Infection Control and Dental Radiography

Minimizing contamination when taking and developing dental x-rays

Although no direct evidence suggests that disease can be transmitted via dental x-ray procedures, the activities surrounding dental radiography (taking and processing x-rays) offer lots of chances for spreading contamination. Film packets used in the mouth are contaminated, touched, and then transported to another location within the practice setting. All surfaces that contact film packets or sensors that have been used in the mouth become contaminated, as do all surfaces touched with contaminated gloves. X-ray equipment also can become contaminated when intraoral x-rays are taken, and film processing equipment can be contaminated when x-ray film is developed. Research shows that oral microorganisms can remain viable on radiographic equipment for at least 48 hours and can survive in developer/fixer for up to two weeks.

Surfaces prone to contamination during traditional dental x-ray procedures include:
- the x-ray tubehead,
- the extension cone,
- the x-ray control panel,
- the exposure button,
- chair adjustment controls,
- darkroom equipment and surfaces,
- processors/solutions, and
- any environmental surfaces contacted by gloved hands, contaminated film packets, or devices used in the mouth.

Even in filmless digital radiography, the potential for surface contamination exists. Clinical contact surfaces include the computer keyboard and mouse, x-ray sensor cords, and even the portable x-ray cart.

Minimizing contamination
To minimize the spread of contamination, and in turn, the potential for disease transmission, use barriers to protect surfaces that are prone to contamination. The use of surface covers also helps to shorten turnaround time between patients and to reduce the need for disinfectants that can damage x-ray equipment and environmental surfaces and linger in the air. Surfaces that are not covered and become contaminated must be cleaned and disinfected between patient uses.

To further reduce the chance of cross-contamination when taking and developing dental x-rays, unit-dose the items you need before beginning the procedures. Unit-dosing not only limits the spread of contamination by reducing worker contact with surfaces, it also saves chairside time.

To prepare for a patient appointment involving traditional intraoral x-rays, unit-dose the following:
- paper towels,
- surface barriers,

Learning Objectives
➤ Learn and be able to apply infection control procedures for taking and processing intraoral and panoramic/cephalometric radiographs
➤ Understand the actions required for radiation safety for patients and dental workers

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Infection Control and Dental Radiography

continued from front cover

- powder-free gloves,
- x-ray film(s),
- sterile or disposable film holders,
- paper cups or plastic bags,
- lead apron with thyroid collar,
- cotton rolls (to stabilize film placement and remove saliva from film), and
- preprocedural mouthrinse (patient rinsing before dental procedures can greatly reduce microorganisms in aerosols generated during treatment).

OSAP’s “Putting It All Together” column (see p. 4) details how all these items are used to prevent contamination during dental x-ray procedures.

Managing devices used in the mouth
Because they contact but do not cut or penetrate oral tissues, intraoral x-ray accessories such as film-holding and positioning devices are classified as semi-critical items. Whenever possible, use disposable bite guides and other x-ray accessories. Heat-tolerant versions of these devices also are commercially available. Heat-sterilized before use on each patient, they provide another good infection control option.

X-ray positioning guides and other semi-critical instruments that are not heat-tolerant must be processed using a liquid chemical sterilant for the contact time required for sterilization.

Heat-sensitive semi-critical instruments (such as digital x-ray sensors) that cannot be reprocessed by heat sterilization or by soaking in a high-level chemical disinfectant/sterilant should be barrier-protected to minimize contamination during use. After use, remove the barrier and clean and intermediate-level disinfect the intraoral surfaces of the device between patient uses. To ensure patient safety and prevent equipment damage when using high-tech devices, always consult the user’s manual for the instrument for instruction on infection control precautions, including appropriate barriers and disinfection/sterilization procedures.

Dental x-ray film also may be barrier-protected. When barrier sleeves are used to cover the film packet before it is placed in the patient’s mouth, infection control procedures for handling the film packet and developing the film are simplified. (See p. 4, “Putting It All Together”).

Radiation safety
As with any type of x-ray, take precautions to make sure the radiation dose to patients is as low as reasonably achievable. To protect against scatter radiation, drape patients with a lead apron with thyroid collar when taking dental x-rays. To protect the dental team, ensure that all workers are clear of the x-ray area. X-ray operators must be fully behind the protective lead partition before the exposure until after the exposure has been taken.

In summary...
Infection control principles for dental radiography are identical to those used in the operatory. They are based on standard precautions and aimed at preventing disease transmission from patient to dental worker, from dental worker to patient, and from patient to patient.

For simple, effective infection control during dental radiography:
- Wash your hands.
- Use personal protective equipment.
- Use disposable, fluid-proof surface barriers to cover surfaces/objects that may be touched with contaminated hands or contaminated objects. For example:
  - tubehead/yoke,
  - x-ray cone,
  - control panel,
  - exposure button,
  - headrest,
  - chair adjustment controls,
  - work surfaces, and
  - computer equipment/devices.
- Unit-dose supplies.
- Change barriers between patients.
- Clean and intermediate-level disinfect equipment surfaces that are not covered and become contaminated before seating the next patient.
- Clean and high-level disinfect/sterilize instruments and items used to take traditional dental radiographs. Barrier-protect heat-sensitive digital x-ray sensors and follow the manufacturer’s instructions for reprocessing.

OSAP
Compliance Corner

ADA “Protective coverings or disinfectants should be used to prevent microbial contamination of position-indicating devices. Intraorally contaminated film packets should be handled in a manner to prevent cross-contamination....”
— American Dental Association. Infection control recommendations for the dental office and the dental laboratory (May 1996)

CDC Updated dental infection control recommendations, including those for radiographic procedures, are due for publication by the Centers for Disease Control and Prevention in late 2003.
— www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm

OSAP “Wear gloves while exposing films in the patient’s mouth. Place exposed films in a paper cup. When all films are exposed, remove and discard gloves.... [Transport] to the darkroom, [reglove and] carefully open the packs and drop the films on a clean surface. Discard the contaminated wrappers, remove and discard the gloves, and process the films.... When using an x-ray processor with a daylight loader, extra precautions are required to avoid contamination of the sleeves, and external and internal components of the processor.... X-ray films packaged in fluid impervious barriers are available. A slight modification of the recommended x-ray and darkroom protocol is indicated. After exposing the film, pull on the edges of the barrier pack, allowing the film to drop into a clean paper cup without contaminating the inner film packet. When all films have been exposed and collected in the cup, remove procedure gloves and take films to the darkroom or daylight loader for processing.”
— OSAP Infection control in dentistry guidelines (September 1997)

Glossary

Chemical sterilant chemical agent used to destroy all forms of microbial life, including bacterial spores
Cleaning removal of visible soil and organic and inorganic contamination from a device or surface, using either the physical action of scrubbing with a surfactant or detergent and water or an energy-based process (e.g., ultrasonic cleaners) with appropriate chemical agents
Clinical contact surfaces environmental surfaces that are touched by contaminated hands, instruments, or items, or by spatter during treatment
Contaminated state of having been in contact with microorganisms, usually referring to microorganisms capable of producing disease or infection
Heat sterilization a heat process that destroys all microbial life, including bacterial endospores; autoclaves, chemical-vapor sterilizers, and dry-heat sterilizers are used in dentistry for heat sterilization of patient-care items
High-level disinfection process that inactivates vegetative bacteria, mycobacteria, fungi, and viruses but not necessarily high numbers of bacterial spores
Intermediate-level disinfection process that inactivates vegetative bacteria, most fungi, mycobacteria, and most viruses (particularly the enveloped viruses) but not bacterial spores
Personal protective equipment / PPE specialized clothing or equipment worn for protection against a hazard
Semi-critical medical devices or instruments that come into contact with mucous membranes but do not ordinarily penetrate body surfaces
Surface barrier material that prevents penetration of microorganisms, particulates, and fluids, and contamination of the underlying surface
Sterilization physical or chemical procedure to destroy all microorganisms, including large numbers of resistant bacterial spores

Infection Control in Practice is a resource prepared for clinicians by the Organization for Safety & 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:

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In dental radiography, remember the goal: To limit the spread of contamination. The steps to infection control during traditional intraoral x-ray procedures may be many, but with that guiding principle in mind, the steps all fall into place.

**For Intraoral Films...**

**Before taking the x-rays:**

2. Protect radiography equipment (such as the x-ray tubehead and control panel) with clean surface barriers.
3. Unit-dose all necessary supplies, equipment, and instruments prior to patient seating. Aseptically dispense film from the central supply area into a clean disposable container.
4. Have patient rinse with a preprocedure mouthrinse, if desired.
5. Provide the patient with a lead apron with thyroid collar to protect against any scatter radiation.
6. Wash hands, dry thoroughly, and put on exam gloves.

**While taking the x-rays:**

7. Wear gloves when taking x-rays and handling contaminated film packets. Wear other personal protective equipment (e.g., face shield, surgical mask, protective eyewear, gowns) if spatter is likely.
8. Touch as few surfaces as possible.
9. Stay behind the protective lead partition until after the exposure.
10. Following exposure of the radiograph with gloves still in place, dry the film with disposable gauze or a paper towel to remove blood or excess saliva.
11. Drop each film packet into a container (such as a paper or plastic cup), being careful not to contaminate the outside of the container.
12. Repeat to complete the x-ray series.

**After taking the x-rays:**

13. Place reusable film-holding devices in the designated area.
14. If film barrier pouches have been used...
   a. Carefully peel back the barrier and allow each film packet to fall from its pouch into a clean disposable container (such as a plastic cup) for transport to the developing area. Use care to avoid contaminating the outside of the film packet and the cup.
15. Discard all contaminated disposable items.
16. Carefully remove contaminated barriers.
17. Remove gloves and wash hands.
18. Remove the lead apron and dismiss the patient.
19. Disinfect all uncovered surfaces that were contaminated.
20. With clean, ungloved hands, transport the disposable container of exposed film to the processing area.
21. Unit dose:
   a. gloves
   b. paper cup(s)
   c. paper towel(s)
   d. film mount or paper envelope
22. Take care to avoid contaminating the developing equipment.
   a. Use barriers or clean and disinfect any surfaces that become contaminated.

**Handling Film Without Barrier Pouches**

Barrier sleeves for x-ray film packets are commercially available. These barriers are placed over the x-ray film packet before the film is positioned in the patient mouth and removed immediately after the x-ray is taken, providing dental workers with a clean, uncontaminated film packet for processing.

The barriers protect film from contamination, reduce preparation time, and simplify processing. Removed in a lighted area with gloved hands, the barrier is simply peeled back and the film packet dropped onto a clean paper towel or into a clean disposable cup. Barrier-protected film packs are especially useful when using a daylight loader (see next page).

If your practice setting uses film that is not barrier-protected, add these steps to the infection control protocol for dental x-rays.
1. Wash hands prior to taking extraoral x-rays.
2. Barrier protect bite guides.
   a) Disposable and reusable heat-tolerant bite guides provide other options.
3. Consider barriers for chin rest, head positioning guides, and hand grips.
4. Handle extraoral cassettes with ungloved hands.
5. After x-ray exposure, have the patient remove the barrier from the bite guide and discard it in the regular office trash bin.

For Panoramic/Cephalometric Films...

Because few intraoral components are involved, infection control in panoramic and cephalometric x-rays is simplified.

1. Wash hands prior to taking extraoral x-rays.
2. Barrier protect bite guides.
   a) Disposable and reusable heat-tolerant bite guides provide other options.
3. Consider barriers for chin rest, head positioning guides, and hand grips.
4. Handle extraoral cassettes with ungloved hands.
5. After x-ray exposure, have the patient remove the barrier from the bite guide and discard it in the regular office trash bin.

Using a Daylight Loader for Processing Dental X-ray Film

Because they have cloth or rubber sleeves, cuffs, or flaps to allow access to the x-ray processing chamber without allowing light exposure, daylight loaders present additional infection control challenges.

1. With clean, ungloved hands, open the lid of the loader and place paper towel, paper cup, and powder-free gloves inside the loader’s compartment.
2. Place container with contaminated films next to the paper cup.
3. Close the lid and place hands through the sleeves and into the compartment.
4. Put on gloves.
5. Remove one film from the container, and open packet as previously described.
6. Allow film to drop onto paper towel or processor film feed slot.
8. Repeat until all packets have been opened.
9. After opening all packets, remove gloves and place them in the cup.
10. Feed all films into the processor, handling them only by the edges.
11. Remove hands from the loader.
12. Wash and dry hands.
13. Lift the lid to the loader compartment and remove all contents.
14. Label film mount or paper envelope.

Q: We use digital x-rays and the sensors can’t be cleaned. How can we make them safe for use from one patient to the next? — LZ, Tampa, Fla..

A: Digital radiography sensors and other high-technology instruments such as intraoral cameras, electronic periodontal probes, occlusal analyzers, and dental and soft tissue lasers are semi-critical devices. They contact mucous membranes.

Of course, heat sterilization is preferred for all semi-critical instruments. Although these devices cannot withstand heat or chemical immersion, most digital x-ray sensors can be cleaned and disinfected. Cover such devices with a surface barrier during patient use. Protective sheaths are commercially available for many intraoral components of high-tech equipment. Barriers that are designed for handpieces and air-water syringes and are closed on one end work well. Digital x-ray sensors with cords can be covered using a longer plastic sleeve to protect both the device and its cord.

While the use of a barrier can help eliminate gross contamination on devices used in the mouth, barriers do not always protect from all potential contamination. Because these items are semi-critical items that will be reused on other patients, use a barrier during treatment, then follow with post-treatment cleaning and intermediate-level disinfection. Wiping with a disinfectant-soaked gauze pad or a disinfectant wipe generally is preferred over spraying the sensor.

To ensure patient safety when using high-tech devices, always consult the user manual for instructions for infection control precautions, including appropriate barriers and disinfection/sterilization procedures.

— OSAP

Do you have an inquiry about infection control, occupational health, or practice safety? Ask OSAP.

Send your questions to office@osap.org
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.

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. (Adobe Acrobat Reader required.)

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**VETERANS’ DAY**

**THANKSGIVING**

**NEW YEAR’S EVE**

**NEW YEAR!**

**HEADS UP for ’04!**

OSAP-Federal Services Dental Infection Control and Safety Course Jan. 27-30 in Atlanta. For info, visit www.osap.org/training/courses/fsdic/index.htm
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.

1. Why do daylight loaders present an additional infection control challenge?
   a. They have rubber or cloth sleeves that can become contaminated
   b. The lid design makes them prone to contamination
   c. You can’t wear gloves when using a daylight loader
   d. None of the above; daylight loaders pose no additional infection control challenges

2. Manage contamination of heat-sensitive semi-critical instruments that cannot be soaked in liquid by:
   a. cleaning then disinfecting with an intermediate-level disinfectant
   b. barrier-protecting during use
   c. wiping the instrument with glutaraldehyde
   d. both a and b

3. Which of the following surfaces is not typically a clinical contact surface when taking a dental x-ray?
   a. tubehead
   b. exposure button
   c. bite block
   d. headrest

4. True or False: The radiation used in a dental x-ray is not at all hazardous; no safety precautions are required.
   a. True
   b. False

5. Ways to limit contamination during dental x-ray procedures include:
   a. unit-dose the items you will need in advance
   b. use surface covers on clinical contact surfaces
   c. wear personal protective equipment
   d. all of the above

6. True or False: Dental x-ray procedures have never been directly associated with disease transmission.
   a. True
   b. False

7. An x-ray positioning guide is an example of a(n) ________________:
   a. critical instrument
   b. semi-critical instrument
   c. non-critical instrument
   d. environmental surface

8. Infection control procedures for dental radiography are based on the principles of:
   a. ALARA
   b. universal precautions
   c. standard precautions
   d. airborne precautions

9. Extra steps are required for infection control if ________________:
   a. intraoral films are not barrier-protected
   b. intraoral films are processed in a daylight loader
   c. clinical contact surfaces are not barrier-protected
   d. all of the above

10. True of False: Panoramic x-ray cassettes should be handled with clean, ungloved hands.
    a. True
    b. False

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

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I’ts the end of the year, so out with the old and in with the new, says Helene Bednarsh, RDH, MPH. The HIV Ombudsperson for the Boston Public Health Commission and a published author on dental infection control and safety issues, she suggests dusting off and clearing out old inventory and reviewing office contracts and policies.

“Dental offices are busy places. The end of the year is a great time to ‘cleanse and purge’ those behind the scenes areas that may get neglected during the year,” she notes.

The first step in this annual ritual is to get your supply closet in order. “Check products for expiration dates. Discard any that are past their dates and rotate older products to the front so that they’ll be used first,” she recommends. At the same time, inventory the clinical products you have in each operatory, noting quantity, brand, and type of product. “With the inventory complete, you can easily determine if you need to order or restock any area of your facility,” she explains. Posting a checklist of stocked supplies allows staff to check off items as they are used, which helps in keeping track of what you have on hand.

“If any major dental meetings happen in the winter, so now is a good time to take advantage of show discounts,” she notes. But buyer beware: No matter how good the pricing, resist the urge to buy more supplies than you anticipate using before shelf life runs out and the expiration date comes around.

The end of the year is also a good time to review your facility’s contracts. “Pull all service contracts and check the original date and agreement period. Some may have expired, some may no longer be needed, and some may need to be revised,” she says. Contact your state or local dental association or public health departments to see if any changes in regulation have occurred that could affect waste hauling or other services. Also, contact your dental lab to ensure that infection control for lab cases are up to date and appropriate.