INFECTION CONTROL PROCEDURES
ADDRESSING PATIENT CONCERNS

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News reports of unsafe conditions at two dental clinics owned by a Tulsa oral surgeon are causing both the media and dental patients to question the safety of receiving dental treatment. The ongoing investigation by the CDC and local Oklahoma health authorities will take some time to complete before more definitive answers concerning possible infection of patients are made available. It is already clear, however, that the failure of the dentist and his staff to utilize long-standing, basic infection control procedures and protocols created a dangerous environment that was far below the clinical standard adhered to by dental professionals. Inappropriate practices such as improper sterilization of instruments, reuse of needles to dispense medication from expired vials, and use of rusty instruments on certain patients, to name only a few, may unfortunately cause some patients to be anxious prior to an upcoming dental appointment.

What can a dental practice do to prepare for the flurry of questions likely to be asked by patients? As you prepare for this possibility, consider that these inquiries can provide an excellent opportunity for you to discuss effective preventive measures your team has implemented regarding infection control. Think about it – patients see instruments that are contained in wrapped cassettes or pouches, but they are not aware of the many steps taken to prepare those items for treatment. Be proactive in your explanations of how and what you do to protect your patients. For example, one failure of the Tulsa practice was not validating their autoclaves’ effectiveness. Make it a point to tell patients how your sterilizer is monitored with daily multi-parameter chemical integrators and spore testing according to state regulations. The 2003 Center of Disease Control (CDC) Guidelines for Infection Control in Dental Health-Care Settings recommends at least weekly biological monitoring of sterilizers.

The following is a list of routine infection control topics you may consider including in discussions with those who ask about what you are doing to keep your practice safe for them.

- **Written Infection Control Plan**: Begin by explaining that you have a written infection control plan, which describes the specific measures and protocols the dental team follows to ensure the safety of patients and staff.

- **Hand Hygiene Protocols**: Explain what the hand hygiene protocol is for the practice – Hands are either washed or an alcohol-based sanitizer is used between each patient, and even more frequently while treating the same patient.

- **Personal Protective Equipment**: Show patients the appropriate personal protective equipment (PPE) (gloves, masks, and protective eyewear) that is used during patient care. For example, gloves are changed for each patient seen and, in some instances, more than once with the same patient.
• **Damaged and Old Instruments:** Inform patients that instruments that are damaged, rusty and simply not in proper working condition are not used for patient care and are removed from circulation and recycled, if applicable.

• **Ultrasonic Cleaning Practices:** Share with patients that the units that clean instruments between appointments use cleaning solutions that have been tested and are shown to remove the patient debris collected on them. Remember, instruments that have been properly cleaned prior to sterilization already have had 97-98% of the debris removed from them.

• **Heat Sterilizer Testing:** Explain that cleaned instruments are sterilized in a heat sterilizer approved by the FDA for processing sensitive medical instruments, and the unit is routinely tested to ensure that it is functioning properly. Since most states require weekly biological spore monitoring, records are kept to verify sterilizer efficacy. Open instrument pouches and cassettes chairside, and describe the sterile packaging and what it does.

• **Single Use Items:** Items and supplies that are designated as “single use,” such as needles, barriers, and plastic covers, are only used once and then disposed. Point out the receptacles where you dispose of these items.

• **Surface Disinfection:** Outline the steps to cleaning the operatory in between patients. Clinical contact surfaces are covered, or cleaned and disinfected when an operatory is prepared between patients.

• **Waterline Maintenance:** The multiple sources of dental unit water (i.e. high-speed and low-speed handpiece waterlines, air/water syringe lines) are properly cleaned and maintained to minimize the potential of cross-contamination.

There are multiple resources available to assist you in educating your patients about the many infection prevention measures that your staff follows to ensure safety. In addition to the ADA (www.ada.org), you can utilize information from and send direct questions to the Organization for Safety, Asepsis and Prevention (www.osap.org) and THE DENTAL ADVISOR (www.dentaladvisor.com). It is critical that your team is both knowledgeable and confident in how you practice infection control.