Visiting the dental office is an anxiety-producing event for many of your patients. Their concerns may include discomfort, esthetics, cost, time and something that they seldom voice: infection control. A patient has only the visual cues provided in the office to make a judgment about the safety of receiving dental care in a given setting. A patient unhappy with what they see is likely to find care elsewhere and certainly will not refer their friends and family to the practice. The dental team, the equipment and materials, and the general look of the office all play a role in the patient’s perception of a safe and clean office. Some patients are reluctant to bring concerns to the attention of the dentist or staff members and OSAP often receives inquiries from patients about dental infection control.

Common concerns
Because patients do not always voice their concerns, it is important for dental personnel to understand the common issues among patients related to infection control. Understanding what the worries are helps identify steps that may alleviate the patient’s unspoken fear.

Some of the questions from dental patients to OSAP include:

- Could a post-treatment fever be associated with lack of handwashing on the part of the dentist, assistant or hygienist during dental treatment?
- Is it acceptable for the hygienist to pull x-ray films from her pocket and then place them in the patient’s mouth?
- Should instruments lying unpackaged on a tray in a dental operatory when the patient enters be cause for concern about sterilization practices?
- How can a patient evaluate the safety of a dental office?
- Why do some personnel wear safety glasses while others do not?
- Does everyone wash his or her hands with sufficient frequency?
- If a dental office is not practicing good asepsis, where can a patient go to report violations?

This last question is one that every dental office hopes their patients never feel they must ask. Demonstrating good infection control practices within view of your patients and talking to them about the safety of the dental office are both important tools in letting patients know dental care is safe.
Alleviating patient concerns

Patients must feel confident in the knowledge and skills of the entire dental team. Reassuring them that the office takes appropriate infection control precautions begins the minute they walk through the front door into the waiting room. Consider walking in the patients’ entrance and looking around with fresh eyes. Ask yourself: are the carpets and floors clean; does the room smell fresh; are the tables, seats and floors free of debris? Are there dying plants, torn magazines or poor lighting?

Continue onto the public rest-rooms. Assign someone in the office the responsibility to look around several times a day to make sure that the sinks are clean, soap dispensers full and that paper towels are available.

In the dental operatory, remove unnecessary instruments and materials from countertops and store out of sight. Check air/water syringe handles, saliva ejector attachments and other areas of the dental cart or tray for residual debris such as cement and impression materials.

Wait until after seating the patient to wash hands, open instrument packs and attach handpieces and other devices. Do not walk into the room wearing gloves that the patient did not observe you putting on, even if you know they are clean.

Market your good infection control practices

There are numerous ways to communicate the message to patients that your office practices good infection control. Signs near the sink stating that everyone washes their hands before and after removing gloves tell a patient immediately that the office practices proper hand hygiene. Some offices choose to put up signs or small posters informing patients about the instrument sterilization practices or other infection control information. Highlighting your infection control practices results in patients that are reassured about their safety in the dental office.

Talk about infection control

Don’t wait for a patient to voice concerns or ask questions about infection control to discuss what the office does to ensure the patient’s safety. Just as it is good practice to explain the dental procedural steps to a patient to make sure they understand the treatment they receive, it is also good practice to talk about what you are doing for infection control. Even casual comments about sterilization practices and storage of sterile items might reassure a patient who is feeling somewhat anxious about safety. These things combined send the message to the patient that the office team thinks about and practices infection control as part of every procedure.

OSAP
Compliance Corner

State boards of licensure have the authority to enforce rules related to patient safety. Each state board may have different methods of regulation, enforcement or inspection. Below is a small sampling of state requirements for infection control. These regulatory standards are enforceable by administering warnings, fines and in extreme cases, licensure revocation.

Colorado

"A. Failure to utilize generally accepted standards of infection control procedures may violate 12-35-118(1) (j), CRS.
B. Generally accepted standards of infection control are defined as those procedures recommended by the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA)."

From: Colorado Dental Practice Rules and Regulations, Rule XXVII. Infection Control

New York State

"Every licensed dental hygienist must complete approved coursework or training appropriate to the professional’s practice in infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV) in the course of professional practice."

From: New York State Education Law, Section 6505-b

California

"Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to...

Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of blood-borne infectious diseases from dentist or dental auxiliary to patient, from patient to patient, and from patient to dentist or dental auxiliary. The board shall seek to ensure that licensees and others regulated by the board are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of blood-borne infectious diseases."

From: California Code of Regulations, Title 16, Section 1680

Glossary

**Critical instruments:** Instruments intended to penetrate soft tissue or bone, or enter into or contact the bloodstream or other normally sterile tissue.

**Semicritical instruments:** Instruments that contact mucous membranes or nonintact skin: will not penetrate soft tissue, contact bone, enter into or contact the bloodstream or other normally sterile tissue.

**Biological monitoring:** A device that monitors the sterilization process by using a standardized population of resistant bacterial spores to verify that all parameters for sterilization are present during operation of the heat sterilization device.

**Engineering controls:** Controls that isolate or remove bloodborne pathogen hazards from a workplace.

**Work practice controls:** Practices that reduce the likelihood of exposure by changing the manner in which a task is performed.
Several things you do before and during the patient encounter demonstrate appropriate infection control practices. This section does not represent a comprehensive infection control protocol but can serve as a springboard for a staff meeting to develop a Standard Operating Procedure (SOP) to enhance patient confidence in infection control practices.

Before the patient arrives
1. Develop a schedule and assign responsibility for regular cleaning of:
   - reception area
   - restrooms
   - front walkway/entrance
   - labs and storage areas
2. Maintain instrument cassettes or pouches in sealed sterilization packages.
3. Clean, disinfect, remove barriers and ensure treatment room is free of unnecessary items.
4. Place clean barriers on surfaces and equipment as dictated by the office infection control protocol.

When seating the patient
1. Follow a sequence that shows the patient attention to asepsis:
   - seat patient
   - put on protective gown or lab coat if not already wearing
   - wash hands
   - don mask, protective eyewear
   - don gloves
   - open instrument pouches
   - and carefully arrange instruments or
     - Unwrap instrument cassette and open for use
     - Place on cart or tray
     - Assemble unit-dosed disposable products
2. Keep a clean pair of cotton forceps handy to retrieve items from dispensers.
3. Pre-dispense dental materials onto single-use disposable or reusable mixing surfaces:
   - cover predispensed material if it is light or air sensitive
4. Use barriers on devices such as curing lights and impression dispensers.
5. Use barriers on x-ray heads and controls and:
   - remove film holders from sterile packaging in front of the patient
   - when using x-ray films, remove from package before donning gloves and place on clean surface such as a paper towel
6. Avoid touching keyboards and pointing devices attached to computers during treatment.
   - If it is necessary to use computer during treatment, cover keypad with impervious barrier
7. Remove gloves and wash hands if leaving the room, wash and don new gloves upon return.

After dental treatment
1. Remove gloves before writing up patient treatment in chart.
2. Discard gloves and mask, wash eyewear to demonstrate that fresh items are used for each patient.

OSAP

Ask OSAP

Q: Does OSHA require the use of spore testing for sterilizers?

A: OSHA does not regulate the monitoring of sterilization processes. OSHA’s mission is to protect the working men and women of the United States. As such, they do not regulate issues related solely to patient safety. However, many state boards of licensure require the use of biological monitors (spore tests) for dental sterilizers. The frequency of the requirement varies from state to state and is a minimum standard. The Centers for Disease Control and Prevention recommends weekly spore testing. If you are in one of the states that adopt the CDC guidelines by reference as regulation, you would be expected to test each sterilizer weekly. A comprehensive list of state licensing boards for dentistry is located at http://www.dentalwatch.org/org/boards.html (accessed 10/18/05).

OSAP

Got a question about dental infection control and safety? You’re not alone. Check out OSAP’s Frequently Asked Questions at www.OSAP.org
Use the information in the table below to assist in evaluation of the infection control practices in the office.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate dental worker immunizations</td>
<td>✗ Annually review individual personnel records for up-to-date immunizations</td>
</tr>
<tr>
<td></td>
<td>✗ Offer vaccinations again to any workers who previously declined immunizations</td>
</tr>
<tr>
<td></td>
<td>✗ Receive annual influenza vaccine</td>
</tr>
<tr>
<td>Controls to prevent exposures</td>
<td>✗ Evaluate engineered sharps injury protection devices such as self-sheathing needles and safety scalpels</td>
</tr>
<tr>
<td></td>
<td>✗ Annually review work practice controls such as safe transfer of instrument, use of mirror or retractors to retract tissue, disposable sharps discarded as soon as feasible, etc.</td>
</tr>
<tr>
<td></td>
<td>✗ Schedule inspections of sharps containers to ensure placement allows visibility of opening and easy access and containers are not overfilled</td>
</tr>
<tr>
<td></td>
<td>✗ Activate eyewash station(s) monthly to ensure proper function</td>
</tr>
<tr>
<td>Postexposure management and medical follow-up</td>
<td>✗ Annually review postexposure management protocol to ensure all employees are aware of whom to report to if an exposure occurs</td>
</tr>
<tr>
<td></td>
<td>✗ Contact designated qualified health care provider identified for medical follow-up to ensure that person remains available for referral</td>
</tr>
<tr>
<td>Hand hygiene before and after patient care</td>
<td>✗ Observe hand hygiene practices of office staff</td>
</tr>
<tr>
<td></td>
<td>✗ Reinforce appropriate practices with regular staff meeting reminders</td>
</tr>
<tr>
<td></td>
<td>✗ Consider purchasing alcohol-based hand hygiene product and instruct all workers in proper use</td>
</tr>
<tr>
<td>Proper use of personal protective equipment</td>
<td>✗ Inspect protective eyewear for wear, replace if necessary and ensure staff knows how to properly clean and disinfect</td>
</tr>
<tr>
<td></td>
<td>✗ Review protocol for use of eyewear, mask, gown and gloves at regular staff meeting</td>
</tr>
<tr>
<td>Routine and appropriate instrument sterilization and validation</td>
<td>✗ Examine spore test (biological monitoring) results for weekly testing</td>
</tr>
<tr>
<td></td>
<td>✗ Determine items that are critical or semicritical that cannot be sterilized and evaluate disposable alternatives</td>
</tr>
<tr>
<td></td>
<td>✗ Annually review proper cleaning, packaging and sterilization processes with all staff involved in instrument cleaning and sterilization</td>
</tr>
<tr>
<td>Dental treatment water quality</td>
<td>✗ Monitor water quality as recommended by equipment manufacturer</td>
</tr>
<tr>
<td></td>
<td>✗ Review instructions for use associated with product or device to ensure appropriate and safe handling</td>
</tr>
<tr>
<td></td>
<td>✗ Review protocol for sterile water delivery for surgical procedures</td>
</tr>
<tr>
<td></td>
<td>✗ Investigate newer products or devices to ensure that the office is using the product best suited to their practice</td>
</tr>
<tr>
<td>Healthcare associated infections</td>
<td>✗ Assess all unscheduled return of patients after procedures and evaluate for signs of infection. If trend appears, consider formal evaluation.</td>
</tr>
</tbody>
</table>

Adapted with updates from: From Policy to Practice: OSAP’s Guide to the Guidelines available at www.OSAP.org
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.

### November 2005

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weekly: clean evacuation traps</td>
<td>Ramadan</td>
<td>Weekly: spore test sterilizers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monthly: read water test results; retreat lines if necessary</td>
<td>Monthly: foil test ultrasonic cleaners</td>
<td>Weekly: waterline maintenance</td>
<td>Monthly: waterline monitoring</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weekly: clean evacuation traps</td>
<td>Monthly: check fire extinguisher operating pressure</td>
<td>Weekly: waterline maintenance</td>
<td>Weekly: waterline maintenance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>

**Veteran’s Day**

**Greater NY Dental Meeting continues through Wednesday.**

### December 2005

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weekly: waterline maintenance</td>
<td>Weekly: spore test sterilizers</td>
<td>World AIDS Day</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monthly: read water test results; retreat lines if necessary</td>
<td>Weekly: clean evacuation traps</td>
<td>Monthly: foil test ultrasonic cleaners</td>
<td>Weekly: waterline maintenance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weekly: clean evacuation traps</td>
<td>Monthly: check fire extinguisher operating pressure</td>
<td>Weekly: spore test sterilizers</td>
<td>Weekly: waterline maintenance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Christmas</td>
<td>Chanukkah, Kwanzaa, Boxing Day</td>
<td>Weekly: clean evacuation traps</td>
<td>Weekly: spore test sterilizers</td>
</tr>
</tbody>
</table>

**New Year’s Eve**
1. The dental team should begin reassuring patients about infection control when:
   a. they walk in the front door                  b. taking the medical history
   c. opening instrument packs                   d. the dentist arrives

2. Handwashing, opening of instrument packs and attachment of handpieces and other devices is best done:
   a. before patient arrives at the office       b. while patient is in waiting room
   c. after seating patient                      d. after dentist arrives in treatment room

3. Infection control regulations for patient safety are enforced by:
   a. OSHA                          b. EPA                       c. FDA                       d. state licensing boards

4. The Centers for Disease Control and Prevention recommends spore testing of office sterilizers:
   a. weekly                      b. biweekly                   c. monthly                   d. bimonthly

5. Instruments intended to penetrate soft tissue or bone, or enter or contact the bloodstream or other normally sterile areas are called:
   a. noncritical                 b. semicritical               c. critical                   d. ultracritical

6. Controls that isolate or remove the bloodborne pathogens hazard from a workplace are called:
   a. administrative controls     b. engineering controls         c. work practices controls   d. infection controls

7. Practices that reduce the likelihood of exposure by changing the manner in which a task is done are called:
   a. administrative controls     b. engineering controls         c. work practices controls   d. infection controls

8. Which annual immunization should healthcare workers receive as part of their immunization program?
   a. influenza                    b. hepatitis B                c. MMR                      d. tetanus

9. It is important to review the postexposure management protocol:
   a. monthly                      b. quarterly                  c. annually                  d. only when new CDC guidelines dictate

10. Monitor dental unit water quality:
    a. daily                        b. weekly                    c. monthly                  d. as recommended by equipment manufacturer
Proper hand hygiene is one of the single most important steps that dental healthcare workers (DHCW) take to help reduce the risk of cross-contamination. Even though we believe or think we are doing an excellent job with our hand washing technique we often miss areas of the fingers (e.g., under the nails, around the cuticles, and between fingers) and the hands (e.g., palm near thumb). The question therefore becomes, how do we know if we really are performing proper hand hygiene?

A valuable teaching aid that we use with our students is called Glo Germ™. The product is used to demonstrate how well our students have mastered proper hand washing technique. This product would also be a valuable tool for any dental practice as it can be used to reinforce proper hand hygiene among all employees (e.g., recommend using it during initial training as well as annual update training sessions).

Glo Germ is applied to the hands prior to hand washing. Afterwards, the hands are placed under a UV light and inspected. Areas that aren’t properly washed will “glow in the dark.” Once these areas have been identified individuals know which areas to concentrate on. The hands are re-washed and re-inspected until the faculty/employer is satisfied that the students/employees are performing proper hand hygiene.

Using this product is a highly visible way to demonstrate where contamination occurs or remains. This “lesson” can leave a lasting impression that reinforces the importance of applying proper infection control principles each and every day.

Further information about Glo Germ is available at: http://www.glogerm.com (accessed 10/18/05)

Cheryl Wolf CDA, BS, an OSAP member since 1995 teaches infection control/hazard control to both dental assisting and hygiene students at Central Piedmont Community College in Charlotte, NC.