



Pandemic Infection Control for the Mobile Dental Practice

- Sample Document -

Special thanks to Your Special Smiles PLLC.



This document has been created through collaboration with the American Mobile & Teledentistry Alliance and Your Special Smiles PLLC. It is intended to be a sample document only and is not to be relied on as a resource for accurate guidelines. It is up to each dental practice to comply with current regulations and recommendations. Updated July 2020

[Dental Practice Name]

[Mission Statement]

Infection Control in the Mobile Clinic

- **PPE**

- [Dental Practice Name] will provide needed PPE for Employee.
- Only [Dental Practice Name] approved PPE will be permitted unless authorized by the owner or person designated as Infection Control ICM (herein ICM).
- If Employee has PPE he/she would like to use, ICM will ensure it is safe for Employee and patient. ICM will approve a proper cleaning protocol of personal or additional PPE.
- If the Employee feels there is additional PPE they need, contact ICM to discuss this. Employee should be prepared to provide evidence as a basis for the request.
- PPE that is designed to protect the patient is mandatory.
- PPE for students and volunteers is mandatory.
- PPE designed to protect Employee will be accessible at all times and is highly encouraged.
- If Employee elects not to use provided PPE and obtains an injury or illness that could have been prevented by the use of PPE, the employee shall take full responsibility for reckless behavior and self-infliction of injury or illness.
- Employees will be trained on the risks of improper use of PPE and which PPE is appropriate for specific situations. Licensed professional employees are assumed to have this knowledge in their professional education and should contact the ICM if they have any questions, concerns or feel they do not have adequate training in this area.

- **PPE Selection/Storage**

- Re-usable PPE - Multi-patient use
 - Shoe covers may be multi use if made of durable and wipeable plastic. Wipe these with disinfectant between patients. At the end of the day, wipe thoroughly and place in the designated bag (which should be able to keep separate from other supplies but also allow airflow). Store with infection control supplies.
 - If Employee does not like wearing shoe protectors, please wipe shoes between patients. Shoes made with a wipeable, firm material are recommended.
 - Safety Glasses/Safety Goggles/Face Shields
 - Safety Glasses/Goggles will be provided for employees and patients
 - Wash with soap and water between patients
 - Make sure there are no spots or streaks
 - Employee is welcome to wear personal loupes. For protection, they are required to have side shields.
 - Loupe wipes will be provided. Wipe between patients.

- If loupes require a special wash or wipe, Employee is responsible for providing it.
 - Face shields will be provided and are encouraged if performing aerosol generating procedures.
 - Wash with soap and water, or alcohol wipes, between patients.
 - Make sure all glasses, face shields, or loupes are dry before putting in bin
- Head wraps can be used for multiple patients only if the headwrap was not touched, if they were used for an aerosol-free procedure, and if patient did not cough or sneeze.
 - When soiled, head wraps should be placed in laundry bag
- Re-usable PPE- Single-patient use
 - **Outerclothes** are clothes to wear over your clothes. Example of such would be: Scrub Sleeves, an overshirt shirt, and chef's apron. These are NOT FDA registered for protection from microbial penetration
 - Use when little to no aerosol production is expected. Because they may be penetrable they are not recommended if generating aerosols.
 - Clean overclothes will be in the bin in a sealed bag. Do not throw away the bag, simply return to clean bin.
 - When finished with patient, place dirty overclothes in dirty laundry bag unbagged.
 - **Surgical Gown:** These are registered with the FDA to protect from microbial penetration
 - Use these if Employee expects aerosol production or significant droplet production. This is more water resistant but less breathable.
 - Clean gowns will be in the bin in a sealed bag, Donot throw away the bag, simply return to the bin.
 - When finished with patient, place surgical gown in dirty laundry bag
- **Mask or Respirator**
 - Masks/Respirators are typically single patient use
 - If a nationwide shortage of respirators is known, N95 and KN95 may be used for multiple patients in the same day only if Level 1 mask is worn over (and mask is not visibly soiled).
 - No mask or respirator shall be used more than one day.
 - Masks can be disposed of in the trash where patients do not have access
 - Choosing mask:
 - **Level 1:** Over a respirator in times of shortage
 - **Level 2:** When not expecting to generate aerosols or droplets, when the patient does not have excessive cough reflex or gag reflex
 - **Level 3:** When aerosols or droplets are expected, when we are not in a pandemic or extenuating circumstance, when the patient has no symptoms of illness (patient may have cough or gag reflex)
 - **Respirator: (N95 or KN95):** When generating aerosols from a

patient who is symptomatic for illness, when generating aerosols during a pandemic or time when asymptomatic spread of a disease is a concern

- Fit testing is required for proper respirator use. We will not restrict the availability of a respirator for Employee solely because of lack of availability of testing. Notify ICM if Employee has respiratory conditions. Employee may require a medical consultation to utilize a respirator.
- Employee will NOT be required to perform or assist with aerosol generating procedures on any patients who are symptomatic or during a pandemic situation when asymptomatic spread is a concern.
- We will continue to update our handbook as new information emerges with the novel coronavirus COVID-19 and asymptomatic spread. At this time in the abundance of precaution we are recommending the use of an N95, KN95 or at minimum a surgical mask and face shield if aerosols are created.

- **PPE Use**

- Donning

- **Step One:** Put on Employee head cap, gown or arm/leg/chest coverings
 - **Step Two:** Put on Employee mask and adjust
 - **Step Three:** Fit mask or respirator to Employee nose
 - Respirators should not have air flowing in the sides. To check, perform fit check each time Employee puts it on by inhaling, exhaling, and feeling for leaks around the edges of the mask. If reusing masks in the time of shortage, consider handwashing or utilizing sanitizer at this point
 - **Step Four:** Put on goggles and/or face shield. Turn loupe light if needed (can not adjust light with gloves on)
 - **Step Five:** Put on gloves, making sure gloves go over arm protection

- Doffing

- **Step One:** Remove gloves. Remember the outside is contaminated. Remove the first one touching outside, then remove the second without touching the outside. If Employee touches the outside, wash hands immediately or use an alcohol-based sanitizer. Discard in a trash can that is not accessible to patients
 - **Step Two:** Remove the face shield and goggles with clean hands. These are considered contaminated until washed with soap and water. Wash these and wash Employee hands.
 - **Step Three:** Remove gown or sleeves/shirt/apron and place it in the laundry bag. Then use alcohol-based sanitizer.
 - **Step Four:** Remove Employee mask. Use sanitizer or wash hands

- **Standard vs. Transmission-Based Precautions**

- Standard precautions

- Standard Precautions are used for all patient care and are based on a risk assessment, common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.¹

- Transmission based Precautions⁵:

- These are precautions taken for specific conditions. They may be implemented if a patient has a known condition or if something is particularly of risk in a community. These are above and beyond standard precautions.
- Contact Precautions:
 - Single patient per room
 - Use PPE at all times
 - PPE should be on before entering the room and off immediately after leaving
 - Only medically necessary people in a room
 - Disinfect common items between patients
 - Clean hands before entering and after leaving room,
 - Do not use the same gown or head wrap for more than one person.
- Droplet Precautions:
 - Mask on patients at all times unless working in the mouth
 - Mask before Employee come into the room
 - Minimize number of people in the room to only those necessary
 - Eyes nose and mouth must be covered before entering the room
- Airborne Precautions:
 - Must wear a respirator any time in the room.
 - The door must be closed, hands must be washed and PPE put on before entering and then removed after leaving.
 - There are also ventilation rules for these rooms such as cycles per minute for air change and specific set-ups based on air flow.
- Airborne Awareness:
 - This is not a real category but rather something we made up. Knowing that viral particles can be spread through airborne routes, yet also knowing that airborne precautions may not be possible, or indicated, in a mobile setting. This is a combination of droplet, contact and standard precautions, with special attention to aerosol production.
- Identify when patient needs additional precautions for proper infection control:
 - We do not perform elective treatment for patients who are acutely ill.
 - For emergent procedures on an acutely ill patient we will use the appropriate precautions based on the illness present. Contact/droplet precautions will be used as needed with special attention to aerosols generated (Airborne Awareness). We are not able to properly isolate negative pressure rooms and therefore we will not be able to treat patients with certain illnesses, and we cannot comply with true aerosol precautions. Patients who are ill will only be treated if there is a true emergency and we are the only option.
 - Patients who have the following may be treated for emergent conditions:
 - influenza, rhinovirus, norovirus, rotavirus, pertussis, adenovirus, SARS-CoV, Group A Strep, Nesseria meningitidis, Mycoplasma pneumoniae³
 - We are unable to see patients who have the following even for an

emergent condition:

- TB, Measles, chickenpox, smallpox³ All of these require special airflow rooms which we do not have.
- Due to the pandemic situation and the lack of comprehensive understanding of the disease, we are currently unable to provide treatment for patients who have COVID-19 or symptoms consistent with COVID-19.

- **Hand Hygiene**

- Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:
 - Before touching a patient
 - Before performing an aseptic task
 - Before moving from work on a soiled site to a clean site on the same patient
 - After touching a patient or the immediate environment
 - After contact with blood, body fluids, or contaminated surfaces
 - Immediately after glove removal
- Alcohol based sanitizers will be between 60-95% alcohol
 - Alcohol denatures proteins and water is needed for this, which is why we use this range of effectiveness. The middle to lower range of this is actually more optimal due to the needed water concentration. We will strive to have 63%-75%, however due to lack of availability it may run anywhere in the range of 60-95%.
- Wash with soap and water if hands are visibly soiled
 - Antimicrobial soaps are preferred

- **Airflow/Air Contamination**

- A portable clinic has little control over airflow in the facility. Here are things we can do to improve airflow conditions:
 - We can set up a fan to blow from clean to dirty, blow aerosols away from the provider and patient, make sure we aren't blowing dirty air toward equipment. Each provider set up will have a small portable fan.
 - We can crack a window if weather and location permits. Only crack a window if a proper screen is in place. Ensure that air flows in the direction where dirty air will be blown away from the patient, provider, and clean equipment. Airflow should be from clean to dirty.
- Consider utilizing HEPA filters during sterilization and treatment. As all settings will differ, and HEPA filters differ as well. We will provide how we selected HEPA filters for our spaces as an example:
 - We will have two HEPA filters that are portable that providers can share and one is permanently in the sterilization room.
 - Changing filters
 - Filters, when run regularly, need to be changed every six months.
 - We will follow this for the filter that is in constant use in the sterilization room.
 - We will use the filter in the sterilization room as a reference to gauge how frequently we need to change the portable filters as these will not even be used on a weekly basis.
 - How much filtration to use: CDC requires airborne isolation rooms to have

filters that filter our area 12 times per hour if performing sterile procedures in a new facility. Facilities can be grandfathered in at 6 times per hour. A typical room is about 1,000ft³ (10ftx10ftx10ft). This means that in old construction, 6,000 ft³ would need filtered in an hour, so 100 ft³ per minute. Our procedures are not sterile and being portable means minimizing unnecessary equipment. Our filtration system filters 50ft³/min. Two of our filters would filter to the standard of an old construction airborne isolation room of our estimated room size. **This is our thought process and is not an official recommendation.*

- Consider in your sterilization room to cover for ultrasonic when in use to prevent aerosol generation from dirty instruments
- **Flooring**
 - Flooring Considerations:
 - When possible try to set up in an area that does not have carpet. It is understood that this may not be possible.
 - Artificial reusable flooring has been considered and the trip hazard risks outweigh the benefits a portable and wipeable floor in our particular situation. This should be considered on an individual practice basis.
 - Disposable flooring has been considered (such as a drop cloth or plastic taped down) The trip hazard, we believe, outweighs the risk due to the nature of our practice and the populations we serve. This as well should be evaluated on an individual practice basis
 - Cleaning Flooring:
 - At the beginning of the day:
 - Spray, mop or wipe flooring as appropriate. If carpet, disinfectant (household Lysol) around the area we will be working (pending availability and facility approval).
 - At the end of the day:
 - Spray/wipe/mop the floor of the area we used to decrease any microorganisms that may have settled after our treatment
 - Between Patients:
 - If we have a patient who may crawl or sit on the floor we should spray/mop/wipe the floor between patients as well. .
 - Nothing can be used in the mouth that has touched the floor.
- **Waterlines**
 - Use Distilled water only with equipment/instruments
 - Tap water may have up to 500 CFU/ml which introduces bacteria into the system
 - Tap water or spring water may have minerals that can cause buildup and clog units over time
 - CDC water recommendations:
 - CDC says dental water should meet drinking water standards which limit 500 CFU/ml
 - Clean water lines and suction according to Manufacturer Instructions
 - ADA
 - Follow CDC and Manufacturer's instructions
 - Strive for under 200 cfu/mL- better than drinking water
 - Flush all water lines at least 20 seconds between patients

- Surgical procedures need independent sterile water supply
 - Monitor based on manufacturer's recommendations, in office or mail-away kits can be used
- Testing:
 - Test all water lines, including ultrasonic scalers, quarterly (every three months) or when returning after a long period of inactivity.
 - Regular testing should happen with no special precautions. Take water out in the middle of the day between patients. Do NOT shock the lines prior to testing as this will not be a true indication of daily waterline contamination.
 - Each provider will test their ultrasonic scaler and any other waterlines they use. They must keep a log of tests and report any test that does not pass to the ICM.
 - ICM will ensure that all lines are being tested appropriately and will make sure that staffing is appropriate to take and read test.
 - If a test fails, lines must be shocked and retested. Unit can not be used until it test passes.
 - Example: We use the Quickpass in office test.
 - Tests take 48 hours. If Employee does not anticipate being at that facility 48 hours from the test, give the test to ICM to monitor.
 - Quickpass waterline test which is an easy in office test. For instructions for use see video at this link:
<https://proedgedental.com/quickpass-in-office-dental-water-test/>
- **Cavitron Infection Control**
 - **Beginning of the day:**
 - Run Bleach then Purge Cycle. Our cavitrons sit longer than in a typical office so we need to be extra careful with bacteria buildup. We will do the "weekly shock" at the beginning of each day.
 - Chemically flush with 1:10 dilution of NaOCl (Bleach).
 - Flow for 30 seconds.
 - Leave undisturbed for 10 minutes.
 - Change out water to pure water.
 - Flush with pure water for at least 30 seconds.
 - Run purge cycle. **Flush with water until Employee does not smell bleach anymore.** Do not use on a patient if Employee smells bleach.
 - **Between Patients:**
 - Run water through the hose 20-30 seconds before and after each patient.
 - Do not use spray disinfectants on Cavitron as it will break down product. Select products that are specifically recommended by your product manufacturer
 - Lysol IC is recommended per Cavitron manufacturer
 - When available we will use this.
 - **End of the day:**
 - Purge lines, disconnect, empty the water.
 - **Regularly check filter:**
 - Check filter and make sure no particulates on filter, make sure it is not discolored. Other signs that can be decreased water flow, or a light may come on in a unit.
 - Tell ICM if the filter needs replaced.

- **Handpieces**
 - Handpieces are single patient use
 - Should run 20-30 seconds before after each patient into suction
 - Sterilize handpieces between each use
- **Air/water Syringe**
 - Should run 20-30 seconds before after each patient into suction
 - Disposable air/water tips will be used.
 - The air/water head will be covered in a barrier with only the tip poking through the plastic.
- **Portable Unit**
 - Follow manufacturers recommendations for cleaning and maintenance or your portable unit. We have the 2018 ASI portable unit and here are our instructions. This is not an endorsement of this product, rather simply an example.
 - Water:
 - Multiple options are available to ensure water is clean. Consider a cartridge system to keep water clean.
 - Example: We use a Dentapure iodine based cartridge to keep lines clean. Follow manufacturer's instructions for cartridge you choose to maintain. If we shock the lines we should remove the dentapure cartridge prior to shocking to avoid interaction of chemicals.
 - Per dentapure instructions we should change the dentapure cartridge after 40 liters have gone through. This for us would be about 80 clinical days. To insure continual proper function over time we will use iodine test strip to make sure that the output is over 0.5ppm iodine. Test this should be done every 6 months to ensure effectiveness.
 - Beginning of the day:
 - Run air/water and handpiece for two minutes at the beginning of the day
 - Between Patients:
 - Run both air/water and handpiece for 20 seconds between patients
 - Wipe unit between patients:
 - Do not use Cavicide as it can cause yellowing. Can use Biosonic wipeout or PDI super Sani cloth. Make sure to check with your individual unique units to see what can and can't be used.
 - End of the day:
 - Purge the suction canister
 - Turn off vacuum pump
 - Unwind the purge hose from the rear of the system and ensure the hose is not kinked
 - Place hose in sink
 - Turn on the purge pump switch while holding the hose in the sink. It will pulse.
 - Pump until liquid stops draining.
 - Suction up 2 liters of water mixed with 3oz of the keep clear solution. Alternate between saliva ejector and the high-volume evacuator. DO NOT USE MORE THAN 2 Liters.
 - Purge this solution out until it is gone.

- Turn off purge pump and rewind the hose
 - Check the trap filter
 - Turn off vacuum pump
 - Remove lid
 - Check filter
 - Check o-ring for cracks and stretching
 - Purge condensation and pressure-
 - Locate the toggle switch on the right side of the back door.
 - Lift toggle to allow air and moisture to escape.
 - Use a small cup under the port to capture any moisture.
 - Hold the toggle up until there is no moisture coming out.
- **Stand Alone Suction Unit**
 - To minimize backflow:
 - Use suction tips with one-way valves for saliva ejector.
 - Follow instructions per manufacturer for proper cleaning. For example we use the Drive Heavy Duty Suction Machine and here are our protocols
 - Cleaning Between Patients
 - Suction a cup of distilled water/vinegar between patients.
 - Remove reservoir bottles, empty and clean between patients.
 - Can empty in the toilet and flush. Clean with alcohol wipe.
 - Cleaning at the end of the day:
 - To clean the tubing: suction vinegar through the tube.
 - DO NOT USE BLEACH. DO NOT MIX VINEGAR AND BLEACH.
 - Empty into toilet and flush.
 - Wash the basin with soap and water
 - Dry with alcohol swab
- **Disposal of Waste**
 - Regulated Medical Waste: If has enough blood that Employee can squeeze it and blood drips out or if dried blood is thick enough to chip off it is considered regulated waste. Sharps are also regulated and should be disposed of appropriately.
 - Must be disposed of in a red biohazard bag. The facility should have one, so ask a caregiver where their biohazards bag is.
 - Put our waste in a sealable bag and immediately discard in their biohazardous waste bag/container.
 - Sharps should be disposed of using the facility's sharps. If transport of sharps is necessary to get to the biohazard disposal site, this must be done in a non-penetrable latched container.
 - Extracted teeth will be disposed of in the biohazard at the facility
 - Non-regulated waste: Gloves, masks, wipes, drapes, gauze that is not saturated, barriers, etc
 - Throw away in the trash, away from the treatment area where the patient does not have access. At the end of the day, tie the bag and discard in a dumpster or allow staff at the facility to discard as they find appropriate.
 - Ensure that nobody has access to our trash except our employees or employees of the facility
 - One suggestion is to dispose of all trash associated with one patient in

the barrier you use on the chair for that patient. Tie the bag to seal it.

- **Instrument Disinfection Cleaning**

- Instruments must be cleaned of debris before transport.
 - Any soiling will interfere with disinfection or sterilization.
- Dip instruments that may have bioburden in enzyme solution before transport.
 - Bioburden does not have to be visible. Any instrument that had exposure to blood or plaque should be considered to have bioburden.
- Instruments that came in multi-instrument sterilization pouches should be put back in those used sterilization pouches for sorting purposes.
- Mirrors and Cavitron tips should to be put in the silicone cassettes
- After instruments are cleaned, dipped in enzymes, and placed in original sterilization bags or silicone cassettes, place in non-penetrable, latched dirty instrument transport bin.

- **Surface Disinfection/Cleaning**

- Surfaces should be treated the same as they are in a regular office.
- Surfaces must be cleaned before disinfection
- Appropriate level of disinfectant should be used based on the surface that is being disinfected

- **Surface and Instrument Classification and Cleaning**

- Critical Items
 - Definition: Objects that enter sterile tissue or the vascular system, touches bone, penetrates soft tissue.
 - Examples: Any instruments that penetrate tissue, scalers, probes, burs, explorers scalpel blades, instruments that go subgingival
 - How to clean/disinfect/sterilize:
 - Steam Sterilization- Best sterilization is steam sterilization
 - Example we use M11 ultraclave
 - Chemicals that can work in this category are:
 - 2.4% or greater glutaraldehyde-based formulation
 - 0.95% glutaraldehyde combined with 1.64% phenol/phenate
 - 7.5% stabilized hydrogen peroxide
 - 7.35% hydrogen peroxide with 0.23% peracetic acid
 - 0.2% peracetic acid
 - 0.08% peracetic acid with 1% hydrogen peroxide
 - They all have different contact times and may interact with surfaces of some instruments. Research for your particular needs. We currently are not utilizing cold sterilant.
- Semi-critical Items
 - Definition: Contact mucous membranes or non-intact skin
 - Examples: Mirrors, retractors, filling instruments that don't go subgingival, cheek retractors, handpieces, syringe, ect.
 - How to Clean/Disinfect/Sterilize:
 - Steam Sterilization: We use steam sterilization with most semi-critical items- same protocol as above
 - Barrier Protection: Items like the intraoral camera will need a barrier as they cannot tolerate steam or regular cold sterilization.
- Non-Critical Items
 - Definition: Come in contact with intact skin
 - Examples: Blood pressure cuffs, computers, extraoral camera, camera

chord, curing light, x-ray heads, pulse oximeter, tables, bins, camera cords

- How to Clean/Disinfect/Sterilize:
 - Need at minimum a low-level disinfectant to clean
 - Example: We use Super Sani Cloth by PDI
 - Ensure adequate contact time to disinfect
 - Example: Super Sani Cloth is a quaternary ammonium based hard surface wipe with 55% alcohol. Kills HIV/TB in one minute and Hep B and Herpes in 2 minutes. 160 wipes per can. Though this is classified as a low-level disinfectant, it is tuberculocidal if given at least one minute
- **Additional Cleaning Information**
 - Cleaning towels will be made available they can only be used once, then placed in the laundry bag.
 - These can be used with soap and water or water alone to clean before disinfected if areas are soiled
 - Barriers should be used whenever sterilization is not possible or when
 - Especially with air/water syringe, sensor, curing light, intraoral camera, and nomad.
 - A UV-C:
 - May be used to disinfect surfaces as an additional measure of safety.
 - According to the CDC, UV is only effective for inactivation of microorganisms on surfaces and destruction of airborne organisms.
 - Levels of Disinfectants:
 - High level: powerful, sporicidal
 - Examples: Gluteraldehyde, peracetic acid, hydrogen peroxide (very concentrated)
 - Not appropriate for household surfaces and are very toxic
 - Should only be used for equipment that needs sterilized but can't tolerate the heat.
 - Intermediate level doesn't kill spores but does inactivate bacterial spores
 - Examples: Sodium hypochlorite, alcohols, phenolics, some iodophores
 - "hospital disinfection that is tuberculocidal"
 - Low level:
 - Inactivates vegetative bacteria, fungi, enveloped virus (ex HIV and Flu)
 - Examples: quaternary ammonium compounds, some phenolics, and iodophors, SuperSaniCloth
 - "hospital disinfection that is not tuberculocidal"
 - Sanitizers
 - Reduce the number of bacterial contaminants to safe level as judged by public health requirements.
 - Sanitizers made for skin are not appropriate for surface disinfection.
- **Sterilization :**
 - Proper sterilization set up (for example clean/dirty line and appropriate workflow set ups) is expected regardless of location of sterilization processing.
 - If an area of a home is designated for sterilization, the provider must ensure that sterilization standards are maintained and there is a system

to prevent cross contamination.

- Care must be taken to ensure instruments, supplies, and sterilization products are never accessible to non-trained personnel.
- Example: Our sterilization will all be done in our sterilization room which is in Dr. Fukuoka's home. It has been set up with clearly defined clean and dirty areas. The door locks. We have an ultrasonic unit, instrument milk and sterilization bags. We have an M11 Autoclave. We have it set up with a clean/dirty line.

- **Laundry**

- Employees cannot take PPE home for home laundering.
- Employees should remove PPE and put it directly in the dirty laundry bag
- This bag should not be kept with the Employee. Employee should return it to ICM or to location as designated by the ICM immediately after day of work.
- During transport laundry must be in closed dirty laundry bag then placed in dirty laundry bin. Any laundry that is wet must be in waterproof plastic bag then placed in laundry bag. If anything is wet the ICM should be notified upon delivery.
- Laundry will be washed as soon as possible after delivery to the appropriate site.
- Washing instructions:
 - For sanitization of laundry using heat only the temperature must be 160 F for at least 25 minutes.
 - Many washers are not capable of that temperature. If unable to achieve 160F for 25 minutes supplemental cleaners must be used:
 - Chlorine bleach may be used, this may be harsh on colors.
 - Activated oxygen bleach (AOB) used in wash
 - Some chemicals need heat activation, utilizing a steam sanitize function (140 F degrees) can reach those temperatures. Make sure to check with particular products if certain temperatures lead to maximum effectiveness.
 - Supplemental Laundry Sanitizers such as Lysol Laundry Sanitizers are encouraged.
 - When utilizing multiple methods of laundry sanitization, a small sample load should be done to insure that that the chemicals/temperatures do not damage the laundry.
 - Some textiles will be damaged with proper cleaning. Damage to textiles should not be an excuse for improper cleaning.
 - Clean Laundry will be completely dried and repackaged into clean bags.
 - Damp laundry should never be left in the washing machine

Resources:

Mask Resources:

1. <https://www.cdc.gov/niosh/npptl/pdfs/N95-Infographic-REACH-II-508.pdf>
2. https://blogs.cdc.gov/niosh-science-blog/2020/06/16/covering-n95s/?deliveryName=USCDC_170-DM30742&fbclid=IwAR1kQ1Pu5pQNDwf-BoEt5vZ9HU4OmB8K50x_d1cPi7cz4s6tKU89GbPMb48

3. https://content.govdelivery.com/attachments/WIDSPS/2020/06/22/file_attachments/1478927/June%2019%20FV6%20Decontamination%20Flow%20Chart%20and%20Guidance.pdf

Standard and Transmission Based Precautions Resources:

1. <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
2. <https://www.cdc.gov/handhygiene/providers/guideline.html>
3. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
4. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>
5. https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318
6. https://www.ada.org/~media/ADA/Publications/PPR/Members/2007%20PPR%20Issues/PPR_VOL2_ISS2.pdf?la=en

Handwashing Resources:

1. <https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>
2. <https://www.cdc.gov/handhygiene/pdfs/Provider-Factsheet-508.pdf>

Airflow/Contamination Resources

1. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>

Miniature Suction Unit Resources:

1. <https://www.healthproductsforyou.com/p-drive-heavy-duty-suction-machine.html>

Surface and Instrument Cleaning/Sterilization/Disinfection Resources

1. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

Laundry Resources:

1. <https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html>