

# IN PRACTICE *Infection Control*

Dentistry's Newsletter for Infection Control and Safety



## Contents

- 1-9 Charts & Checklists**
- 10 Calendar**
- 11 Continuing Education**
- 12 Practice Tip**

## OSAP Check-Up: 2003 CDC Guidelines

*Is your infection control program up to date?*

The U.S. Centers for Disease Control and Prevention (CDC) recently released expanded recommendations for infection control in dental settings. Published in the December 19, 2003, edition of *Morbidity and Mortality Weekly Report*, "Guidelines for Infection Control in Dental Health-Care Settings — 2003" offers both science-based and strong theoretical advice designed to prevent or reduce the risk of disease transmission from patient to dental worker, from dental worker to patient, and from patient to patient. The document consolidates and updates previous recommendations from CDC and other agencies and discusses concerns not addressed in earlier recommendations for dentistry. To view the full document, visit [www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm](http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm).

Major additions and changes to the 2003 guidelines include:

- application of standard precautions rather than universal precautions;
- work restrictions for dental healthcare personnel infected with or occupationally exposed to infectious diseases;
- management of occupational exposures to bloodborne pathogens such as hepatitis B virus (HBV), hepatitis C virus (HCV); and human immunodeficiency virus (HIV);

- selection and use of devices with sharps safety features;
- hand-hygiene products and surgical hand antisepsis;
- contact dermatitis and latex hypersensitivity;
- sterilization of unwrapped instruments ("flash" cycles);
- dental water quality;
- dental radiography;
- aseptic technique for parenteral medications;
- oral surgical procedures;
- tuberculosis (TB); and
- infection control program evaluation.

The new CDC guidelines apply to all paid or unpaid dental healthcare personnel (DHCP) who might be occupationally exposed to blood and body fluids by direct contact or through contact with contaminated supplies, equipment, environmental surfaces, water, or air. Although the guidelines focus mainly on outpatient dental settings, the recommended infection control practices can be applied to all settings where dental treatment is provided.

This month's *Infection Control In Practice* turns CDC's comprehensive, 66-page guideline into a checklist for use in your practice setting. If you can answer "yes" to all the questions in this list, your infection control program is up to date.

*continued on page 2*

## Learning Objectives

- ▶ Learn new and expanded recommendations for dental infection control from the Centers for Disease Control and Prevention
- ▶ Be able to review your office policies, procedures, written programs, records, and training schedules and content to ensure that they reflect the most current public health recommendations for infection control dental settings





# OSAP Chart & Checklist

## OSAP Check-Up: 2003 CDC Guidelines *continued from page 1*

### Sponsors

OSAP thanks the following companies that help to underwrite each issue of *Infection Control In Practice* in 2004.

A-DEC, INC.  
BIOTROL INT'L  
CLIVE CRAIG / VAN R DENTAL PRODUCTS  
COTTRELL, A DIVISION OF CERTOL INT'L  
CROSSTEX, INC.  
DENTALEZ  
DENTSPLY PROFESSIONAL  
ENVIROSYSTEMS, INC.  
GC AMERICA, INC.  
JOHN O. BUTLER CO.  
MIELE, INC.  
PATTERSON DENTAL CO.  
ROWPAR PHARMACEUTICALS, INC.  
SCI CAN, DIV. OF LUX & ZWINGENBERGER, LTD.  
SEPTODONT, INC.  
SMARTPRACTICE / SMARTSCRUBS  
SULLIVAN-SCHEIN DENTAL  
SULTAN CHEMISTS  
TOTALCARE

*Infection Control In Practice* is published eight times per year by OSAP, P.O. Box 6297, Annapolis, MD 21401, USA, and is a trademark belonging to OSAP. OSAP assumes no liability for actions taken based on information herein. Contents of the issue copyright © 2004 by OSAP. All rights reserved under international and Pan-American copyright conventions. Printed in U.S.A. Permissions: Reproduction in whole or in part is forbidden without prior written permission. Address requests to Permissions, OSAP P.O. Box 6297, Annapolis, MD 21401. Back Issues: Single copies are available, free to members or \$15 each for nonmembers, from OSAP, P.O. Box 6297, Annapolis, MD 21401, USA. Subscription rates: In North America, \$50 for 1 year. Only the electronic version is available to subscribers outside North America. Electronic: \$50 for 1 year. Instant Access. Phone orders and subscription issues: 410-571-0003. Subscription service or change of address: Write to Subscription Director, OSAP, P.O. Box 6297, Annapolis, MD 21401, USA. Attach or copy address label from a recent issue. With address change, include old and new ZIP codes. Postmaster: Send address changes to OSAP, P.O. Box 6297, Annapolis, MD 21401.

### Personnel Health Elements of an Infection Control Program

- Does the practice setting have a written health program for DHCP?
- Does this written program specify policies, procedures, and guidelines for:
  - education and training?
  - immunizations?
  - exposure prevention and postexposure management?
  - medical conditions, occupational illness, and related work restrictions?
  - contact dermatitis and latex hypersensitivity?
  - maintenance of records, data management, and confidentiality?
- Have referral arrangements been established with a qualified healthcare professional/facility to ensure prompt and appropriate delivery of preventive services, occupationally related medical services, and postexposure management with any necessary medical follow-up?
- Is a list of all required and recommended immunizations for dental workers maintained?  
When was this list last updated?  
date: \_\_\_\_\_
- Is it consistent with the latest recommendations from public health agencies on appropriate immunizations for healthcare workers?
- Have at-risk DHCP been referred to the facility's prearranged qualified healthcare professional or to their own healthcare professional to receive appropriate immunizations?
- Is baseline tuberculin skin testing provided for clinical DHCP who might have contact with persons with suspected or confirmed infectious TB?
- Is a comprehensive postexposure management and medical follow-up program in place?
- Does this program:
  - include policies and procedures for prompt reporting, evaluation, counseling, treatment, and medical follow-up of occupational exposures?

### Education and training

- Have DHCP been educated and trained on their risk of occupational exposure to potentially infectious agents and the necessary infection-control procedures/protocols to safely perform their assigned duties?
- Was this training provided:
  - at the time of initial employment?
  - when new tasks or procedures affect occupational exposure?
  - at least annually?
- Were the training materials and procedures clear and easy to understand?

### Postexposure management

- Do DHCP know to report occupational injuries and exposures immediately?
- When an occupational exposure occurs, is an exposure incident report created listing:
  - date and time of exposure;
  - details of the procedure being performed, including how and where the exposure occurred; if related to a sharp device, the type and brand of device and how and when the exposure occurred in the course of handling/using the device;
  - details of the exposure, including type and amount of fluid or material and the severity of the exposure (for example, for percutaneous exposure, the depth of the injury and whether fluid was injected; for a skin or mucous membrane exposure, the estimated volume of material and the condition of the skin [chapped, cut, abraded, intact]);
  - details about the exposure source (whether the source material contained HBV, HCV, or HIV; if the source patient is HIV-positive, the stage of disease, history of anti-retroviral medication, viral load, drug resistance, if known);
  - details about the exposed person (vaccination and vaccine-response status); and

- details about counseling, postexposure management, and follow-up.
- When an exposure incident occurs, is the injured worker and the exposure report immediately sent for medical evaluation?

### **Medical conditions, work-related illness, and work restrictions**

- Does the practice setting have comprehensive written policies on work restrictions and exclusions that include a statement of authority defining who can implement such policies?
  - Are these policies readily available to DHCP?
  - Do these policies encourage workers to seek appropriate preventive and curative care and to report any illnesses, medical conditions, or treatments that can make them more susceptible to opportunistic infection or exposures?
  - Do these policies protect against lost wages, benefits, or job status in the event of such an illness or medical condition?
- Are policies and procedures in place for evaluating, diagnosing, and managing workers with suspected or known occupational contact dermatitis?
  - Does the facility's policy provide for definitive diagnosis and management advice (for example, treatment, work restrictions, and accommodations) by a qualified healthcare professional?

### **Records maintenance, data management, and confidentiality**

- Does the practice setting establish and keep confidential DHCP medical records, such as immunization records and documentation of tests received as a result of occupational exposure?
- Is the practice setting in compliance with all applicable federal, state, and local laws for medical recordkeeping and confidentiality?

## **Preventing Transmission of Bloodborne Pathogens**

### **HBV vaccination**

- Have DHCP been informed of the risks of HBV transmission and the availability of the hepatitis B virus (HBV) vaccine?
- Have DHCP been offered the HBV vaccination series?
  - Was serologic testing performed 1-2 months after vaccination to confirm immunity?
- Did DHCP who declined vaccination sign a declination form for their medical record file?

### **Preventing exposures to blood and other potentially infectious materials**

- Are standard precautions used during all patient encounters?
- Does the practice setting have a written, comprehensive program designed to minimize and manage DHCP exposures to blood and body fluids?
- To prevent injuries from contaminated sharps, does the practice setting use:
  - engineering controls (such as sharps containers, automated instrument cleaners, safety needles, nonneedle sharps, needle recappers, and other safer medical devices)?
  - work practices (such as the one-handed scoop technique and placement of sharps containers nearest their point of use in the operatory)?

### **Engineering controls**

- Does the practice setting identify, evaluate, and consider for use devices with engineered safety features (for example, safer anesthetic syringes, blunt suture needles, retractable scalpels, or needleless IV systems):
  - at least annually?
  - as they reach the dental market?

### **Work practice controls**

- Are disposable syringes and needles, scalpel blades, and other sharp items
- continued on page 4*

*Infection Control In Practice* is a resource prepared for clinicians by the Organization for Safety and Asepsis Procedures with the assistance and expertise of its member-contributors. OSAP is a nonprofit, independent organization providing information and education on infection control and occupational health and safety to dental care settings worldwide.

Information in this issue has been brought to you with the help of the following individuals:

### **Editorial Staff**

**Shannon Mills, DDS**  
Editor-in-Chief

**Therese Long, CAE, MBA**  
Executive Director

**Karen Ortolano**  
Managing Editor

### **Editorial Review Board**

Helene Bednarsh, RDH, MPH

Dee Cinner, MT

Jennifer Cleveland, DDS, MPH

James A. Cottone, DMD, MS

Eve Cuny, RDA, MS

Kathy Eklund, RDH, MHP

Richard Karpay, DDS, MPH

Ernest Lado, DDS

Mary Jane Mesmer, LDH

Chris Miller, PhD

John Molinari, PhD

Charles Palenik, PhD, MS, MBA

Ann Steiner, DMD

John Young, DDS, MSc

# OSAP Chart & Checklist



## OSAP Check-Up: 2003 CDC Guidelines

continued from page 3

placed in appropriate puncture-resistant containers?

- Are these containers located as close as possible to the area where the sharps are used?
- When needles must be recapped,\* are needle recapping devices or the one-handed scoop technique used?

\* For example, between multiple injections and before removing from a nondisposable aspirating syringe.

### Hand Hygiene

- Are hands washed with a nonantimicrobial or antimicrobial soap and water when they are visibly dirty or contaminated with blood or other potentially infectious material?
- Is hand hygiene performed:
  - after accidental barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions?
  - before and after treating each patient?
  - before donning gloves?
  - immediately after removing gloves?
- Before oral surgical procedures, is surgical hand antisepsis performed before donning sterile surgeon's gloves? (Surgical hand antisepsis involves using either (a) an antimicrobial soap and water or (b) a plain soap and water handwash followed by an alcohol-based hand rub with persistent activity.)
- Are liquid hand-care products stored in either disposable closed containers or closed containers that can be washed and dried before refilling?
  - Are refillable containers always washed and dried (and not simply "topped off") before refilling?
- Are hand lotions used to prevent skin dryness associated with handwashing?
  - Are the lotions used during the clinic day free of petroleum or other oil skin softeners that degrade glove materials?
  - Are the lotions used during the clinic day compatible with the anti-

septics in hand hygiene products?

- Are DHCP fingernails kept short, with smooth, filed edges to allow thorough cleaning and prevent glove tears?
- Are artificial fingernails discouraged among DHCP in the practice setting?
- If it affects glove donning or fit, is hand or nail jewelry removed for patient care?

### Personal Protective Equipment

- Is task-appropriate personal protective equipment (PPE) worn when exposure to blood and body fluids is expected?
- Is barrier protection (including gloves, mask, eyewear, and gown) removed before departing work areas such as operating rooms, the instrument processing room, or the dental lab?

### Face and eye protection

When performing procedures likely to cause splash or spatter:

- Are surgical masks worn?
- Is eye protection with solid side shields or a face shield worn to protect mucous membranes of the eyes, nose, and mouth?
  - Are masks changed between patients?
  - Are masks changed during patient treatment if they become wet?
- Between patients, is reusable face protection (eyewear, face shields) cleaned with soap and water?
- If visibly soiled, is reusable face protection (eyewear, face shields) cleaned and then disinfected according to the disinfectant manufacturer's directions?

### Protective clothing

- Is protective clothing worn over street clothes or uniforms to protect against splash or spatter?
  - Is protective clothing changed when it is visibly soiled or penetrated by blood or other potentially infectious fluids?

### Gloves

- Are medical gloves worn when contact with body fluids is expected?
- Are sterile surgeon's gloves worn when

performing or assisting on oral surgical procedures?

- Is a new pair of medical gloves worn for each patient?
- Are gloves removed promptly after use, and is hand hygiene performed immediately thereafter?
- Are torn, cut, or punctured gloves removed as soon as possible and hands immediately washed before regloving?
- Are gloves available in the correct size and readily accessible?
- Are puncture-/chemical-resistant utility gloves worn when processing instruments and performing housekeeping tasks that involve contact with body fluids?

**Never bend, break, or remove needles before disposal.**

### Contact Dermatitis and Latex Allergy

- Have DHCP been informed of the signs, symptoms, and diagnoses of skin reactions associated with frequent hand hygiene and glove use?
- Are all patients in the practice setting screened for latex allergy?
- Can a latex-safe environment be provided for patients and DHCP with latex allergy?
- Are latex-free emergency treatment kits available and accessible at all times?

### Sterilization and Disinfection of Patient-Care Items

- Are only FDA-cleared medical devices used for heat sterilization?
  - Are manufacturer instructions for operation always followed? (Hint: Posting procedural checklists near the equipment can help ensure that devices are used correctly.)
- Are all reusable critical dental instruments cleaned, dried, packaged, and then heat-sterilized before use?

- Are all reusable heat-tolerant semicritical dental instruments cleaned and then heat-sterilized before use?
- Are items and instrument packages correctly and loosely loaded into the sterilizer to allow penetration of the sterilizing agent?
- Are instrument packages allowed to dry in the sterilizer before they are handled? (This prevents contamination.)
- Have heat-sensitive semicritical instruments been replaced with heat-tolerant or disposable versions?
  - If heat-sensitive instruments are used in patient care, are they cleaned and then processed using an FDA-cleared sterilant/high-level disinfectant or an FDA-cleared low-temperature sterilization method? Note: Never use liquid chemical sterilants/high-level disinfectants for environmental surface disinfection or as holding solutions.
  - Are the manufacturer's instructions for preparation, use, and reuse of chemical sterilants/high-level disinfectants always followed?
- Have all DHCP been trained on OSHA guidelines for exposure to chemical disinfectants/sterilants?
  - Have areas and tasks that have potential for such exposure been identified?
- Are single-use disposable instruments used on only one patient and then properly discarded?
- Are all noncritical patient-care items barrier-protected during use? Alternatively, are they cleaned (or if visibly soiled, cleaned and disinfected) after each use?
  - Is an EPA-registered hospital disinfectant used to clean/disinfect noncritical patient-care items that are not barrier-protected during use?
  - If noncritical patient-care items are visibly contaminated with blood, are the items properly cleaned to remove soil, then disinfected using an

EPA-registered hospital disinfectant with a tuberculocidal claim?

### The instrument processing area

- Does the practice setting have a designated central processing area?
  - Is the area divided physically, or at least spatially, into separate areas for:
    - receiving, cleaning, and decontamination;
    - preparation and packaging;
    - sterilization; and
    - storage.
- Are work practice controls used to minimize handling of loose contaminated instruments during transport to the instrument processing area? For example:
  - Are instruments transported in a covered container?
- Are dental team members trained to use work practices that prevent contamination of clean areas? For example:
  - Are sterilized instrument packs and clean supplies stored away from the area where contaminated instruments are held or cleaned?

### Receiving, cleaning, and decontamination work area

- Are dental instruments and devices cleaned of all visible blood and other contamination before they are sterilized or disinfected?
  - Is automated cleaning equipment (such as an ultrasonic cleaner or washer-disinfector) used to remove debris, improve cleaning effectiveness, and decrease worker exposure to blood?
  - Are work practice controls (such as a long-handled brush) used to minimize contact with sharp instruments if manual cleaning is necessary?
- Are puncture-/chemical-resistant utility gloves worn when handling contaminated instruments and performing instrument cleaning and decontamination procedures?
- Is appropriate PPE (a mask, protective eyewear, and protective clothing) worn

when splashing or spraying is anticipated during cleaning?

### Preparation and packaging

- After cleaning, are critical and semicritical instruments inspected for remaining debris?
- Before sterilization, are instruments and other patient-care items packaged using an FDA-cleared container system or wrap that is compatible with the type of sterilization process used? (Packaging instruments in cassettes or trays before sterilization maintains their sterility after the sterilization cycle.)
- Is an internal chemical indicator placed inside each instrument package prior to sterilization?
  - If the internal indicator is not visible from outside the package, is an external indicator affixed to the pack?
- Are packages labeled with the date and if multiple sterilizers are used within the facility, the sterilizer used? (This simplifies retrieval of processed items in case of a sterilization failure.)

### Unwrapped instruments

- Although not recommended for routine instrument processing, certain circumstances may demand that instruments be processed unpackaged (for example, the only available instrument falls to the floor during patient care). If it is necessary to sterilize instruments without packaging, for example, using a flash cycle:
- Are instruments cleaned and dried before the unwrapped sterilization cycle?
  - Are mechanical and chemical indicators used for each unwrapped sterilization cycle? (Place an internal chemical indicator among the instruments or items to be sterilized.)
  - Are unwrapped instruments allowed to dry and cool in the sterilizer before they are handled? (This prevents contamination and thermal injury.)
  - Are unwrapped semicritical instruments sterilized on a tray or in container system?

*continued on page 6*

# OSAP Chart & Checklist



## OSAP Check-Up: 2003 CDC Guidelines

continued from page 5

- Are critical instruments that are sterilized without packaging handled to maintain sterility during removal from the sterilizer and transport to the point of use? For example:
  - Are they transported to the operating room in a sterile covered container?
- Are sterilized, unwrapped critical instruments used immediately after they have cooled? (Do not store critical instruments unwrapped.)

### Implantable devices

- Are implantable devices always packaged for sterilization?
- Is a biological indicator always included in each package containing an implantable device?
  - Are biological monitoring results received and recorded before the implantable device is surgically placed?

**Do not surface-disinfect, use liquid chemical sterilants, or use ethylene oxide on handpieces and other intraoral instruments that can be removed from dental unit air lines and waterlines.**

### Sterilization monitoring

- Are mechanical, chemical, and biological monitors used according to the manufacturer's instructions to ensure the effectiveness of the sterilization process?
- Is each load monitored with mechanical and chemical indicators?
- Is a chemical indicator placed on the inside of each instrument package to be sterilized?
  - If the internal indicator is not visible from the outside, is another chemical indicator added to the outside of package?
- If mechanical or chemical indicators suggest inadequate processing, are instruments pulled from recirculation, repackaged, and sterilized again with

new indicators?

- Are sterilizers monitored at least weekly using a biological indicator and a matching control? (Using both a test and a control indicator from same lot ensures that factors outside of the sterilization process have not affected the spores' ability to be cultured.)
  - Is the test indicator placed within an instrument pack and sterilized with a normal load?
  - Is the control indicator — which is not subjected to a sterilization cycle — incubated at the same time as the test indicator?
- If a spore test comes back positive, are proper troubleshooting procedures implemented? (For a flowchart on managing sterilization failures, visit [www.osap.org/resources/extra/sterifail.htm](http://www.osap.org/resources/extra/sterifail.htm))
- Are sterilization records (mechanical, chemical, and biological) maintained in compliance with state and local regulations?

### Storing patient-care items

- Are sterile items and dental supplies stored in covered or closed cabinets to minimize the chance of contamination?
- Are wrapped packages of sterilized instruments examined before they are opened to ensure the packaging (and sterility of the instruments inside) has not been compromised?
  - If packaging has been compromised, are the contents recleaned, repacked, and resterilized?
- Does the practice setting use either date- ("first in, first out") or event-related storage for wrapped, sterilized instruments and devices? (Both methods are considered acceptable.)

### Managing Environmental Surfaces

- Are surface barriers used to protect clinical contact surfaces from contamination, especially those that are difficult to clean?
  - Are surface barriers changed be-

tween patients?

- If they are not barrier protected during patient care, are clinical contact surfaces cleaned and disinfected between patient appointments?
  - For clinical contact surfaces that are not visibly contaminated with blood, are surfaces cleaned and then disinfected using an EPA-registered hospital disinfectant with (a) HIV and HBV kill (at minimum) and/or (b) tuberculocidal activity?
  - Are clinical contact surfaces that are visibly contaminated with blood cleaned and then disinfected using a hospital disinfectant with tuberculocidal activity?
- Prior to disinfection, are manufacturer instructions for precleaning surfaces closely followed?
- After cleaning, is the disinfectant allowed to remain on the treated surface for the contact time stated on the product's label?
- Is appropriate PPE in place when cleaning and disinfecting environmental surfaces? For example:
  - puncture- and chemical-resistant utility gloves,
  - protective clothing (such as a gown, jacket, or lab coat), and
  - face protection (protective eyewear/face shield with a mask).
- Are housekeeping surfaces such as floors, walls, and sinks routinely cleaned using either a detergent and water or an EPA-registered hospital disinfectant/detergent?
- Are cleaning schedules set by the nature of the housekeeping surface, the type and degree of contamination, and if appropriate, location in the facility?
- Are housekeeping surfaces cleaned and disinfected when visibly soiled?
- Are mops or cloths cleaned after use and allowed to dry before reuse, or are single-use, disposable mop heads or cloths used to clean housekeeping surfaces?
- Are fresh cleaning or EPA-registered disinfecting solutions prepared daily

- and as instructed by the manufacturer?
- Are walls, blinds, and window curtains in patient-care areas cleaned when they are visibly dusty or soiled?
  - Are surfaces contaminated by spills of blood or blood-contaminated fluids first cleaned and then decontaminated? After cleaning, is an EPA-registered hospital disinfectant with HBV and HIV label claims (minimum) and/or tuberculocidal activity used for disinfection, depending on size of spill and surface porosity?

***Never use liquid chemical sterilants/high-level disinfectants to disinfect environmental surfaces.***

### Regulated Medical Waste

- Does the practice setting have a written medical waste management program that outlines proper disposal of regulated medical waste as dictated by federal, state, and local regulations?
- Are DHCP who handle and dispose of regulated medical waste trained in proper handling and disposal methods?
  - Are they informed of the possible health and safety hazards associated with medical waste?
- Are leakproof, color-coded/biohazard-labeled containers (for example, biohazard bags) used to contain nonsharp regulated medical waste?
- Are sharp items (needles, scalpel blades, orthodontic bands, broken metal instruments, burs) placed in a puncture-resistant, leakproof, color-coded/biohazard-labeled sharps container?
  - Are sharps containers closed immediately before they are removed or replaced to prevent contaminated sharps from spilling or protruding?
- If allowed by state and local law, are blood, suctioned fluids, and other liquid waste carefully poured down a drain connected to a sanitary sewer system?
  - Are gloves, face protection (mask with protective eyewear/face shield), and protective clothing worn when performing this task?

### Extracted teeth

- Are extracted teeth disposed of within the practice setting treated as regulated medical waste? (If the teeth are returned to the patient, waste disposal regulations do not apply.)
  - Are extracted teeth containing amalgam discarded in regulated medical waste containers that will not be incinerated? (Incineration releases mercury vapor from amalgam, creating a hazard.)
- When extracted teeth will be used in educational settings or sent to a dental lab:
- Are extracted teeth cleaned and placed in a leakproof container with solution to maintain hydration during transport?
    - Is the transport container labeled with the biohazard symbol?
  - Are teeth that do not contain amalgam heat-sterilized before they are used for educational purposes?

### Dental Unit Waterlines, Biofilm, and Water Quality

- Does the water used in routine patient treatment meet EPA standards for drinking water (that is, less than 500 CFU/mL of heterotrophic water bacteria)?
- Are the products and protocols recommended by your dental unit manufacturer used to maintain water quality?
- Are recommendations for monitoring water quality followed? (Obtain and follow monitoring schedules recommended by the dental unit manufacturer and/or the maker of the waterline treatment device/chemical.)
- For devices that are connected to the dental water system and enter the patient's mouth, are water and air discharged for at least 20-30 seconds after use on each patient? (Such devices in-

- clude handpieces, ultrasonic scalers, and air/water syringes.)
- If the dental unit is equipped with antiretraction mechanisms, are the unit manufacturer's recommendations for periodic maintenance followed?
- Are staff aware of procedures to follow in the event of a boil-water advisory? (See the OSAP Practice Tip, p. 12.)

### Dental Handpieces, Other Devices Attached to Air Lines and Waterlines

- Are handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units cleaned and then heat-sterilized between patients?
- Are manufacturer's instructions for cleaning, lubrication, and sterilization of other such intraoral instruments followed every time the instruments are processed for reuse? (Failure to follow manufacturer instructions can void equipment warranties.)

***Do not advise patients to close their lips tightly around the tip of the saliva ejector to evacuate oral fluids. It can cause oral fluids to retract.***

### Dental Radiography

- Are gloves worn by dental workers when exposing radiographs and handling contaminated film packets?
- Is other PPE (such as protective eyewear, mask, and gown) also worn if spattering of body fluids is likely?
- Are heat-tolerant or disposable filmholders, positioners, and other intraoral devices used whenever possible?
- Are heat-tolerant radiographic accessories cleaned and then heat-sterilized?
- If any heat-sensitive semicritical devices are used, are they (at minimum) cleaned and high-level disinfected ac-

*continued on page 8*

# OSAP Chart & Checklist



## OSAP Check-Up: 2003 CDC Guidelines *continued from page 7*

- cording to the device and germicide manufacturer's instructions?
- Are exposed radiographs films transported and handled aseptically to prevent contamination of developing equipment?

- Is any medication remaining in a single-use vial discarded with the vial after use on one patient (rather than saved for later use)?

If multidose vials are used:

- Is the access diaphragm cleansed with 70% alcohol before inserting a device into the vial?
- Are only sterile devices used to access multiple-dose vials?
- Except by the sterile device, is contact with the access diaphragm avoided?
- Are needles and syringes used to access a multidose vial always sterile? (Never reuse a syringe even if the needle is changed.)
- Are multidose vials stored away from the immediate patient treatment area to prevent inadvertent contamination by spray or spatter?
- Are multidose vials immediately discarded if their sterility is compromised?

### Single-Use (Disposable) Devices

- Are single-use devices used for one patient only and then properly discarded?

### Oral Surgical Procedures

- Is surgical hand antisepsis performed before gloving by all dental workers participating in an oral surgical procedure? (Surgical hand antisepsis involves using either (a) an antimicrobial soap and water or (b) a plain soap and water handwash followed by alcohol-based hand rub with persistent activity.)
- Are sterile surgeon's gloves worn when performing oral surgical procedures?
- Is sterile saline or sterile water used as a coolant/irrigant during oral surgical procedures?
- Are sterile irrigating fluids delivered using devices specifically designed for that purpose, for example, a bulb or sterile irrigating syringe, single-use disposable products, or sterile water delivery systems with disposable or sterilizable tubing?

### Biopsy Specimens

- Are biopsy specimens placed in a sturdy, leakproof container for transport?
  - Is the container labeled with the biohazard symbol?
- If the outside of a biopsy specimen container becomes visibly contaminated, is it either cleaned and disinfected or placed in an impervious bag labeled with the biohazard symbol?

### Dental Laboratory

- Is PPE worn when handling items that have not been decontaminated?
- Is specific information on disinfection (for example, solution used and duration) included when laboratory cases are sent from the dental facility to an off-site lab and back?
- Unless the sender indicates that they have been disinfected, are all dental prostheses and prosthodontic materials (such as impressions, bite registrations, occlusal rims, and extracted teeth) cleaned, disinfected using an EPA-registered hospital disinfectant with tuberculocidal activity, and rinsed?
- Have material manufacturers been consulted on the stability of specific impression materials relative to disinfection procedures?
- Are heat-tolerant items used in the mouth (such as metal impression trays and face-bow forks) clean and heat-sterilized after use on a patient?
- Are manufacturer instructions followed for cleaning and sterilizing or disinfecting items that do not normally contact the patient but become contaminated during laboratory procedures (for example, burs, polishing points, rag wheels, articulators, case pans, and lathes)?
- If manufacturer instructions are not available, are items processed according to the degree of contamination?
  - Are heat-tolerant items cleaned and heat-sterilized, or are they cleaned and then disinfected using an EPA-registered hospital disinfectant an

**Avoid using carpeting and cloth upholstery in operatories, labs, and instrument processing areas.**

### Digital radiography

If your practice setting uses a digital x-ray system with intraoral sensors:

- Are equipment manufacturer instructions for cleaning, disinfection, and/or sterilization of digital radiology sensors and for protection of associated computer hardware followed?
- Are FDA-cleared barriers used on sensors to protect them from contamination during use on a patient?
- After use on a patient, are sensors cleaned and then either heat-sterilized or immersed in a liquid sterilant/high-level disinfectant for the contact time recommended by the manufacturer?

If sensors cannot tolerate heat or liquid chemical immersion:

- Are FDA-cleared barriers used on sensors to protect them from contamination during use on a patient?
- Are barriers removed and sensors cleaned and then disinfected using an EPA-registered hospital disinfectant with a tuberculocidal claim?

### Aseptic Technique for Parenteral Medications

- Are IV bags, tubings, and connections used for one patient only and disposed of appropriately?
- Is medication from any syringe administered to only one patient?
- Are single-dose vials of parenteral medications used whenever possible?

# The new CDC guidelines are here.

## Are you ready?

HIV and HBV claim and/or a tuberculocidal claim?

### Tuberculosis and Dentistry

- Does your practice setting have a written TB infection-control plan?
- Are all dental team members trained to know the signs and symptoms of TB as well as how it is transmitted?
- Is a baseline tuberculin skin test performed for all dental workers who might have contact with persons with suspected or confirmed active TB?
- Is each patient assessed for history or symptoms of TB? Are findings documented on the medical history form?

If a patient with active or suspected TB arrives for treatment:

- Is the patient evaluated away from other patients and dental workers?
- When not being evaluated, is the patient asked to wear a surgical mask and instructed to cover his or her mouth and nose when coughing or sneezing?
- Is elective dental treatment deferred until the patient is noninfectious?
- Are patients in need of urgent dental care referred to a previously identified facility with TB engineering controls and a respiratory protection program?

For DHCP who may have active TB:

- Are personnel with a deep, productive cough lasting longer than three weeks referred for medical evaluation? This is especially important when other signs or symptoms consistent with active TB are present (for example, weight loss, night sweats, fatigue, bloody sputum, anorexia, and fever).
- Are such DHCP instructed not to return to work until a physician determines that the worker does not have TB or is no longer infectious?
- Has a community risk-assessment been performed for your practice setting?

### Evaluating Your Infection Control Program

- Is a plan for evaluating the practice setting's infection control program in place? **OSAP**



### Introducing *From Policy to Practice: OSAP's Guide to the Guidelines*

As its title suggests, *From Policy to Practice: OSAP's Guide to the Guidelines* takes new infection control recommendations from the Centers for Disease Control and Prevention (CDC) and helps you — the dental worker — put them into practice.

OSAP has created a 170-page, all-inclusive workbook to walk users through the new and expanded 2003 infection control guidelines. Each chapter contains practical, how-to instructions, charts and checklists, pictures and captions, answers to common questions, and guidance for making sound clinical judgments. Suggested retail price, \$69.95. 10 hours of CE credit available.

### A LOOK INSIDE:

- **Job Categories** identify who within your practice needs to learn and apply each chapter.
- **Examining the Issues** explains why each set of practices and procedures is important.
- A comprehensive **Glossary** and list of **Terms You Should Know** define important words and phrases you will come across in each chapter.
- **Step by Step** instructions explain how to perform common procedures in practice.
- **Common Questions and Answers** outlines areas where clarification or clinical judgment may be needed.
- **Exercises in Understanding** brings recommended procedures right into your practice setting.
- **Recommended Reading and Resources** points you toward related info in the scientific literature and on the World Wide Web.
- **Self-Tests** at the end of each chapter make sure you're familiar with the material before moving on.

Contact an OSAP member dealer today



# Calendar



## JANUARY 2004

To help practices stay on track, OSAP provides this calendar listing typical schedules for periodic maintenance, recordkeeping, and infection control activities. This schedule is intended only to serve as a guide. Proper practices, procedures, and maintenance schedules can vary according to the kinds of products used, the practice type, and patient volume. Always follow the device or equipment manufacturer's instructions for maintenance and infection control.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				<b>1</b> Monthly: update chemical inventory; discard expired supplies, drugs Weekly: waterline maintenance <small>NEW YEAR'S DAY</small>	<b>2</b>	<b>3</b>
<b>4</b>	<b>5</b> Weekly: clean evacuation traps	<b>6</b>	<b>7</b>	<b>8</b> Monthly: Waterline monitoring Weekly: waterline maintenance	<b>9</b> Weekly: spore test sterilizers	<b>10</b>
<b>11</b>	<b>12</b> Monthly: read water test results; retreat lines if necessary Weekly: clean evacuation traps	<b>13</b>	<b>14</b> Monthly: foil test ultrasonic cleaners	<b>15</b> Weekly: waterline maintenance	<b>16</b> Weekly: spore test sterilizers	<b>17</b>
<b>18</b>	<b>19</b> Weekly: clean evacuation traps <small>MARTIN LUTHER KING DAY</small>	<b>20</b>	<b>21</b> Monthly: check fire extinguisher operating pressure	<b>22</b> Weekly: waterline maintenance	<b>23</b> Weekly: spore test sterilizers	<b>24</b>
<b>25</b>	<b>26</b> Weekly: clean evacuation traps	<b>27</b>	<b>28</b>	<b>29</b> Weekly: waterline maintenance	<b>30</b> Weekly: spore test sterilizers	<b>31</b>
OSAP-FEDERAL SERVICES INFECTION CONTROL & SAFETY COURSE						

## FEBRUARY 2004

For a monthly dental office calendar you can customize to best meet the needs and schedules in your practice, visit [osap.org/calendars/index.htm](http://osap.org/calendars/index.htm). (Adobe Acrobat Reader required.)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>1</b>	<b>2</b> Monthly: update chemical inventory; discard expired supplies, drugs Weekly: clean evacuation traps	<b>3</b>	<b>4</b>	<b>5</b> Weekly: waterline maintenance	<b>6</b> Weekly: spore test sterilizers	<b>7</b>
<b>8</b>	<b>9</b> Weekly: clean evacuation traps	<b>10</b>	<b>11</b> Monthly: foil test ultrasonic cleaners	<b>12</b> Monthly: Waterline monitoring Weekly: waterline maintenance	<b>13</b> Weekly: spore test sterilizers	<b>14</b>
<b>15</b>	<b>16</b> Monthly: read water test results; retreat lines if necessary Weekly: clean evacuation traps <small>PRESIDENTS DAY</small>	<b>17</b>	<b>18</b> Monthly: check fire extinguisher operating pressure	<b>19</b> Weekly: waterline maintenance	<b>20</b> Weekly: spore test sterilizers	<b>21</b>
<b>22</b>	<b>23</b> Weekly: clean evacuation traps	<b>24</b>	<b>25</b>	<b>26</b> Weekly: waterline maintenance	<b>27</b> Weekly: spore test sterilizers	<b>28</b>
<b>29</b>						

# Continuing Education

CE Unit 1/04

If you wish to obtain one (1) hour of continuing-education (CE) credit, complete the following test and fax or mail it to the OSAP Central Office for grading. Please include a check or credit card to cover handling charges. Pending satisfactory results (at least seven out of ten), you will be issued a letter for one (1) CE credit hour through the Academy of General Dentistry and the Dental Assisting National Board. AGD Approved National Sponsor, FAGD/MAGD credit, 10/23/93 to 12/31/05. OSAP also is an ADA CERP Recognized Provider.

- True or False: It is okay to administer medication from one syringe to multiple patients as long as the needle is changed.  
a. True                      b. False
- Highspeed handpieces should be processed using:  
a. a liquid chemical sterilant              c. an autoclave or chemical vapor sterilizer  
b. ethylene oxide                      d. a tuberculocidal hospital disinfectant
- The 2003 CDC infection control guideline for dentistry recommends the use of \_\_\_\_\_ to protect against exposures to blood and all other body fluids (except sweat, which is not infectious).  
a. universal precautions      b. standard precautions      c. healthcare worker precautions      d. both a and b
- When dental worker hands are dirty or are visibly soiled with blood or other body fluids, the worker must:  
a. don gloves      b. use waterless antimicrobial hand rub      c. thoroughly wash and dry hands      d. all of the above
- To maintain surface asepsis, clinical contact surfaces should be:  
a. cleaned and disinfected between patients                      c. both a and b  
b. covered with an appropriate protective barrier                      d. either a or b
- When heat processing, use (a) \_\_\_\_\_ with each instrument pack containing an implantable device:  
a. biological indicator      b. chemical indicator      c. mechanical indicators      d. all of the above
- True or False: Flash sterilization should not be used for routine instrument processing  
a. True              b. False
- What schedule is recommended for spore testing heat sterilizers in dentistry?  
a. weekly              b. monthly              c. quarterly              d. semi-annually
- When performing or assisting on oral surgical procedures, you should wear:  
a. sterile surgeon's gloves      b. mask and eyewear      c. a protective garment      d. all of the above
- During a boil-water advisory, it is acceptable to:  
a. use bottled water for patient rinsing                      c. use tap water for handwashing if you use an antimicrobial soap  
b. use an alcohol-based hand rub on soiled hands                      d. put new filters on dental unit waterlines

Mail or Fax completed test to receive (1) hour of continuing-education credit, or visit [www.osap.org/training/online/](http://www.osap.org/training/online/) to test online.

Your Name: \_\_\_\_\_ OSAP Member Name: \_\_\_\_\_  
(if different)

Address: \_\_\_\_\_  
street city/state zip code country

VISA       MASTERCARD       CHECK ENCLOSED      Fee:       OSAP MEMBER, \$10       OSAP SUBSCRIBER, \$15

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

MAIL TO: OSAP CE • P.O. Box 6297 • Annapolis, MD 21401 • USA      FAX TO: 410.571.0028

# Practice Tip



## Doing dentistry under a boil-water advisory

**W**hen water treatment processes fail or are interrupted, or if natural disasters or other circumstances compromise the water distribution network, public drinking water can become contaminated. “Most notable in recent years was the outbreak of cryptosporidiosis in Milwaukee, Wisconsin, where the municipal water system was contaminated with the parasite *Cryptosporidium parvum*,” notes Shannon Mills, DDS, deputy director of the Joint Clinical Readiness Advisory Board. More than 400,000 persons became ill during the Milwaukee epidemic. Outbreaks involving *Cryptosporidium* and other waterborne organisms also have occurred in New York, Ontario, Washington, and other areas.

Issued by the public health department when local or regional water is deemed unsafe to drink, a boil-water advisory is a notice to the public to boil tap water before drinking it. “Because dentistry relies so heavily on water — it’s used for handwashing, patient rinsing, as a coolant ... — boil-water advisories are serious business

for dental facilities,” Dr. Mills asserts. “To make sure that practices and clinics can still deliver care during these public health advisories, the CDC has developed a set of guidelines that dental workers can follow.”

In the event of a boil-water advisory:

- Do not use water from the public water supply to treat patients. “This includes water plumbed through the dental unit, ultrasonic scaler, or other equipment that uses public water,” he explains. Of course, if your water source has been isolated from the municipal water system — for example, in a separate water reservoir or other water treatment device that has been cleared for marketing by the FDA — this restriction doesn’t apply.
- Avoid using water from faucets for patient rinsing and handwashing. Instead, have patients rinse with bottled water. For hand hygiene, use alcohol-based hand rubs if hands are not visibly soiled. If they are, use bottled water and soap or an antiseptic-containing

towelette to clean the hands.

To treat public water so it is safe for hand hygiene or for diluting disinfectants (if necessary), bring water to a rolling boil for at least 1 minute and cool thoroughly before use.

When the boil-water advisory is lifted, follow your local water utility’s recommendations for flushing all waterlines served by the public water system and disinfect your dental unit waterlines according to the manufacturer’s instructions. **OSAP**

*Shannon Mills, DDS, is a former OSAP Chairman and Editor of Infection Control in Practice. Statements expressed are his own and do not reflect the official policy of the U.S. Government.*



*Do you have a practice tip you'd like to share with other OSAP members and subscribers? Send your suggestions for enhancing dental infection control and safety in practice to editor@osap.org. Be sure to include contact information, a photo, and a brief bio. Thanks!*



for Infection Control & Safety  
P.O. Box 6297 • Annapolis, MD 21401

FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
Woodbridge, VA  
PERMIT NO. 70