First Do No Harm

When oral healthcare professionals deliver care in community-based settings or on mission trips, no infection control shortcuts should be taken. The Organization for Safety, Asepsis and Prevention (OSAP) has developed an infection control checklist for community-based programs. This issue of Infection Control In Practice introduces this checklist and an approach to site assessment when using portable equipment or mobile vans. For more information about these documents go to http://www.osap.org and in the upper left menu click on “Resources” then click on “Charts/Checklists”.

Infection Control Considerations for Dental Services Using Portable Dental Equipment or Mobile Vans

Overview
Dental infection control recommendations from the Centers for Disease Control and Prevention (CDC) apply to all settings where dental services are provided. However, when care is provided away from the typical practice setting, there may be challenges in implementing these guidelines. OSAP formed a national advisory group (see page 2) to develop a practical community site assessment and corresponding infection control and safety checklists based on work originally done by Jennifer Cleveland DDS MPH and Kathy Eklund RDH MHP. These checklists offer infection control guidance for oral health surveys, screenings, preventive care and treatment resource-limited settings. This guidance is based on general principles of infection control and is determined by the provider’s level of anticipated contact with the patient’s oral mucous membranes, blood or saliva contaminated with blood.

A site assessment form and infection control checklists based on three levels of risk to assess programs were developed, with a fourth providing an overview of all three levels. The advisory group reviewed the materials and identified test sites. A field test feedback form and materials for evaluation were sent to five programs and were also posted on the OSAP website. Completed evaluation forms were received from evaluators at all five sites and additional feedback was received from other professionals who reviewed the forms. Kathy Eklund presented outcomes of the project, “The Essentials of Infection Control in Screening, Portable and Mobile Programs” at the National Oral Health Conference in April 2010. Also during that conference:

Contents

1. First Do No Harm Learning Objectives
2. First Do No Harm continued
3. Scenario
4. Scenario continued Did You Know?
5. Around the World What’s Wrong With This Picture? Valued Newsletter Sponsors
6. Roadmap to OSAP Glossary Links to Resources
7. Continuing Education
8. What’s It All About?
First Do No Harm  Continued from page 1

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First Do No Harm

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Editor-In-Chief

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Single-use (Disposable) Items and Devices
Management of Dental Unit Water Quality
Management of Regulated and Non-regulated Medical Waste.

Site Assessment
The site assessment document can be used to assess new as well as existing sites for delivering community-based dental care. It includes consideration of such areas as:

- Availability and experience of site personnel
- Availability of adequate space and utilities
- Transportation aspects, and
- Needed support aspects.

Scenario
The incident:
Dr. Reinstad, a general dentist in a northern Indiana town, volunteered to conduct caries exams on a Friday morning using a mobile dental van that was coming to a nearby rural underserved area. They expected to see about 15 children, but he indicated he would not need any help from an assistant, for his 15-year-old daughter (Gwinette, interested in becoming a dental assistant) would help him. The previous day the doctor had his office staff package 20 exam instrument sets in peel pouches, sterilize them and place them in a large heavy paper grocery bag for transport to the van. They also added two pairs of vinyl patient examination gloves, a mask, two pairs of protective eyewear, a disposable clinic gown and 20 patient bibs to the bag. On Friday morning Dr. Reinstad had to see an emergency patient in his office so he and Gwinette didn’t get to the van until 11:30 am. Since there were patients scheduled back in the office that afternoon, they were a bit pressed for time. When they arrived at the van 12 children and their parents were waiting. Dr. R washed his hands, donned his gloves, mask, protective eyewear and clinic gown and peeled open 12 of the instrument pouches lying on the portable cart next to the unit. Gwinette (who was to rinse and evacuate and handle the charting) washed her hands, donned a pair of gloves and eyeglasses and tested out the air/water syringe and high-volume evacuator to make sure they worked. They examined all 12 children fairly quickly, washing their gloved hands with an antibacterial soap between each child. The pen Gwinette used for charting was wrapped in aluminum foil. The metal air/water syringe tip was wiped with 70% isopropanol between each patient and the handle was wrapped with a piece of plastic that was removed after the last child was examined. After the last child was examined the used gloves, mask, clinic gown, surface barriers and used instruments were placed back into the grocery bag for disposal or decontamination back at the office.

Potential consequences:
Gwinette did not wear a mask or protective clothing and some aerosols and spatter were generated from use of the air/water syringe even though evacuation was used. Thus, her lips, nose and work clothes were contaminated with microbes from the children, although it’s difficult to predict if this could lead to actual infections. The sterilized pouches of instruments were transported in an open container (grocery bag) along with other items that would contact the children. These could have become torn or compromised during transport in a non-sturdy open container and contaminated with many different types of microbes. When Dr. R opened all of the instrument pouches at the beginning of the clinic session (to save time later), he greatly increased the chances of contaminating the instruments (with dust or spatter from patients) before they were even used. Washing their gloved hands between patients with soap increases the possibility of incomplete removal of contaminants and chances for micropuncture formation1 causing a wicking of contaminants through any inherent pinholes or from breaches caused from extended use of the gloves. Use of the same gloves on multiple patients also increases the chances of developing tears or smaller breaches, some of which may go unnoticed. The charting pen and air/water syringe handle were protected with barriers, but these barriers were not changed between patients leading to cross-contamination from one patient to the next. Gwinette used alcohol to wipe the air/water syringe tip between patients. Alcohol is not recommended as a surface disinfectant because of its poor cleaning and rapid evaporation properties. Since the air/water syringe tips were just treated with alcohol rather than properly cleaned and sterilized between patients, cross-contamination from patient to patient could have occurred. Also, reusable items used in patients’ mouths need to be sterilized between uses, not just disinfected. Placing all of the contaminated items (including the instruments) in the same container for transport back to the office could greatly increase the chances for contaminated sharps injuries or other types of exposures when sorting through the items back at the office. Contaminated reusable sharp instruments need to be transported in separate proper containers to avoid sharps injuries.

As a helpful volunteer, Gwinette was eager to assist as directed but was not adequately trained about infectious risks nor safety procedures for patients or herself. It is not clear how well Gwinette was trained or if she had received the complete hepatitis B vaccination series.

Prevention:
Being pressed for time or working out of the normal environment is no excuse for poor infection control. Proper personal protective equipment needs to be worn by all who are working at chairside when there is any chance for contamination by...
First Do No Harm  Continued from page 3

direct, indirect or airborne contact with the patient’s microbes. This equipment (e.g., gloves and mask) needs to be changed between patients to prevent cross-contamination even if there is limited space for waste disposal. If surface barriers are used (e.g., covers for air/water syringe handle and pen covers), they need to be replaced between each patient to prevent cross-contamination. Reusable metal air/water syringe tips need to be cleaned and sterilized, not just disinfected between patients. There is no Food and Drug Administration-cleared sterilant or high-level disinfectant with alcohol as the main ingredient. Also alcohol is flammable and is best stored in a cool, well-ventilated area which may be difficult to find in a mobile van. While the purpose of an environmental barrier is to prevent the surface from becoming contaminated, this purpose is totally defeated if that barrier is touched during patient care and not changed between patients. Containers used to transport clean/sterile items for use on the patients need to be closable to prevent extraneous contamination. Containers for the transport of contaminated materials also must be closable to prevent spillage if dropped, and properly labeled to identify the biohazard. Reusable contaminated sharps should not be placed in containers with other materials to avoid having to sort through the contents and risk injury. Volunteers need to be checked out ahead of time to assure they are up to speed with infection control training and techniques and have received the hepatitis B vaccination series.

Information about proper infection control on mobile vans or when using portable equipment is offered by OSAP’s new checklist and site assessment online toolkit described at the beginning of this issue.

Some related regulations or recommendations:

- “Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids” (CDC).
- “Change masks between patients, or during patient treatment if the mask becomes wet” (CDC).
- “Wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or other potentially infectious materials” (CDC).
- “Wear a new pair of medical gloves for each patient, remove them promptly after use, and wash hands immediately to avoid transfer of microorganisms to other patients or environments” (CDC).
- “Do not wash surgeons’ or patient examination gloves before use or wash, disinfect, or sterilize gloves for reuse” (CDC).
- “Use surface barriers to protect clinical contact surfaces, particularly those that are difficult to clean (e.g., switches on dental chairs) and change surface barriers between patients” (CDC).
- “Minimize handling of loose contaminated instruments during transport to the instrument processing area. Use work-practice controls (e.g., carry instruments in a covered container) to minimize exposure potential” (CDC).
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture-resistant; labeled or color-coded; leakproof on the sides and bottom (OSHA).
- “Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed” (OSHA).

Did You Know?

Did you know that the 2010-2011 seasonal influenza vaccine available this Fall protects against the 2009 H1N1 (pandemic) flu virus as well as another type A virus (H3N2) and a type B influenza virus? The CDC recommends that all healthcare workers should receive the influenza vaccine. The CDC also recommends that people who got the 2009 H1N1 influenza vaccine, or had pandemic flu in 2009, should still get the 2010-2011 seasonal influenza vaccine (see: http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf).
Significant Meetings

In early January 2010, the “Federacion Odontológica de América Central y Panamá” (FOCAP) met in Panamá. Bio-safety was a prominent theme. Representatives from Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and Panamá joined an initiative to harmonize legislation and norms among FOCAP member nations.

Dr. Lusiane Borges (Brazil) and Dr. Carmen Carrington Betts (Panamá) conducted a program on biosafety in Bahía Brazil during the FDI World Dental Federation meeting in September 2010. Eve Cuny MS represented OSAP at the FDI meeting and presented information on OSAP’s role in the development of the Multiprofessional Patient Safety Curriculum Guide and the Global Summit on dental patient safety that OSAP conducted in June.

Dr. Enrique Acosta-Gio
National University, Mexico

What’s Wrong With This Picture?

Can you identify any breach in infection control and safety procedures in this photo? Check your answers below.

1. Dentist, dental assistant and patient are not wearing protective eyewear.
2. Dental assistant is not wearing a face mask.
3. Headrest is not covered; although it may have been disinfected between patients.

“Thanks” to our SPONSORS

OSAP thanks the following companies that help to underwrite each issue of this special series of Infection Control In Practice in 2010.

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Enriching the lives of dental professionals by providing simple and creative solutions.

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Crosstex ► crosstex.com
A leading global manufacturer of infection control and single-use disposable products for the healthcare industry.

DentalEZ Group ► dentalez.com
DentalEZ’s six brands provide a full line of products for the operatory.

Dentsply ► dentsply.com
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Medicom ► medicom.com
Medicom, proud leaders in disposable infection control products since 1988.

Midmark ► midmark.com
Midmark Corporation, A provider of innovative solutions that work for you.

Miele ► miele.com
Developed specifically to clean dental instruments and accessories and to reduce the risk of infection by providing high-level disinfection.

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Septodont ► septodontusa.com
Septodont, providing better dentistry through pain control, restoratives and infection control products.

SmartPractice ► smartpractice.com

Sultan Healthcare ► sultanhealthcare.com
Products to complete the cycle of infection control.

TotalCare ► kerrtotalcare.com
Offering high-quality infection prevention products to protect staff and patients in the dental operatory.
If you have received this newsletter from a friend or associate, you can access other helpful resources and timely information on infection control and safety by becoming a member of the OSAP community.

**Member resources include:**

- OSAP discount on all CE at [www.ineedce.com](http://www.ineedce.com) -NEW (see Member Orientation at OSAP website for details)
- Growing list of dental issues’ Toolkits posted on website, e.g., see recently added “Instrument Processing – Best Practices”
- Written referenced responses to your IC questions (“Ask OSAP”)
- Helpful time and $$$-saving “Practice Tips”
- Toolkits on how to address challenging IP/Safety Issues
- Surface disinfectants chart
- Free online OSAP Guide to CDC Guidelines course
- Daily and monthly online IC news round-ups
- PowerPoint presentations and other resources from the 2010 Infection Prevention Symposium
- Discounted registration for 2011 programs (January 10-13 in Atlanta and June 9-12 in Dallas)
- Infection Control Educator’s Toolkit
- Free downloads of mission trip IC guide, traveler’s guide and much more!

**Member registration is easy.**

Online at [www.osap.org](http://www.osap.org) or by phone: 1-800-298-OSAP (6727) within the U.S. or 1-410-571-0003 outside the U.S.

**Current membership levels:**

- Individual member (within the U.S.) $110
- Individual member (outside the U.S.) $160
- Web-only member (anywhere) $100
- Student member $25
- Corporate memberships are welcome; please contact OSAP for more information.

*Note: The OSAP Board voted to maintain these rates through June 30, 2011.*

**Cross-contamination:** The spread of microbes from one person to another.

**Wicking:** The drawing of microbes or other particles through material that is wet.

**Glossary**

**Cross-contamination:** The spread of microbes from one person to another.

**Wicking:** The drawing of microbes or other particles through material that is wet.

**Links to Resources**


3. CDC. Guidelines for Infection Control in Dental Health-Care Settings – 2003. Accessed August 2010 at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm)

If you wish to obtain one (1) hour of continuing education (CE) credit, complete the following test by selecting the best answer and fax or mail it to the OSAP Central Office for grading. Please include a check or credit card to cover the handling charges. Pending satisfactory results (at least seven out of ten), you will be issued a letter for one (1) CE credit hour. OSAP is recognized by the American Dental Association as a CERP Provider.*

1. OSAP has developed a checklist for infection control during use of mobile van and portable dental equipment. A second related document is for:
   a. waste management.  
   b. site assessment.  
   c. instrument sterilization.  
   d. dental worker immunizations.

2. Wicking is best defined as:
   a. protrusion of sharp instruments through sterilization pouches.  
   b. development of a dark color on chemical indicators used for sterilization monitoring.  
   c. the co-mingling of sterile and non-sterile instrument packages.  
   d. the drawing of microbes or other particles through material that is wet.

3. Contaminated dental explorers should be transported from a mobile van back to a dental office in containers that are closable, labeled or color-coded, leakproof on the sides and bottom and:
   a. made of clear glass to permit viewing the contents.  
   b. puncture resistant.  
   c. one-half full of water.  
   d. padlocked and sealed with packing tape.

4. Cross-contamination is best defined as:
   a. contamination of an environmental surface by touching it with contaminated hands.  
   b. the movement of microbes from one’s saliva to the nearby teeth.  
   c. the spread of microbes from one person to another.  
   d. the transfer of microbes from contaminated instruments to the detergent solution in ultrasonic cleaners.

5. A mask should be changed:
   a. after every patient.  
   b. every 15 minutes of use.  
   c. every hour of use.  
   d. at end of the morning and end of the day.

6. According to the CDC, protective eyewear needs to:
   a. be tinted.  
   b. be disposable after used with a single patient.  
   c. have solid side shields.  
   d. be heat sterilized after every patient.

7. According to the CDC, protective clothing should cover ________________, if likely to become contaminated with potentially infectious patient materials.
   a. Personal clothing  
   b. Skin  
   c. Personal clothing and skin  
   d. Personal clothing above the waist and skin.

8. Alcohol is not recommended for surface disinfection because of its:
   a. poor cleaning and rapid evaporation properties.  
   b. high toxicity towards human skin.  
   c. pungent odor.  
   d. environmental issues.

9. A contaminated, reusable, (metal) air/water syringe tip should be processed for use on a subsequent patient by:
   a. wiping it down with alcohol.  
   b. wiping it down with a high-level disinfectant.  
   c. cleaning, packaging and heat sterilizing.  
   d. covering it with a fresh plastic barrier.

10. Gloves used at chairside for patient care need to be:
    a. disinfected with an alcohol-based hand rub before use with the next patient.  
    b. washed with soap and water before use with the next patient.  
    c. rinsed off with plain water before use with the next patient.  
    d. discarded after use with each patient and not reused with subsequent patients.

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What’s It All About?

Performing infection control procedures while on mobile dental vans or when using portable dental equipment can be quite challenging. Sharon Gwinn RDH, at the Indiana University School of Dentistry offers just a few of the many things to think about in these situations.

► Where will you dispose of the contaminated waste?
► How will you take care of the hoses that the fluid waste passes through?
► Will there be a good source of potable water for the water tank, if applicable?
► How, where and when will you sanitize the water tank?
► How will you separate clean/sterile supplies (gloves/instruments) from dirty supplies (extension cords/tool kits) when packing for off-site programs?
► How will you pack and transport sterilized instruments to maintain the integrity of the packaging material?
► How will you pack contaminated instruments for the return trip?

Read On!

In the next issue... Are You Keeping Your Patients Safe?