

DENTAL UNIT WATERLINE INFECTION CONTROL

A GUIDE TO DENTAL WATER INFECTION CONTROL FROM:



Every practice should have a designated **infection control coordinator**



Water used in dental units should have **less than 500 CFU/mL**

Every practice should have a policy & procedure manual for maintaining dental unit waterlines.

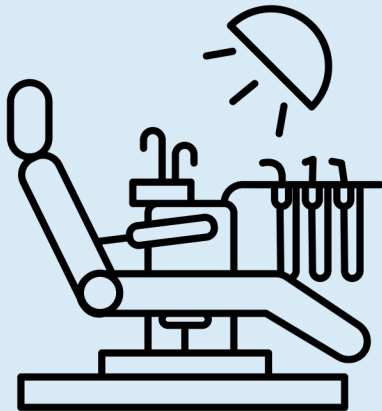
Where should they come from?

- CDC, state, and local guidance
- Dental waterline treatment products
- Dental unit manufacturer instructions
- Secondhand knowledge

What should be included?

- Frequency of dental waterlines testing
- Remediation protocol following failed testing (results >500 CFU/ml)
- What to do in the event of a water boil advisory
- Special circumstance protocol (boil-water, extended office closure)

WHICH LINES SHOULD BE REGULARLY TESTED?



- High-speed handpiece(s) lines
- Air/water syringe(s) lines
- Ultrasonic scaler(s) lines
- Unused waterlines

*If these dental unit waterlines have been shocked and a contamination problem persists, source water or reservoirs should be tested

WHEN SHOULD DENTAL UNIT WATERLINES BE FLUSHED?

- According to manufacturers' instructions.....
- 20-30 seconds after each patient.....
- 2 minutes at the end of each day.....
- After the final patient of the day.....

Additionally, **waterlines should be emptied and dried overnight** to remove as much water as possible.

WHAT TO DOCUMENT WHEN TESTING DENTAL UNIT WATERLINES

- Test date.....
- Location (i.e. , chair/operator #).....
- Water source.....
- Test results.....
- Waterline maintenance/shock product name...
- Waterline maintenance/shock product lot #.....
- Pooling details* (if samples pooled).....
- Name of team member sampling.....

*Pooling: Sampling from multiple waterlines that is then combined for testing