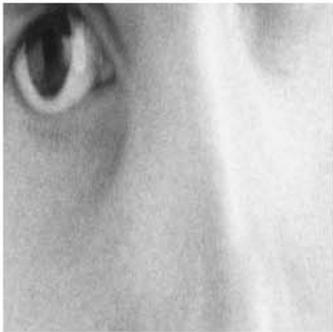


Want Some Life Saving Advice?

Ask Your Dental Hygienist About Protecting Against Disease Transmission in the Dental Office 7/16/10



Although experts agree it is extremely rare, it may be possible to get an infectious disease during a routine visit to the dental office.

Infected microorganisms live in blood and oral fluids, on contaminated instruments and counter tops, and sometimes even in the air. Patients may be exposed to diseases such as hepatitis B and C, herpes simplex virus, HIV, tuberculosis, staphylococci, and other viruses and bacteria that thrive in the oral cavity and respiratory tract. However, there has only been one report of possible HIV transmission in a dental setting and that was in 1991, and last transmission of hepatitis B was in 1987. There have been no documented cases of hepatitis C being transmitted in a dental setting.

But all of these diseases can be avoided if proper infection control is used in dental offices. Keep an eye out for improper infection control procedures and ask your dental hygienist about the procedures your dental office uses. Many offices post a list of the infection control procedures they follow in a reception area or elsewhere. If you don't see this information, ask about it.

In addition, the Centers for Disease Control and Prevention (CDC) recommends standard precautions that should be used in the care of all patients, regardless of their infection status. The precautions are intended to prevent or reduce the potential for disease transmission among patients and oral health care personnel.

Infection Control Patrol

Your oral health care provider should adhere to all of the following standard infection control procedures:

- Wear protective clothing and gear, including gloves, masks, gowns, or laboratory coats, and protective eyewear for all treatment procedures.
- Change gloves after each patient contact. Whenever possible, complete all work on one patient before re-gloving and performing procedures on another patient.
- Even though gloves are worn, wash hands thoroughly before and after each patient is treated. An alternative to hand washing between each patient is to hand wash before the first patient

and then use an alcohol rub between patients. However, alcohol hand rubs have limitations. For instance, they are ineffective if there is visible dirt on hands, and they cannot be used for a sterile procedure. In the case of the latter, a surgical hand scrub is required. The rationale for using gloves despite the fact that hand washing and alcohol rubs are used is that gloves may become perforated, knowingly or unknowingly, during use. The perforations may allow fluids to pass through the gloves to contaminate hands. These fluids could contain infectious microorganisms.

- Use coverings to protect surfaces like light handles or X-ray unit heads that may be contaminated and are difficult or impossible to disinfect.
- Heat sterilize all non-disposable instruments and devices—heat-resistant needles, syringes, and other sharp instruments and devices—and disinfect surfaces and equipment after treatment of each patient.
- Discard disposable syringes and other sharp instruments in puncture-resistant containers. Needles must not be recapped, bent, or broken before disposal because this increases the risk of an unintentional needle stick injury.
- Place all potentially infectious waste in closable, leak-proof containers or bags that are color-coded, labeled, or tagged in accordance with applicable federal, state, and local regulations.

Many infection control precautions oral health care workers take to protect their patients and themselves are not easily apparent to patients, so feel free to ask your oral healthcare professionals to explain the policies and procedures in place in your office.

For more information on infection control, visit the CDC Web site at www.cdc.gov or the Organization for Safety and Asepsis Procedures at www.osap.org.

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Resources for Infection Control Guidelines and Documents

Advisory Committee on Immunization Practices
<http://www.cdc.gov/nip/ACIP/default.htm>

American Dental Association
<http://www.ada.org>

CDC Division of Healthcare Quality Promotion
<http://www.cdc.gov/ncidod/hip/>

CDC Division of Oral Health, Infection Control
http://www.cdc.gov/OralHealth/infection_control/index.htm

CDC Morbidity and Mortality Weekly Report
<http://www.cdc.gov/mmwr/>

CDC Recommends...Prevention Guidelines System
<http://www.phppo.cdc.gov/cdcRecommends/AdvSearchV.asp>

Dental Infection Control Guideline 12/19/03, Guidelines for Infection Control in Dental Health-Care Settings 2003
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>.

Food and Drug Administration
<http://www.fda.gov>

FDA Safety Notification on Conterfeit Polypropylene Mesh
<http://www.fda.gov/cdrhsafety/121903.html>

HIV Dent
www.HIVDent.org

Immunization Action Coalition
<http://www.immunize.org/acip>

Infectious Diseases Society of America
<http://www.idsociety.org>

National Institute for Occupational Safety and Health
<http://www.cdc.gov/niosh/homepage.html>

Occupational Safety and Health Administration, Dentistry
<http://www.osha.gov/html/a-z-index.html>

Organization for Safety and Aspesis Procedures
<http://www.osap.org>

Society for Healthcare Epidemiology of America, Inc.
<http://www.shea-online.org/PositionPapers.html>

Source: Dental Infection Control Guidelines, 12/19/03, Guidelines for Infection Control in Dental Health-Care Setting 2003.

