The Organization for Safety, Asepsis and Prevention (OSAP) announces a call for abstracts to be presented during the Annual Symposium in Atlanta, GA on Friday, June 22, 2012.

The objective of this call is to advance development of OSAP’s dental infection prevention and patient/provider research agenda, specifically related to:

- prevention and control of healthcare associated infections (HAIs) among dental patients and
- prevention and control of occupationally acquired injuries and infectious disease among dental healthcare personnel.

**ABSTRACTS**

Interested parties are encouraged to download and read the Workshop Proceedings for the Dental Infection Control Research Agenda available at [www.OSAP.org](http://www.OSAP.org) for suggestions as to research topics. Abstracts may be submitted in one of the following categories:

- **Infection Prevention** - investigations on the prevention of infectious agent transmission based on epidemiologic, microbiologic, or behavioral investigations; or investigations on the occurrence of infectious agent or chemical agent transmission in the clinical setting.
- **Patient Safety** - studies on adverse events in the provision of oral healthcare, and lessons learned in developing a culture of safety and risk management plans.
- **Occupational Safety and Health** - studies supporting the safe delivery of dental care, but not limited to, the occurrence and/or prevention of healthcare-acquired and occupational injuries.
- **Environmental Science** - investigations on the nature and control of environmental hazards in the clinical setting, including water, wastewater, waste products, air pollution, radiologic or nuclear hazards.
- **Other** - analysis of policy development and implementation, new analysis of existing research, meta-analysis or synthesis from existing studies of the above or behavioral studies (including intervention studies) of utilization or adoption of practices by dental personnel. This would include evidence based reviews with specified criteria, new analysis of existing research, qualitative data or data other than that obtained from original research.

Abstracts will undergo assessment by a panel of experts using the International Association for Dental Research (IADR) review criteria (www.iadr.org). Evaluation will utilize a 100-point scale (see point allocations in Format I-II descriptions on Pages 2-4) with a minimally acceptable level of 65 points. Evaluation panel members may transfer abstracts to a more appropriate category. Abstract presentation will be in a poster format. Abstracts must meet the following criteria:

- Literature reviews are acceptable for Format I.
- Abstracts for Format II must be of the investigative type, that is, they must have generated and analyzed data, rather than a review of the literature. However, formal meta-analyses are acceptable if the methods used are specified.

The research presented must not have been published previously in any form.
Abstracts published or presented at another scientific meeting during the previous year may be submitted for poster presentation, but will not be eligible to compete for awards.

Abstracts must meet IADR criteria for scientific merit (www.iadr.org).

Abstracts must be submitted in one of the following two formats:

**Format I:** The text of the abstract (not including the title and authors listing) may contain up to 300 words. The type font used must be no less than 12 points. Abstracts must be sent electronically using an MS Word or Text File format. Format I submissions must include:

1. **Title** - limited to 10 words. Use a concise title that indicates the content of the abstract. Capitalize the first letter of each word except prepositions, articles, and species names. Species names should be spelled out at first use. Italicize scientific names for organisms. For marketed products, only generic names may be used (no trade names are permitted in abstract titles).

2. **Name of each investigator** - Underline each OSAP member’s name and their affiliations. Place with an asterisk (*) after the name of the person presenting the poster.

3. **Issue** - Identify the specific problems or needs addressed. Provide a brief introduction to the proposed topic. Include important background and current information on issues (10 points).

4. **Project** - Description of the intervention/program (30 points).

5. **Results** - Specific results in summary form (40 points).

6. **Lessons Learned** - Summary of the lessons learned and implications (20 points).

7. **Acknowledgement** of grants or other financial or material support.

**Format I Sample Abstract**

**DEVELOPMENT OF INSTITUTIONAL POLICY REGARDING HEPATITIS B E-ANTIGEN POSITIVE STUDENTS**

CUNY E.* and FREDEKIND R.E.
University of the Pacific, San Francisco, CA

**Issue:** The purpose of this presentation is to guide dental education policy-makers through the process of developing a comprehensive policy regarding the management of applicants who are hepatitis B e-antigen carriers.

**Project:** This project proposes to identify policy implementation among US and Canadian dental schools for applicants who have been identified as hepatitis B e-antigen carriers. Numerous dental students have been dismissed from dental programs throughout the United States after dental school administrators became aware of their e-antigen carrier status. This resulted in significant trauma to the student and occasionally legal action against the institution, illustrating the need for a policy that addresses the issue swiftly, fairly, and in a legally defensible manner.

**Results:** A review of legal case history, anecdotal experience of schools that have previously identified carriers among their applicants or students, and the ethical obligation to provide safe delivery of health care services are key elements to development of policy. All levels of dental education and allied programs would be influenced by this policy. Generally, this presentation promotes standardization of infectious disease policies among dental educational institutions. Once accepted the student’s physician submits health-screening information, including status related to hepatitis (antibody/antigen screening). Students identified as e-antigen positive are managed by an institutional expert panel, which must include a medical professional knowledgeable in infectious disease transmission. The panel determines whether or not the student may matriculate or, if already matriculated, continue. Dismissed students may undergo treatment, which may result in reversal of their serostatus, and reconsideration of their application.

**Lessons learned:** Specific policy should include the recommendation that applicants not be prescreened for HIV, AIDS or hepatitis, which are all protected disabilities. Students who are accepted to programs should be informed of the policy prior to matriculation. A well-constructed universal policy assists the dental education community in ensuring a safe treatment environment for the patients while managing affected students with compassion.
Format II: The text of the abstract (not including the title and authors listing) may contain up to 300 words. The type font used must be no less than 12 points. Abstracts must be sent electronically using an MS Word or Text File format. Format II submissions must include:

Title - limited to 10 words. Use a concise title that indicates the content of the abstract. Capitalize the first letter of each word except prepositions, articles, and species names. Species names should be spelled out at first use. Italicize scientific names for organisms. For marketed products, only generic names may be used (no trade names are permitted in abstract titles);

1. Name of each investigator (Underline each OSAP member’s name) and their affiliations with an asterisk (*) after the name of the person who will present the poster;

2. Background/Objectives: Outline study objectives, the hypothesis to be tested, or description of the problem (10 points);

3. Methods: Report methods used or approach taken (30 points);

4. Results: Indicate essential results obtained in summary form with appropriate statistical analysis (p value, confidence intervals, odds ratio, etc. unless investigative in nature) (40 points);

5. Conclusions: Provide a summary of findings as supported by results with implications and conclusions (20 points);

6. Acknowledgement of grants or other financial or material support.

Format Sample Abstract:

**PROCESSES DESIGNED TO IMPROVE THE QUALITY OF DENTAL UNIT WATER**

C.J. PALENIK* and C.H. MILLER
Indiana University School of Dentistry

**Objective:** This study monitored water emitted from dental units connected to a centralized water distillation system capable of dispensing chemicals designed to control biofilms.

**Methods:** Three private dental offices participated. None had independent water reservoir (bottle) systems or other types of water treatment equipment. Initially, 5.0 mL water specimens were obtained from the handpiece and three-way syringe service lines as well as the sink faucets in three operatories at the end of the workweek. Specimens were neutralized for residual chlorine using sodium thiosulfate, diluted and spiral plated onto R2A agar. Aerobic incubation was allowed for seven days at 21°C. Colony numbers were expressed as CFU/mL. The offices were then equipped with a water distiller (Sani-Dent Systems, AquaPerfect, Indianapolis, IN) with an attached cleaning solution dispenser. The System distilled water to move all attached dental units. Dental unit waterlines were cleaned with Ultra, Sterilex, Owings Mills, MD coming from the central dispenser. A level of 200 CFU/mL or less water was established followed by three weekly cleanings.

**Results:** Microbial levels prior to cleaning were variable (720 – 332,000 CFU/mL). However, desirable water was consistently obtained over a period of three weeks after line-cleaning processes were completed. Water containing less than 200 CFU/mL was obtained even when one weekly cleaning was skipped. In one office, cleaning was suspended for three weeks without affecting water quality. Resumption of cleanings produced desirable water. Water emitted from operatory sink faucets generally exceeded 200 CFU/mL. However, microbial levels were lowered greatly when faucet aerators were regularly cleaned or removed.

**Conclusion:** Results indicate that dental units attached to centralized water distillation-cleaning solution distribution system could produce water with less than 200 CFU/mL and that missing of one weekly cleaning did not negatively affect water quality.

Supported by AquaPerfect, Inc., Indianapolis, IN
Submission Procedures

Deadline for submission
All submissions must be received at the OSAP Central Office no later than 11:59 pm on Monday, March 5, 2012. Submission procedures for Format I and Format II are exactly the same.

1. Complete submission form on page 5 (NOTE: electronic submission form available at www.osap.org or via email at office@osap.org).
2. Attach with abstract email to: office@osap.org

Acceptance procedure
Applicants will be notified of acceptance by Thursday, April 5, 2012.

Registration discount
All non-student applicants with accepted abstracts will be granted a $100 discount on symposium registration. NOTE TO STUDENTS: All full-time students with abstracts that have been accepted will receive a special student-abstract rate of $75 for the symposium if registered by May 1, 2012.

Presentation format:
Poster presentations will follow standard IADR format (www.iadr.org) and will be limited to a 4’ x 6’ poster board (approximate size). Authors are requested to staff their on Saturday, June 23 during the scientific abstract session.

THE JAMES A. COTTONE INVESTIGATIVE RESEARCH AWARD

The abstract judged best overall will receive the Tenth Annual James A. Cottone Award for Excellence in Investigative Research. The abstract judged best overall in Format I will be awarded the fifth annual James A. Cottone Award for Excellence in Investigative Research, which includes a cash award of $500 and a recognition plaque provided through a generous grant from SPSmedical Supply Company.

Among the criteria considered by the expert reviewers are:

- **Scientific rigor**: Investigators adhere to the principles of experimental design, including appropriate use of statistical analysis.
- **Originality**: The investigation explores a new topic or approaches a familiar one in an innovative manner.
- **Clinical relevance**: The research has potential applicability in the clinical or manufacturing setting.
- **Contribution to the scientific literature**: The findings presented constitute a major scientific advance in our understanding of infectious disease, occupational hazards, or the environment.
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Abstract is (place an “X” in the correct box):

- [ ] Original research not previously presented
- [ ] Original research previously presented (please list the, its location and the date presented):

Category (place an “X” in the correct box):

- [ ] **Infection Prevention**: Investigations on the prevention of infectious agent transmission based on epidemiologic, microbiologic, or behavioral investigations; or investigations on the occurrence of infectious or chemical agent transmission in the clinical setting.
- [ ] **Safety and Health**: Studies supporting the safe delivery of dental care to patients and health providers.
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**Deadline**: Monday, March 5, 2012

Enclose completed submission form with abstract and email to:
OSAP Central Office - "Scientific Session" office@osap.org

Please call 1-800- 298-OSAP (6727) or 1-410-571-0003 or visit www.osap.org for Symposium Registration Information