## INFECTION CONTROL PROCEDURES ADDRESSING PATIENT CONCERNS

INFECTION PREVENTION

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The science and practice of infection control in health care continue to evolve and advance. Emergence of new infectious pathogens, re-emerging infections, and sporadic outbreaks of disease require clinical facilities to routinely utilize infection prevention practices designed to provide the highest safety standards for health care personnel and patients alike. It is important to note here a basic premise concerning health care infections -- spread of microbial disease agents can occur via the same transmission modes in both medical and dental clinical settings. This logic is used in development of infection control regulations, recommendations, and guidelines, which contain areas of application for all health care professionals providing clinical services.

With specific regard to dentistry, numerous technological advances in equipment and other products have been introduced to assist dentists, hygienists, assistants, and other dental personnel in addressing infection challenges during provision of patient care. However, the primary reason for success in effectively preventing transmission of microbial infections remains the ongoing efforts of dental professionals to accept and respond to scientific and clinical evidence delineating potential infectious disease risks.

Trends throughout Canada indicate that more dental and medical facilities are being visited and evaluated for compliance with established BEST PRACTICES. Unfortunately, in recent months, results of a number infection control inspections of dental practices conducted by Public Health Ontario (PHO) have been reported citing deficiencies with resultant citations. While provincial dentists are required to adhere to guidelines published by the Royal College of Dental Surgeons of Ontario (2010), other more recent documents are also being used when conducting infection control assessments. These include:

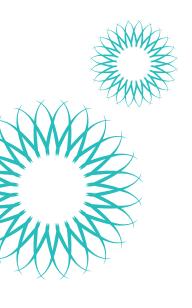
- Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/ Devices In All Healthcare Settings (PHO; revised May 2013); and
- 2. <u>Infection Prevention and Control for Clinical Office Practice (Provincial Infectious Diseases Advisory Committee (PIDAC); revised April 2015)</u>
- \* The above links are current as of July 2017. Please be sure to check the main websites of each source in order to ensure the most up to date information.

Checklists for each of these documents have also been developed and may help in your preparations.

Be sure to review the guidelines published by the Royal College of Dental Surgeons of Ontario and the above noted documents in order to verify that you meet all infection control guidelines.

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 the multiple, effective, preventive measures your team routinely uses for 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.

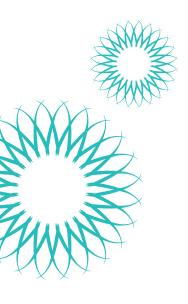




The following is a brief suggested list of infection control topics to consider including in discussions with those who ask about what you are doing to keep them safe in your practice. Other areas can be added as you deem appropriate.

- Written Infection Control Plan: Begin by explaining that you have a written infection
  control plan, which is based on the most current best practices. Reinforce the concept
  that it describes 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, reinforcing it remains the single most important infection control practice. Hands are either washed with soap or an alcohol-based sanitizer is used between each patient, and even more frequently while treating the same patient. Performing hand hygiene in front of patients at times also provides a "visible" practice.
- Personal Protective Equipment: Show patients and briefly explain the appropriate
  personal protective equipment (PPE) [gloves, masks, and protective eyewear] used
  during patient care. It is important to mention that gloves are changed for each patient
  seen and, in some instances, more than once with the same patient.
- Reprocessing of Instruments/Devices Between Patient Treatments: This is a major area where Ontario dental practices have been cited for non-compliance by PHO inspections. Since multiple complaints mention that PIDAC Best Practice Standards were not followed for medical device reprocessing, it is advisable to familiarize yourself with specific components of the standards and the checklist, then be sure that what you are doing is in compliance with the stated requirements. As you subsequently answer patient inquiries, share information with them about the training assigned staff undergo to learn how to reprocess medical equipment/instruments/devices properly. Mention how manufacturers' instructions for cleaning, decontamination, and sterilization are routinely followed. Do your patients know that the units that clean instruments between appointments (i.e. ultrasonics, instrument washers) 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. People sometimes forget the basic importance of cleaning first.
- Packaging, Sterilization, and Monitoring of Sterilization Procedures: Explain that
  instruments must be cleaned, packaged and then sterilized in a Canadian Standards
  Association (CSA)-approved heat sterilizer for processing sensitive medical instruments.
  They will probably be surprised to hear that the sterilizer is spore tested daily to ensure
  that it is functioning properly, and that chemical indicators (CIs) are used appropriately
  for each sterilization load. Make it a special point to mention how the practice keeps
  a log of sterilization monitoring records for each sterilizer. And finally, when you open
  instrument pouches and cassettes chairside, 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.





- Environmental Surface Asepsis: Outline what is done by personnel when preparing the operatory
  in between patient appointments. They may notice your use of protective surface barriers, which
  can limit the use of chemical agents on touched surfaces. Other clinical contact surfaces cleaned
  and disinfected with an appropriate product that has a Drug Identification Number (DIN) from
  Health Canada.
- Waterline Maintenance: Explain how and why the multiple sources of dental unit water (i.e. highspeed 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. These include:

- the Royal College of Dental Surgeons of Ontario (www.rcdso.org)
- Public Health Ontario (www.publichealthontario.ca)
- CSA Group (www.csagroup.org)
- Canadian Dental Association (www.cda-adc.ca)
- Health Canada (www.info@hc-sc.gc.ca); (https://www.canada.ca/en/health-canada.html)
- Hu-Friedy Mfg. Co., LLC at http://www.hu-friedy.com/education/infection-prevention-resources

You can also 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).

Remember, it is critical that your team is both knowledgeable and confident in how you practice infection control.

