ASSESSMENT OF INFECTION CONTROL PROTOCOLS
IN DENTAL PRACTICES FOR PATIENT SAFETY

By Mary Govoni CDA, RDH, MBA

The following is a list of CDC recommended infection control protocols that every dental practice should follow to help keep their patients safe from disease transmission during dental treatment.

How effective are your practice protocols?

- Keep contaminated items separated from clean/sterile items in the instrument processing area.
- Always wear utility gloves during operatory clean up, transportation and instrument reprocessing.
- Instruments should be cleaned and inspected for cleanliness prior to sterilization.
- Heat sterilize all reusable items and instruments that are heat tolerant using FDA cleared sterilizers.
- Only use high level disinfection/chemical sterilization on reusable items that are heat sensitive (“cold sterilization”).
- Package/wrap all instruments and/or cassettes prior to sterilization in FDA cleared packaging that is compatible with the type of sterilization process used.
- Use a chemical indicator in each instrument pack or cassette, or use sterilization pouches with internal and external indicators.
- Monitor all heat sterilizers weekly with a biological monitor (spore test).
- Packages should be labeled with the date and, if multiple sterilizers are used within the facility, the sterilizer used should also be noted.
- Use impervious barriers where appropriate to protect equipment and surfaces from contamination.
- Replace surface barriers after each patient. If the surface under the barrier has been contaminated, clean and disinfect the area prior to replacing barrier.
- Use intermediate level (tuberculocidal) disinfectants to clean and decontaminate surfaces in treatment areas.
- Use personal protective equipment – gloves, safety glasses, face masks and gowns/lab coats when treating patients and reprocessing instruments.
- Follow principles of aseptic technique during patient treatment, instrument processing and radiographic procedures.
- Wash hands prior to donning gloves for treatment and immediately after removing gloves after treatment. If hands are not visibly soiled, an alcohol-based hand rub can also be used.
- Change face masks between each patient or sooner if it becomes wet during treatment.
- Wear a new pair of gloves for every patient; change gloves immediately if they become torn or punctured during a procedure.
- Use sterile gloves for surgical procedures.
- Segregate and dispose of contaminated sharps and waste according to state and federal guidelines.
- Follow CDC prescribed protocol for follow-up after an exposure incident.
- Vaccinate doctors, assistants and hygienists for Hepatitis B.
- Maintain waterlines in dental units to provide water quality at 500 cfu/ml or less for treatment.
- Use sterile water or sterile saline for surgical procedures.
- Use single-dose medication vials whenever possible.
- Prepare all medications in a clean area and use only sterile needles in multiple use medication vials.
- Follow “standard precautions” (i.e. treating every patient) as if they are potentially infectious.
- Screen patients for possible tuberculosis (TB) infections and provide only emergency treatment for patients who are known to have active TB or who are suspected of having TB because of symptoms that they exhibit.
- Develop and maintain written infection control policies and plan for the practice. Train staff and update annually.
- Assign at least one individual trained on infection prevention responsibility for coordinating the program.
- Participate in or conduct annual OSHA-required infection control training updates.

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Mary Govoni is an internationally recognized speaker, author and consultant working with dental teams for over 40 years on clinical efficiency, infection prevention, ergonomics and team communication.

Mary is a Certified OSHA Outreach Trainer and assists dental practice across the country in achieving compliance with regulatory requirements. Mary is also known for her practice approaches to implementing systems and protocols to enhance patient safety. Mary is a past president of the American Dental Assistants Association, a member of the American Dental Hygienists Association, the Organization for Safety Asepsis and Prevention, the Academy of Dental Management Consultants, the National Speakers Association and the Speaking and Consulting Network. She has published numerous articles in Dental Economics, The Dental Assistant Journal, RDH Magazine, Dentistry Today, Inside Dentistry and many others.