

Infection Control DOs and DON'Ts

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In March of this year the Centers for Disease Control and Prevention released a [Summary of Infection Prevention Practices in the Dental Setting](#) which is a synopsis of the recommendations made in their more extensive document, [Guidelines for Infection Control in Dental Health-Care Settings—2003](#). There is nothing in the summary which is new, it is just a shortened document which condenses the material in the 2003 document. Still, it's a 44-page summary and takes some time to sift through. Every dental health care professional should be aware of all these recommendations, but for those who need a refresher here is a handy checklist of DOs and DON'Ts. In parentheses you will find the page numbers of the information in the Summary (S) document; the guidelines document (G) is not numbered so you will have to scan the paragraph titles for the information. For example, the information for dental unit waterlines is under the paragraph "Dental Handpieces and Other Devices Attached to Air and Waterlines". Additional useful sources can be found after below the checklist.

DO...	DON'T...
<ul style="list-style-type: none"> ✓ have an infection prevention coordinator. This person is responsible for developing written infection prevention policies and procedures tailored specifically for the facility (S-6, G) 	<ul style="list-style-type: none"> ✗ go to work sick. Under certain circumstances, managers might need to exclude dental health care providers from provision of care (S-10/11)
<ul style="list-style-type: none"> ✓ remember that universal precautions is the old term, standard precautions is the "new" term. Respiratory hygiene/cough etiquette is part of standard precautions (DHCP) (S-10/11,G) 	<ul style="list-style-type: none"> ✗ provide care if you have artificial fingernails/extendors or chipped nail polish. Polish on natural nails does not increase the microbial load from periungual skin if fingernails are short (G)
<ul style="list-style-type: none"> ✓ get infection control training annually, at a minimum. Some states require annual infection control training as part of licensure so check your state's dental hygiene practice act (S-6) 	<ul style="list-style-type: none"> ✗ use gauze/paper towels which have been saturated with disinfectant in a container. See manufacturer directions regarding proper use of disinfectants (i.e. Cavicide) (S-14, G)
<ul style="list-style-type: none"> ✓ get vaccinations. OSHA requires that employers make hepatitis B vaccination available to all employees who have potential contact with blood or other potentially infectious materials (OPIM). The The Advisory Committee on Immunization Practices (ACIP) provides national guidelines for immunization of HCP, which includes DHCP (G) 	<ul style="list-style-type: none"> ✗ <i>disinfect</i> slow speed handpiece/prophy angle. Dental handpieces, including prophylaxis angles, must be sterilized between patients as viral DNA and viruses have been found inside both high-speed handpieces and prophylaxis angles. Use of high level or surface disinfectants is NOT appropriate (S-14, G)
<ul style="list-style-type: none"> ✓ establish written post-exposure protocols that: <ul style="list-style-type: none"> • describe procedures for promptly reporting and evaluating exposures to blood and OPIM • identify a health-care professional who is qualified to provide counseling and perform all medical evaluations and procedures in accordance with current recommendations of the U.S. Public Health Service (PHS), including post-exposure prophylaxis (PEP) with chemotherapeutic drugs when indicated (G) 	<ul style="list-style-type: none"> ✗ allow your patient to close their lips around the saliva ejector in order suction saliva, water, etc. Backflow in low-volume suction lines (i.e., saliva ejector) can occur and microorganisms present in the lines will seep into the patient's mouth (G)
<ul style="list-style-type: none"> ✓ give patients their extracted teeth without sterilizing/ disinfecting it. Extracted teeth can be returned to patients on request, at which time provisions of the bloodborne pathogens standard no longer apply (G) 	<ul style="list-style-type: none"> ✗ reuse xray holder equipment (i.e. XCP). Clean and heat-sterilize heat-tolerant devices between patients. If not possible, high-level disinfect heat-sensitive devices, according to manufacturer's instructions (G)
<ul style="list-style-type: none"> ✓ use barrier protection on clinical contact surfaces. If barrier protection is not used then surfaces must be cleaned and disinfected between patients (S-16, G) 	<ul style="list-style-type: none"> ✗ CONTINUE TO WORK IN A FACILITY WHICH IS NOT ABIDING BY THE STANDARDS. Aside from it being your ethical responsibility to protect yourself, your patients and your co-workers, the Occupational Safety and Health Act of 1973 allows you to file a complaint without fear of employer punishment.
<ul style="list-style-type: none"> ✓ flush dental unit lines (air and water, handpieces, ultrasonics, etc) at the beginning of the day and for a minimum of 20-30 seconds after each patient. Consult with unit's manufacturer to determine the best method for maintaining water quality and frequency of monitoring (S-17, G) 	

Additional useful sources can be found below the checklist for your convenience

The American Dental Association: [Dental Unit Waterlines](#)
 Occupational Safety and Health Administration (OSHA): [Standards for Dentistry](#)
 OSHA: [How to File a Safety and Health Complaint](#)
[Organization for Safety and Asepsis Procedures](#)