

CLEANING AND DISINFECTION PROTOCOL OF AREAS AND SURFACES IN DENTAL CLINICS FOR RESPIRATORY PEAK AND COVID 19	SERVICE PROVISION
DENTAL CLINICS COLSANITAS ODONTOSANITAS	V0 – 08-6 2020

## **CLEANING AND DISINFECTION PROTOCOL OF AREAS AND SURFACES IN DENTAL CLINICS FOR RESPIRATORY PEAK AND COVID 19**

The base of this protocol is found in the biosecurity manual, the waste plan, Cleaning, and Disinfection Protocol of areas and surfaces of Keralty. Following, additional specific measures for SARS-Cov2 / COVID 19 for dental clinics are related.

### **Reach of the procedure**

It applies for areas and dental services Keralty in which patient attention processes are done that accomplish the definitions of suspect case or confirmed of acute respiratory infection by Coronavirus (nCov-19) and that require dental attention during COVID-19 pandemic.

### **Cleaning and Disinfection protocol of areas, surfaces and equipment**

Knowledge and maintenance of the indications for the isolation of suspect or confirmed patients with the new coronavirus (SARS-Cov2) is fundamental to protect health workers, general services, administrative areas, surveillance and all personnel that that make integral part of care equipment of the Health Services Providers.

It is known that the new Coronavirus (SARS-Cov2) is transmitted broadly through respiratory drops; produced when an infected person coughs or sneezes. The infection by respiratory drops may be shown when the cough or sneeze drops of an infected person are transmitted by the air at a short distance (generally up to a distance of 1 meter) and are deposited in the mucus membranes of mouth, nose or eyes of the people who are nearby. The virus can also be spread when a person touches a contaminated surface or object and then s/he touches his/her mouth, nose, or eyes. Besides, it is also possible to be spread buy aerosols in such procedures generators of aerosols.

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Dental treatments and dental surgical procedures, mostly, imply the generation of aerosols since the use of air syringes or comprised water, high-speed engines, pieces of slow velocity and ultrasound equipment. Such devices produce aerosols that contain agents potentially infectious, as such found in the blood or saliva present in the oral cavity of the patient.

Patient blood and saliva are spread as aerosols and drops during the dental treatments and are considered potential sources of crossed – contamination, having the potential of causing microbial infections not only in patients but also in the dental clinic personnel. Contaminant aerosols and spatters can be extended to table surfaces, instruments and biomedical equipment, dental units, and the general environment of the dental clinic.

Dental units and services are considered, therefore, as critical areas that require a special management during COVID – 19 pandemic.

The personnel should know and apply the cleaning and disinfection protocol according to the isolation type, as described the Biosecurity Manual by Keralty.

Cleaning staff should use N95 breather, antifluid gown, when entering to the clinic area and access corridors, wearing black gloves for non critic elements and red gloves for contaminated elements

Antifluid gown will be sent to institutional laundry (clothes laundry) as described in the institutional wash process in its manual.

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Next, the PPE that should be used by the General Services personnel is presented

PPE for standard cleaning personnel, doctor office halls.	<b>PPE for the cleaning personnel in critic areas. Dentist Units Aerosol Generation</b>
<ul style="list-style-type: none"> <li>• Gloves and</li> <li>• Uniform</li> <li>• Bonnet</li> <li>• Slip- resistant shoes</li> <li>• Surgical mask</li> </ul>	<ul style="list-style-type: none"> <li>• Eyes shield (security goggles or face screen)</li> <li>• Industrial gloves</li> <li>• Clean long-sleeved antilfluid gown</li> <li>• N95 Mask, due to aerosol activities. Long-term use ( up to 8 hours) (handed over by institution)</li> <li>• Closed slip-resistant weather proof shoes, easy to clean</li> <li>• Bonnet, drawn back hair</li> </ul>

### **N95 Respirator use**

N95 respirator should be used inside the dental clinics and when entering to make the cleaning in Dentist areas and access halls ( mentioned before)

The cleaning personnel must verify the sealed test before entering to clinic areas.

The recommended extended period use is maximum 8 hours.

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Limiting the number of reuses to not more than five uses is suggested. That is, the user can retire and put back maximum 5 times during the shift in the case the user needs to retire it during the shift to eat something or due to a personal need, to guarantee an adequate security margin. In any case, avoid to retire the respirator and put it back. Beware of not touching the front

The cleaning personnel that reuses an N95 respirator should use a clean non-sterile pair of gloves and hand wash when wearing or adjusting the N95 respirator previously used.

Discard the gloves and hand wash hygiene after wearing or adjusting the N95 respirator

If the mask is retired due to any motive (for instance, when leaving the dentist office to take a break or to finish a shift), it is discarded as clinical waste, unless it can be reused safely as describe following.

Para reutilizar el respirador N 95 utilice bolsas de papel o cajas de cartón utilizados para almacenar respiradores con etiquetado en zona visible o en el respirador en sí (en la correa) entre usos con el nombre del usuario para reducir el uso accidental del respirador de otra persona.

To reuse the N95 respirator use paper bags or card board boxes to store respirators with label in a visible spot or in the respirator itself (on the stripe) among uses with the name of the user to reduce the accidental use of the respirator by other person.

Discard in red basket the N95 respirators after finishing shift.

Discard an N95 respirator if it is deteriorated, got dirty, moisten, or if it loses the seal.

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### **Gowns:**

The gowns material must impede the water and corporal liquids pass (secretions and other) with viral particles, applying in specific conditions of pressure, and cover up to the neck.

The gowns use is indicated for worker and it is considered for personal use. A gown must be used during the shift.

There must be a designated site to hang the gown in the the established área of retire of the PPE. There must be separated hooks to each staff member to hang his / her gown, which will be marked with the member's name with tape.

Before taking away the gown, this must be sprinkled with ALCOHOL at 70% to inactivate the virus. Washing and sanitizing the gloves with quaternary ammonium before putting off the gown is recommended. The contact with the exterior layer and the interior layer of the gown or hands should be avoided. In case of contact with the exterior surface of the gown with bare hands, hand wash must be done.

Change the gowns in the case they are broken, moisten or contaminated with blood, respiratory secretions or other corporal fluids and when finishing the cleaning of the dentist offices

The personnel should not be out of the dentist office to the dental clinic common areas using the gown. They should either not retire with the exclusive uniform used in the work place.

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## BIOSECURITY NORMS IN THE CLINIC AREAS

### Classification of the hospital areas according to risk

Daily, the Dentist and the assistance personnel work in intimate contact with mucosa, blood, and corporal fluids of a large number of patients, therefore, there are multiple possibilities of transmitting and catching infection diseases during the dentist assistance; due to the action field, that is the oral cavity and where procedures that can produce contamination are done. Due to this, it is important to implement rigorous protocols of disease prevention taking into account the level of risk of contamination that is found in the area.

### High Risk Areas

Critic areas are considered such where invasive procedures are done, where patients, because of their condition, are more exposed to catch an infection, and where the washing of contaminated material is done. There have been direct and permanent contact with blood or other corporal fluids to which universal norms of caution are applied:

- Sterilization
- Dentistry
- Final Waste Deposits

### Intermediate Risk Areas

These are semi-critical areas and patients can stay for long periods or stay temporarily. They are the areas which contact with contaminating body fluids is not permanent:

- Radiology Service

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- Cleaning and Cleaning Services
- Areas for handling impressions and plasters

### **Low risk areas**

These are non-critical areas and people are passing through and do not have direct contact with hospital elements. Areas where contaminating body fluids are not handled:

- Administrative areas
- Hallways
- Dental laboratory
- Waiting rooms

### **General rules for cleaning and disinfection**

The frequency of cleaning and disinfection of all surfaces must be increased, including furniture, floors and all dental equipment, using the established biosafety protocols, the sterilization processes remain the same and no particular additions are made for the COVID pandemic- 19.

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## Routine cleaning and disinfection of Dental office

Responsible	General service staff and Dental Assistant
Frequency	<b>Between patient and patient</b>

Routine cleaning between patient and patient goes to handling as terminal cleaning.

General service personnel are responsible for cleaning the surfaces of counters, floors, walls, ignition switches, handles, seats, doors, sink faucets, gel dispensers, door handles, among others, since all patients considered infected and these surfaces are less than two meters from contact with the patient.

Using a damp cloth with detergent is the first necessary step to remove microorganisms and dust from the surfaces, then apply disinfectant according to what is described in institutional protocols. This activity is carried out by general service personnel.

Take into account, according to the type of ventilation in each office and according to the generation of aerosols, the waiting times to be able to clean and disinfect dental offices.



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General service personnel can enter immediately after patient care has been completed and the patient has left the office, they must enter with the defined PPE (personal protection equipment) and start the cleaning and disinfection process.

The defined times for the admission of the next patient to the unit that was previously used are as follows: Offices with natural ventilation: 90 minutes,

Offices with mechanical extraction: 20 minutes,

Offices with air conditioning or without natural ventilation: 3 hours.

The dental assistant must perform cleaning and disinfection between patient and patient of all the elements that make up the dental unit and biomedical equipment, computer equipment, televisions, tables and auxiliary counters and must send the equipment and instruments to the sterilization process in accordance to what is established in the Handbook of Good Sterilization Practices. You must dispose of all waste according to the established disposition and the non-disposable PPE, visors and mono-

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goggles of the healthcare personnel and the patient will be cleaned and disinfected.

You must have the necessary human resources from the general services to support the operation in the Dental Clinics

It is indicated to carry out terminal cleaning and disinfection at the end of the patient care day and the following day before starting patient care at each dental office.

General service personnel should not perform their cleaning and disinfection functions during dental care.

Cleaning and disinfection products that have activity against encapsulated viruses such as SARS-Cov2 / COVID-19, products such as hypochlorite, hydrogen peroxide, quaternary ammonia, must be used to perform standard cleaning and disinfection procedures in clinical care settings, including patient care areas procedures where aerosols are generated.

Use disinfectants according to the manufacturer's recommendations and that meets the INVIMA requirements for their use.

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Remove furniture and non-essential items from the environment, those that remain should be easy to clean and not store or retain waste, either in or around itself.

Cleaning should be done from the dirtiest to the cleanest.

Validation and monitoring of the cleaning and disinfection procedure by direct verification is required, as well as checking that the personnel in charge have the personal protection elements and that they use them appropriately.

### **Cleaning and disinfection of sterilization areas**

Responsable	General services personal
Frecuencia	Daily at the start of the day at midday and at the end of the day

It is proceed as described in the procedure for cleaning and disinfecting dental offices, increasing the frequency of cleaning and disinfection at the start of the day

Generate routine cleaning including cleaning surfaces, counters, faucets, soap and towel dispensing floors using cleaning and disinfection products that have activity against encapsulated viruses such as SARS-Cov2 /

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COVID-19 using products such as hypochlorite, hydrogen peroxide, quaternary ammoniums that are indicated to perform standard cleaning and disinfection procedures.

The daily terminal cleaning includes the following steps in addition to that described above:

Carry out a uniform cleaning using soap to remove dirt from all surfaces, start with the ceiling (including lamps), walls, doors, windows, continue through the other surfaces described, and finally wash the floor. Rinse and then apply the disinfecting solution to all surfaces.

### Cleaning and disinfection of dental radiology room

<b>Responsible</b>	General service staff and Dental Assistant
<b>Frequency</b>	Between patient and patient or before evidence of contamination

The dental assistant discards the protective plastic bags of the lead plates, or the sensor of the radiovisiograph in a bin with red bag and performs the disinfection of all the surfaces of the equipment that had contact with the patient at the time of the image taking. radiographic. chin, hands, forehead, oral cavity mucosa.

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For cleaning and disinfecting surfaces, general service personnel will proceed as described in the procedure for cleaning and disinfecting dental offices, increasing the frequency of cleaning immediately after radiography, using cleaning and disinfection products that have activity against viruses. encapsulated as SARS-Cov2 / COVID-19.

### Cleaning and disinfection of cleaning room

<b>Responsible</b>	General service staff
<b>Frequency</b>	Daily or before evidence of contamination

It is proceed as described in the procedure for cleaning and disinfecting dental offices:

Carry out a uniform cleaning using soap to remove dirt from all surfaces, start with the ceiling (including lamps), walls, doors, windows, continue through the other surfaces described, and finally wash the floor. Rinse and then apply the disinfecting solution to all surfaces, using cleaning and disinfection products that have activity against encapsulated viruses such as SARS-Cov2 / COVID-19.

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## Cleaning and disinfection of waiting rooms

Responsible	General service staff
Frequency	Daily or before evidence of contamination

It is recommended to adapt the furniture in the waiting rooms so that the distance of 2 meters can be established between patient and patient. This to ensure social distancing, avoid the spread of SARS-Cov2 / COVID-19 mainly

Remove magazines, brochures, toys, and any entertainment items from the waiting room to prevent contamination and possible contagion and facilitate the cleaning of areas.

- The waiting rooms and everything in them must be kept clean.
- Only one companion is authorized in the waiting room if care is to be provided to a minor or older adult who has limitations to be alone or persons with disabilities who require a companion.

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The cleaning and disinfection processes of the physical plant and furniture must be methodical, programmed and continuous, in such a way as to ensure the reduction of infections and their transmission. Cleaning processes should always precede disinfection processes, as they facilitate the action of germicides.

The area should be disinfected and cleaned using the techniques defined in Keralty's cleaning and disinfection protocols and adequate disinfectant dilutions, in accordance with basic cleaning and disinfection procedures. Workers and suppliers should be aware of the mechanism and obligation to report incidents and accidents at work.

Do not handle cell phones during stay in dental clinics to avoid contaminating them.

### **Disinfectants**

In front of the new coronavirus (nCoV-2019), the disinfection to be carried out will be of high level in the framework of this procedure, as indicated in the Keralty Biosecurity manual and the cleaning protocol for areas, surfaces and equipment.

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In the face of the management of dental offices (nCoV-2019) it is established that recurrent cleaning and disinfection will be carried out and with each new patient care will be performed terminal cleaning and disinfection.

Therefore, it is recommended that the disinfectant for this process must be intermediate or low level for biomedical surfaces and equipment, must comply with the manufacturer's and INVIMA recommendations.

The disinfection process for suspected cases of new coronavirus (nCoV-2019) are a key part of biosecurity and containment of virus transmission.

Therefore, the selection of the disinfectant should be careful to ensure that the correct product is available for the intended use and its efficient application.

Ensure that cleaning and disinfection procedures are followed consistently and correctly, in accordance with the institution's biosecurity manual and the cleaning and disinfection protocol for areas and surfaces



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Recommendations to be considered for proper storage and disposal of disinfectants and detergents.

**Central storage:**

Make sure there is sufficient storage space.

Prepare and clean the areas used to receive and store the products.

Inspect the packaging for damaged or expired products.

Ensure that the temperature of the storage site is recommended by the manufacturer, indicated on the product label.

Control moisture in the area.

Comply with ventilation conditions.

Signpost the area.

Provision of disinfectants and detergents on the site of use:

Ensure storage conditions according to manufacturer's instruction on shelves or their equivalent.

Check that they are not mixed with other products.

Store in clean, dry, ventilated areas and protected from light.

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Keep containers tightly closed and clean and ensure they are clean and indicated according to the type of input.

### **Cleaning and disinfection of dental biomedical devices and equipment**

All instruments and equipment intended for patient care require prior cleaning, disinfection or sterilization, in order to prevent the development of infectious processes.

Classification of elements according to risk

In the 1960s, E. H. Spaulding carried out a classification scheme based on the risks of infection related to the use of medical equipment. This system has also been adopted by the Centers for Disease Control, and is as follows:

#### **Critical elements**

They are objects that have been in contact with a large amount of contaminating bodily fluids or that penetrate sterile tissues of the body such as surgical instruments. These elements harbor a great potential

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for infection if the item is contaminated with any kind of microorganism, including spores. Then it is essential that objects that penetrate tissues of a sterile body, are sterile. Most of these critical items are reusable and must be steam sterilized if they are sensitive to heat, can be treated with ethylene oxide (ETO). Stabilized hydrogen peroxide or formaldehyde may also be used, provided that the manufacturer's instructions regarding the correct concentrations, times and temperatures are followed.

Critics: Dental and surgical instrumentation

Semi-critical elements

They are those items that come into contact with medium amount of contaminating bodily fluids such as mucous membranes. Intact mucous membranes are usually resistant to infections, but may not provide adequate protection against organisms such as Tb Bacillus and Viruses.

Semi-critical items require high-level disinfection with high-level chemicals such as glutaraldehyde, orthophthaldehyde, after washing with an enzyme soap. These semi-rhythmic items should be rinsed thoroughly with sterile water, after disinfection. After rinsing, if the

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implements are not to be used immediately, they should be dried very well and taken care of to avoid recontamination.

Semi-critical: printing buckets, openers, bite blocks, respiratory therapy equipment, and anesthesia, otoscope cones, non-invasive fiber optic endoscopes, both flexible and rigid, bronchoscopes and cystoscopies, transesophageal probe, among others.

Non-critical elements

Items that come into contact with intact skin, but not with mucous membranes. Since intact skin provides effective protection against most microorganisms, high-level sterilization and disinfection can be suppressed in non-critical equipment.

Non-Critical: instrument trays, rubber cups, glass tiles, cement spatulas, plaster and alginate, dappen cups.

Biomedical equipment

Responsible Staff of dental assistants

Frequency Between patient and patient

Before starting the cleaning and disinfection process, the following must be taken into account:

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- A. Equipment compatibility with chemical germicides.
- B. Whether the equipment is waterproof or can be safely submerged for cleaning.
- C. Disinfection methods.

In the absence of manufacturer's instructions, it is recommended for non-critical items:

- A. Turn off the equipment prior to cleaning and disinfection and DO NOT apply chemicals directly to the electrical part of the equipment and keyboards.
- B. Atomize two-in-one disinfectant solution on a disposable cloth and clean the equipment with product two in one (quaternary ammonium), apply to a new disposable cloth solution two in one (quaternary ammonium) on the surfaces of medical equipment and let the disinfectant solution dry.
- C. Wear gloves to clean surfaces of non-critical equipment that are frequently touched with gloved hands during patient care or are highly likely to be contaminated with blood or other bodily substances.

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D. Use disposable cloths for cleaning and disinfection impregnated in quaternary ammonium on the surfaces of the equipment.

### **Dental Units**

Armchair, lamp, module, hoses, base, handles

Atomize with two-in-one disinfectant solution (quaternary ammonium) on a disposable cloth and wipe the surfaces of the equipment

Apply two-in-one disinfectant solution (quaternary ammonium) to disinfect and distribute evenly to cover all surfaces to clean the unit's armchair, handles, module, hoses and lamp and let dry

Start from the least contaminated to the most polluted.

Let it work and let it dry.

### **Spitter and ejectors**

Wash the spittoon with Sodium Hypochlorite at 2500 PPM after each patient.

Purge the ejector with Sodium Hypochlorite at 2500 PPM after each patient.

At the end of each shift, use sodium hypochlorite at 5,000 ppm for cleaning ejectors and spits.

If performing surgical procedures, use sodium hypochlorite cleaning at 5,000 ppm.

### **Computer**

Adapt with computer protocol

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Computer keyboards of health institutions shall have a protective lining that prevents particles of foreign or organic material with bacteria or viruses from becoming in the keyholes. Cleaning the computer keyboards includes removing, cleaning and disinfecting the protector at the start of the shift. During the shift, cleaning and disinfecting the outer or upper surface of the shared keyboard protector should be performed just before each use.

For members of the administrative team, the equipments must be cleaned at the beginning and end of each official's shift.

In the case of contact droplets, aerosols, it is necessary to clean and disinfect the implements mentioned here immediately after contact.

Atomize a cloth with disinfectant solution two in one (quaternary ammonium) and distribute evenly with a towel until all surfaces are covered. Let it dry.

Other equipment: Autoclave, ultrasonic washing machine, photocuring lamp, apical locator, cavitron, scaler, intraoral camera, electrobisturí, omnicam, diagnostic imaging equipment (periapical, tomograph, panoramic, phosphor plates)

To clean the equipment, clean the equipment, clean the equipment two at a time (quaternary ammonium) and distribute evenly to cover all surfaces of the equipment.

Atomize the disinfectant product on a new disposable cloth two at a time and apply to all surfaces of the equipment

Let it work and let it dry.

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**For autoclave, please note the following instructions:**

Perform a weekly cleaning to the inside of the equipment

Remove tray holder and trays. Clean them with the enzyme detergent, rinse immediately to avoid staining on the metal and dry.

Wipe the inside of the camera with a damp cloth.

Drain the water tank and refill it with distilled water.

Place a few drops of oil on the 2 door bolts and on the pins used to lock it.

**High-speed, low-speed handpieces**

This type of parts are always sterilized after use, between patient and patient.

Clean and disinfect the turbine immediately after each treatment to remove any liquids that may have penetrated and to prevent the internal parts from being blocked.

Apply the product two by two in one (quaternary ammonium) on a disposable cloth for cleaning and evenly distribute to cover all surfaces of the equipment.

Atomize the disinfectant product two in one (quaternary ammonium) on a new disposable cloth and apply to all surfaces of the high-end part

Let it work, let it dry.

After cleaning and disinfecting the high part, disassemble and lubricate the equipment by applying 2 drops of lubrication oil to the air conduction port.



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Operate the high and low part, WITHOUT WATER (the high part always with a cutter attached), in order to remove excess oil in the system from the equipment.

Pack the handpiece in a medical grade polypropylene bag and close it.

Take it to the autoclave.

### **Clothing Handling**

The following uniform will be used for wardrobe management:

Dark blue antilfluid gown: Dentist, Dental Assistant

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Instituto

produced by

Martha Inés Luna Rios

Director Dental SANITAS

Diana Bermudez

Coordinator Queen Sofia Clinical Infections Committee

Constanza Hernandez

Keralty Physical Environment and Services ManagerGeneral Services

Vice President of Physical Infrastructure

Bibiana Garcia

Keralty Quality Manager

Yira Marcela Torres

Keralty Quality Nurse

REVIEWED BY

Dr. Fredy Guevara Pulido

National Head of the Department of Infectious Diseases Colsanitas Clinic