TEAM HUDDLE: Before Patient Treatment – Preparing for a Safe Patient Visit

Many areas need to be addressed before patient treatment. These include reviewing patient records for any special patient’s needs; ensuring cleanliness and asepsis of not only the clinical and laboratory areas but also the reception area, check-in window/desk, and bathroom; application of appropriate surface barriers; chairside distribution and set-up of instruments, handpieces, supplies, disposable items, prostheses, and equipment; availability of necessary personal protective equipment, hand hygiene supplies, and sharps containers. At the beginning of the morning and afternoon clinic sessions perform a walk-through starting at the front door to make sure all areas are clean and in order.

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LEARNING OBJECTIVES

After reading this publication, the reader should be able to:

• describe what should be done to prepare for a safe patient visit.
• describe some disease prevention procedures used in the waiting room.
• describe safe needle disposal procedures.
The Incident

Dr. Guffy closed his office for three weeks so all personnel could take a well-deserved vacation. A full patient load was scheduled on the first day back, and two additional patients called that morning with complaints of severe dental pain, so they were “worked in”. Things were hectic. The fourth patient of the day (Mrs. Decmer) was a new patient complaining of a “clicking jaw”. Since she just needed an oral exam, Jewel (the dental assistant) did not review her medical history.

When Dr. Guffy came into the operatory, washed his hands and put on exam gloves, Mrs. Decmer said: “You know I’m allergic to latex”. Dr. Guffy and Jewel went into the hallway, and Dr. G asked Jewel if they had any latex-free gloves. Jewel apologized for not reviewing the medical history and told him they did not have those kinds of gloves. Dr. G then told Mrs. Decmer that they were out of latex-free gloves and that she would have to come back next week for the examination. Mrs. Decmer said: “Well don’t worry about it, I won’t be back. I wasn’t going to say anything, but I thought healthcare places were supposed to be clean. My chair in the waiting room had sticky arms, there were smudges all over the check-in window, cobwebs in the ceiling corner, and that fake rhododendron plant by the door was loaded with dust. And to top it all off, the lady sitting next to me was coughing her guts out spraying stuff all over”.

Dr. G apologized to Mrs. Decmer and said he hoped she would be back.

Four more patients were seen that day. Upon seeing the last patient (Bobby Haehl) Jewel discovered they were out of patient napkins. She improvised by using a paper towel. Bobby just needed an occlusal restoration on #3. After Bobby was anesthetized Dr. G handed Jewel the syringe and she removed the needle and placed it in the instrument tray for recapping and disposal later in the sterilizing room.

Potential Consequences

Since microbes can survive in sticky (moist) substances on arm chairs, in fingerprints, and can be carried around on dust particles, these conditions can lead to cross-contamination and possibly disease spread. In addition these situations can leave a negative impression with patients because most expect healthcare facilities to be kept clean. Coughing and hand contamination with respiratory fluids can indeed spread potentially pathogenic microbes. Exposing an allergic patient to an offending allergen can cause serious problems. Also

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Consider unit dosing. Prepare multiple supplies packages in advance, each containing general supplies needed for one patient’s visit. For example a package may contain four cotton rolls, three cotton balls, two gauze pads, articulating paper, an anesthetic carpule or whatever is usually needed for a given type of procedure for one patient. Whatever is not used with a patient is discarded. While unit dosing can eliminate some problems with cross-contamination during patient treatment, it can be expensive and wasteful if not organized properly.
passing a syringe with an exposed needle to another person or placing a contaminated needle back into the instrument tray causes a second handling of the sharp, thereby increasing the risk for an exposure injury.

**Prevention and Related Recommendations**

Patients can’t see microbes but they can see smudges, fingerprints, dust and cobwebs, and all of these are big “turn offs” leading patients to believe there is not attention to detail in the office. Remember, a first impression can only be made once, so keep it clean! Tissues, a waste container and an alcohol hand-rub can be placed in the waiting room to help reduce the spread of respiratory microbes. Also, a “Cover Your Cough” sign can be used to encourage respiratory hygiene and cough etiquette.

Medical histories should be thoroughly reviewed and updated with each patient visit. Latex-free materials should be available in-house. A person allergic to latex (or any other material) must not be exposed to any items containing latex (or the other material). Contaminated needles should be safely recapped (e.g., one-handed scoop technique; needle recapping device) before being passed or prior to disposal. Sharps containers need to be placed at chairside to facilitate immediate disposal of used anesthetic needles without passing them to someone else or placing them in the instrument tray. A system needs to be developed to manage supplies inventory, which helps deliver safe patient care and ensure a safe workplace. Some dental distributors can provide such systems to ensure the availability of items when needed. Make sure office systems and procedures will still be immediately in place after returning from a vacation.

**The Centers for Disease Control and Prevention (CDC) recommend the following.**

- Screen all patients for latex allergy (e.g., take health history and refer for medical consultation when latex allergy is suspected).
- Ensure a latex-safe environment for patients and dental healthcare personnel (DHCP) with latex allergy.
- Have emergency treatment kits with latex-free products available at all times.
- Implement a written, comprehensive program designed to minimize and manage DHCP exposures to blood and body fluids.
- Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers located as close as possible to the area in which the items are used.

**The Occupational Safety and Health Administration (OSHA) requires that:**

- sharps containers are easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

A survey for dental offices to help assess the patient safety environment in the office has been developed. It brings several important areas to light that can be assessed.

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**TEAM HUDDLE DISCUSSION GUIDE**

1. What problems can develop when a patient’s medical history is not carefully reviewed?
2. How can a staff “walk-through” that starts at the front door benefit patients and the office staff?
3. How can you ensure that adequate dental supplies will always be available when needed?
4. Do your patients have safe dental visits?
### General Preparation
- Check availability/inventory of clinical, laboratory and x-ray supplies, personal protective equipment, surface asepsis items, sterilized instruments and handpieces, hand hygiene items and dental materials.
- Prepare supplies using the unit dose concept.
- Make sure eyewash stations are operable and that material safety data/safety data sheets are in order.
- Review maintenance records for equipment (e.g., sterilizers, ultrasonic cleaners, instrument washers) and perform upkeep when needed.
- Make sure sterilization monitoring results indicate that processed instruments are safe for use on patients.
- Make sure the mechanisms for post-exposure evaluation are in place.
- Make sure dental unit water treatment procedures are in place and effective.
- Make sure all staff has been properly trained about infection prevention before making contact with patients.

### At the Beginning of the Day
- Perform a walk-through starting at the front door to ensure cleanliness throughout the office.
- In the reception area make sure doorknobs, chair arms, and sliding windows are clean/free of fingerprints and that horizontal surfaces are free of visible dust and smudges. (In some offices these areas and the carpeting, tile floors, and bathrooms are managed by a cleaning service but still need to be checked.)
- When dusting use a damp cloth to avoid airborne spread of particles, and vacuum cleaners should be fitted with a high-efficiency particulate air (HEPA) filter.
- Make sure appropriate caution signs are out if floors may be wet.
- Provide facial tissues, an alcohol hand-rub, and a waste container in the reception area to reduce the chance of respiratory disease spread, and consider posting the CDC “Cover Your Cough” poster.

### Before Patient Treatment
- Put on protective clothing and eyewear, mask and utility gloves, remove and discard used surface covers, and clean and disinfect those operatory surfaces that may have been touched during patient treatment and were not protected by a barrier.
- Clean and disinfect or sterilize items brought to chairside for use on the patient (e.g., articulators, casts, custom trays, prostheses, face bows).
- Remove utility gloves and perform hand hygiene, then place surface barrier covers over any difficult to clean and disinfect surfaces (e.g., headrest, chair buttons, light handles and switches, air/water syringe button and handle, high-volume evacuation (HVE) control, handpiece connectors, drawer handles, stool backs).
- Ensure that a sharps container is available at chairside.
- Flush the dental unit waterlines.
- Retrieve the patient’s records and review the history to detect any need for a special operatory/supplies set-up (e.g., latex allergy).
- Seat the patient, place the patient napkin, and update the patient’s medical history.
- Consider having the patient rinse with an antimicrobial mouthrinse.
- Open the instrument packages or cassettes without touching the instruments.
- Perform hand hygiene and don appropriate gloves.
- Connect sterile handpieces and sterile or disposable air/water syringe tips, HVE tips and saliva ejector tip.
What’s Wrong With This Picture?
Can you identify any breach(es) in infection prevention and safety procedures in this photo? Check your answer(s) below.

ANSWER: The patient has not been provided with protective eyewear for a procedure that will cause microbial splatter.

Product Spotlight

Infection Control Educational Package II – Intermediate
Teach, motivate and reinforce infection control practices with this robust three-part training system:


2. CDC Guidelines: From Policy to Practice: OSAP created this all-inclusive workbook to walk users through the CDC Guidelines for Infection Control in Dental Health-Care Settings-2003. Re-release 2007: 10 hours of continuing-education credits available.

3. Infection Control in Practice Team Huddle™ series (both print and online): This bi-monthly, peer-reviewed in-office guide presents an everyday scenario with discussion guide, infection control tips and CE credit opportunity to reinforce best practices.

To access this product go to: https://osap.site-ym.com/store/ViewProduct.aspx?id=2488047

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Preparing for a safe dental visit typically involves three major areas.

1. **General Preparation:** Make sure “behind the scenes” systems are in place including adequate supplies and instruments inventory and distribution; proper equipment functioning; safety culture; properly trained staff.

2. **At the Beginning of the Day:** Imagine yourself in the shoes of a patient and perform a “walk through” starting at the front door. Ensure the cleanliness and the general safety of the office and check the supply of tissues and alcohol hand-rub in the waiting room. Make sure any office cleaning service used is doing a good job.

3. **Before Patient Treatment:** Don appropriate personal protective equipment; perform surface asepsis; remove gloves and perform hand hygiene; place surface barriers; check availability of a nearby sharps container; flush the waterlines; aseptically distribute instruments and supplies; seat the patient; review and update the patient’s medical history; perform hand hygiene and don gloves; provide a preprocedure antimicrobial mouthrinse; connect handpieces and air/water lines, HVE and saliva ejector tips.

**KEY TAKEAWAYS**

- Preparing for a safe dental visit typically involves three major areas.
- **General Preparation:** Make sure “behind the scenes” systems are in place including adequate supplies and instruments inventory and distribution; proper equipment functioning; safety culture; properly trained staff.
- **At the Beginning of the Day:** Imagine yourself in the shoes of a patient and perform a “walk through” starting at the front door. Ensure the cleanliness and the general safety of the office and check the supply of tissues and alcohol hand-rub in the waiting room. Make sure any office cleaning service used is doing a good job.
- **Before Patient Treatment:** Don appropriate personal protective equipment; perform surface asepsis; remove gloves and perform hand hygiene; place surface barriers; check availability of a nearby sharps container; flush the waterlines; aseptically distribute instruments and supplies; seat the patient; review and update the patient’s medical history; perform hand hygiene and don gloves; provide a preprocedure antimicrobial mouthrinse; connect handpieces and air/water lines, HVE and saliva ejector tips.
QUIZ

1. What can be placed in the office waiting room (besides masks) to best help reduce the spread of respiratory diseases?
   a. Surface barriers
   b. Alcohol hand-rub
   c. Examination gloves
   d. Safety data sheets

2. How should a used anesthetic needle be discarded?
   a. The needle is removed from the syringe and placed in the instrument tray for recapping and disposal in the sterilizing room after the patient leaves.
   b. The syringe and needle are passed to the assistant who removes the needle, recaps it and places it into the sharps container at chairside.
   c. The syringe and needle are passed to the assistant who removes the needle, recaps it and immediately takes it to the sterilizing room for disposal.
   d. The needle is recapped, removed from the syringe, and immediately placed in the sharps container at chairside.

3. Sterilization monitoring results indicate that instruments are:
   a. clean or not clean.
   b. safe or unsafe for use on patients.
   c. ready or not ready to be packaged.
   d. disinfected or not disinfected.

4. What needs to be performed after a patient has been dismissed and before seating the next patient?
   a. Dust the waiting room chairs
   b. Clean and sterile the instruments used on the dismissed patient
   c. Flush the dental unit waterlines
   d. Don sterile gloves

5. According to OSHA, where should sharps containers be placed in the office?
   a. At chairside
   b. In the sterilizing room
   c. Where sharps are used or can be found
   d. In the laboratory

6. What does the CDC recommend for treatment of dental patients with a latex allergy?
   a. Ensure a latex-safe environment
   b. Use low-protein latex gloves during treatment
   c. Use powder-free latex gloves during treatment
   d. Wash latex gloves thoroughly with a detergent and rinse well before using them during treatment

7. How often should a patient’s medical history be updated and reviewed?
   a. Annually
   b. At every other visit
   c. Bi-annually
   d. With every visit

8. What should be used to reduce the airborne spread of microbes when dusting?
   a. A damp cloth
   b. Old newspaper
   c. Dry paper towels
   d. A stiff-bristled brush

9. A “Cover Your Cough” poster to remind patients about cough etiquette can be obtained from the:
   a. Occupational Safety and Health Administration.
   b. Food and Drug Administration.
   c. Environmental Protection Agency.
   d. Centers for Disease Control and Prevention.

10. What is unit dosing?
    a. Making sure the anesthetic carpanule has not been used on a previous patient
    b. Preparing and setting out supplies in the quantity needed before seating the patient
    c. Ensuring that the unit dose of anesthesia is appropriate for the patient at hand
    d. Disinfecting the dental unit with the correct dose of disinfectant
TEAM HUDDLE HIGHLIGHTS

Are systems in place to prepare for a safe dental visit for all patients?

Is your operatory always ready to safely receive a patient?

Will your patients be impressed with the general cleanliness of the office?

Will your inventory control system prevent you from running out of a dental supply item or personal protective equipment during a patient visit?

Read on!