



RiteWipe™ Handpiece Wipes

Instructions For Use (IFU)

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1 Basis for the cleaning of dental instruments

1.1 The basis for cleaning dental instruments after use and before sterilization processing is well established by the US Centers for Disease Control (CDC) and the Organization for Safety, Asepsis and Prevention (OSAP)/Assoc. for Dental Safety (ADS). See section 6.

1.2 Citations will be provided in the document to offer the most accurate, compliant, and safest process currently available.

1.3 Citations have been provided from the following sources:

1.3.1 [Morbidity and Mortality Weekly Report, Recommendations and Reports, December 19, 2003 / Vol. 52 / No. RR-17; Guidelines for Infection Control in Dental Health-Care Settings – 2003; DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION](#)

1.3.1.1 Cited below in short form with page number as [“CDC Guidelines – 2003”](#)

1.3.2 [Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: US Department of Health and Human Services, Centers for](#)



1.3.2.1 Cited below in short form with page number as [“CDC Summary - 2016.”](#)

1.4 [Organization for Safety, Asepsis and Prevention at OSAP.org/Assoc for Dental Safety \(ADS\)](#)

1.4.1 Cited below in short form as [OSAP/ADS](#).

2 [Before You Begin](#)

2.1 [Intended use:](#)

For the pre-cleaning and decontamination of dental handpieces and associated instruments that are sensitive to chloride, alcohol, or other harsh chemicals, and those instruments deemed to require “special considerations” by the CDC. [Page 30, CDC Guidelines – 2003.](#)

2.2 [Contraindications:](#)

NOT INTENDED AS A SURFACE DISINFECTANT. RiteWipe handpiece wipes do NOT contain disinfectants that kill pathogenic microorganisms. RiteWipes are for the removal of debris and contamination, whether organic or inorganic, from sensitive dental instruments prior to sterilization per CDC guidance. Such handpieces and instruments are harmed by using harsher chemicals such as chloride or alcohol containing products.

2.3 [Target group:](#)

This product is intended only for use by trained dental personnel in the dental environment, clinics, and laboratories.

2.4 [Safety and preventing the spread of Infections and cross contamination:](#) Take the appropriate hygiene measures for safety in accordance with CDC and OSHA bloodborne pathogen standards and Standard Universal Precautions.

3 [Instructions For Use in the Operatory](#)


3.1 For Processing in the Operatory at Point of Use (POU), immediately after use. [OSAP Instrument Cleaning Checklist.](#)



- 3.2 Use appropriate PPE, e.g., utility gloves. [Page 21, CDC Guidelines – 2003.](#)
- 3.3 After handpiece use, remove the rotary instrument from the handpiece using safe methods and discard into an appropriate sharps container. [Page 13, CDC Guidelines – 2003.](#)
- 3.4 Any dental device connected to the dental air/water system that enters the patient’s mouth should be run to discharge water, air, or a combination for a minimum of 20–30 seconds after each patient. [Page 30, CDC Guidelines – 2003.](#)
- 3.5 Remove the handpiece from the coupling or dental tubing.
- 3.6 Open the RiteWipe pouch dispenser cap and seal to remove a wipe.
- 3.7 Close the cap and seal on the RiteWipe pouch dispenser to assure wipe integrity and cleanliness.
- 3.8 With the RiteWipe “Blue Dot Technology” facing towards the handpiece surface, wipe the handpiece with the wipe in a rotational direction around the handpiece, touching all surfaces, starting at the head and moving towards the bottom.
- 3.9 Rotate the handpiece within the wipe several times until debris and bioburden are no longer visible, paying close attention to the fiber optic lens area (if present), water port area, and uneven surfaces. [Page 21, CDC Guidelines – 2003.](#)
- 3.10 Place the handpiece in an appropriate container and transport to the Instrument Processing Area. [Page 21, CDC Guidelines – 2003.](#)
- 3.11 After use, discard the RiteWipe wipe into an appropriate waste container. See section 5.

4 Instructions for Use in the Instrument Processing Area/Central Decontamination Area

- 4.1 For processing within the Instrument Processing Area / Central Decontamination Area.
- 4.2 Remove the handpiece from the transportation container using safe methods.

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- 4.3 Scrub the handpiece under running water with a RiteWipe in a horizontal back and forth motion, rotating the handpiece to clean the entire surface, including the head. Ensure all visible debris and bioburden is removed. [Page 21, CDC Guidelines – 2003](#)
 - 4.4 After scrubbing, continue to rinse the handpiece under running water to remove any excess residual. [Page 21, CDC Guidelines – 2003](#)
 - 4.5 After use, discard the RiteWipe into an appropriate waste container. See section 5.
 - 4.6 Dry the handpiece with a lint-free towel in preparation for your handpiece manufacturer’s internal maintenance process (Refer to your handpiece manufacturer’s maintenance and sterilization process and/or IFU). [Page 15, CDC Summary – 2016.](#)
 - 4.7 Always sterilize handpieces and associate attachments, including lowspeed motors, before use on any patient. [Page 30, CDC Guidelines – 2003; Page 14, CDC Summary -2016](#)

5 Disposal of Product

- 5.1 After use, discard the RiteWipe into an appropriate waste container.
- 5.2 USA
 - 5.2.1 The soiled RiteWipe product can usually be disposed of in the general medical waste per CDC guidance “The majority of soiled items in dental offices are general medical waste and thus can be disposed of with ordinary waste. Examples include used gloves, masks, gowns, lightly soiled gauze or cotton rolls, and environmental barriers (e.g., plastic sheets or bags) used to cover equipment during treatment.” [Page 27 CDC Guidelines - 2003](#)
 - 5.2.2 If the wipe is saturated with blood or saliva, dispose of wipe in the regulated medical waste (Biohazard) receptacle.
- 5.3 Canada
 - 5.3.1 Consult the regulated medical waste requirements of your local regulatory office.

6 Important CDC and OSAP/ADS statements on cleaning of instruments post use and pre-sterilization, establishing the safest process.

6.1 [Cited from the OSAP/ADS Checklist – Instrument cleaning.](#)

6.1.1 Chairside Instrument Cleaning

6.1.2 “Gross/visible debris removed at point of use (POU)?”

6.1.3 “POU cleaning is done with gauze/water (not alcohol or saline)?”

6.2 [Cited from: CDC Guidelines – 2003](#)

6.2.1 “Do not surface-disinfect, use liquid chemical sterilants, or ethylene oxide on handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units[.]” [Page 45](#)

6.2.2 “Cleaning should precede all disinfection and sterilization processes; it should involve removal of debris as well as organic and inorganic contamination.” [Page 21](#)

6.2.3 “Removal of debris and contamination is achieved [...] by scrubbing with a surfactant, detergent, and water[.]” [Page 21](#)

6.2.4 “If visible debris, whether inorganic or organic matter, is not removed, it will interfere with microbial inactivation and can compromise the disinfection or sterilization process[.]” [Page 21](#)

6.2.5 “Splashing should be minimized during cleaning and rinsing[.]” [Page 21](#)

6.2.6 “DHCP should wear puncture-resistant, heavy-duty utility gloves when handling or manually cleaning contaminated instruments and devices[.]” [Page 21](#)

6.3 [Cited from: CDC Summary – 2016](#)

6.3.1 “All dental settings, regardless of the level of care provided, must make infection prevention a priority[.]” [Page 4](#)

6.3.2 “Cleaning to remove debris and organic contamination from instruments should always occur before disinfection or sterilization.” [Page 14](#)



6.3.3 “If blood, saliva, and other contamination are not removed, these materials can shield microorganisms and potentially compromise the disinfection or sterilization process.” [Pages 14-15](#)