

FROM POLICY TO PRACTICE: OSAP'S Guide to the CDC Guidelines

*A Step-By-Step Dental Infection Prevention
and Control Implementation Workbook*

Updated 2019



Assessment and Continuing Education (CE) Credit

After complete review of the From Policy to Practice: OSAP's Guide to the CDC Guidelines, you are eligible to take an online assessment to earn ten (10) hours of continuing education (CE) credit.

Assessment Instructions:

1. Go to bit.ly/OSAPp2p
2. Enter in the following information: First Name, Last Name, Valid Email Address and Access Code (*each workbook has its own unique access code, and the code can only be used once*)

3. You have two attempts to pass the assessment with a 70%. You will receive your pass or fail result immediately after completing the assessment.
4. After taking the assessment your score and documentation of completion will be emailed to the valid email address you provided.

Note: You can only successfully complete the assessment once. You may not repeat it in a subsequent year for additional CE credits.

Creation Date: June 1999

Most Recent Update: August 2019

Date of Next Review: August 2022

Educational Method: Self-instruction

If you have problems accessing the assessment, please email office@osap.org or call 410-571-0003.

Successful completion of the workbook and assessment counts toward the education requirements for two certifications:

- OSAP-DANB Certified in Dental Infection Prevention and Control™ (CDIPC™) - A clinically focused professional certification
- OSAP-DANB Dental Industry Specialist in Infection Prevention and Control™ (DISIPC™) - An industry (dental trade)-focused professional certification

To learn more visit: dentalinfectioncontrol.org.

OSAP is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

OSAP designates this activity for 10 continuing education credits.

ADA CERP® | Continuing Education
Recognition Program

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

Please email the OSAP central office at office@osap.org or call 410-571-0003 if you wish to be in contact with the course author/creator(s) with any questions or for clarification of course concepts or for technical assistance in completing the online assessment. All participants assume individual responsibility for providing evidence of contact hours of continuing education to the appropriate authorities and for the maintenance of their individual records.

From Policy to Practice: **OSAP's Guide to the CDC Guidelines**

Your tool for applying CDC dental infection prevention and control guidelines



An education and training resource
prepared for dental healthcare personnel by OSAP —
the Organization for Safety, Asepsis and Prevention

From Policy to Practice: OSAP's Guide to the CDC Guidelines is an education and training tool produced by the Organization for Safety, Asepsis and Prevention (OSAP) and supported by Cooperative Agreement No. U58/CCU318566-02 from the U.S. Centers for Disease Control and Prevention. Its contents are solely the responsibility of OSAP and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Published by OSAP, Atlanta, GA.

Copyright © 2004-2019 by OSAP.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission of OSAP.

Printed in the United States of America

OSAP
3525 Piedmont Road, NE
Building 5, Ste. 300
Atlanta, GA 30305-1509

ISBN-13: 978-0-9752519-2-8

ISBN-10: 0-9752519-1-0

ISBN-13: 978-0-9752519-1-1

IMPORTANT DISCLAIMER: Although OSAP believes that the information contained herein is accurate, it necessarily reflects OSAP's interpretation of CDC guidelines. Moreover, inadvertent errors may occur. Accordingly, OSAP makes no representations of any kind that its interpretations are always correct, complete, or up-to-date and expressly disclaims any representation that this workbook satisfies any applicable standard of care. Users of this workbook are encouraged to read the Centers for Disease Control and Prevention guidelines and reach their own conclusions regarding any matter subject to interpretation. OSAP shall not be liable for any direct, indirect, incidental, special, or consequential damages resulting from the user's reliance upon the material contained herein.



From Policy to Practice: OSAP's Guide to the CDC Guidelines

Quick Start Guide to Using this Workbook	i
Ch. 1 An Introduction to Dental Infection Control	1
Ch. 2 Elements of a Dental Personnel Health Program	7
Ch. 3 Preventing Transmission of Bloodborne Pathogens	11
Managing Exposures to Blood and Body Fluids	16
Ch. 4 Hand Hygiene	21
Ch. 5 Personal Protective Equipment	29
Ch. 6 Contact Dermatitis and Latex Allergy	39
Ch. 7 Sterilization and Disinfection of Patient-Care Items	45
Ch. 8 Environmental Infection Control	63
Managing Clinical Contact Surfaces	64
Managing Housekeeping Surfaces	67
Managing Medical Waste	70
Ch. 9 Dental Unit Waterlines, Biofilm, and Water Quality	75
Ch. 10 Dental Handpieces and Other Devices Attached to Air Lines and Waterlines	85
Ch. 11 Dental Radiography	93
Ch. 12 Aseptic Technique for Parenteral Medications	99
Ch. 13 Single-Use (Disposable) Devices	103
Ch. 14 Preprocedural Mouthrinses	107
Ch. 15 Oral Surgical Procedures	111
Ch. 16 Handling of Biopsy Specimens	115
Ch. 17 Handling of Extracted Teeth	117
Ch. 18 Dental Laboratory	121
Ch. 19 Tuberculosis and Dentistry	127
Ch. 20 Program Evaluation and Staff Training	131
Appendices	
A. Guidelines for Infection Control in Dental Health-Care Settings	135
B. Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care	143
C. Immunizing Agents and Immunization Schedules for Health-Care Personnel (HCP)	156
D. Managing Patient-Care Items and Environmental Surfaces	160
E. CDC Sample Device Screening and Evaluation Forms	161
F. Selected Resources for Infection Control Compliance and Product Information	164
G. Glossary	166

If bacterial counts exceed 500 CFU/mL, evaluate for possible technique errors, re-treat the dental unit water, and retest. If initial testing used a pooled sample, consider testing individual lines and source water to identify the source of contamination. If a unit fails two consecutive tests, consider removing it from service and contact the manufacturer. Continue to monitor, evaluate techniques, and treat waterlines until acceptable water quality is regularly attained.

What If...

... our community is under a boil-water advisory? Can we still do dentistry?



A boil-water advisory is a notice to the public to boil tap water before drinking it. Issued by the public health department when local or regional water is deemed unsafe to drink, these advisories are issued when:

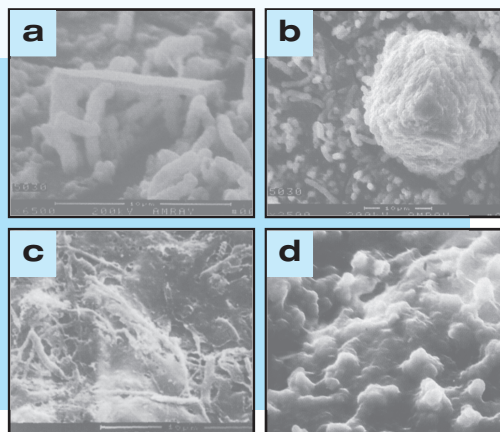
- a failure or significant interruption is detected in the municipal water treatment processes that make water safe to drink.
- pathogens such as *Cryptosporidium*, *Giardia*, or *Shigella* are discovered in the public water supply;
- the water distribution system has been compromised to the point where a health hazard exists (for example, as in a water main break);
- drinking water standards are violated for any reason; or
- natural disasters compromise quality, delivery of, or access to safe drinking water.

In the event of a boil-water advisory:

- **Do not use water from the public water supply to treat patients.** This includes water plumbed through the dental unit, ultrasonic scaler, or other equipment that uses public water. If the water source has been isolated from the municipal water system using a separate water reservoir or other water treatment device it may be possible to keep the unit in service. The unit should not be used if contaminated tap water was used to fill the reservoirs.
- **Avoid using water from faucets for patient rinsing and handwashing.** Instead:
 - Have patients rinse with bottled water.
 - For hand hygiene, use alcohol-based hand rubs if hands are not visibly soiled. If they are, use bottled water and soap or an antiseptic-containing towelette to clean the hands.
- **Treat municipal water so it is safe for hand hygiene or for diluting disinfectant chemicals** (if dilution is recommended by the germicide manufacturer):
 - Bring water to a rolling boil for at least 1 minute and cool thoroughly before use.

Inside dental waterlines...

(a) Microorganisms in the water attach to the tubing's inside surface, (b) form colonies, and (c) create a biofilm with (d) fully formed biofilm with protective glycocalyx (slime layer) showing complex architecture.



Boil-Water Advisory Dos and Don'ts

During a Boil-Water Advisory

DO ...

- ... Have patients use bottled water or distilled water to rinse.
- ... Use antimicrobial products that do not require water, such as alcohol-based hand rubs, for hand hygiene. If hands are visibly soiled, use bottled water and soap for handwashing or an antiseptic-containing towelette.

DON'T ...

- ... Use water from the public water system for dental treatment, patient rinsing, or handwashing.
- ... Use tap water to dilute germicides or for hand hygiene (unless the water has been brought to a rolling boil for at least 1 minute and cooled before use).

After the boil-water advisory is lifted...

DO ...

- ... Follow the local water utility's guidance for flushing all waterlines served by the public water system.
- ... Disinfect dental operative waterlines according to the manufacturer's instructions.



Organization for Safety, Asepsis and Prevention

3525 Piedmont Road, NE
Building 5, Ste. 300
Atlanta, GA 30305-1509

1+ (410) 571-0003
office@osap.org

ISBN: 978-0-9752519-2-8