New Technology = Challenges in Asepsis

Every year, new and improved dental materials and devices enter the market. These products and equipment help the dental team provide ever-improving oral health care to their patients. The improvements do not come without challenges, however. Lasers, intraoral cameras, microscopes and other high-tech devices improve the delivery of patient care, but also carry special infection control considerations. Often, a combination of approaches that includes sterilization, disinfection and barrier protection is the best strategy for managing infection control. Some device components cannot be removed for sterilization. The heat process of sterilization would destroy others. Therefore, dental personnel must use barriers or chemical disinfectants on these contaminated areas between each use to maintain asepsis.

As with any product, first look to the manufacturer’s instructions for recommended decontamination procedures. Be especially aware of parts or materials potentially subject to damage from contact with moisture or chemical germicides. Carefully consider the compatibility of specific disinfectant products with surfaces that must be disinfected to avoid damage to those items. Some metals may rust, and some materials may crack, discolor or otherwise be damaged or altered by certain ingredients in disinfectants. Dental offices may find it necessary to keep more than one type of disinfectant on hand for different items. This may be especially true in the dental laboratory if you use premoistened towelettes in the operatory but require liquids for immersion or spray disinfection of laboratory items such as impressions.

Equipment barriers
Barriers that are impervious to fluids are an acceptable alternative to chemical disinfection of environmental surfaces. In fact, barriers may be the only way to prevent cross-contamination for equipment with surfaces that are difficult to clean, or that may be damaged by disinfectants. When using barriers make sure to select products that are large enough to cover the area of concern, are impervious to fluids such as blood and saliva, and do not impede the use of the device or equipment they cover. Dental manufacturers offer many barriers intended for difficult to fit equipment. Some of the devices for which barriers are especially useful are:

- x-ray machine switches
- x-ray head and cone
- handles on endodontic microscopes
- intraoral camera wands
- overhead light handles and switches
- dental cart tubing and hoses
- digital radiographic sensors
- control switches and knobs on equipment touched during procedures

Always change barriers between each patient. Place and remove barriers carefully to avoid barehanded contact with contaminated barriers and to prevent contamination of the item under the barrier. When used properly, barriers eliminate contamination of the item under the barrier.

Learning Objectives
After reading this article, the reader should be able to:

- understand the difference between low, intermediate and high-level disinfectants.
- select disinfectants appropriate for a variety of surfaces and equipment.
- determine the appropriateness of barriers, disinfectants, or a combination approach.
New Technology = Challenges in Asepsis

continued from front cover

the need to apply disinfectants to the surface they cover. If you are careful to avoid contaminating equipment surfaces when placing and removing the barrier, you need only perform routine housekeeping procedures on those surfaces and items that had been covered.

Use of disinfectants

Standard guidelines for decontamination apply when considering high-tech devices. Critical items should be heat sterilized after each use, or discarded if disposable. Semicritical items should also be heat sterilized. Semicritical instruments that cannot tolerate the high temperatures of heat sterilization can be processed using a high-level disinfectant in a covered container for a time specified by the disinfectant manufacturer. Some, but not all high-level disinfectants, are labeled as high-level disinfectants/sterilants and can be used to sterilize heat-labile items using an extended contact time.

For noncritical items cleaning, or if the item is visibly soiled, cleaning followed by application of an EPA-registered hospital disinfectant is adequate.

Choosing a disinfectant

Today, there are more choices than ever when it comes to selecting a disinfectant to use in the dental office. As a consequence dental personnel must consider compatibility with equipment, ease of use, shelf life, effectiveness, odor, safety and packaging when making product selections.

Different disinfectants kill different types of organisms. The Centers for Disease Control and Prevention (CDC) classifies disinfectants as either low, intermediate or high-level. Cleaning, followed by the application of a low-level disinfectant is adequate for most environmental and clinical surfaces in a dental office. For surfaces or items visibly soiled with blood or other potentially infectious materials (OPIM) clean and then apply an intermediate level disinfectant that can kill Mycobacterium tuberculosis.

High-level disinfectants/sterilants are the only chemical germicides that can kill bacterial spores. Only heat sensitive semicritical items should be reprocessed using high-level disinfectants/sterilants. These powerful chemicals are for immersion disinfection only and must never be used on clinical contact surfaces or environmental surfaces.

For all disinfectants, remember to follow safety precautions including using eye protection, gloves, a mask, a covered container, and ensuring adequate room ventilation as instructed by the manufacturer on the product label. Maintain a Material Safety Data Sheet (MSDS) for all chemical germicides in the office.

— OSAP
Compliance Corner

According to the 2003 Centers for Disease Control and Prevention Infection Control Guidelines for Dentistry, "Barrier protection of surfaces and equipment can prevent contamination of clinical contact surfaces, but is particularly effective for those that are difficult to clean. Barriers include clear plastic wrap, bags, sheets, tubing, and plastic-backed paper or other materials impervious to moisture. Because such coverings can become contaminated, they should be removed and discarded between patients, while DHCP [dental healthcare personnel] are still gloved. After removing the barrier, examine the surface to make sure it did not become soiled. The surface needs to be cleaned and disinfected only if contamination is evident. Otherwise, after removing gloves and performing hand hygiene, DHCP should place clean barriers on these surfaces before the next patient.

If barriers are not used, surfaces should be cleaned and disinfected between patients by using an EPA-registered hospital disinfectant with an HIV, HBV claim (i.e., low-level disinfectant) or a tuberculocidal claim (i.e., intermediate-level disinfectant). Intermediate-level disinfectant should be used when the surface is visibly contaminated with blood or OPIM. Also, general cleaning and disinfection are recommended for clinical contact surfaces, dental unit surfaces, and countertops at the end of daily work activities and are required if surfaces have become contaminated since their last cleaning. To facilitate daily cleaning, treatment areas should be kept free of unnecessary equipment and supplies.”

CDC. Guidelines for Infection Control in Dental Health-Care Settings - 2003. MMWR 2003;52(no. RR-17).

Glossary

Critical: Category of medical devices or instruments that cut or otherwise penetrate bone or soft tissue, providing them with access to the bloodstream or normally unexposed tissues; so named because of the substantial risk of acquiring infection if such an item is contaminated, e.g., surgical instruments, scalers.

High-level disinfection: Disinfection process that inactivates vegetative bacteria, mycobacteria, fungi, and viruses but not necessarily high numbers of bacterial spores. Products that have been cleared by the FDA as chemical sterilants may also be used for shorter contact times to achieve high-level disinfection.

Intermediate-level disinfection: Disinfection process that inactivates vegetative bacteria, the majority of fungi, mycobacteria, and the majority of viruses (particularly enveloped viruses) but not bacterial spores.

Low-level disinfection: Process that inactivates the majority of vegetative bacteria, certain fungi, and certain viruses, but will not reliably inactivate resistant microorganisms (e.g., mycobacteria or bacterial spores).

Noncritical: Category of instruments or devices that contact only intact skin, e.g., x-ray cones, blood pressure cuffs.

Semicritical: Category of instruments or devices that contact but do not cut or penetrate mucous membranes, e.g., dental mouth mirror, dental handpieces.
Barriers or Disinfectant?

The first step in determining the best way to manage contaminated equipment or materials is deciding whether chemical disinfection or impervious barriers are best to use. After that initial decision, following the steps outlined below will help ensure your patient care environment is safe.

Dental equipment and environmental surfaces that could become contaminated, but CANNOT be heat sterilized

- Damaged by chemicals or difficult to clean
  - Protect with barriers
  - Use materials impervious to fluids; apply with clean or gloved hands
  - Remove with gloved hands, taking care to avoid touching the surface
  - Place new barrier for each patient
- Not damaged by chemicals and easy to clean
  - Disinfect between patients
  - Use low to intermediate level disinfectant*
  - Clean surfaces# by either wiping with moistened towel or spraying and wiping
  - Apply disinfectant and allow to remain on surface for time indicated by manufacturer

* Intermediate level disinfectants for areas or items contaminated with blood or OPIM.
# If the disinfectant does not contain a cleaning agent, use a separate cleaner for this step.

---

**Ask OSAP**

Q: Is it acceptable to soak cotton gauze in a container of disinfectant for use on clinical surfaces?

A: It is important to follow the manufacturer’s instructions when using surface disinfectants. Storing saturated gauze squares in a container with disinfectant may affect the shelf life of the germicide. Additionally, cotton fibers contained in gauze may shorten the effectiveness of some disinfecting agents. Gauze may inactivate or absorb certain germicides, such as products containing chlorine or iodophor. If using gauze to apply disinfectant to surfaces, saturate the gauze with the disinfecting agent at the time of use. Gauze is acceptable for surface disinfection, but disposable paper towels are usually a more economical choice. You might also want to consider purchasing premoistened towelettes intended for surface disinfection.

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Do you have an inquiry about infection control, occupational health, or practice safety? Ask OSAP. Send your questions to office@OSAP.org
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<thead>
<tr>
<th>Category</th>
<th>Brand (packaged as)</th>
<th>EPA Number</th>
<th>Dilution</th>
<th>TB Claim*</th>
<th>Manufacturer or Distributor</th>
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<td>Citric Acid</td>
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<td>RTU</td>
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<td>Microstat 2 Tablets</td>
<td>70369-1</td>
<td>2 tabs/qt water</td>
<td>5 min</td>
<td>Septodont</td>
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</table>

**IMPORTANT INFORMATION**
Listing does not imply endorsement, recommendation or warranty. Other products are available. Only OSAP member Hospital Disinfectants are represented in this chart. Purchasers are legally required to consult label and package insert for changes in formulation and recommended use. Check compatibility of material before use on dental/medical equipment.

**KEY:** RTU = Ready to use; NOL = Not on label; * = OSAP has listed the TB claim only as this is the gold standard for test organisms. Consult OSAP’s online chart (see link at top of page) to view the EPA approved labels listing the specific claims for each product included on the chart as well as the corresponding MSDS and product image.

This chart is a publication of the Organization for Safety & Asepsis Procedures (OSAP). OSAP assumes no liability for actions taken based on the information herein. Copyright May 2006. All rights reserved.
Calendar

To help practices stay on track, OSAP provides this calendar listing typical schedules for periodic maintenance, record-keeping, 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.

### MAY 2006

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<th>MONDAY</th>
<th>TUESDAY</th>
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<td></td>
<td>Clean evacuation traps</td>
<td>Update chemical inventory; discard expired supplies, drugs</td>
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<td>Waterline maintenance</td>
<td>Spore test sterilizers</td>
<td>Cinco de Mayo</td>
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<td>Foil test ultrasonic cleaners</td>
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<td>Read water test results; retreat lines if necessary</td>
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<td>Foil test ultrasonic cleaners</td>
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Infection Control In Practice is a publication of the Organization for Safety & Asepsis Procedures (OSAP). OSAP assumes no liability for actions taken based on the information herein.
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 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. For more information, call OSAP at 800-298-6727 (410-571-0003).

1. **Use disinfectants:**
   a. according to manufacturer’s instructions
   b. only when barriers are not available
   c. for reprocessing critical items
   d. for hand hygiene procedures

2. **Which of the following characteristics is not a consideration in barrier product effectiveness?**
   a. fluid impermeability
   b. size
   c. cost
   d. allows unimpeded use of equipment

3. **Change equipment barriers:**
   a. daily
   b. when visibly soiled
   c. at the discretion of the dental team
   d. between each patient

4. **Items that have been adequately protected with barriers require:**
   a. only routine housekeeping procedures
   b. high level disinfection
   c. low level disinfection
   d. intermediate level disinfection

5. **Surfaces soiled with blood or OPIM that were not barrier protected should receive:**
   a. low level disinfection
   b. intermediate level disinfection
   c. high level disinfection
   d. sterilization

6. **Clinical and housekeeping surfaces not soiled with blood or OPIM should receive at a minimum:**
   a. low level disinfection
   b. intermediate level disinfection
   c. high level disinfection
   d. sterilization

7. **The category of instruments that cut or otherwise penetrate bone or soft tissue are called:**
   a. critical
   b. semicritical
   c. noncritical
   d. medical grade

8. **The category of instruments that contact but do not cut or penetrate mucous membranes are called:**
   a. critical
   b. semicritical
   c. noncritical
   d. medical grade

9. **The category of instruments that contact only intact skin are called:**
   a. critical
   b. semicritical
   c. noncritical
   d. medical grade

10. **According to the CDC, barriers should be removed by the dental worker:**
    a. while still wearing gloves
    b. with bare hands
    c. only with heavy duty gloves
    d. using forceps

Mail or Fax completed test to receive (1) hour of continuing-education credit.

Your Name: ______________________________________  OSAP Member Name: ________________________________ (If different)

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☐ VISA  ☐ MASTERCARD  ☐ CHECK ENCLOSED  Fee:  ☐ OSAP MEMBER, $10  ☐ NONMEMBER, $15

Name on Card: ______________________________________  Card Number: ____________________________________

Expiration Date: ________________________  Signature: ___________________________________________________

MAIL TO: OSAP CE • P.O. Box 6297 • Annapolis, MD 21401 • USA  FAX TO: 410.571.0028
When you dismiss your patient after treatment, would you love to waive a magic wand and have all your instruments be magically cleaned, sorted, sterilized and stored? While cassettes will not exactly do all that, they can help increase efficiency in the sterilization area.

Using cassettes gives you a well-organized system for transporting, cleaning, sterilizing and storing your instruments. This saves time, increases efficiency, protects instruments from damage, and reduces handling of contaminated instruments by dental personnel, which can provide a safer process.

With cassettes, you can organize and color code sets of instruments for each type of procedure you perform. When organizing the cassette, place instruments in the order in which you will use them during the procedure to increase chairside efficiency. At the chair, a wrapped instrument cassette makes a big statement to your patients about your commitment to state of the art infection control. Patients will feel at ease knowing that instruments are sterile.

After patient treatment, simply wipe any cements or other debris off the instruments, replace them in order, close and secure the cassette, and transport them in a leak- and puncture-proof container to the sterilization area. Place cassettes in an ultrasonic cleaner, followed by rinsing and drying, or use a mechanical washer or washer/disinfector. Wrap cassettes in the appropriate material or place in a sterilization bag before loading in the sterilizer. When the sterilization cycle is completed, store the wrapped cassettes in an enclosed area to prevent contact with moisture or contamination. This process eliminates the need to sort instruments, reduces the amount of handling and gives you more time to deliver patient care.

Leslie Canham, RDA
Leslie Canham is President of Leslie Seminars and conducts seminars nationwide on OSHA and infection control. She has been a member of OSAP since 2001.

Do you have a practice tip you’d like to share with other OSAP members and subscribers? Send your suggestions for enhancing dental infection control and safety in practice to editor@OSAP.org. Be sure to include contact information, a photo, and a brief bio. Thanks!