The Centers for Disease Control and Prevention's (CDC) recommendations for the cleaning, disinfection, and sterilization of dental equipment can be found in:

- Forest Operatory Equipment Asepsis Operator’s Guide

Resources

The American Dental Association’s recommendations can be found at: www.ada.org
The Organization for Safety and Asepsis Procedures recommendations can be found at: www.osap.org
FDA Guidelines for Dental Unit Water Line Maintenance can be found at: www.fda.gov

Reprocessing and Infection Control

WARNING: Always wear gloves when handling contaminated components including used barrier protection and while cleaning or disinfecting clinical contact surfaces. Be sure to change gloves after handling contaminated material or devices.

WARNING: Forest recommends FDA-cleared barrier protection (FDA Product Code: PEM) where possible for surfaces that may be contacted by dental practitioners or instruments during a procedure following manufacturer's instruction for use. In addition to infection control, barrier protectors also preserve the finish, appearance and life of your dental equipment.

WARNING: Even with the use of barrier protection, daily clean and then disinfect clinical contact surfaces with an intermediate-level EPA-registered disinfectant (excluding chlorine-based products) with the intended use in healthcare facilities and adhere to manufacturer's instruction for use.

WARNING: Always consult the instruction for use and the Safety Data Sheet (SDS) of the disinfectant manufacturer to be aware of any hazards.

CAUTION: Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use. Ensure the intermediate-level disinfectant product is compatible with the surfaces to which it is being applied. With any disinfectant, daily cleaning with mild soap/water and wiping dry is required to minimize the harmful effects of chemical disinfectant residues.

CAUTION: Forest makes no warranty, expressed or implied, that the use of disinfectants will not damage the surface finish of the equipment. Damage and discoloration of the surface finishes due to chemical disinfection is not covered under warranty.

CAUTION: Do not use powdered cleansers or abrasive scrubbers on any surfaces. To remove dried-on material, use a soft-bristled brush.

Refer to the manufacturer's instruction for use for appropriate cleaning, disinfecting and sterilization requirements for air/water syringes, HVE/SE vacuum valves, handpieces, scalers, cameras, curing lights, dental lights and dental chairs.

For questions or additional information on reprocessing your Forest equipment, please contact Forest Technical Support at 800-423-3555.

Infection Control

Reprocessing Procedure: Between Patients when using Barrier Protection

WARNING: Forest recommends using barrier protection for clinical contact surfaces where possible particularly those that are difficult to clean in order to reduce the risk of cross-contamination.

WARNING: Forest syringes (excluding syringe tip) must be operated with FDA-cleared barrier protection over syringe body/head (such as Pinnacle Syringe Sleeve®); Forest syringe tip must be sterilized between patients. Refer to Forest Air/Water Syringe Reprocessing and Maintenance Operator's Guide for cleaning, disinfection and sterilization instructions.

WARNING: Forest HVE/SE (excluding disposable extraction tip) must be operated with FDA-cleared barrier protection over HVE/SE body; HVE/SE disposable extraction tips are not re-usable and must be disposed between patients. Refer to Forest HVE/SE Reprocessing and Maintenance Operator's Guide for cleaning, disinfection and sterilization instructions.

WARNING: Forest light handles, chair touchpad and control head brake handles must be operated with FDA-cleared barrier protection.

1. Wearing gloves, change surface barrier protection between patients. If visual inspection shows barrier has been physically compromised, clean contact surfaces including removing visible soil/debris and disinfect (or sterilize where possible) clinical contact surfaces.
2. Use clean gloves to install new barriers between patients.
3. Even with the use of barrier protection, following End of Day procedure clean and disinfect (or sterilize where possible) clinical contact surfaces.
Reprocessing Procedure: Between Patients Without Use of Barrier Protection

Clean and Disinfect Clinical Contact Surfaces

1. If barrier protection is not used, if visual inspection shows barrier has been physically compromised or barrier did not adequately cover surfaces, immediately clean and then disinfect or sterilize before next patient following End of Day procedure below.
2. When properly using barrier protection, clean and disinfect or sterilize at the end of day following End of Day procedure below.

Clean and Sterilize Clinical Contact Surfaces

1. After cleaning including removing visible soil/debris, disinfect contaminated surfaces using an intermediate-level EPA-registered disinfectant (excluding chlorine-based products) with the intended use in healthcare facilities (such as CaviWipes™) and adhere to manufacturer’s instruction for use.
2. Using a product labeled as a cleaner (or a solution of mild dish soap and warm water) applied to a wipe or soft paper towel, and thoroughly wipe down clinical non-contact surfaces.

WARNING: Be sure to remove visible soil/debris and rinse all pre-autoclave cleaning agents from components prior to sterilization.


NOTE: The only components that are autoclavable are LED light handles, Forest syringe tip, HVE/SE aluminum body, HVE/SE spool (removed from body) including the Viton o-rings and SE rubber tip. Aluminum HVE/SE quick-disconnect base and Syringe body/head remain on the tubing and are not autoclavable.

Summary of Requirements by Product (Follow Reprocessing Procedures on page 1 & 2)

FDA-Cleared Barrier Protection (Product Code: PEM)

| Required for: | Dental Chair – Chair touchpad.
| Dental Light – L-style light handles (such as Kerr L-style Light Handle Sleeve).
| Dental Unit – Control head brake handles, HVE/SE (excluding disposable extraction tip) assemblies and air/water syringe body/head (excluding syringe tip).

Reprocessing Procedure: End of Day, Between Patients When Barrier is Compromised and High-Risk Patients

Clean Before Disinfecting or Sterilizing

1. With gloved hands, remove and dispose of barrier protection (if used).
2. Using a product labeled as a cleaner (or a solution of mild dish soap and warm water) applied to a wipe or soft paper towel, clean contact surfaces and remove visible soil/debris and contaminants from all clinical contact surfaces whether or not using barrier protection.

Disinfect Clinical Contact Surfaces

1. After cleaning including removing visible soil/debris, disinfect contaminated surfaces using an intermediate-level EPA-registered disinfectant (excluding chlorine-based products) with the intended use in healthcare facilities (such as CaviWipes™) and adhere to manufacturer’s instruction for use.
2. Contrary to disinfectant label instructions for dwell time, allow disinfectant to remain wet on parts for at least a 4-minute dwell (contact) time. Increased dwell time is due to various material and porosity types of Forest units. Use multiple wipes to adequately wipe each surface and in order to keep surface visibly wet for the entire time. Allow surface to air dry for no less than 1 minute.
3. After one minute if still wet, wipe surface dry and then repeat step 2 to allow for adequate disinfection due to various material and porosity types.
4. Remove disinfectant residue with a solution of mild dish soap/warm water and wipe dry to minimize the harmful effects of chemical disinfectant residues.

Sterilize Clinical Contact Surfaces

1. After cleaning including removing visible soil/debris, disinfect contaminated surfaces using an intermediate-level EPA-registered disinfectant (excluding chlorine-based products) with the intended use in healthcare facilities (such as CaviWipes™) and adhere to manufacturer’s instruction for use.
2. Contrary to disinfectant label instructions for dwell time, allow disinfectant to remain wet on parts for at least a 4-minute dwell (contact) time. Increased dwell time is due to various material and porosity types of Forest units. Use multiple wipes to adequately wipe each surface and in order to keep surface visibly wet for the entire time. Allow surface to air dry for no less than 1 minute.
3. After one minute if still wet, wipe surface dry and then repeat step 2 to allow for adequate disinfection due to various material and porosity types.
4. Remove disinfectant residue with a solution of mild dish soap/warm water and wipe dry to minimize the harmful effects of chemical disinfectant residues.

General Purpose Cleaning

For all clinical non-contact surfaces:

1. Daily use a product labeled as a cleaner (or a solution of mild dish soap and warm water) applied to a wipe or soft paper towel, and thoroughly wipe down clinical non-contact surfaces.
2. Wipe surfaces dry.

WARNING: Be sure to remove visible soil/debris and rinse all pre-autoclave cleaning agents from components prior to sterilization.


NOTE: The only components that are autoclavable are the LED light handles, Forest syringe tip, HVE/SE aluminum body, HVE/SE spool (removed from body) including the Viton o-rings and SE rubber tip. Aluminum HVE/SE quick-disconnect base and Syringe body/head remain on the tubing and are not autoclavable.

Recommended for all clinical contact surfaces where possible:

Dental Unit – Control head, tray, touchpads and air/water hoses (such as Pinnacle Cover-all™, Pinnacle Syringe Sleeve, Pinnacle Tray Sleeve, Disposa-Shield™ Hose Covers).
Dental Chair – Chair back/headrest upholstery (such as Pinnacle Chair Sleeve, Crosstex Headrest Cover).

Clean and Disinfect

For all clinical contact surfaces (even when using barrier protection):

Dental Unit – Control head, tray, touchpads and air/water hoses (such as Pinnacle Cover-all™, Pinnacle Syringe Sleeve, Pinnacle Tray Sleeve, Disposa-Shield™ Hose Covers).
Dental Chair – Chair back/headrest upholstery (such as Pinnacle Chair Sleeve, Crosstex Headrest Cover).

Clean and Sterilize

For all clinical contact surfaces (even when using barrier protection):

Dental Unit – Control head, tray, touchpads and air/water hoses (such as Pinnacle Cover-all™, Pinnacle Syringe Sleeve, Pinnacle Tray Sleeve, Disposa-Shield™ Hose Covers).
Dental Chair – Chair back/headrest upholstery (such as Pinnacle Chair Sleeve, Crosstex Headrest Cover).

NOTE: Aluminum HVE/SE quick-disconnect base and Syringe body/head remain on the tubing and are not autoclavable.


Dental Light and Monitor Handles – L-style light handles, monitor adjustment handles and light on/off switch.

Dental Chair – Headrest mechanism and chair touchpad. For Ultraleather® upholstery disinfection, refer to Forest Chair Operator’s Guide.

Not-Reusable

HVE/SE disposable extraction tips.