



**Bureau of Primary Health Care (BPHC)
Infection Prevention and Control in Dental Settings**

**March 14, 2019
12:00pm-1:00pm ET**

Coordinator: Welcome. All parties are in a listen only mode. There will be a question and answer period at the end. Today's conference is being recorded. If you have any concerns you can disconnect at that time. Thank you, you may begin.

Vy Nguyen: Good afternoon, and good morning to those on the west coast. I work in the office of quality improvement. I want to thank everyone for joining us today. Today's webinar is infection prevention and control in dental settings. Before we get started I would like to direct you all to the lower right side of the Adobe connect room where the slides for today's presentation are available for download. This session is also going to be recorded, we will let you know when it is available and posted on the euro primary care webpage. So, today's webinar we are very glad to have opening remarks by Dr. Renee Joskow, we plan to have dedicated time at the end of the session to answer questions. Please feel free to type your questions into the chat box at any time throughout the session. We will start with those questions first, as well as open the phone line for any questions on there as well. Then, we will end with additional safety and infection and control resources. Let's get started, I would like to introduce Dr. Renee Joskow. She leads the oral health efforts as the chief dental officer.

Renee Joskow: Thank you. If we think about health centers, they really serve as a pillar in the community. The health centers are respected institutions which are looked to for not only quality health care but also for information and leadership. When it comes to infection present been the stuff and conventions working are uniquely positioned to serve as experts on infection prevention, unlike many other Americare settings. As

you know, the dental clinic is often a hub self-contained sterilization capabilities. Makes nationwide have been considered as part of an emergency response resource for three years, the provision of urgent healthcare, and sterilization capacity. I would like to set up today's webinar by taking a global view in talking about infection prevention, and control the world health organization asserts that "infection prevention is a practical solution to prevent harm to patients and health workers. In a grounded epidemiology, social scientists, infection prevention and control occupies a unique position in the field of patient safety and quality, Russell health coverage, since it is related to help workers and patients at every single encounter. " For us most people are healthy when they come to the dental clinic. It is important that you work in a safe environment to benefit you, your family, and coworkers. In addition as care provider teams it is important to stay healthy so that we are able to take care of the populations we serve, and provide the kind of nation centered care we are committed to. I am sure that you will find today's webinar informative and invaluable. I would like to turn it back over, now.

Vy Nguyen: Thank you. Now I would like to introduce our presenter, Dr. Michele Junger. She is a dental officer in the division of oral health where she focuses on issues related to infection control and dental public health. She hold degrees from the University of Virginia, the Michigan school of dentistry. In addition, she completed residencies and a research fellowship at CDC. She is a diplomate of the American Board of Public health. It is my pleasure to turn it over now, to Dr. Michele Junger.

Michele Junger: Good morning, thank you to HRSA for having me here. Thank you for supporting this in our today, I am really happy to speak to you all about infection invention and control. I'm going to try and practice moving the slides, here. Yes, here we go. My objectives today are to give you an overview of CDC, what our role is in infection control and IPC, whatever you want to call it. We are going to talk about the importance of infection control, and we are going to look at the use of documented transmissions we have in dental settings and what their applications are. We want to take about standard procedures with emphasis on sterilization and disinfection of items and devices. IPC is a huge topic, there is so much that goes into it, especially

occupational health and staying yourself. There is a lot of information out there, we have one hour. We are going to focus on certain information, and we will point you to resources where you can find additional information. Okay, let's get started. What is CDC role in infection control? CDC develops guidelines and recommendations that are intended to improve effectiveness, and inform the officers. We look at the overall guidance and practice which really recommends safe care and all dental settings. Guidelines are not rules, they are not mandates. They are meant to give guidance to healthcare professionals and represent minimum standards of state care. Some practices, like you know, our mandate by federal, state or local regulation. You need to always review those to understand what is required in your daily practice. In addition to helping recommendation's, CDC is involved with assistance. We will assist breaches in infection control procedures and transmission events. In doing so, we were to identify the source of the transmission and ultimately, hopefully laminate it. It also allows us to evaluate existing prevention strategies and identify gaps, we describe new diseases and learn more about known diseases. Then, determine risk of transmission and if limit follow-up measures. This could be patient notification and testing, we will talk about that. So, during the preventive dental treatment both your patient and you yourself dental care personnel, can be exposed to a variety of pathogens to contact blood or oral secretions and exterminated contaminated equipment. This can be between patients and the dental personnel, that is really important that we follow infection prevention and control practices. What are blood-borne pathogens? We are typically talking about viruses like hepatitis B and HIV. These viruses can be transmitted through patients and dental healthcare personal in healthcare settings. They can produce chronic infections and they are carried by persons who are unaware of the infection. So, the route of transmission may occur from the patient to the dental healthcare personnel, from the dental personnel to the patient, and also from patient to patient. As you can see, there is a bigger arrow there. You yourself, the dental healthcare personnel, are frequently exposed to blood and blood contaminated saliva during dental procedures. This puts you at a greater risk of infection by that one Preston Jones -- BBP. We have to remember these are reports we have in literature. We have been alerted of probable cases, we have a lot of cases that were probably never reported.

This might just represent the tip of the iceberg. We have to always remember there is a lot to learn from this we are providing care to patients, we want to be good but we also want to do no harm. So, here you see this is a summary of transmission of pathogens in U.S. dental settings from 2003, which was the release of the 2003 guidelines, don't get caught up in the year. But, the first report is a report of case of a woman who had hepatitis B. She had recent oral surgery involving IDA sedation and extractions. When they did the investigation where she received her treatment, there was a patient seen that same day. That was amended for patient to patient oral surgery in that setting. There was no breakdown in the procedure. They had very good practices, but this kind of demonstrate the difficult he of creating an analysis many month later and trying to determine what happened. The second report is a report a cluster of 5 cases of acute hepatitis B. This is among three patients and two dental care employees out of Virginia. This instigation reveals several breaches, there wasn't anyone designated to oversee infection control practices, in addition the volunteer had not received the hepatitis B vaccine, and they had not received training in infection control practices prior to volunteering for the clinic. This investigation really highlights the need for all settings for dental treatment provided, including portable and volunteer, to have an infection control coordinator to provide blood-borne pathogen training, especially for volunteers. This ensures the training and also ensuring the hepatitis B vaccination. The last is during a routine examination. He did not have any particular risk factors, he had multiple dental procedures completed within a three month window before testing positive. They did an investigation and found multiple lapses in infection control procedures, they were able to link the patient to patient transmission of hepatitis C in a sterile setting. All of this information that we have spoken about is in this miniskirt, here. -- manuscript, here. This is a nice summary of transmission, And evidence that failure to adhere to basic infection prevention recommendation's can't likely lead to disease transmission in these cases. That is a nice resource for you to have an read on your own. Now, we are typically concerned with pathogens, there are also other transmissions in dental settings. Things have been reported, we can talk about those, I am sure you have heard about these. In 2010 was a case of a dental hygienist who developed active pulmonary TB and transmitted it to another personal work in the

same practice. The hygienist who had act as it been screened and she worked for several months in the dental practice while she was infectious because her TB symptoms were originally misdiagnosed. In 2011 there was an 82-year-old woman who was diagnosed with Legionnaires' disease and died two days later. She attended dental appointments. When they checked the isolate from her bronchial they were identical to those that were ratified from the water lines at the dental office. Then, there are two reports of clusters of Mycobacterium abscesses infections, one in Georgia and one in California. These were clusters that resulted, all of these children had bacteria resulted from bacterial water. Both topics occurred in clinics were levels of bacteria in the water much higher than for committed and both indications typified a lack of routine maintaining water lines. This reinforces our maintenance for water quality. Again, here you see screenshots from the California investigation. Dental unit waterlines, there are journals that are released that provides information to both dental healthcare personal and manufactures, maintaining quality of your dental unit waterlines. The FDA has recently released information guidelines for dental petitioners and dental manufacturers on rental unit waterlines as well. Those are two good resources to review. Lastly, there was a report from New Jersey about some patients who developed and occurs after undergoing oral surgery. This is an interesting case. This is an organism that is typically seen in household infections but not dental related once. This is typically associated with G.I. or general urinary tract area. They did an investigation. On the right-hand side of the screen you can see a whole list of breaches that they found when they were doing the investigation. This clinic had a lot of issues regarding infection control purposes. This was an unfortunate case because a patient did actually die as a result of convocations from the surgery and the infection that he received. Really, this shows again, failure to adhere to infection control practices and this can eventually lead to disease transmissions, like this. How do we prevent this? Implementation of standard precautions. Standard precautions are considered to be the primary or first-tier to prevent transmission of infectious agents, they are intended to be applied to the care of all patients in all healthcare settings regardless of the suspected or confirmed presents of an infectious agent. Remember we might not be sure if someone has an infectious agent, or not. These are things we should

do every day. This should look very familiar to you. You can see the elements that are included. This includes hygiene, PPE, shop safety, and sterilization, those are things you all do every day. You should also be trained, education and training should be provided for all staff during orientation to the healthcare setting. You should be trained when new tasks or procedures are introduced. You should be so trained at least annually, we know this is very important. Education and training is important. Is not a lot of standardized training out there, we will point you to resources where you can find some training. We don't -- do know that a lot of staff are trained. You need to know how to find manufacturer instructors and how you properly processed your instruments. That is what we are going to talk about. Let's talk about sterilization. We have 30 minutes. There are three categories, we call them critical, semi-critical and noncritical. Basically, these are based on intended use and the potential risk of disease transmission. Critical items include surgical instruments like Perio scalars, these penetrate soft tissue or enter into or contact vascular other normal sterile tissue. These are the ones that have the greatest risk of transmitting infection and should always be sterilized. Recently, you can use a single use this billable device. Semi-critical items such as mirrors, amalgams, things like that, those are ones that come in contact with your mucous membranes or nonintact skin. This could be exposed skin that is chopped, and these items have a lower risk of transmission. Because a majority of these are non-heat tolerant they should be heat sterilized. If the item is heat sensitive, you should try to replace it. If none are available it should be at minimum processed using high-level disinfection. Noncritical items would be your radiographic head, those only come in contact with skin. Even let pressure off. These items have the least, and in the majority of cases you can clean them. They are soiled, you can use this with a hospital disinfectant. You can also use these with protective barriers. We have a whole section on environmental cleaning as well. We are not going to go over much of that today, I can show you at the end where to get more information on that. Single use disposable items, this is intended for use on one patient, single use disposable items are usually not heat tolerant and cannot reliably be cleaned. Most are labeled by the manufacturer for only a single use and they do not have a reprocessing instruction. So, you use these devices for one patient, only. You dispose of these early. I know

some of you may be thinking this is common knowledge, or I already know this. I will tell you that every conference I have gone to someone already asks me or says to me, my doctor told me that I can reprocess single-use devices and use them more than once, is that okay? We get public degrees from the public asking about that. Again, they are intended for one patient only, they are not intended to be reprocessed. So, there is still some of that information out there that people think they can use these things multiple times. This is not committed. I do want to talk specifically about burs and endodontic files. Some of these may be practical to consider single use because the way they are constructed makes them hard to clean. Sterilization can lead to deterioration on the cutting surfaces and raise potential for breakage during patient treatment. The FDA does consider all of these single use. FDA has all time included burs and scale tips Marcus and leaves unless the manager has submitted a five 10K for reprocessing. I would consider all single use, I am not aware of any many pictures out there that have been able to submit the correct paperwork for reprocessing these devices. The issue with these are they are incredibly difficult to clean. If you cannot clean something it cannot be possibly sterilized. You should always refer to the managers instructions to determine if your device is will use, if the device cannot have validated reprocessing sterilization, it is considered will use or disposable. If you have a question about the labeling, or the manufactures instruction, you should contact your manufacturer directly. You can speak with them about it. Multiple use dispenser devices, syringes, you are using these to deliver impression material, composite, etch, things like that. The FDA does have a summary of these. There are some infection control concerns with these. Typically, they are designed to -- they are prefilled. The tips should be discarded after each use. This can easily become contaminated, you can't ensure they have been disinfected properly. FDA has a list of do's and don'ts. You can refer to these, but really you should be using clean gloves. If these are contaminated, you can't just wipe them off and reuse them. You should prevent them from being contaminated. It says here, under the do not, do not reuse the multi use dental dispenser if it becomes contaminated. If you look, it is getting tips on how to prevent contamination. Dental handpieces, again we talk about this a lot. This is a hot topic. Since the 2003 guidelines, we have recommended that handpieces be

cleaned in heat sterilization, follow manufacturers instructions. Do not just wipe them down using started is disinfection. This means the high speed and low speed handpiece including the motors. There was some confusion in the dental community about handpieces. Released a statement on reprocessing handpieces. This gives additional information, but basically it reinforces the fact that all dental handpieces that are attached to air and water lines should be cleaned and he sterilized. There is a new type of device out there called hygiene handpieces. These are more like electric toothbrushes, these do not attach to air and water lines. For those type of devices, we recommend that you follow the manufacturers instructions, make sure they are FDA cleared and follow the FDA validated instructions for reprocessing these devices. All of that information is in this CDC statement. Here is a summary. General instrument processing and reprocessing guidelines, all reusable dental equipment should be cleaned and maintained according to the manufacturers instructions to prevent patient to patient infectious agents. The manufacture instructions for reprocessing should be readily available, ideally in or near the reprocessing area. Your cleaning, ultrasonics, sterilization, autoclave, all of this equipment should be cleared by the FDA. What that means is you should be using FDA cleared Quitman to clean and he sterilized your instruments and equipment. Packaging material like your peel pack should also be FDA cleared. Your cleaning, this invasion and sterilization practices should be assigned to personnel who have training and know the reprocessing steps. This can be safely used for patient care, as was said in the beginning you have a lot to do in the dental practice. There is typically no central sterilization, you don't drop your instruments off. The rental personal the ones cleaning and sterilizing the instruments. It is important you are trained incorrect practices so that you know how to reprocess your agreement. The dental processing area should be processed in a designated processing area so that you can control quality and ensure safety. It should be divided in sections for receiving, decontamination, and cleaning. Operation and packaging, sterilization and storage. Basically ideally walls or partitions should separate the sections to control traffic flow and contain dominant. Typically, what we see in a lot of practices they do not have a lot of space or walls. When physical separations of these sections cannot be achieved you need adequate spatial protection. You also

want to make sure people are trained in the practices to prevent contamination of the clean instruments. You should always have a workflow pattern that clearly flows from high contamination areas to clean and sterile areas. You need to always think about the work flow. Cleaning like we said is the first basic step in all decontamination processes used to remove debris in organic contamination. If blood or saliva is not removed, these materials can shield organisms and compromise the sterilization process. Automated cleaning increment should be used to remove debris and you do this effectively. It could also decrease worker exposure to blood. Personnel should handle contaminated instruments carefully. Instruments should be placed in appropriate containers to prevent injuries during transport. You should also always wear PPE when handling and processing contaminated increment to protect yourself. Automated cleaning, you may have these ultrasonic cleaners, instrument washers, washer distributors. These are commonly used. Automated cleaners again increase the efficiency of cleaning and reduce the handling of sharp instruments. After cleaning the instrument should be rinsed with water, to remove chemical or detergent residue. Manual cleaning, you could also perform manual cleaning. You can see they have the appropriate personal protective equipment and they are using a long handled brush. If you are not going to do this right away, make sure you soak instruments in a rigid container so that the enzymatic cleaner helps prevent the drying of the material. This X it easier to clean. Don't use high-level disinfectant as a solution for holding instruments to avoid injury, again where your function resistant heavy-duty gloves. Where face Max, eye protection and I shield to protect against splashes and protective clothing as well. After cleaning, again after rinsing, estimates should be inspected, wrapped and packaged. They should be placed in a package before placing in heat sterilization. Should be thoroughly dry before packaged and wrapped. You should follow the manufacture instructions for the packaging, of the items, however whatever type of packaging system you are using, follow their instructions for the packaging should be compatible with the type of sterilization process you are using. You should open hinge instruments, you want to process them open and unlocked. Any instruments that need to be disassembled should be done. If that indicated by the menu sure. I don't think we have this on a slide, but the package should be clearly labeled with the cycle or load number, the

date of sterilization and the expiration date if applicable. This helps retrieve items if sterilization and a failure. Labeled your packages. There are other organizations that recommend additional labeling, but you can find information on this in the CDC summary document. We want to place a chemical indicator inside each package. If you cannot see it from the outside, place another indicator on the inside. If you cannot see it from the outside, place another on the inside. There is the slide that says labeling, okay. You want to label it with the sterilization number, cycle or load number, date of stabilization, and expiration date. Sterilization monitoring I do want to talk about this, this is incredibly important. We have also had quite a lot of reports lately and questions about what to do with instruments that have not been sterilized. Reports that the instruments were cleaned and packaged, placed in the sterilizer, something happened there was confusion, unsterilized packs were taken out and used on patients. There are multiple checks and balances built into the system, to prevent something like this happening. That is why sterilization monitoring is so important. We do this through chemical mechanical and biological monitoring. Mechanical means that you are monitoring your sterilizer you are checking the gauges, displays, printouts and document in that the sterilizer actually meets time, temperature and pressure. You your sterilizer is running properly. Your chemical monitors are your chemical indicators on your package. Your biological monitors is the spore testing. All three of these are very important in the monitoring process to ensure that your instruments are being reprocessed correctly. Here are some example to mechanical monitoring. Remember, you always want to make sure that your sterilizer was run and run properly and met all of the parameters that it is expected to meet. Okay? You also want to perform chemical monitoring. You want inspect the indicator after sterilization, and at the time of use. Have some checks built into your system where the staff are checking to make sure that the package was actually processed before you sit down and provide care to a patient, open your pack then. Make sure you check the indicators to make sure it indicates it was processed. If the appropriate color change does not occur, under indicator, do not use the instrument. Biological monitoring again is our spore test. This is the most accepted method for monitoring, because this is the one that actually tests the sterilization and shows the direct killing of a very highly resistant organism.

Recommend doing spore testing at least once a week. Again, you should always be performing mechanical and nickel monitoring because those are early indicators that something may not be functioning properly. Record-keeping. Sterilization monitoring and equipment payments records are important. You need to make sure that you meet your parameters and you need to record it. If you do not record it, it has been. Review the policies on record keeping, we do not have a recommendation on how long things should be kept for. Again you have to write things down that you have actually done. You want to store your items in a clean dry, closed cabinet. You can use either date or event related shelf practices. This means you determine a certain date when something is expired and needs to be re-sterilized, or it remains sterile until something actually happens to it or if it becomes contaminated or ripped, compromised. You will need to re-sterilize this. You need to always make sure that you inspect packages thing before opening. To make sure it has not been compromised that it is not wet, torn punctured. If it has been compromised you need to reprocessed that equipment again, before patient use. Are you there? Okay. I think I have something happened with my equipment.

Are you there? Can you hear me okay? Yes, we hear you.

I think you might need to change the size for me. Okay. I believe the next, tell me if I am not on the correct slide or not. We are going into resources now, yes? That is correct.

I want to spend a little bit of time on resources. The first thing that we have, we have a summary of expectations for safe care documents. This is a plain which summary of our 2003 guidelines that summarize the basic infection prevention practices you should be using in your dental setting. It is written in plain language, it is very easy to understand. This includes a checklist at the back of the appendices, there are two sections of the checklist. Section 1 has administrative policies, that should be reviewed. You should include this in infection control programs. And the second section is actually an additional checklist, that means you would walk around and observe actual patient care. What is the next slide?

CDC resources to help improve adherence.

We have a summary of infection control, we have a checklist, we have our dental check up, we also have a list of training modules. These are slide decks. There are 10 modules, these were designed to accompany the summary documents. In these you can download and use in your practice to help get information provide training to your staff. A lot of the slides I have used today have actually come from those slide modules that we have on our site. Next slide. What does it look like?

Infection prevention checklist for dental settings.

We talked about this checklist, it has two settings. It is available in a PDF format that you can download, it is also at the back of the checklist. This is really a tool to help you evaluate your infection control program. Really, before this there wasn't a tool other to help provide evaluation. Evaluation is very important, we recommend that you do this at least once a year. This way you can get input on your infection prevention practices and make any adjustments or needed changes. We also have the checklist and have created a mobile app version of the checklist that you can download for free at the Google play or iTunes store. It is called CBC dental check. You can create checklist, walk through the checklist, there is an interactive version of the checklist. You can access resources and access the CDC summary information and the guidelines through the app as well. It is a good thing to have as well. It is on your phone if you want to be able to pull app information on your device or tablet. What is the next slide?

Use of checklist.

Can you go to the next slide?

Exam -- I'm sorry, example of direct observation.

CDC recommend that you have one person assigned, this would be your infection control coordinator. This person should be trained in infection control. Your induction control coordinator would be a good person to complete the checklist.

They will walk around and observe patient care. In this checklist, in the picture, you can see that there are some deviations from protocol. What do you see when you are looking at that picture? The hygienist is not wearing protective down, I where, --

eye wear, her mask is not position properly. Your trying to correct and provide feedback by doing direct summation. Next slide. Is this the answer is no? Yes. Again, if the answer to any of these questions is "no" the answer is we want to correct the practice. We want to educate personnel about the training and reassess to ensure adherence. Next slide.

CDC dental check mobile app.

This is a version of the mobile app that you can download to have the checklist on your phone. Next slide.

Basic excitations for safe care training modules.

You can see here that those are the training modules that we talked about. There are 10 modules, there is a PDF version of the PowerPoint presentation, they correspond to the 7 elements of standard precaution. There is also one on debtor -- dental use waterlines. You may download those as you like, you are permitted to use this material in your training programs. Next slide.

Fornes of example module 1.

You see an example of the slide deck with the presentation laid out. Next slide, does the say frequently asked questions? We also have a list of frequently asked questions that is available on our website. A lot of the questions we get are answered on our frequently answered question page. If you have a question look on their to see if these questions are answered. Next slide.

A division of oral health nurse.

Our partners are the American dental Association, the organization for safety, asepsis and prevention, which is OSAP, and ASTDD. OSAP Is the main resource, have a lot of information on their website. There is an annual boot camp training. It dives deep into infection control, it is a three day program. I do not have a slide on this it is relatively new. They are working with some partners to also create infection control certificates and a certification program. There will be the ability to have some standardize training, and the ability to actually get a certificate in

infection control programs. You can also take that further and become a certified professional in dental infection and control. Those are very exciting resources. There are two articles on the website I want to talk about. One is a guide to our summary document. It walks you through the summary document and explain's information and how you can use that information. They also have an instrument reprocessing training online. They also have a few bucks -- workbooks, and interactive work books for OSHA and CDC together. You can have that information. All that information is on the website, I can recommend looking the materials they have. Next slide.

All dental settings. This of the level of -- Yes, that is it.

Vy Nguyen: Thank you Dr. Junger. At this time we will go ahead and start the question and answer session. If you haven't already done so, please feel free to type your questions into the chat box. We will also open app the phone lines. Operator can you open the phone lines for any questions?

Coordinator: We will begin the question and answer session. To ask a question please press * followed by 1, and state your name clearly. One moment, please. We can go ahead and start with the chat box questions. There is a question, Dr. Junger should it be part of the dental workflow to check state registries?

Michele Junger: That is an interesting question. That probably is confusing information to a lot of people in dental settings. Each state varies. I am not sure in what aspect for daily practice that could help you. If you want to expand on that? It is always good to know what is happening in your environment, what is happening in your critical settings and around you. Again, the disease outbreaks that we have seen in dental settings are typically picked app by a local hospital. These are typically picked app by what we call the observant healthcare clinician that puts two and two together and figures things out. A lot of them can go unreported, but I think that it is very important to be app-to-date in all clinical healthcare information and kind of aware of what is happening in your healthcare environment.

Vy Nguyen: Thank you Dr. Junger. There is another question. Do we need to heat sterilize couplers after every use?

Michele Junger:

Couplers are a new area that I understand people have confusion on. A coupler is considered an accessory to a dental handpiece. Really all dental handpieces and accessories should be cleaned and heat sterilized after each use and in between patients. We know that the handpiece gets dirty, you are connecting the coupler to the handpiece. That really should be cleaned and heat sterilized between patients. To my understanding, they should be able to be cleaned and have heat sterilization. I think that they should be.

Vy Nguyen: Thank you Dr. Junger. How frequently should the waterlines be evaluated?

Michele Junger:

CDC doesn't have a specific monitoring recommendation, yet. What our recommendation is is that you should refer to manufacturers' instructions for monitoring. Each picture uses a different chemical, a different system, a different type of filter or something that might need to be replaced more frequently. Some people, some pictures recommend monitoring the amount of disinfectant that is actually in your water. There are test strips and things like that. Right now, what we do is we refer to the manufacturer's instructions. Whatever your manufacturer says is what you should monitor. But, it doesn't, you can all go above and beyond. I would look at your event, talk to your manufacturers and develop your own policy. We do know that some of the many factors out there recommend entering. So you may want to go above and beyond and develop your own monitoring schedule at this time.

Vy Nguyen: Thank you Dr. Junger. Here is another question. Our facility currently uses consumer dishwashers to process the instrument for initial disinfection prior to sterilization. Is there any mandate which requires an FDA dishwasher or instrument processor?

Michele Junger:

I am not aware of any, I am aware of our CDC recommendation's. CDC guidelines recommend that you should use FDA cleared equipment. You might want to check with your state Board of dentistry, and see if they have requirements regarding use of FDA equipment. Typically, obviously we recommend using FDA cleared equipment. If you are not using that you are probably taking on the risk of that, I don't believe things like that have been donated to ensure things are being properly cleaned like something that is registered and cleared by the FDA. Again, CDC our recommendation and guidelines and him excitations are for safe care. Mandates are regulations that you need to check with regulatory agencies like your state and local board of dentistry. This would be your local health departments, as well.

Thank you. That is another question on instruments. Is it acceptable to open them widely and dividing and drying, and then have them gently opened for heat processing, in order to keep the handle accessible when the factory and is open at use?

I am not understand -- do you understand it?

It is acceptable to open it widely when breathing and then gently open for processing?

Oh, I see. We basically recommend that they be opened. They should be opened as best you can open them.

Great. The follow-up question from the couplers question, is that a policy or recommendation for the couplers? This is going to add extra instruments and extra expense.

I think you have to was make sure you have the a permit increment and inventory for your patient load. That is really something that is based on a practice level, making sure that you have the correct inventory and correct amount of increment to be able to process your instruments. Again, we recommend that handpieces and accessories be cleaned and heat sterilized between patients.

Vy Nguyen: Thank you. Operator, are there any questions on the phone line?

Coordinator: Yes, we do have a question from Susan. Your line is now open.

Susan: Hello, how often do you recommend testing the sterilizer?

Michele Junger:

We recommend that you spore test under sterilizer weekly. That is the basic CDC recommendation. As far as shocking waterlines, how often do you recommend shocking the waterlines? Is it monthly appropriate? Again, we refer to the many factors instructions. CDC does not have a standard recommendation exactly how to maintain your water quality. We just recommend that you need to be using some type of disinfectant to maintain your water quality. Whatever type of product you are using on your equipment, you need to take a look at those manufactures instructions. Some people have a daily disinfectant, with a continuous release disinfectant. Then, they may combine shocking. Some people pay just to shocking. The problem is there is a lot of confusion out there. There are a lot of different treatment options. There are independent water systems. There are straws, tablets, there is distilled water, there is a lot of different options out there. It is important that you are looking at both your water quality and your monitoring, and following manufactures instructions, making sure that the products you are using will work together.

Does the CDC have a recommendation for straws versus the tablets?

Michele Junger:

No, we don't. We don't have a particular recommendation, we just say that you should be using some type of disinfectant to maintain your water polity. If you are not, eventually things will accumulate in your waterlines. Okay, thank you.

Coordinator:

I am showing no other questions. We will continue questions in the chat box. Can you please touch more on diamond coded burs?

Michele Junger:

Yes, basically the information on your slide, diamond coded burs are difficult to clean. If you cannot clean them they cannot be properly sterilized. There is new guidance from 2015

for diamond coated burs , FDA does consider those all single use a monthly. This is unless they have submitted paperwork to show they can be he sterilized properly. To my knowledge I am not aware of any of those devices that have submitted correct work. Again, the problem is that they are very difficult to clean. Because they cannot be cleaned properly they cannot be disinfected properly. There are manufactures out there that are making simple single use diamond coated burs. There are devices out there that you can use.

Vy Nguyen:

Great, thank you so much Dr. Junger. Unfortunately, we do have more questions than we can get to during this webinar our. We will go ahead and compile the remaining questions and try to get those answers to you after the webinar. On the left we have additional resources in addition to what was already shared by Dr. Junger. There are links to other resources on patient safety and infection control. As we close out, I would like to thank you all for joining us today and hope that you found this webinar to be helpful. I of course want to think Dr. Joskow for opening marks. Before we log off there is a brief evaluation if you would like to share feedback. We would love to hear it. Thank you for joining us, have a great rest of your day.

Coordinator:

That concludes today's conference, you make disconnect at this time. Please stand by for your post conference.

END