are potentially at risk for contracting the virus.
11. The vaccine must be offered within 15 days of hire.
12. Employees who refuse to have the vaccine must sign a declination.
13. HIV is the most common chronic viral infection spread by blood.
14. Hepatitis C is more serious than Hepatitis B as most human’s immune system can not eliminate this virus.
15. Most carriers of HCV carry the virus for the rest of their lives.
16. Most people don’t feel sick from HCV.
17. Contracting HIV through an accidental needle stick is highly unlikely.
18. An HIV infected person will know they are a carrier within one year of contraction of the virus.
19. HIV can be spread through food/water, casual contact, sneezing or coughing.
20. HIV can be contracted through contact with contaminated saliva.
21. HIV attacks a person’s immune system. When their immune system is so compromised that they can’t fight off simple illnesses, they are said to have AIDS.

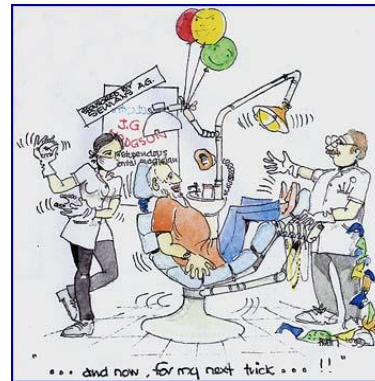
PREVENTING EXPOSURE TO BLOODBORNE PATHOGENS

Exposure Control Plan

This is a written program **required by U.S. Law** (through Federal OSHA) for all businesses where there is potential exposure to bloodborne pathogens to any employee. This written plan ensures that the company has addressed the potential for disease transmission, and has a plan to reduce that potential as low as possible.

There are three main categories:

1. **Engineering controls**
(equipment and facilities use)
2. **Work practice controls**
(following safe work procedures)
3. **Personal protective equipment**
(PPE)



The Exposure Control Plan must cover:

1. How to prevent exposure
2. What to do if exposure occurs
3. Warning labels and color coding to identify areas where there is risk of exposure
4. Types of diseases that may be transmitted and how they are spread
5. Types of **PPE** available / necessary
6. Personal **hygiene** procedures
7. How to properly sanitize, disinfect and sterilize
8. General safe work practices

OSHA also requires the BBP Standard to contain categories regarding tasks and procedures during which an employee might have an **occupational exposure**.

Category	Definition	Example
I	Routinely exposed to blood, saliva, or both	Dentist, dental hygienist, dental assistant, sterilization assistant, dental lab tech
II	May on occasion be exposed to blood, saliva, or both	Receptionist or office manager who may occasionally clean a treatment room or handle instruments or impressions
III	Never exposed to blood or saliva	Financial manager, insurance clerk, or computer operator

Engineering Controls

Engineering controls has to do with equipment and facilities use, and includes:

1. Sharps containers
2. Suction equipment
3. Needle protection systems
 - a. Self-sheathing needles
 - b. Needle-less systems
4. Splash and splatter control
5. Storage of food items
6. Restricted activities in work areas



On November 6, 2000, **The Needlestick Safety and Prevention Act** was passed. This law added a few things to OSHA's Bloodborne Pathogen Standard.

1. Employers are required to provide the most modern, safest devices for needle handling / disposal
2. The employer must keep a sharps injury log containing:
 - a. Type and brand of device used
 - b. Department or work area where the exposure occurred
 - c. Explanation of how the injury occurred
3. New devices and systems must be considered annually for implementation

These engineering controls for needlestick prevention also include:

1. Do NOT shear or break contaminated needles
2. Do not bend, recap, or remove needle from container unless no alternative is available
3. Dental offices must use mechanical devices or a one handed technique when disposing of sharps
4. The sharps container must be puncture resistant
5. The sharps container must be color coded or labeled according to OSHA standards
6. The sharps container must be leakproof



Other controls which must be discussed in this "engineering controls" section are:

1. Minimizing splashing, spraying, splattering and droplet transmissions
2. Food can not be stored in the fridge, freezer, cabinet or on countertops designed for blood or OPIM
3. There is no eating, drinking, application of cosmetics or lip balm, smoking or handling of contact lenses in the work areas where potential blood or OPIM may be present

Work Practice Controls

Work practice controls include anything that is done in the office to prevent or minimize exposure to bloodborne pathogens. The most common work practice controls are: hand hygiene, sanitization, disinfection and sterilization.

Hand Hygiene

Hand hygiene (e.g., hand washing, hand antisepsis, or surgical hand **antisepsis**) substantially reduces potential pathogens on the hands and is considered the single most critical measure for reducing the risk of transmitting organisms to patients and HCP. Studies have demonstrated that the prevalence of health-care-associated infections decreases as adherence of HCP to recommended hand hygiene measures improve.

Proper hand hygiene is determined by the procedure to be performed and the degree of contamination.



For *routine dental examinations* and non-surgical procedures, hand washing and hand antisepsis is achieved by using either a plain or **antimicrobial** soap and water. If the hands are not visibly soiled, an alcohol-based hand rub is adequate. For *surgical hand antisepsis*, water and an antimicrobial soap should be used and the hands should be rubbed vigorously for 2-6 minutes, depending on the manufacturer's recommendation.

Hands should be washed before AND after treatment. Washing hands before gloving is necessary as bacteria breed quickly on the enclosed hand, and can spread if the glove is compromised. Washing hands after treatment is necessary, as gloves can be compromised without the HCP's knowledge. For all hand washing procedures, use of liquid soap is recommended as pathogenic organisms have been found on or around bar soap during and after use.



Most dental offices prefer that acrylic/artificial nails are not worn by the ADHP. The majority of flora on the hands are found under and around the fingernails. Fingernails should be short enough to allow DHCP to thoroughly clean underneath them and prevent glove tears. Studies have shown that the prevalence of bacterial and fungal infections are much more prevalent on the hands of those who wear artificial nails than those who do not.

Instrument Processing and Sterilization

Patient-care items are categorized into three classifications: *critical*, *semi-critical*, and *non-critical*. The categories are based on the potential risk for infection associated with their intended use. The classifications are used to determine the *minimal* type of post-treatment processing.

Category	Functions and Examples	Intra-oral Use	Risk of Disease Transmission	Processing Procedure
<i>Critical</i>	<u>Function:</u> Touch bone or penetrate soft tissue <u>Examples:</u> surgical instruments such as forceps, scalpels, bone chisels, scalers and burs	Yes	Very high	Sterilization
<i>Semi-Critical</i>	<u>Function:</u> touch mucous membranes but will not touch bone or penetrate soft tissue <u>Examples:</u> Mouth mirrors and amalgam condensers	Yes	Moderate	Sterilization Or High-level Disinfection
<i>Non-Critical</i>	<u>Function:</u> contact only with intact skin <u>Example:</u> External dental x-ray head	No	Very low or none	Intermediate to low-level disinfection or Basic cleaning

Sanitization

The term “**sanitize**” is often misused. It is a fairly generic term that does not notate exactly what has been done to the surface that has been sanitized. In general, the term just means, “**free from debris**”. This would be the first step in preparing dental instruments/surfaces for disinfection and/or sterilization. “**Precleaning**” is a term more commonly accepted today, and refers to the removal of debris prior to the sterilization process.

Precleaning can be done by two methods:

1. Soaking items/instruments in an Ultrasonic Cleaning Machine with a general purpose cleaner, and
2. Scrubbing an item/surface with soap and water



OSHA requires that all dental instruments be sanitized in an Ultrasonic Cleaning Machine in order prevent injury. Surfaces such as the dental operator chair and the operator countertops can be wiped off to remove debris using moist paper towels.

Disinfection

Disinfection means the removal of SOME microorganisms, not necessarily all. Certainly, it is recommended to remove all microorganisms when possible but it is not always possible. Items such as countertops, major equipment and the outer surfaces of containers can not be sterilized, but they can be disinfected.

Disinfection can be accomplished three ways:

1. Soak item in “cold sterile” solution for required time (typically 10 minutes)
2. Spray with a disinfectant and let sit for required time (typically 2-10 minutes)
3. Use disinfectant wipes

Sterilization

Sterilization is “killing all life form”. Any instrument used in the mouth, and any handpiece or handpiece attachment used in the mouth **MUST** be sterilized prior to re-use. **The Dental Board of California has specific guidelines** for the process of preparing items for re-use in the dental office. These guidelines will be discussed in greater detail within each SCC Dental Assisting Course.



Sterilization can be accomplished two ways:

1. Soak item in “cold sterile” solution for 10 hours / overnight
2. Heat sterilize in a sterilization machine

REMOVING DEBRIS	KILLING MICROORGANISMS	
	SOME	ALL
Term: Sanitization	Term: Disinfection	Term: Sterilization
Methods: <ol style="list-style-type: none"> 1. Ultrasonic Cleaner 2. Hand scrubbing 	Methods: <ol style="list-style-type: none"> 1. Soak in “cold sterile” solution for required time (typically 10 minutes) 2. Wipe with disinfectant wipes or use disinfectant spray 	Methods: <ol style="list-style-type: none"> 1. Soak in “cold sterile” for 10 hours 2. Heat sterilize in sterilizing machine

Review Questions:

Answer the following questions True or False. If false, correct the statement to make it true.

22. Every business where there is potential exposure to bloodborne pathogens is required by U.S. Law to have an “Exposure Control Plan”.
23. The three main categories in the Exposure Control Plan are: Engineering controls, working conditions / environment and use of PPE.
24. PPE stands for Personal Property and Equipment.
25. PPE only includes mask and gown.
26. The Needlestick Safety and Prevention Act states that all employers are required to provide the most modern and safest devices for needle handling and that new devices and systems must be considered annually for implementation.
27. It is o.k. to bend, break or shear a contaminated needle prior to disposal in a sharps container.
28. Food can not be stored in the fridge, freezer, cabinet or on countertops designed for blood or OPIM.
29. It is only necessary to wash hands after removing gloves, not prior to donning gloves.
30. Acrylic nails are of no particular concern in the health care field.
31. Liquid soap is preferred over bar soap as it is easier to use.
32. For routine dental examinations and non-surgical procedures, hand washing and hand antisepsis is achieved by using either a plain or antimicrobial soap and water.
33. The term “sanitize” means to kill all life-form.
34. Dental Board of California (DBC) requires that all dental instruments be sanitized in an Ultrasonic Cleaning Machine in order to prevent injury.
35. “Precogning” and “Sanitizing” generally mean the same thing.
36. Disinfection means the removal of SOME microorganisms, not necessarily all.
37. There are three ways to disinfect: scrubbing, soaking in “cold sterile” for 15 minutes and spraying with disinfectant spray.
38. Sterilization is “killing all life form”.

39. The Dental Board of California has specific guidelines for the process of preparing items for re-use in the dental office.
40. There are two ways to sterilize: in a special machine and in “cold sterile” if left for more than 10 hours.
41. The best way to describe sanitizing is that it is the removal of debris, where disinfecting and sterilizing has to do with killing microorganisms.
42. Employees in the dental office who may on occasion be exposed to blood or saliva are a “Category IV” employee.
43. Instruments which are classified as “critical” must be disposable, so as to ensure that infectious diseases are not transmitted from patient to patient.
44. Instruments which are classified as “non-critical” must be sterilized prior to use on the next patient.
45. A scalpel and a bone chisel are both examples of “critical” instruments.
46. There is very low risk of disease transmission from touching the x-ray head during radiation exposure.

Personal Protective Equipment

Personal protective equipment, commonly referred to as PPE, includes all of the items which are available for the health care worker to wear, in order to prevent contraction of a communicable disease. These items include:

1. Gloves
2. Mask
3. Eyewear (goggles or face shields)
4. Uniform or lab coat
5. Hair netting (optional and not common)
6. Shoe booties (optional and not common)



Though we don't need the extensive PPE shown in the picture to the right while working on patients in the dental office, it sometimes feels like we are suited up to work in an HIV research lab. It often feels very impersonal to wear the appropriate PPE, but it is **CRUTIAL** to follow OSHA guidelines. After all, they are only in place to protect you!!

The use of rotary dental and surgical instruments (dental "drill") and the air/water syringe in the dental office during dental treatment creates a visible spray that contains droplets of water, saliva, blood and OPIM. This splatter travels a short distance, and settles quickly on the floor, nearby operatory surfaces, on the dental health care professionals and on the patient themselves. Don't assume since a patient "looks healthy" that they are not carrying an infectious disease. Remember, someone may be a carrier of all kinds of diseases and not be feeling signs or showing symptoms of that illness. We **MUST** follow "Universal Precautions" in order to protect ourselves and our families!

Universal Precautions: Treating ALL blood or OPIM as if they ARE infectious.



Masks and Protective Eyewear



The surgical mask worn during dental treatment MUST be worn so as to cover both the mouth and the nose. As treatment is performed and splatter is created, infectious microorganisms can be inhaled both through the mouth and the nose. Many assistants find the mask uncomfortable over the mouth and nose until they get used to it. Keep at it! Remember, you are only protecting yourself!

Goggles or face shields must be worn to protect the eyes from splatter or debris generated during dental procedures. A face shield is NOT sufficient alone; it must be worn in conjunction with a mask to ensure protection through the facial orifices.



Gloves



Dental Health Care Personnel wear gloves to prevent contamination of their hands when touching **mucous membranes**, blood, saliva, or OPIM, and also to reduce the likelihood that microorganisms present on the hands of the DHCP will be transmitted to patients during surgical or other patient-care procedures.

Both exam gloves and surgeon's gloves are manufactured as single-use disposable items that should be used for only one patient, then discarded. Gloves should be changed between patients and when torn or punctured.

WEARING GLOVES DOES NOT ELIMINATE THE NEED FOR HANDWASHING!

Gloves can have small, unapparent defects or can be torn during use, and hands can become contaminated during glove removal. Bacteria multiply rapidly in the moist environment underneath gloves, therefore, hands should be dried thoroughly before donning gloves and washed again immediately after glove removal.



Typically, exam gloves, as shown above, are worn during most dental procedures. Sterile Surgical gloves, as shown to the left are worn during invasive procedures, i.e., usually surgical procedures such as maxillofacial surgery, reconstructive surgery and during the placement of dental implants.

Gloves are also made out of many different materials. Though latex exam gloves are still the most popular in a dental office, many people are allergic to latex. And even some who are not allergic to latex when first working in a dental office, develop the allergy as time goes by. This condition has necessitated the development of gloves made out of other materials.

Vinyl gloves were the first popular option when faced with a latex allergy. They have been a good alternative for many years, and have been a good solution for latex allergy sufferers. One disadvantage of this type of glove, however, is that it is not very elastic, therefore are more bulky and less comfortable.



Nitrile gloves are gaining popularity with many latex sensitivity HCP. They fit better than the vinyl, have more flexibility and are very durable. Commonly, when you see blue or green exam gloves, they are nitrile gloves.

Utility gloves are required by the Dental Board of California to be worn while “processing instruments” and handling potentially hazardous chemicals.. These gloves are puncture resistant, as to reduce the chances of accidental puncture of the skin. They are also sterilizable, so as not to become a breeding place for pathogens.



The proper process for the use of utility gloves is:

1. Don gloves prior to operatory break-down
2. Disinfect operatory as directed
3. With utility gloves still in place, take patient procedure tray to the sterilization area
4. Put the instruments in the ultrasonic cleaner
5. When ready, remove instruments from ultrasonic; rinse and dry
6. Place instruments in sterilizing bag or cassette
7. Place bag or cassette into autoclave
8. Remove utility gloves and place in autoclave as well
9. Wash hands

Review Questions:

Answer the following questions True or False. If false, correct the statement to make it true.

47. OSHA's guidelines for infection control and PPE are established to protect the patient.
48. It is only necessary to wear PPE when assisting during a surgical procedure.
49. Your family will not mind if you don't wear your PPE, they are not at risk.
50. The use of rotary dental and surgical instruments (dental "drill") and the air/water syringe in the dental office during dental treatment creates a visible spray that contains droplets of water, saliva, blood and OPIM.
51. Patients are only carriers of infectious diseases if they look sick.
52. "Universal Precautions" means treating ALL blood or OPIM as if they are infectious.
53. It is not necessary to cover the nose with the surgical mask.
54. If a face shield is worn, a mask is not necessary.
55. Both exam gloves and surgeon's gloves are manufactured as single-use disposable items that should be used for only one patient, then discarded.
56. It is not necessary to wash hands if gloves are used. No cross contamination is possible.
57. Sterile surgical gloves are required at all times.
58. Utility gloves are worn during treatment of patients.
59. Utility gloves are puncture resistant and can be sterilized.
60. Utility gloves are optional and need only to be worn if working in a surgical setting.

Summary

This booklet has only “scratched the surface” of infection control protocol. But it is a good starting point for protecting you from contraction of a potentially life-threatening disease in your new dental profession.

Knowing how to protect yourself from various communicable diseases is **CRITICAL**. Wearing the basic PPE (gloves, mask and goggles) **WHENEVER** working on a patient, and using Universal Precautions at all times is a good start. Within the various SCC DA courses you will be taking, will be more information regarding all the topics discussed here, and in greater detail.

Please remember: you are not just following a bunch of cumbersome rules, you are protecting yourself and your family!

GLOSSARY

<u>Acquired Immunodeficiency Syndrome (AIDS) –</u>	Fatal illness caused by contraction of the HIV virus which attacks the immune system.
<u>Antibodies –</u>	A protein material which destroys foreign substances introduced into the body; part of the immune system.
<u>Antimicrobial –</u>	A substance that kills or destroys microbes.
<u>Antisepsis –</u>	Use of a disinfectant that helps to inhibit growth of microbes.
<u>Bloodborne pathogens –</u>	A disease causing microorganism found in the blood.
<u>Center for Disease Control (CDC) –</u>	An organization whose main purpose is to help prevent the spread of disease.
<u>Cold Sterile –</u>	Solution used to kill microorganisms. Typically submersion of an item for 10 minutes will disinfect, 10 hours will sterilize.
<u>Critical –</u>	Items used to penetrate soft tissue or bone. They have the greatest risk of transmitting infection and should be sterilized by heat.
<u>DBC –</u>	Dental Board of California – governing body responsible for regulation and licensure of dentistry in California.
<u>DHCP –</u>	Dental Health Care Personnel – anyone who treats patients in a dental health care setting.
<u>Disinfect –</u>	To kill SOME microorganisms.
<u>Hygiene –</u>	Cleanliness.
<u>Immune system –</u>	Part of the body responsible for keeping one healthy.
<u>Mucous Membranes –</u>	The lining of the oral cavity.
<u>Occupational exposure –</u>	Any reasonably anticipated skin, eye, mucous membrane contact, or percutaneous injury with blood or any other potentially infectious materials.

<u>OSHA</u> –	Occupational Safety and Health Administration – governing body responsible for protection of employees.
<u>OSHA Standard 1910.1030</u> –	The section of OSHA’s regulations pertaining to the handling of bloodborne pathogens.
<u>OPIM</u> –	Other Potentially Infectious Materials – any material which has the potential for transmitting a disease.
<u>Non-Critical</u> –	Items that pose the least risk of transmission of infection because they contact only intact skin, which is an effective barrier to microorganisms.
<u>Pathogen</u> –	A disease causing microorganism.
<u>Percutaneous</u> –	Through the skin, such as needle sticks, cuts and human bites.
<u>Personal Protective Equipment (PPE)</u> –	Equipment which helps to prevent contraction of a communicable disease. These include gown, gloves, mask and eye protection.
<u>Sanitize</u> –	To remove debris; also called “pre-cleaning”.
<u>Semi-Critical</u> –	Items which touch mucous membranes or non-intact skin and have a lower risk of transmission.
<u>Sterilize</u> –	To kill all life form.
<u>Standard precautions</u> –	Treating all blood or OPIM as if they are infectious.
<u>Vaccine</u> –	An injection of medicine which prevents the contraction of a specific disease.