# Dental Unit Waterline Infection Control

**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/operatory #)
- 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

Source: Centers for Disease Control and Prevention: Dental unit waterline infection control guidance