

# In Practice

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## 38 YEARS STRONG

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### IN THIS ISSUE

*Infection Control in Practice* focuses on the basics of infection prevention and control while maintaining a safe work environment, limiting the spread of contamination, and promoting compliance with COVID-19 prevention guidelines in dental facilities. This will help the Infection Control Coordinator (ICC) communicate the importance of **the safestdentalvisit™**

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**Are you using PPE in ways that will provide the desired protection for you and your patients?**

## TEAM HUDDLE: Personal Protective Equipment - Understanding Your Responsibility for Infection Prevention and Control

Dental infection prevention and control (IPC) is a system of policies and procedures designed to ensure the use of best practices to enhance safety and reduce the risk of transmitting potentially dangerous microbes. An effective IPC program hinges on assuring the quality of the preventive policies and procedures. This issue in this year's review of basic ICP procedures re-emphasizes the importance of personal protective equipment (PPE). It also provides information on COVID-19.

### LEARNING OBJECTIVES

After reading this publication, the reader should be able to:

- describe the protective value of gloves, masks/respirators, protective eyewear and protective clothing.
- describe how PPE worn by the dental team protects patients.
- state examples of problems related to the non-use of PPE.

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# SCENARIO: The Incident

Dr. Nobel, an orthodontist (mentioned in the February 2022 issue of *Infection Control in Practice*) continued to pursue the review of consumable supplies used in the office. Since the occurrence of COVID-19 caused by the omicron variant is on the downswing, and since all of the office staff are fully vaccinated and boosted against COVID-19, analyzing PPE seemed like a good idea.

So, each staff member was asked to suggest possible ways to save on PPE reminding them that each suggestion would be discussed in the office's upcoming team huddle. The following suggestions were made.

1. Stop using N95 respirators and return to using surgical (procedure) masks for all patients.
2. Switch to an international respirator (e.g., KN95) that is less expensive and has an exhalation valve to aid in breathing.
3. Reuse the surgical mask on the next patient, if aerosols were not generated during care of the previous patient.
4. If our gowns are not visibly soiled by the end of the day, fold them with the arms and front on the inside, hang them in the locker, and reuse them the next day.



## POTENTIAL CONSEQUENCES

Taking IPC short-cuts with PPE can lead to real problems as discussed below. To determine the quality of any IPC policy or procedure, it is first important to know **WHAT** should be done, then **WHY** and **HOW** it should be done, and to determine if it is done correctly.

### 1. Stop using N95 respirators and return to using surgical (procedure) masks for all patients.

#### *Analysis of the suggestion*

*This suggestion might save money but will not provide the needed level of protection. It is also against recommendations from the Centers for Disease Control and Prevention (CDC)*

**WHAT:** CDC recommends to use an N95 respirator or a respirator that offers an equivalent or higher level of protection during aerosol-generating procedures.<sup>1</sup>

**WHY:** Surgical masks are designed to retain droplets and particles you breathe, talk, cough, or sneeze out. If they fit closely to the face, they can also provide you some protection from particles spread by others, including those containing SARS-CoV-2. Unfortunately, there are frequently gaps between these masks and the face that allow passage of air.

Respirators are made to protect you by filtering the air and fitting closely on the face to filter out particles, including those containing SARS-CoV-2. Respirators can also retain droplets and particles you breathe, talk, cough, or sneeze out so you do not spread them to others.<sup>2,3</sup>

**HOW:** Use appropriate respirators during procedures that generate dental aerosols.

### 2. Switch to an international respirator (e.g., KN95) that is less expensive and has an exhalation valve to aid in breathing.



#### *Analysis of the suggestion*

*This suggestion might save money but may not provide the needed level of protection. International respirators are designed and tested to meet international standards that may not be as strict as US standards (i.e., NIOSH\*-approved).*

\*National Institute for Occupational Safety and Health, part of the CDC

**WHAT:** NIOSH-approved N95 or equivalent or higher-level respirators should be used for all aerosol-generating procedures in facilities located in counties with substantial or high COVID-19 transmission.<sup>1</sup>

**WHY:** About 60% of KN95 respirators NIOSH evaluated during the COVID-19 pandemic in 2020 and 2021 did not meet the requirements that they intended to meet.<sup>3</sup> Also vented masks should not be used, for

they allow the passage of unfiltered or poorly filtered air, and this defeats the purpose of wearing a mask.<sup>3</sup>

**HOW:** Use NIOSH-approved respirators for all aerosol-generating procedures in facilities located in counties with substantial to high COVID-19 transmission. A list of these respirators can be found on the **NIOSH-Approved Particulate Filtering Facepiece Respirators web-page**.

Facilities could consider use of NIOSH-approved N95 or equivalent or higher-level respirators for dental healthcare personnel (DHCP) working in other situations where multiple risk factors for transmission are present. Examples might be if the patient is unvaccinated, unable to use source control, or the treatment area is poorly ventilated.<sup>1</sup> The availability

(continued on page 4)

## POTENTIAL CONSEQUENCES (continued)

of NIOSH-approved N95 respirators has greatly improved, so crisis capacity strategies are not necessary. N95 respirators are meant to be single use items.

### 3. Reuse the surgical mask on the next patient, if aerosols were not generated during care of the previous patient.

#### *Analysis of the suggestion*

*This would save money but increases the risks of cross-contamination and violates CDC's recommendations*

**WHAT:** CDC indicates to change masks between patients.<sup>4</sup>

**WHY:** Even if dental aerosols are not generated by the dental care given, some respiratory droplets are spewed out when the patient talks. The outside of the mask becomes contaminated with these and other particles (e.g., dust) in air during inhaling. Contamination also occurs if the mask is touched with contaminated hands/gloves. (This is a reminder that once gloves are donned, the gloved hands are not to touch

anything but the patient and items use for direct patient care). When exhaling, the particles on the outside of the mask may become airborne as breath passes through. In addition, masks can become damp/wet with exhaled droplets.

The longer masks are worn the damper/wetter they become. As this happens the pores of the mask become clogged with moisture. This decreases the filtering ability of masks forcing inhalation of more and more air from around the edges of the mask.

**HOW:** Change masks between all patients and whenever they feel damp/wet.

### 4. If our gowns are not visibly soiled by the end of the day, fold them with the arms and front on the inside, hang them in the locker, and reuse them the next day.

#### *Analysis of the suggestion*

*This would save money but increases the risks of cross-contamination and violates CDC's recommendations*

**WHAT:** The CDC recommends to wear protective clothing that covers personal clothing and skin for patient care, change it if it becomes visibly soiled, and remove it before leaving the clinical, instrument processing, or dental laboratory areas during the day and before leaving the facility.<sup>4,5</sup>

**WHY:** The outside of protective clothing becomes contaminated when touched and with invisible salivary droplets, airborne microbes and dust. At the end of the day and sooner, they are contaminated. This is why the CDC's recommended procedure for removal of protective clothing involves touching only the inside and turning the item inside out for disposal or laundering. Trying to re-don such contaminated clothing without getting contaminated would be difficult, if not impossible.

**HOW:** Follow the CDC recommendations.

It should be noted that none of the suggestions about saving on PPE were adopted in Dr. Nobel's practice.



## KEY TAKEAWAYS

1. The protection value of wearing PPE is extraordinary!
2. Don't become complacent about wearing PPE.
3. Your PPE also protects patients.

## DETAILS and STRATEGIES

PPE is related to the principle of IPC that states to - *Avoid contact with infectious materials* – use and understand the limitations of PPE and provide eye protection to patients.<sup>6</sup>

Proper use of PPE is a key part of Standard Precautions [CDC. **Standard Precautions** ([cdc.gov](https://www.cdc.gov))] which are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.

### Principles of Infection Control



## Some Regulations and Recommendations Related to PPE

### CDC

See references on page 10 including:

- **Sequence For Putting On Personal Protective Equipment (PPE) ([cdc.gov](https://www.cdc.gov)).**  
The key issue here is that gloves are donned last when putting on PPE and removed first when taking off PPE.
- **Considerations for Selecting Protective Clothing | NPPTL | NIOSH | CDC.** Clothing should have certain properties before being considered as protective clothing.

### Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard

- When there is a chance for occupational exposure to blood or saliva employers are required to provide and ensure the use of PPE that does not permit blood or saliva to pass through or to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions.<sup>7</sup>

Some additional OSHA information related to PPE includes:

- Respiratory Protection. **1910.134 - Respiratory Protection.** | Occupational Safety and Health Administration ([osha.gov](https://www.osha.gov)).
- **Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace** | Occupational Safety and Health Administration ([osha.gov](https://www.osha.gov)).
- COVID-19, Healthcare. **1910.502 - Healthcare.** | Occupational Safety and Health Administration ([osha.gov](https://www.osha.gov)). (Note: This does not apply to non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings.)

## The Desired Result from the Use of PPE & Potential Consequences from Non-use

It's important to continue to remember the protective value of PPE. It's also important to prevent further spread of contamination while wearing and handling PPE by keeping hands away from the face and hair, limiting surfaces touched, properly donning and doffing PPE, removing PPE before leaving work areas, and performing hand hygiene.

### Gloves

**Use:** Gloves protect DHCP from direct contact with microbes present in patients' mouths, on contaminated instruments, and other surfaces. They also protect patients from microbes on the hands and in any tissue fluid exiting the hands of DHCP through small breaks in the skin.

Wearing utility gloves for operatory clean-up and instrument processing offers better protection than exam gloves.

**Non-use:** If gloves are not used for patient treatment, there is a potential that microbes in the patient's oral fluids may enter through broken skin on the hands. This could result in a variety of bacterial and fungal infections or herpetic whitlow.

There is a report of patient-to-hygienist spread and at least 20 cases of patient-to-patient/hygienist-to-patient spread of herpes simplex virus mediated by a hygienist who didn't wear gloves.<sup>8</sup>

Wearing utility gloves rather than exam gloves for operatory clean-up and instrument processing provides more hand protection from physical damage and exposure to cleaning/disinfecting chemicals. When cleaning/disinfecting surfaces, finger tips may be jammed into corners, and when handling sharp instruments, the heavier utility gloves may give better protection against injuries.

Between 1974 and 1987 there were 11 instances reported of the apparent spread of hepatitis B virus to 175 patients from six oral surgeons and five general dentists who were all hepatitis B antigen positive (highly infectious). Although the exact mode of transmission was not determined, the only common factor among the 11 cases was that none of the dentists routinely wore gloves.<sup>9</sup>

### Masks

**Use:** Surgical masks mainly protect mucous membranes of the nose and mouth of DHCP and patients from contact with the larger droplets in sprays and spatter of patients' oral fluids.

Respirators protect DHCP from inhalation of the smaller aerosolized particles of oral fluids from patients. Surgical masks and respirators also protect patients from respiratory droplets in spatter from DHCP.

**Non-use:** Not using masks/respirators during generation of spatter and aerosols enhances the risk of contracting numerous respiratory diseases that include the common cold from rhinoviruses and coronaviruses, COVID-19, influenza, pharyngitis, bronchitis, pneumonia, tuberculosis, and measles.

(continued on page 7)

## The Desired Result from the Use of PPE & Potential Consequences from Non-use (continued)

### Protective Eyewear

**Use:** Protective eyewear protects the mucous membranes of the eyes of DHCP from contact with potentially infectious and non-infectious particles in sprays, spatter, or aerosols of oral fluids, chemicals and other materials. Protective eyewear for patients protects them from infectious particles and physical damage.

**Non-use:** Not using protective eyewear risks infectious damage from contact with contaminated respiratory fluids and protects against physical damage to the eyes from propelled particles such as tooth fragments and pieces of restorative materials during cavity preparations.

Eyewear prevents damage from particles generated during polishing, grinding, and buffing whether occurring in the patient's mouth at chairside or in the laboratory.

Eye damage also is avoided from exposure to the radiation used when setting composite materials, from splashes of chemicals used at chairside or during instrument cleaning, surface cleaning and disinfection, developing radiographs or working in the laboratory.

If patients are not provided eyewear, there is a risk of eye damage from generated particles during treatment as well as from accidental damage occurring from dropped items<sup>10</sup> and chemical splashes.

Use of protective eyewear reduces the risk of contracting conjunctivitis and keratitis from *Candida* and several bacteria and eye infections from viruses such as herpes simplex and adenoviruses, all of which may be in oral fluids.

The CDC recommends universal eye protection along with masks to protect against respiratory secretions during all patient encounters.

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### Protective Clothing

**Use:** Protective clothing protects work clothes, street clothes, undergarments, and skin of DHCP from contact with particles in droplets and spatter of oral fluids from patients.

This clothing also protects patients from contact with microbes that may be present on uncovered clothing of DHCP. Protective clothing with long sleeves is particularly important during the generation of dental aerosols.

**Non-use:** DHCP are susceptible to the transfer of microorganisms by blood and body fluids from patients. Patients are at risk as DHCP work because their clothes become contaminated during the day from airborne microbes, lint, dust, and respiratory droplets and from being touched.

Thus, this personal clothing should not be worn as the outer layer of clothing when caring for patients. Personal clothing needs to be covered with protective clothing.

If no outer protective clothing is worn during patient care, then the street or work clothes worn would have to be changed when visibly soiled, when leaving the clinic area to go to the restroom, lunch room, or office and before leaving the facility. This includes men's shirts, ties, sweaters and pants and women's tops and slacks.

# COVID-19 INFORMATION

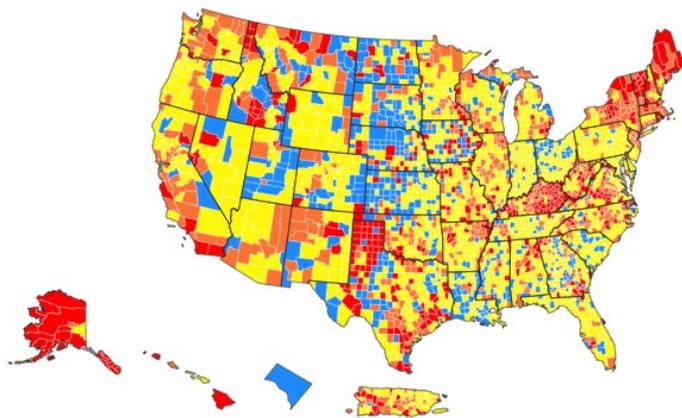
What we know about COVID-19 changes rapidly, so you are encouraged to seek further details about the information given below by reviewing the CDC references cited.

The use of PPE during the COVID-19 pandemic is based on the extent of SARS-CoV-2 transmission in the community. Since it may be difficult to determine your local level of transmission, CDC has published community transmission rates for all the counties in the U.S. (**CDC COVID Data Tracker**).

These data are different from COVID-19 community levels (**COVID-19 Community Levels**) that do not apply in healthcare settings.

Instead, healthcare settings should continue to use **community transmission rates** and continue to follow CDC's infection prevention and control recommendations for healthcare settings.

## Community Transmission of All Counties in US



Community Transmission in US by County

	Total	Percent	% Change
High	490	15.21%	-10.49%
Substantial	621	19.27%	-6.24%
Moderate	1567	48.63%	11.48%
Low	542	16.82%	5.28%

### How is community transmission calculated?

#### Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

The above map exemplifies the CDC interactive tool for those in healthcare settings to select a state and county and achieve an integrated county view for monitoring COVID-19 published **community transmission rates**. The interactive map is updated daily.

The Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic that was updated Feb. 2, 2022 states:

“When performing aerosol generating procedures on patients who are not suspected or confirmed to have SARS-CoV-2 infection, ensure that DHCP correctly wear the recommended PPE (including a NIOSH-approved N95 or equivalent or higher-level respirator in counties with substantial or high levels of transmission) and use mitigation methods such as four-handed dentistry, high evacuation suction, and dental dams to minimize droplet spatter and aerosols” [**Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC**].

## Second booster doses approved by the FDA\* and recommended by the CDC

On March 29, 2022 the FDA approved a second booster dose of the Pfizer-BioNTech COVID-19 Vaccine or Moderna COVID-19 Vaccine for individuals 50 years of age and older at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine.

They also approved a second booster dose of the Pfizer-BioNTech COVID-19 Vaccine for individuals 12 years of age and older with certain kinds of immunocompromise at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine.

Also, a second booster dose of the Moderna COVID-19 Vaccine may now be administered at least

4 months after the first booster dose of any authorized or approved COVID-19 vaccine to individuals 18 years of age and older with the same certain kinds of immunocompromise [Coronavirus (COVID-19) Update: FDA Authorizes Second Booster Dose of Two COVID-19 Vaccines for Older and Immunocompromised Individuals | FDA].

The CDC also recommended that adults who received a primary vaccine and booster dose of Johnson & Johnson's Janssen COVID-19 vaccine at least 4 months ago may now receive a second booster dose using an mRNA COVID-19 vaccine. (CDC Recommends Additional Boosters for Certain Individuals | CDC Online Newsroom | CDC).

\*Food and Drug Administration

## Educational Spotlight

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## TEAM HUDDLE DISCUSSION GUIDE

1. Are you using PPE in ways that will provide the desired protection?
2. Are you aware of the various ways your PPE offers protection to patients?

## Glossary

**fully vaccinated:** persons who have received the primary series of inoculation(s) (two with the Pfizer-BioNTech vaccine or the Moderna vaccine; one with the Johnson & Johnson-Janssen).

**herpetic whitlow:** an infection of the fingers with human herpesvirus type 1 (herpes simplex virus).

**“up-to-date” on COVID-19 vaccines:** a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

## Links to Resources

1. CDC. (Updated February 2, 2022). Interim Infection Prevention and Control Recommendations for Health care Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. **Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC**. Accessed February 2022.
2. CDC (National Personal Protection Technology Laboratory – NPPTL). NPPTL Respirator Assessments to Support the COVID-19 Response. **International Assessment Results | NPPTL | NIOSH | CDC**. Accessed February 2022.
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10. Kelsch, N. Jenn’s vision: A true lesson in best practices. *Dentistry IQ*. August 1, 2014. Available at: **Jenn’s vision: A true lesson in best practices | Dentistry IQ**. Accessed February 2022.

# What's Wrong With This Picture?

Can you identify the infection prevention and safety shortfalls during this dental prophylaxis procedure?



**Answer:** The DHCP is not wearing protective eyewear or a full face shield. The patient has not been given protective eyewear. The DHCP is not wearing a protective overgown during a procedure that will cause spatter. Although the DHCP is wearing a surgical face mask it is not well-fitted around the nose. An N95 respirator would offer better protection during a procedure that causes spatter and likely aerosolized spray from subsequent use of an air/water syringe.

# Take the Silent Video Challenge!

Can you identify the actions in this short video that compromise infection prevention and safety during an aerosol generating dental procedure? <https://youtu.be/PBseAB66LBI>

**The Scenario:** Aerosol Generating Procedure and PPE



**The Lesson:** The dental clinician is not wearing an N95 respirator to offer a higher level of protection during aerosol generating procedures. Additionally, the surgical face mask that is in place is improperly positioned and not covering the nose. The dental clinician and the dental assistant are not wearing protective overgowns. The patient has not been given protective eyewear.

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### QUESTIONS TO ONLINE QUIZ: Select the most correct answer

- Why are N95 respirators better than surgical masks in preventing disease spread by aerosols?
  - All surgical masks must be vented with an exhalation valve that lets in aerosol particles through the unfiltered vent
  - All respirators contain an antimicrobial chemical that kills microbes in aerosols
  - The N95 respirator fits more closely to the face than surgical masks
  - Instructions for using surgical masks include leaving the nose uncovered for better breathing
- Why should masks be changed as they become wet?
  - They allow more particles to directly penetrate through all layers of the mask
  - They allow more contaminated air to enter around the edges of the mask
  - The layers begin to separate and the mask falls apart
  - They become very rigid and give off an offensive odor
- When does the CDC recommend to change protective gowns in dentistry?
  - Between each patient
  - After procedures that generate dental aerosols
  - Mid-morning and mid-afternoon
  - When visibly soiled and before leaving the work area
- What percent of KN95 respirators evaluated by NIOSH during the COVID-19 pandemic in 2020-2021 did not meet intended requirements?
  - 10
  - 25
  - 60
  - 95
- What is protective clothing supposed to cover?
  - Work clothes and street clothes
  - Undergarments, street clothes, and skin
  - Skin and work clothes
  - Work clothes, street clothes, undergarments, and skin
- What PPE that you wear at chairside does not provide patients any protection from the spread of microbes?
  - Gloves
  - Masks
  - Protective eyewear
  - Protective clothing
- Name a disease that may be caused in a dental team member that contacts a patient's saliva with ungloved hands?
  - COVID-19
  - Herpetic whitlow
  - Influenza
  - Measles
- What disease was spread between 1974 and 1987 by dentists who did not routinely wear gloves?
  - Hepatitis B
  - COVID-19
  - Influenza
  - Herpetic whitlow
- What virus contaminated the ungloved hands of a hygienist who then spread that virus to at least 20 patients causing gingivostomatitis?
  - Adenovirus
  - SARS-CoV-2
  - Herpes simplex virus
  - Measles virus
- What COVID-19 community data should dental facilities use to determine what PPE to wear during the pandemic?
  - Death rates
  - Number of vaccinations
  - Transmission rates
  - Hospitalizations

FROM THE **Editor's Desk**

**Find COVID-19 Vaccines & Boosters Near me**

**Go to:** [Vaccines.gov](https://www.vaccines.gov) or

**Text** your ZIP code to 438829

**Call** 1-800-232-0233

Help is available in English, Spanish, and many other languages.

Find COVID-19 Vaccination support for people with disabilities. Call **1-888-677-1199**

**Check out the *Journal of Dental Infection Control and Safety***

The 3rd edition features the Proceedings of the 2021 OSAP Annual Session. It is a veritable "CliffsNotes/SparkNotes" of the conference and can be a speedy way to update oneself on the key issues of the day.

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**Recordings** from the January 2022 OSAP Boot Camp are available for purchase until **May 2, 2022**. The last day to claim CE is **May 15, 2022**.

**OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™**

To date, more than 1,000 oral healthcare professionals have earned the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™.

Check out this video to hear from a few people who have earned the certificate!  
[youtu.be/TnL6qierYNY](https://youtu.be/TnL6qierYNY)



Are you interested in completing the certificate program and would like to ask your employer to provide funding to you for the program? Use this justification letter to help you make the case to your employer. **Download the Justification Letter.**

Step	Component	Cost	CE Credits
1*	OSAP-DALE Foundation CDEA® module <b>Understanding CDC's Summary of Infection Prevention Practices in Dental Settings</b>	\$30 6-month access	2
2*	OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™	\$225 6-month access	10
3	OSAP-DALE Foundation eHandbook Assessment™	\$50 60-day access	0

**\*Note:** Steps 1 and 2 may be completed in either order. Successful completion of Steps 1 and 2 is required before Step 3 can be purchased.

For the latest information visit: [dentalinfectioncontrol.org](http://dentalinfectioncontrol.org)

**Have You Heard The Latest?**

**Connect to "The Official OSAP Podcast"** on your favorite podcast platform, or from the [osap.org/podcast](http://osap.org/podcast).

The Official OSAP Podcast with Michelle Lee, Executive Director of OSAP, offers timely infection control tips and information from subject matter experts from all areas of dentistry.

