the safest dental visit™

OSAP introduces The Safest Dental Visit™, an educational program based on authoritative best practices and supported by behavioral change tools including Infection Control in Practice.

This year Infection Control in Practice will feature a team huddle discussion guide to encourage reader interaction with the scenario presented in each issue. The guide can be used as a tool to spark discussion during a morning team huddle, at a staff meeting or within an educational presentation.

NEWS FLASH: OSAP is partnering with the Centers for Disease Control and Prevention (CDC) in support of the “One and Only Campaign” to raise awareness among patients and healthcare providers about safe injection practices. http://www.oneandonlycampaign.org/

IN THIS ISSUE

TEAM HUDDLE: Asepsis During Patient Treatment ..........................1
SCENARIO: The Incident...........................................2
Infection Control Tip
SCENARIO: The Incident continued.....3
Implementation Guide
Implementation Guide continued.......4
What’s Wrong With This Picture........5
Product Spotlight
Thanks to our Sponsors

Team Huddle Discussion Guide.......6
Glossary
Links to Resources
Key Takeaways
Continuing Education......................7
Team Huddle Highlights..................8

TEAM HUDDLE: Asepsis During Patient Treatment

Infection prevention performed during patient treatment is often called chairside asepsis and involves protection of dental health care personnel (DHCP) and patients. The overall goal is to restrict the spread of microbes to and from patients’ mouths and DHCP. The aseptic procedures include, among others, hand hygiene, properly unwrapping instruments, use of personal protective equipment (PPE), radiographic asepsis, safe injection practices, careful handling of sharps, aseptic retrieval of supplies and proper handling of biopsy specimens.

LEARNING OBJECTIVES

After reading this publication, the reader should be able to:
• describe various ways cross-contamination can occur at chairside.
• describe how to safely manage contaminated anesthetic needles at chairside.
• describe how to prevent contamination of instruments and environmental surfaces when retrieving extra supplies during patient treatment.
The Incident

Dr. Jubal and his assistant Maridean donned the proper PPE to perform a small restoration for the last patient of the day. Dr. J finished local anesthesia, passed the syringe to Maridean, and stepped out of the operatory. Maridean bent the needle, removed it from the syringe, and dropped it in the instrument tray. She then handed the patient a cup of mouthwash for preprocedure rinsing. After a few minutes Dr. J returned, sat down at chairside, and asked Maridean for a mirror and explorer. As she passed the explorer, Dr. J dropped it on the floor. Maridean quickly turned around, opened a drawer and retrieved a packaged sterile replacement. She opened the package and handed the new explorer to Dr. J, and he explored the carious lesion.

During the restorative procedure Maridean was evacuating the patient’s mouth and she noticed a small tear in her left glove over her engagement ring. She immediately removed the glove and replaced it with a fresh one. She checked her right-hand glove, and it was OK. Dr. J was ready to place the restorative material and asked Maridean for more cotton rolls. She turned around, opened the glass cotton roll jar sitting on the nearby countertop, reached in, and retrieved four of them. The restoration was completed and the patient was dismissed.

Potential Consequences

Passing an exposed contaminated needle to another person puts that person at an unnecessary risk for a sharps injury. Bending the needle increases the risk of a needlestick and prevents its recapping. Removing an anesthetic needle from the dental syringe without first recapping the needle creates an unnecessary risk for a needle puncture. Placing the exposed needle in the instrument tray to be retrieved back in the sterilizing room creates another unnecessary handling of the contaminated sharp with risk of exposure.

When Maridean opened the drawer near chairside to replace the dropped instrument, she contaminated the drawer knob (which was not previously disinfected or covered) and likely several items inside the drawer looking for an explorer. In addition, she probably contaminated the explorer by touching it with contaminated gloves to remove a used needle. When Maridean retrieved the extra cotton rolls from the bulk container, she likely contaminated the glass jar lid and the adjacent cotton rolls.

Maridean’s ring caused a tear in her glove that could have allowed her skin to be exposed to blood-contaminated saliva.

Prevention and Related Recommendations

Do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body. Do not bend, break, or remove needles before disposal. Use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., between

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Hand Hygiene

❑ Hands are washed with a non-antimicrobial or antimicrobial soap and water when visibly dirty, or if not visibly dirty, an alcohol hand-rub is used. Provide recommendations from the Centers for Disease Control and Prevention (CDC) on infection prevention guidelines.

❑ Hand hygiene is performed:
  - when hands are visibly soiled;
  - after barehanded touching of contaminated sites or objects;
  - before and after treating each patient;
  - before and after donning gloves;
  - immediately after removing gloves;
  - before oral surgical procedures (surgical hand antisepsis is performed before donning sterile surgeon’s gloves by using an antimicrobial soap and water followed by drying with sterile towels, or plain soap and water followed by drying, then application of an alcohol hand-rub with persistent activity).

❑ Liquid hand soaps are stored in disposable containers or containers that can be washed before refilling.

❑ “Hands-free” soap dispensers are considered for use.

❑ Sink faucets are “hands-free” (e.g., foot operated) or the handles protected with surface barriers.

❑ Hand lotions used during the clinical day are free of petroleum or other oily skin softeners that degrade some glove materials.

❑ DHCP should keep fingernails short with filed edges to facilitate cleaning and prevent glove tears.

❑ Wearing of artificial fingernails by DHCP in the clinical setting is discouraged.

❑ Hand or nail jewelry is removed for patient care if it affects gloves donning, fit, or integrity.

Safe Handling of Sharps

❑ A syringe with exposed needle is never passed to another person or placed onto the instrument tray.

❑ After injection, the contaminated needle on a non-disposable syringe is safely recapped, carefully removed from the syringe, and immediately discarded into a proper sharps container at chairside.

❑ After injection with a disposable syringe/needle, the entire unit is immediately discarded into a proper sharps container at chairside.

❑ When moving containers of contaminated sharps, the containers are to be closed.

❑ Sharp instruments are placed back onto instrument trays or cassettes in a stable fashion.

Additional examples of sharps safety are presented elsewhere.

Safe Injection Practices For Parenteral Medications

❑ IV bags, tubings, and connections are used for only one patient and disposed of appropriately.

❑ Medication in any syringe is administered to only one patient.

❑ Single-dose vials of medication are used.

BiopsySpecimens

❑ Biopsy specimens are placed in a sturdy leakproof container marked with a biohazard symbol for transport.

❑ If the outside of the container becomes contaminated, clean and disinfect it or place it in an impervious bag labeled with a biohazard symbol.
Personal Protective Equipment (PPE)

- PPE (gloves, mask, protective eyewear and protective clothing) is used when exposure to blood or saliva is possible.²,³
- Appropriate PPE in the correct sizes is readily available, and protective eyewear is provided to patients.²
- Emergency treatment kits with latex-free products are available at all times.⁴
- For surgical procedures, surgical gloves, mask, protective clothing and protective eyewear are used with each patient.²,³
- For non-surgical procedures exam gloves and a mask are used with each patient; protective eyewear is used and cleaned with soap and water or decontaminated (if visibly soiled) between patients; protective clothing is fresh at the beginning of the day and is changed when visibly soiled or penetrated with blood or saliva.²,³
- PPE is not worn out of the clinical, instrument processing or laboratory areas.³
- Sterile surgeon’s gloves are worn for surgical procedures. (Non-sterile examination [procedure] gloves are appropriate for routine non-surgical procedures).⁴
- Proper hand hygiene is performed before donning and after removing gloves.³
- Torn, cut or punctured gloves are removed and hand hygiene performed as soon as possible.²,³
- Gloves are not washed for reuse.³
- Gloves are removed and hand hygiene is performed before leaving the operatory, instrument processing area or laboratory.
- Hair, eyes, skin, or PPE are not touched with gloved hands.
- As few environmental surfaces as possible are touched with gloved hands, and those touched must be freshly cleaned and disinfected or barrier protected.
- Gloves are removed and hand hygiene performed before handling a camera for intraoral/facial photographs.
- Use of powder-free latex gloves are considered to reduce the spread of latex-protein allergens.
- Protective eyewear used has solid side shields.²,³
- A mask is used beneath face shields.³
- Masks are changed during patient treatment if they become wet.³
- Protective clothing (e.g., reusable or disposable gown, laboratory coat or uniform) is worn that covers street/work clothes and skin (e.g., forearms) when there is a chance of contamination with blood or saliva.²,³

Radiology

- Gloves are worn when taking radiographs and handling contaminated film packets, and other PPE is worn if spattering of oral fluids is likely.⁵
- Radiographic equipment is freshly barrier protected or cleaned and disinfected for each patient.
- Heat-tolerant or disposable film holders, positioners, and other intraoral devices are used.⁶
- FDA-cleared plastic barriers are used on analogue and photostimulable phosphor plates (PSP), film packets or digital sensors to prevent their intraoral contamination.
- Exposed films are transported aseptically to prevent contamination of developing equipment.⁶
- In the darkroom (if protective barriers are not used on the film packets), the contaminated film packets are opened with gloved hands and the films dropped on a clean surface. The contaminated gloves are removed and the films processed.
- For the daylight loader the hand insertion sleeves are never contaminated and only non-contaminated film packets are placed into the loader. If protective barriers are used on analogue film packets, don gloves, remove the protective barrier on the film packet and drop the packet on a clean surface. Place the contamination-free films in the loader and process with clean bare hands. If protective barriers are not used on analogue film packets, don gloves, disinfect the packets, remove the gloves, wait the appropriate time, and then process the radiographs as above.
- PSPs are used only with barriers. Safely remove the barriers, remove gloves, and scan only with clean hands.

Aseptic Retrieval

- An aseptic procedure is used to retrieve supply items from bulk containers during treatment (e.g., use sterile cotton pliers supplied fresh for each patient and aseptically maintain the pliers during patient care).

Carefully Unwrap Instruments

- Instrument packages are aseptically unwrapped without contaminating the instruments.
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:** Assuming this image depicts actions taken during a dental procedure, this shows improper instrument retrieval by a clinician. Additionally, the instruments are not in sterile packages, either individually or as an instrument set-up. The clinician’s gloved hand likely touched the drawer handle or other surfaces prior to instrument retrieval, increasing the risk of cross-contamination. The clinician should be wearing long sleeves assuming spatter will occur during patient treatment.

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**Product Spotlight**

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TEAM HUDDLE DISCUSSION GUIDE

1. What problems are caused by passing a syringe with an exposed needle to another person?
2. How do you discard a contaminated anesthetic needle on an anesthetic syringe?
3. What should Maridean have done after she noticed a tear in her gloves?
4. Give examples of how to aseptically retrieve supply items from bulk containers.
5. What infection control problems can occur by using mobile supply/instrument carts and drawers at chairside? How can these problems be avoided?

Glossary

- Aseptic retrieval: The process of retrieving an item without contaminating its container or any adjacent items.
- Cross-contamination: The spread of microbes from one surface or person to another.

Links to Resources


KEY TAKEAWAYS

- Be aware of the surfaces touched with contaminated gloves during patient treatment.
- Use aseptic procedures to avoid cross-contamination when retrieving extra supplies during patient treatment.
- Safely handle contaminated needles by proper manipulation and disposal as soon as possible after use at chairside.
- Be sure to use PPE properly to reduce the chances of cross-contamination involving you and your patients.
QUESTIONS FOR ONLINE QUIZ

1. What should be done if a tear is noticed in a glove?
   a. Use an alcohol hand-rub on the glove
   b. Quickly replace the glove with a fresh glove
   c. Remove the gloves, perform hand hygiene, and don fresh gloves
   d. Wash the gloves with antimicrobial soap, rinse and dry with a paper towel

2. What should be done with a recapped needle after it has been removed from an anesthetic syringe?
   a. Place it on the bracket table
   b. Drop it into a nearby sharps container
   c. Put it in the instrument tray at chairside
   d. Transport it to a sharps container in the sterilizing room

3. If a mobile supply cart is used at chairside, it should not be open during treatments that generate spatter, should be regularly cleaned and disinfected, and be:
   a. positioned behind the dental chair.
   b. filled only with non-disposable items.
   c. accessed only by an aseptic retrieval mechanism.
   d. placed as close as possible to the assistant’s side of the dental chair.

4. What should be done before removing a used needle from an anesthetic syringe?
   a. Bend it
   b. Recap it
   c. Cut it off from the hub
   d. Nothing, just remove it

5. According to the Centers for Disease Control and Prevention, liquid hand soaps should be stored in disposable containers or in containers that are:
   a. sterilizable.
   b. marked with fill lines.
   c. washed before refilling.
   d. made of clear, see-through plastic.

6. What type of material in hand lotions may degrade some gloves?
   a. Sugar
   b. Protein
   c. Enzyme
   d. Petroleum

7. What is the best way to aseptically manage the insertion sleeves of a daylight loader?
   a. Heat sterilize them
   b. Clean and disinfect them

8. What material should be used to prevent the intraoral contamination of radiographic film packets and digital radiographic sensors?
   a. Reclosable snack bags
   b. Aluminum foil
   c. Thin metal pouches
   d. FDA-cleared plastic barriers

9. Parenteral medication in a syringe can be administered to:
   a. one patient.
   b. two patients.
   c. three patients.
   d. four patients.

10. What is aseptic retrieval?
    a. Rinsing off any excess antiseptic from the skin
    b. Performing an alcohol hand rub on gloved hands
    c. Asking the patient to rinse with an antimicrobial mouthrinse
    d. Obtaining an item without contaminating its container or any adjacent items

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TEAM HUDDLE HIGHLIGHTS

1. Are you aware of how cross-contamination can occur during patient treatment?

2. Do you need to refresh your memory about the safe handling of anesthetic needles at chairside?

3. Are you using an aseptic retrieval system in the office?

Read on!