



## Essential Standard Precautions in Dentistry

Ensuring Safety and Infection Control Best Practices

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### Bio

- REGISTERED DENTAL HYGIENIST
- PUBLIC HEALTH DENTAL HYGIENIST
- CERTIFIED IN DENTAL INFECTION PREVENTION
   AND CONTROL
- CLINICAL FACULTY
  - THE UNIVERSITY OF PITTSBURGH, SCHOOL
     OF DENTAL MEDICINE
  - DEPARTMENT OF PERIODONTICS AND
     PREVENTIVE DENTISTRY
  - VICE CHAIR OF INFECTION CONTROL COMMITTEE
- MOM OF 2 AND GRANDMOTHER OF 4



## Hazard

- Any source of potential damage, harm or adverse health effects on something or someone.
- Harm physical injury or damage to health.





## Control

- the power to influence or direct people's behavior or the course of events.
- the ability to manage a machine, vehicle, or other moving object.
- the restriction of an activity, tendency, or phenomenon.



## **Hierarchy of Controls**



## Elimination

- Physically remove the hazard
- Eliminate exposure to the hazard
- Most effective level of control
- In our dental practice, this level is not very sustainable







### SUBSTITUTION-REPLACE THE HAZARD

- REPLACING THE HAZARD WITH A NON-HAZARDOUS OBJECT, DEVICE, OR
   SUBSTANCE.
- CURRENTLY, THERE ARE NO IDENTIFIED
   SUBSTITUTIONS FOR INFECTION
   CONTROL.





## **Engineering controls-isolate people from the hazard**







### •Use of devices Designed to:

- REMOVE exposure
- ISOLATE from exposure
- REDUCE exposure
- Use of technology

# Administrative Controls (Work practice controls)



- Work practice controls
- Developing new work procedures and training
- Used with existing processes when hazards are not particularly well controlled
- Relatively inexpensive
- Incorporates standard precautions



## **Basic level of Control Personal Protective Equipment (PPE)**

#### SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or alforms intection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

#### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- · Fasten in back of neck and waist

#### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- · Fit snug to face and below chin
- Fit-check respirator

#### 3. GOGGLES OR FACE SHIELD

· Place over face and eyes and adjust to fit

#### 4. GLOVES

Extend to cover wrist of isolation gown

#### USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

CDC

- · Keep hands away from face
- · Limit surfaces touched
- · Change gloves when torn or heavily contaminated
- · Perform hand hypiene



- Least effective
- Least expensive to establish but very costly to sustain
- Requires compliance





# Chain of infection

- Infectious agent
- Reservoirs
- Portal of exit
- Modes of transmission
- Portals of entry
- Susceptible host







### First Link: Infectious agents

- PATHOGENS
- NUMBER OF ORGANISMS
- VIRULENCE OF ORGANISM
- CONTROL BY:
  - PRESCREENING
  - PATIENT ORAL CAVITY EXAM
  - CLEANING
  - DISINFECTION
  - STERILIZATION

## Infectious agent: Bloodborne pathogens

- hepatitis b (hbv)
- hepatitis c (HCV)
- human immunodeficiency virus (HIV):



## Potential routes of bloodborne pathogens

- Patient to dental health care personnel
   ✓ highest risk
- Dental health care personnel to patient
- Patient to patient



### Infectious Agent: Airborne/Aerosol/Droplet Transmissible Pathogens

- Measles virus
- Mycobacterium tuberculosis
- SARS
- Coronavirus
- Legionella species
- influenza virus
- common cold virus









Measles can be dangerous, especially for babies and young children.

## Infectious agent: viruses, fungi, and bacteria

The most common strains of bacteria living within the oral cavity

- Streptococcus mutans
- Porphyromonas gingivalis
- Staphylococcus
- Lactobacillus

Within the oral cavity and contaminated clini environments

- Herpes virus
- Candida
- Varicella-zoster virus
- Pseudomonas SpP.
- Legionella spp.

### **Clinical Contact Surfaces**

















## Second link: reservoirs

### Appropriate controls:

- cleaning, disinfection and sterilization
- hand hygiene
- use of barriers
- proper instrument processing
- dental unit waterline treatment and maintenance





### Third Link: Portals of Exit

appropriate controls: hand hygiene PPE control of aerosols respiratory etiquette



## Fourth Link: Modes of Transmission

### Appropriate Controls:

- Hand hygiene
- Use of barriers
- Sharps exposure control
- PPE
- Control of aerosol and splatter
- Cleaning, disinfecting
- Best practice with instrument reprocessing



### Modes of Transmission

- Physical Contact
- Droplets
- Airborne

Ways in which the infectious agent is spread from the reservoir to the susceptible host

## Fifth Link: Portals of Entry



The Components of the Digestive System



### Appropriate controls:

- Hand hygiene
- PPE
- Control of aerosol and splatter
- Proper masking and respiratory etiquette







disease

Immune

Diabetes

Surgery

Burns

Ane

Deficiency

Patient education on their part in IC

Proper immunization for patients

Treatment of underlying diseases

**Appropriate Controls:** 

and healthcare workers

like diabetes

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Susceptible Host

Sixth Link:



# Chain of infection

- Infectious agent
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- Portal of exit
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- Portals of entry
- Susceptible host



## 7 Elements of Standard Precautions

- 1. HAND HYGIENE
- 2. USING PERSONAL PROTECTIVE EQUIPMENT (PPE)
- 3. **RESPIRATORY HYGIENE/COUGH ETIQUETTE**
- 4. SHARP'S SAFETY
- 5. SAFE INJECTION PRACTICES
- 6. STERILIZATION AND DISINFECTION OF INSTRUMENTS AND DEVICES
- 7. CLEANING AND DISINFECTING ENVIRONMENTAL SURFACES

## Personal protective equipment-Protect the worker from the Hazard

- Protects the skin and mucous membranes from exposure to infectious materials in spray or splatter
- Should be worn whenever there is potential for contact with spray and splatter
- Should be removed when leaving the work area
- Least effective Control (Why?)
- Least expensive but very costly to sustain
- Requires compliance



## **Donning and Doffing PPE**

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#### 4. GLOVES

· Extend to cover wrist of isolation gown

#### **USE SAFE WORK PRACTICES TO PROTECT YOURSELF** AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- · Perform hand hygiene



#### HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) **EXAMPLE 1**

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example, Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

#### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- Remove goggles or face shield from the back by lifting head band or
- oar niocos
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

#### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately
- wash your hands or use an alcohol-based hand sanitizer Unfasten gown ties, taking care that sleeves don't contact your body
- when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- · Fold or roll into a bundle and discard in a waste container

#### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

#### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE









## Glove types

Glove type	Indications	Comment
Patient examination gloves	Patient care, examinations, and other nonsurgical procedures	Considered a medical device regulated by the Food and Drug Administration (FDA) Non-sterile and sterile single use
Surgical gloves	Surgical procedures	Considered a medical device regulated by the FDA Sterile and single use
Nonmedical gloves (commonly referred to as utility, industrial or general purpose gloves)	Housekeeping procedures(e.g., cleaning and disinfection) Handling contaminated sharps or chemicals Not for patient care	Not a medical device therefore not regulated by FDA Should be puncture and chemical resistant Sanitize after use

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## Standard precaution: Hand hygiene

- The term "hand hygiene" includes both handwashing with either plain soap or antimicrobial soap and use of alcohol-based hand rubs that do not require the use of water.
- SOAP VS. ALCOHOL BASED PRODUCT
  - $\circ$  Norovirus



### WHO 5 Moments for Hand Hygiene in Dentistry

### Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING	WHEN7	Clean your hands before touching a patient.
	A PATIENT	WHY7	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/	WHEN7	Clean your hands immediately before performing a clean/aseptic procedure.
	ASEPTIC PROCEDURE	WHOY7	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BOOY FLUID	WHEN7	Clean your hands immodiately after a procedure involving exposure risk to body fluids (and after glove removal).
	EXPOSURE RISK	WHY7	To protect yourself and the environment from harmful patient germs,
4	AFTER TOUCHING	WHENT	Glean your hands after touching the patient at the end of the encounter or when the encounter is interrupted,
	A PATIENT	WHOT	To protect yourself and the environment from harmful patient genms,
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object of furniture in the patient surroundings when a specific zone is temporarily and exclusively dedicated to a patient - even if the patient has not been touched,
		WHEN ?	To protect yourself and the environment from harmful patient germa.

#### SAVE LIVES Clean Your Hands

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World Health Organization



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# Masks, protective eyewear, face shields

- Eyewear should have solid side, top, and bottom shields or a full-face shield to protect mucous membranes of the eyes, nose, and mouth
- Change masks
  - ✓ Between patients
  - $\checkmark$  If the mask becomes wet during patient treatment
- Clean reusable face protection
  - ✓ Between patients
  - $\checkmark$  If visibly soiled

### CDC Recommendations for Respiratory Hygiene/Cough Etiquette

- Implement measures to contain respiratory secretions in patients and accompanying persons
- Educate DHCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens



### **Cover Your Cough Health Care Poster**





## Sharps safety practices

- Most exposures in dentistry are preventable
- Each practice should have policies and procedures in place
- Prevention is primary
  - 1. Be prepared
  - 2. Be aware
  - 3. Dispose with care

## Be prepared

Before beginning the procedure:

- Organize equipment
- Ensure adequate lighting
- Keep sharps pointed away from user
- Locate a sharps disposal container





### Be aware

During a procedure:

- Maintain visual contact with sharps
- Be aware of nearby personnel
- Pay attention to the task at hand
- Control the location of sharps to avoid injury
- Do not pass needles unsheathed
- Consider alerting others when passing sharps and consider a neutral zone for placing and retrieving sharps
- Activate the safety feature of devices as soon as procedure is completed

## Cleanup-Dispose with care

- Check procedure trays and waste materials for exposed sharps before handling
- look for sharps and equipment left behind inadvertently
- Transport reusable sharps in a closed labeled container
- Secure the container to prevent spilling contents







# Occupational exposure incident

- Percutaneous injury:
  - > Needlestick, puncture wound, or cut
- Splash of blood or body fluid onto:
  - > Mucous membranes of the eyes, nose, or mouth
  - Non-intact skin (e.g., chapped, abraded, dermatitis)
- These injuries pose the risk of bloodborne pathogen transmission to healthcare workers and patients.

# Percutaneous injuries among dental health care personnel

- Defined as a needlestick or cut with a sharp object
- Most involve burs, needles, and other sharp objects
- The occupational safety and health administration (OSHA) bloodborne pathogens standard helps to protect dental health care personnel from blood exposure and sharps injuries
- These injuries pose the risk of bloodborne pathogen transmission to dhcp and patients

## Instrument Transport

- Leakproof container

   Solid sides, bottom, and cover
   Biohazard sticker
- Perforated cassettes NOT COMPLIANT
  - Instruments can protrude through openings



### Instrument reprocessing area

Use a designated processing area to control quality and ensure safety

Divide processing area into work areas:

Devices and instruments should flow from highcontamination areas to clean and sterile areas Receiving, decontamination, and cleaning

Preparation and packaging

### Sterilization

Storage



### Instrument reprocessing

Follow manufacturer's instruction for reprocessing

Use FDA-cleared devices and supplies for cleaning, packaging and heat sterilization

Should be assigned to DHCP with training in the required reprocessing steps



### CDC statement on reprocessing dental handpieces

- Dental handpieces are medical devices regulated by the food and drug administration (FDA)
- CDC recommends that DHCP follow current FDA regulations.
  - 1. Clean and heat sterilize handpieces and other intraoral instruments that can be removed from the airlines and waterlines of dental units
  - 2. For handpieces that do not attach to airlines and waterlines, use FDA-cleared devices and follow the validated manufacturer's instructions for reprocessing these devices
  - If a dental handpiece cannot be heat sterilized and does not have FDA clearance with validated instructions for reprocessing, *O* do not use that device.





## Cleaning of Instruments

- Should always occur before disinfection or sterilization
- Automated or manual
- Minimizes exposure potential
- Use containers to transport contaminated instruments-OSHA regulation
- Wear PPE and heavy-duty utility gloves-OSHA regulation

Preparation and packaging of instruments

- Wrap, package, or place instruments in containers before heat sterilization
  - ✓ Instruments should be dry before packaging
- Follow the manufacturer's instructions
  - ✓ Ex. Open hinged instruments
  - ✓ Make sure packaging is compatible for the type of sterilization process
- Place a chemical indicator inside the package
- If wrapping, label with sterilizer number, date, cycle number



	STEAM
Ster. No. Load No. Ster. Date Exp. Date INITIAL	





## Labeling

### • Include:

- Sterilizer used
- Cycle or load number
- Date of sterilization
- Expiration date

## Sterilization monitoring: types of indicators

Mechanical	Chemical	Biological
Monitors time,	May be integrated into	Assesses sterilization
temperature and pressure	packaging; usually by a	process directly by killing
of equipment	color-change indicator	highly resistant
Use for each cycle	Use per package	microorganisms
		Use weekly

Record and keep sterilization monitoring and equipment maintenance records.

## **Steam Sterilization Integrators**

Integrators are a type of chemical indicator designed to react to all critical variables in the sterilization cycle:

- time
- temperature
- presence of steam



### Storage of Sterilized Instruments/Equipment





Common Errors Resulting in Sterilization Failure Improper precleaning of instruments

Improper packaging

Overloading the sterilizer

Inappropriate sterilization time, temperature, and/or pressure

Inadequate maintenance of sterilizer equipment

Use of inappropriate equipment

## Environmental surfaces

- A surface or equipment that may or may not contact patients directly
- Can become contaminated through touch, splash, or droplets generated during patient care
- Can serve as an area of microbial contamination
- Categories
  - Clinical contact surfaces
  - Housekeeping surfaces

Staphylococcus aureus, including MRSA	7 days to 7 months
Influenza virus	1-2 days
HBV	>7 days
HIV	>7 days
Herpes Simplex virus, type 1 and 2	4.5 hours to 8 weeks
Candida albicans	1-120 days
Respiratory syncytial virus (RSV)	Up to 6 hours
Enterococcus spp.	5 days to 4 months
Mycobacterium tuberculosis	1 day to 4 months
Streptococcus pyogenes	3 days to 6.5 months
SARS-CoV-2	1-3 days
Enterobacter faecium	7 days

## Survival of Microbes on Environmental Surfaces

- Contaminated environmental surfaces can serve as a potential source for microbial pathogen indirect transmission
  - These bacterial, viral, and fungal pathogens can persist for considerable periods of time:

Key CDC Recommendations for Environmental Infection Prevention and **Control** in Dental Settings

- **1. Establish policies and procedures** for routine cleaning and disinfection of environmental surfaces in dental health care settings.
  - a) Use surface barriers to protect clinical contact surfaces, particularly those difficult to clean (e.g., switches on dental chairs, computer equipment), and change surface barriers between patients.
  - **b) Clean and disinfect** clinical contact surfaces that are not barrier-protected with an EPA-registered hospital disinfectant after each patient. Use an intermediate-level disinfectant (i.e., tuberculocidal claim).
- 2. Select **EPA-registered disinfectants** or detergents/disinfectants with label claims for use in health care settings.
- **3. Follow the manufacturer's instructions** for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, disposal).

## **Housekeeping surfaces**

- Do not come in direct contact with patients or devices
- Can be decontaminated with less rigorous methods than those used on dental patientcare items and clinical contact surfaces
- Routinely clean with soap and water or EPA-registered hospital detergent
   Disinfect if visibly contaminated with blood



## **Clinical Contact Surfaces**

- High potential for direct contamination from spray and splatter
- Emphasis should be placed on cleaning and disinfection of these surfaces
- Barrier protect and change between patients
- Clean, followed by disinfection with an EPA-registered intermediate-level disinfectant



## SURFACE BARRIERS

- Clinical contact areas should be protected by barriers
  - Particularly for surfaces that are hard to clean
- Change barriers between patients







## **Pre-Cleaning**

- Prior to being disinfected a surface must be cleaned
  - Reduces number of contaminating microorganisms
  - Removes the blood and saliva (bioburden)
    - The organic material in blood and saliva insulates the microbes from contact with the disinfecting chemical
    - The organic matter can also inactivate portions of the active chemical
  - Facilitates action of the disinfecting chemical

### CDC-approved Methods to Precleaning and Disinfection

• Spray-wipe-spray



• Wipe-discard-wipe



## Chemical Disinfectants

- Criteria for Selection of an Appropriate Disinfectant
  - EPA-registration
  - Tuberculocidal Activity
  - Intended purpose
  - Correct application







# Effectiveness of Disinfectant



- Depends on:
  - The concentration and nature of microbial contaminant
  - The concentration of chemical
  - The exposure time
  - The amount of accumulated bioburden



#### CONCENTRATION

HIGH CONCENTRATION

#### LOW CONCENTRATION





## **Breach in Environmental Infection Control**



National Institutes of Health

- Oral surgeon practice: which was involved in patient-to-patient transmission of Hepatitis B –investigators found a lapse in cleaning of environmental surfaces leaving an area contaminated with blood resulting in cross contamination
- 2. Free dental clinic: patient to patient and patient to health care worker transmission of Hepatitis B- investigators found handpieces were reportedly cleaned with disinfectant wipe and not heat sterilized, 2 dental healthcare workers were not trained in infection control or received HBV vaccination
- 3. Oral surgeon practice: Patient to patient transmission of Hepatitis Cinvestigators found improperly sterilized dental equipment, environmental surface contamination, medication vials that were used on more than one patient

## Evacuation Line Maintenance

- Saliva ejector and backflow
  - CDC statement on crosscontamination
- Clean and disinfect
- Flush
- Traps





Valve Exterior

Valve Interior







### Dental Unit Waterline Maintenance

- Microbial biofilm form in narrow bore tubing of dental units.
- Biofilms serve as a microbial reservoir.
- Primary source of microorganisms is municipal water supply.

## CDC Recommendations

- · Flush water lines for:
  - 30 seconds at beginning and end of day
  - 20-30 seconds after each patient
- Do not use dental unit water for surgical procedures





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## Regulated Medical Waste Management

- Potential risk of infection during handling and disposal
  - Solid waste soaked with blood or saliva
  - Extracted teeth
  - Surgically removed hard or soft tissue
  - Contaminated sharps
  - Use of correct PPE
- Disposed of according to local, federal and state regulations
  - Keep documentation of waste pick-up

### Final Takeaway:

### Principles of Infection Control

### 1. Take action to stay healthy

receive education on the spread and prevention of infectious diseases

### 2. Avoid contact with infectious materials

• Use work practice controls to prevent exposure to contaminated materials

### 3. Limit the spread of contaminants

- Use proper PPE for the procedure
- Use appropriate disinfectants and sterilization methods

### 4. Make objects safe for use

• Use and evaluate engineering controls

## Fundamentals of IC infographic

APIC The Fundamentals of Infection Prevention (hand hygiene, cleaning and disinfection, vaccination, personal protective equipment, respiratory hygiene/cough etiquette, and injection safety), used on their own or in layered prevention strategies, are proven methods for preventing illness and death.



The single most effective way to prevent the spread of infections

Alcohol-based hand rub kills germs on hands. Soap and water washes them away.

Soap and water reduces the amount of contaminants on

your hands.

Nail maintenance is a key aspect of hand hygiene.

Minimum concentration for

ealthcare workers clean their

hands at least 7 times an hour

nimum time required to

wash hands effectively

alcohol-based hand rubs

CLEANING & DISINFECTION

Cleaning visible dirt

to disinfection and

Mixing chemicals can

be dangerous. Always

follow manufacturer's

instructions for use (IFU)

for the disinfectant you

sterilization.

are using.

Vaccination is a highly and debris off surfaces effective and safe is an essential first step way of preventing communicable (infectious) diseases.

> Vaccination protects the people who receive them and also those around them.

> > COMBAT

VACCINE HATE

2

VACCINATE

 $\overline{\mathbf{o}}$ 

VACCINATION

#### It may still be possible to get an infectious

Always follow the disease even after being manufacturer's vaccinated for it. instructions for use (IFU) for the device you are cleaning

CLEAN

DIRTY

CLEAN

FROM

BOTTOM



Use PPE whenever there is an expectation of possible exposure to infectious material.

Know the sequence of putting on and taking off PPE to reduce the risk of contamination. Gloves are not a

substitute for hand hygiene. The procedure for

putting on and removing PPE should be tailored to Vaccines can decrease the severity of illness the specific type of PPE. and the likelihood of hospitalization and death from the illness.



**Cover sneezes and coughs** Wear a mask. Property dispose of tissue tash/sanitize hands. Limit touching in communal spaces.



**^** 

6

RESPIRATORY

ETIQUETTE

Respiratory season

Post signs about cough

etiquette in lobbies and

Have tools for success:

tissues, masks, soap and

water, hand sanitizer, and

**Sometimes Six Feet** 

IS NOT ENOUGH

Don't touch your eyes, nose or mouth.

waiting areas.

trash receptacles

illnesses.

a year.

INFECTI

PREVENTI

Covering coughs and Protect yourself from sneezes helps prevent sticks: Use a sharps the spread of germs that device with safety cause serious respiratory features.

Prevent bloodborne pathogen transmission: extends beyond winter. Clean and disinfect Be prepared 365 days glucometers with every use.

> Be aware, don't share! Injection devices, like insulin pens, should be dedicated to only one person.

...

Technique matters: Injection safety requires an aseptic or sterile technique.



APIC 2023





## QUESTIONS





## Spaulding Classification for Disinfection/Sterilization:

### 1. Critical items

- Penetrate soft tissue or contact bone, enter or contact the vascular system or other normally sterile tissue
- Greatest risk of transmitting infection
- Must be heat sterilized between use, or sterile single-use, disposable devices must be used
- Examples: surgical instruments and periodontal scalers



### 2. Semi-critical items

- Contact mucous membranes or non-intact skin (exposed skin that is chapped, abraded or has dermatitis
- Lower risk of transmission
- Should be heat sterilized or high-level disinfectant such as glutaraldehyde \*
- Examples: mouth mirrors, amalgam condensers, and reusable impression trays AND DIGITAL RADIOGRAPHY SENSORS

### 3. Noncritical items

- Contact intact skin
- Barrier protect or clean and disinfect (if visibly soiled) using a low to intermediate-level (i.e., tuberculocidal) disinfectant
- Examples: x-ray head or cone, facebows, blood pressure cuff



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