

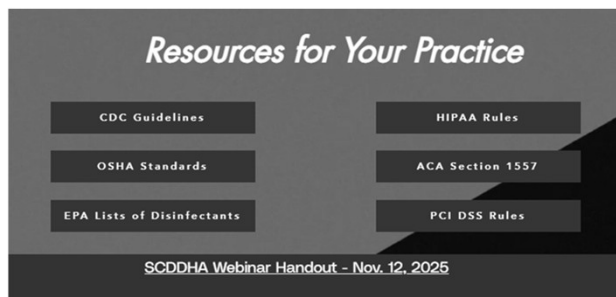
What's New in Infection Control, OSHA, CDC, and other Safety Concerns in Dentistry?



1

Handout for this webinar

<https://bit.ly/47YimcV>



2

What's New and Developing?

Centers for Disease Control and Prevention

- Division of Oral Health Eliminated
- Infection Prevention and Control Information is available

Vaccine Information is changing

- COVID-19 vaccine availability
- Vaccine schedules for children under revision

New OSHA Hazard Communication Standard

- 2-year implementation

3

Infection Prevention Resources

- Centers for Disease Control and Prevention
 - <https://www.cdc.gov>
- Local and State Health Departments
 - <https://www.michigan.gov/mdhhs/inside-mdhhs/statisticsreports/community-health-information>
- Association for Dental Safety
 - <https://myads.org>
- World Health Organization
 - <https://www.who.int/>



4

OSHA/MIOSHA HazCom

New HazCom Standard

Effective for MIOSHA – Aug. 2025

Manufacturer's requirements

Began in 2024

- Updated SDSs
- Updated labeling
- Updated hazard classification

Employer's requirements

Begin in 2026

- Update SDSs
- Update labeling
- Update training

5

Timeline for Hazard Communication Rule Changes

Table 2. Implementation Timeline³

Compliance Date	Requirement(s)	Responsible Party
Transition Period July 19, 2024	Can comply with current standard 29 CFR 1910.1200 or the previous (2012) standard	Manufacturers, importers, distributors, and employers
January 19, 2026	Update labels and safety data sheets (SDS) for substances	Manufacturers, importers, and distributors
July 20, 2026	Update workplace labels, hazard communication program and training	Employers
July 19, 2027	Update labels and SDS for mixtures	Manufacturers, importers, and distributors
January 19, 2028	Update workplace labels, hazard communication program and training	Employers



<https://www.osha.gov/hazcom>
requirements
begin in 2026.

6

Hazard Update on 3D Printers

Also known as “additive manufacturing”, it is the process of making a physical object from a digital model by adding material layer by layer.

Used to manufacture various appliances such as:

- Study models
- Mouth guards
- Occlusal guards
- Orthodontic retainers
- Frameworks for partials/dentures
- Whitening trays
- Clear aligners



7

Is 3D printing hazardous to dental team members?

YES!!!

Without proper ventilation and disposal of by-products



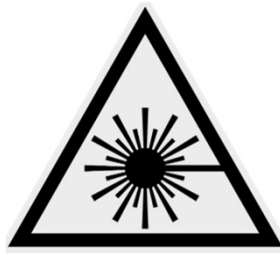
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Safety Risks and 3D Printers

Solvents (isopropanol) are highly flammable.

Ultrafine resin particles are damaging to the lungs.

Lasers and UV light are skin and eye hazards.



9

Disposal of Solvents

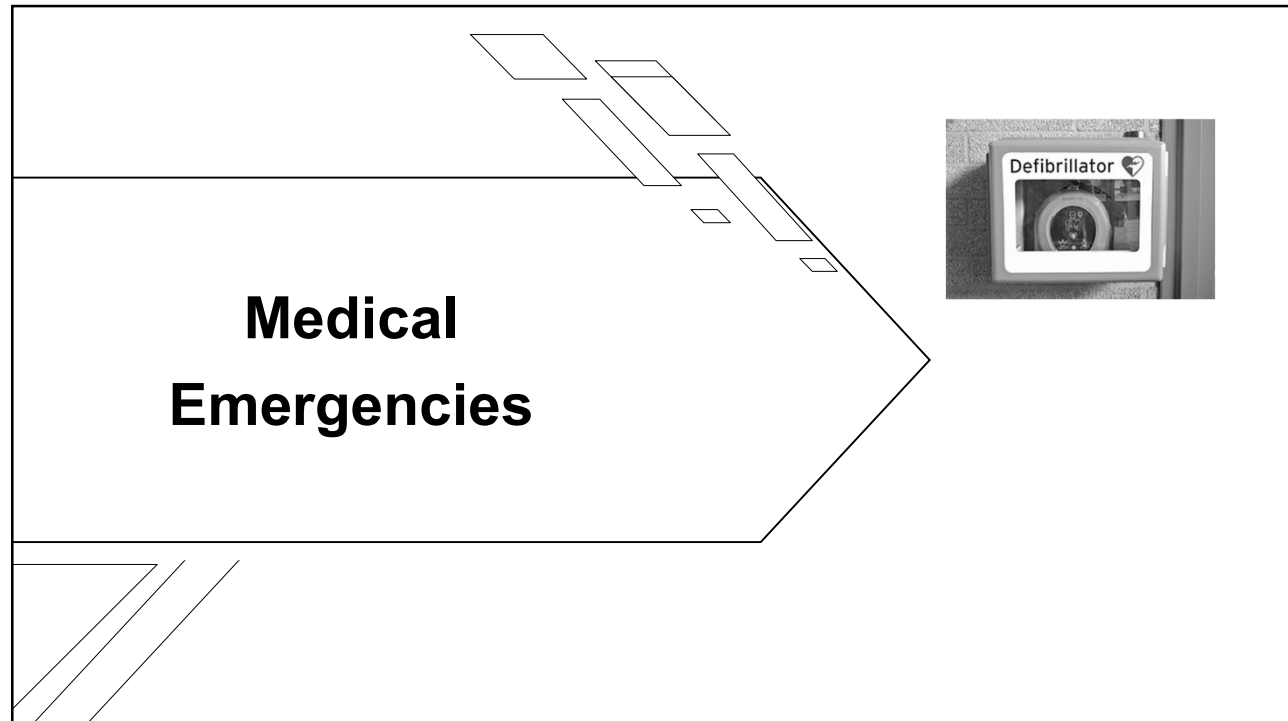
- **Isopropanol is highly flammable and potentially explosive.**
 - Flashpoint for 90% isopropyl alcohol is 53.6°F
 - It will ignite if it is at or above that temperature and exposed to a spark or ignition source.
 - Flames are colorless.
- **Alcohol waste from printing must be stored in flame-proof container.**



Source: Uline



10



11

What about medical emergencies?

3 most dangerous medical emergencies in dental offices – Steven Yun, MD:
<https://docsels.com/yun0625/>

- Severe asthma attack
- Anaphylaxis
- Angina/sudden cardiac arrest

Patients

as well as

Team Members

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12

Helpful tips for emergency medications

- Asthma medications
 - Administer with patient upright – not reclined
 - Consider the use of a spacer with an inhaler
- Epinephrine
 - New nasal spray - Neffy®
 - <https://bit.ly/4fIDGfl>
 - Less expensive alternative to auto injector or spray:
 - Single-dose vials of epi
 - Syringes marked with adult and peds dose
 - Needles
 - Draw up meds as needed



Source: Quanter



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Source: Ars Pharmaceuticals Operations, Inc.



Source: Dynarex®

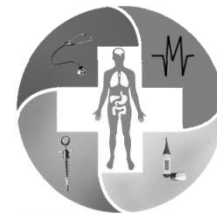


Source: U.S. - Janssen

13

Helpful tips for emergency medications

- Narcan/naloxone
 - Nasal spray (OTC)
- Nitroglycerin
 - Oral spray
- Low-dose aspirin (81mg)
- Glucose



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Use as directed

14

Vaccine Updates



15

Recommended Adult Immunization Schedule for ages 19 years or older

**UNITED STATES
2025**
Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA 1vCOV-aPS	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine Spikevax/Moderna COVID-19 Vaccine Novavax COVID-19 Vaccine
<i>Haemophilus influenzae</i> type b vaccine	Hib	Acti-HB, Hiberix, PedvaxiHB
Hepatitis A vaccine	HepA	Havrix, Vaqta
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix
Hepatitis B vaccine	HepB	Engerix-B, Hepdisav-B, PreHevrio, Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated, egg-based)	flV3	Multiple
	alV3	Fluzel
	HD-flV3	Fluzone High-Dose
Influenza vaccine (inactivated, cell-culture)	ccflV3	Flucelex
Influenza vaccine (recombinant)	flV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II, Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM MenACWY-TT	Menveo MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Mpox	Jynneos
	PCV15	Vaxneuvance
Pneumococcal conjugate vaccine	PCV20	Pneumovax 20
	PCV21	Capvaxive
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipod
Respiratory syncytial virus vaccine	RSV	Abrysvo, Arexvy, mResvia
Tetanus and diphtheria vaccine	Td	Tenivac
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel, Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant	RZV	Shingrix

*Administer recommended vaccines if vaccination history is incomplete or unknown.
Do not restart or add doses to vaccine series if there are extended intervals between doses.
The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.
Revised 07/02/2025

How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (Table 1)
- 2** Assess need for additional recommended vaccinations by medical condition or other indication (Table 2)
- 3** Review vaccine types, dosing frequencies and intervals, and considerations for special situations (Notes)
- 4** Review contraindications and precautions for vaccine types (Appendix)

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-622-7967

Questions or comments

Contact www.cdc.gov/vdc or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.



Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/hcp/imz-schedules/app.html.

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/acip-recs/hcp/vaccine-specific/
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/acip-vaccine-recommendations/shared-clinical-decision-making.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vits/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/hiv-manual/php/index.html



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION



CS17-0021-4

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

16

Post Exposure Management



17

USPHS Guidelines on Occupational HIV Exposure & Postexposure Prophylaxis

<https://bit.ly/4hQE1MR>

Infection Control & Hospital Epidemiology (2025), 5–10
doi:10.1017/S1365250525000000



Review

2025 US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis in Healthcare Settings

Aaron D. Kaufman MD¹ , Kimberly A. Stickle PharmD^{2,3} , Walid Heneine PhD⁴ , Britt Gayle MD⁵ , Marie A. de Perio MD⁶ , Devon L. Okusako-Schneider MPH⁷ , Christine N. So MPH⁸ , Laura E. Anderson MPH^{9,10} , Erin C. Stone MPH, MA¹¹ , David K. Henderson MD¹² and David T. Kuhar MD¹³

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Abstract

These guidelines update the 2013 “Updated US Public Health Service (USPHS) Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis,” hereafter referred to as the 2013 PHG Guidelines.^{1,2} The availability of new medication options, new information on the window of detection for different human immunodeficiency virus (HIV) tests, and the risk of transmission from people with undetectable viral loads prompted the update. The primary intended audience for these recommendations remains anyone involved in the provision of HIV post-exposure management to healthcare personnel (HCP).

The US Centers for Disease Control and Prevention assembled a working group of representatives from federal agencies in the US, Department of Health and Human Services (DHHS) who identified the priority topics for update and conducted systematic literature reviews to formulate recommendations (see Appendix). All recommendations were reviewed by the Healthcare Infection Control Practices Advisory Committee (HICPAC) at public meetings, and by a non-consensus listing panel of external experts. New evidence-based recommendations are developed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework and classified according to the HICPAC recommendation scheme when evidence supported recommendation development.^{3,4} Other recommendations in this document are classified as good practice statements according to the criteria set forth by GRADE.⁵ The working group solicited additional feedback on recommendations from relevant agencies, subject matter experts, and the public. Recommendations that have changed since the 2013 PHG guidelines include:

- new antiretroviral drug regimens for post-exposure prophylaxis (PEP);
- a shortened duration of post-exposure follow-up HIV testing;
- elimination of routine laboratory tests for antiretroviral drug toxicity; and
- considerations for PEP for HCP with exposure to source patients with undetectable viral loads.

Important strategies in the principles of exposure management remain: primary prevention strategies, the prompt reporting and management of occupational exposures, adherence to recommended HIV PEP regimens when indicated, the role of expert consultation in management of exposures, and follow-up of exposed HCP.

(Received 13 May 2025; accepted 22 July 2025)

Corresponding author: Aaron D. Kaufman, Email: aaron.kaufman@cdc.gov

This review is intended for healthcare professionals and should not be used as a substitute for professional medical advice or treatment.

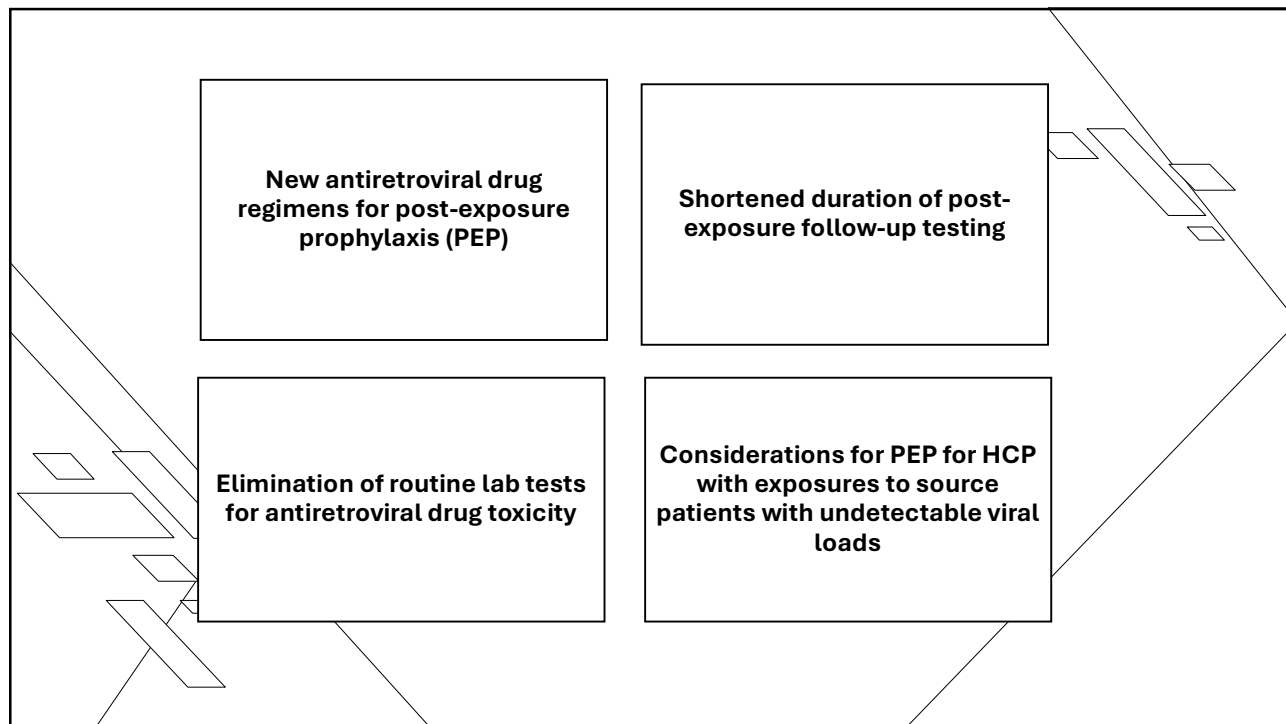
On the basis of the 2013 PHG Guidelines, the 2025 USPHS Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis in Healthcare Settings. *Infect Control Hosp Epidemiol* 2025; doi:10.1017/S1365250525000000

Introduction

Preventing exposures to blood and body fluids (i.e., primary prevention) is the most important strategy for preventing occupationally acquired human immunodeficiency virus (HIV) infection in healthcare settings. The 2013 PHG Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis in Healthcare Settings (hereafter referred to as the 2013 PHG Guidelines) provided the original which is properly cited.

<https://doi.org/10.1017/S1365250525000000> Published online by Cambridge University Press

18

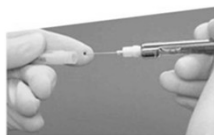


19

Postexposure Plan for Dental Practice

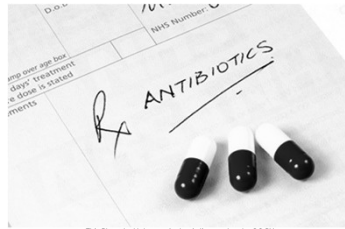
- **Training**
 - Definition of exposure incident
 - Methods of prevention
 - First aid – cleaning the wound
 - Reporting
 - Documentation
- **Establish relationship with medical facility for testing and possible treatment**
 - Triage
 - Testing
 - Medication (PEP)
 - Follow-up

CONFIDENTIAL




20

New CDC Checklist



Antibiotic Prescribing Guidelines for Dentistry

21

Antibiotic Stewardship

Antibiotic Prescribing and Use

EXPLORE THIS TOPIC

SEARCH

Core Elements of Antibiotic Stewardship

Health Care Providers
SEPT. 10, 2025

AT A GLANCE

- Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients.
- CDC's Core Elements of Antibiotic Stewardship offer providers and facilities a set of key principles to guide efforts to improve antibiotic use and, therefore, advance patient safety and improve outcomes.

<https://www.cdc.gov/antibiotic-use/hcp/core-elements/index.html>

22



<https://www.cdc.gov/antibiotic-use/hcp/core-elements/outpatient-antibiotic-stewardship.html>

23

<https://www.cdc.gov/antibiotic-use/media/pdfs/dental-fact-sheet-508.pdf>

Checklist for Antibiotic Prescribing in Dentistry

Evaluation

- Assess your patient's medical and dental history when prescribing an antibiotic, including allergies, comorbid conditions, pregnancy and immune status, current medications, and history of *Clostridioides difficile* (or *C. diff*) infection.
- Perform a dental examination and make a definitive diagnosis before prescribing an antibiotic.
- Obtain a history of the signs and symptoms associated with reported penicillin allergy to identify patients who may benefit from having their penicillin allergy assessed by their primary care provider or allergist.¹

Treatment

- Follow the American Dental Association (ADA)'s guideline for dental pain and intraoral swelling when treating immunocompetent adult patients.^{2,3}
 - Prioritize performing definitive, conservative dental treatment (DCDT) (e.g., pulpotomy, pulpectomy, extraction, debridement or incision and drainage) over antibiotic prescribing for most dental conditions.
 - Do not prescribe antibiotics as an adjunct to most dental conditions when DCDT is available due to limited benefit and potential harm associated with antibiotic use.
 - Use over-the-counter pain relievers such as acetaminophen and ibuprofen.
 - Prescribe antibiotics when clinical signs and symptoms suggest systemic involvement, such as fever or malaise along with intraoral swelling.
- Do not prescribe antibiotics for oral viral infections, fungal infections, or ulcerations related to trauma or aphthae that are clean and debrided.
- Prescribe amoxicillin or penicillin V potassium if antibiotic therapy is needed to treat a dental infection.
 - Consider cephalexin for patients with reported penicillin allergy who do NOT have a history of anaphylaxis, angioedema, or urticaria with penicillin or ampicillin. Otherwise, use azithromycin.
 - Avoid prescribing clindamycin if alternative options are available. Clindamycin may cause more frequent and severe adverse events (e.g., *C. diff* infection) compared to other antibiotics.
- Use the shortest effective antibiotic duration (3-7 days) when treating otherwise healthy patients with dental infections.
 - Follow up after 3 days to assess for resolution of systemic signs and symptoms.
 - Patients can discontinue antibiotics 24 hours after complete resolution of systemic signs and symptoms.
- Document the diagnosis, treatment plan, and rationale for antibiotic use (if prescribed) in the patient chart.

Learn more at [cdc.gov/antibiotic-use](https://www.cdc.gov/antibiotic-use)

PUBID 301369

24



Evaluation

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25



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- ☐ Document the diagnosis, treatment plan, and rationale for antibiotic use (if prescribed) in the patient chart.

26



Education

- ☐ Discuss antibiotic use and current prescribing guidelines with referring specialists and colleagues.
- ☐ Train dental staff on appropriate antibiotic use to ensure that all team members provide consistent communication with patients during the dental visit.
- ☐ Educate patients about the risks and benefits of antibiotic use. Explain when antibiotics are and are not needed.
 - Provide oral and written instructions to take antibiotics as prescribed.
- ☐ Advise patients to contact a healthcare professional if they develop side effects while taking antibiotics.
 - Patients need immediate medical evaluation if they experience severe diarrhea, which could be a symptom of *C. difficile* infection and can lead to severe colon damage and death.

This document provides general information and does not apply to all clinical scenarios. Always assess the individual patient and use your clinical judgement. Refer to ADA guidelines for specific treatment recommendations, definitions, and resources.²

27

Respiratory Disease Updates

28

Current Respiratory Disease Threats

The Trump Administration is working to reopen the government for the American people. Mission-critical activities of CDC will continue during the Democrat-led government shutdown. Certain federal government activities have ceased due to a lack of appropriated funding. During the government shutdown, only web sites supporting excepted functions will be updated. As a result, the information on this website may not be up to date and the agency may not be able to respond to inquiries.

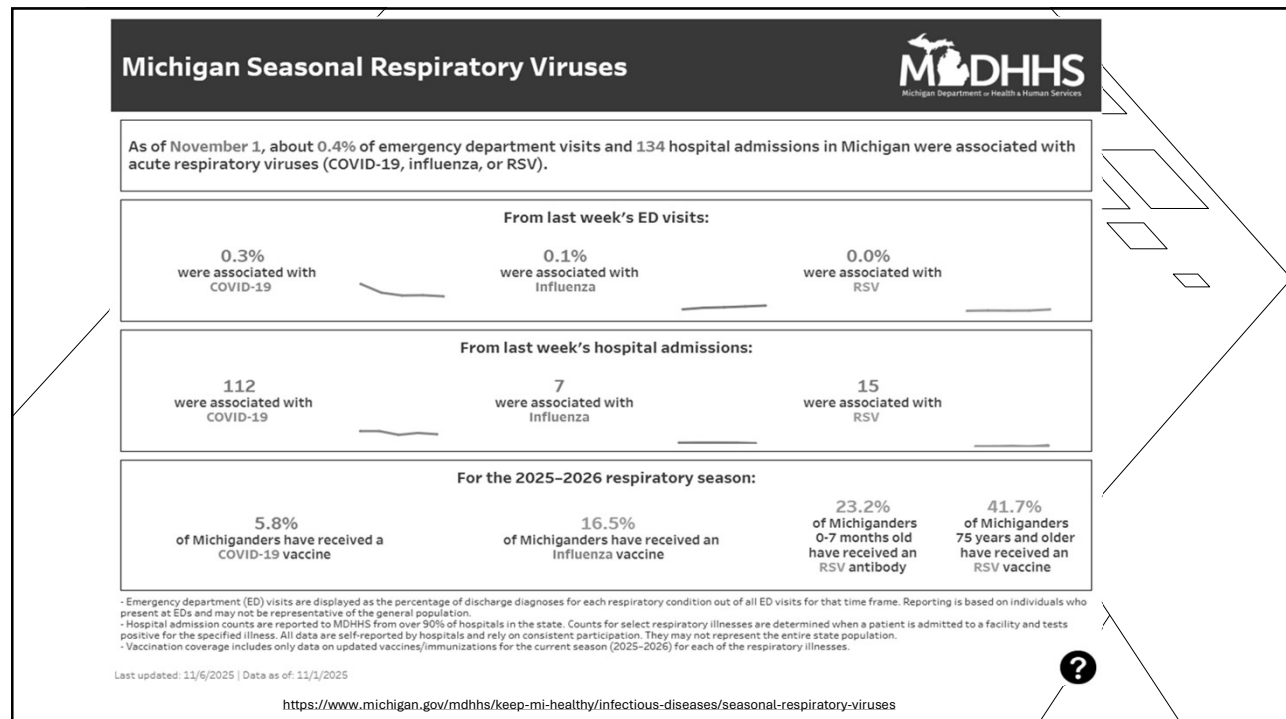
This Week's Activity Update:

Reported on Friday, September 26, 2025

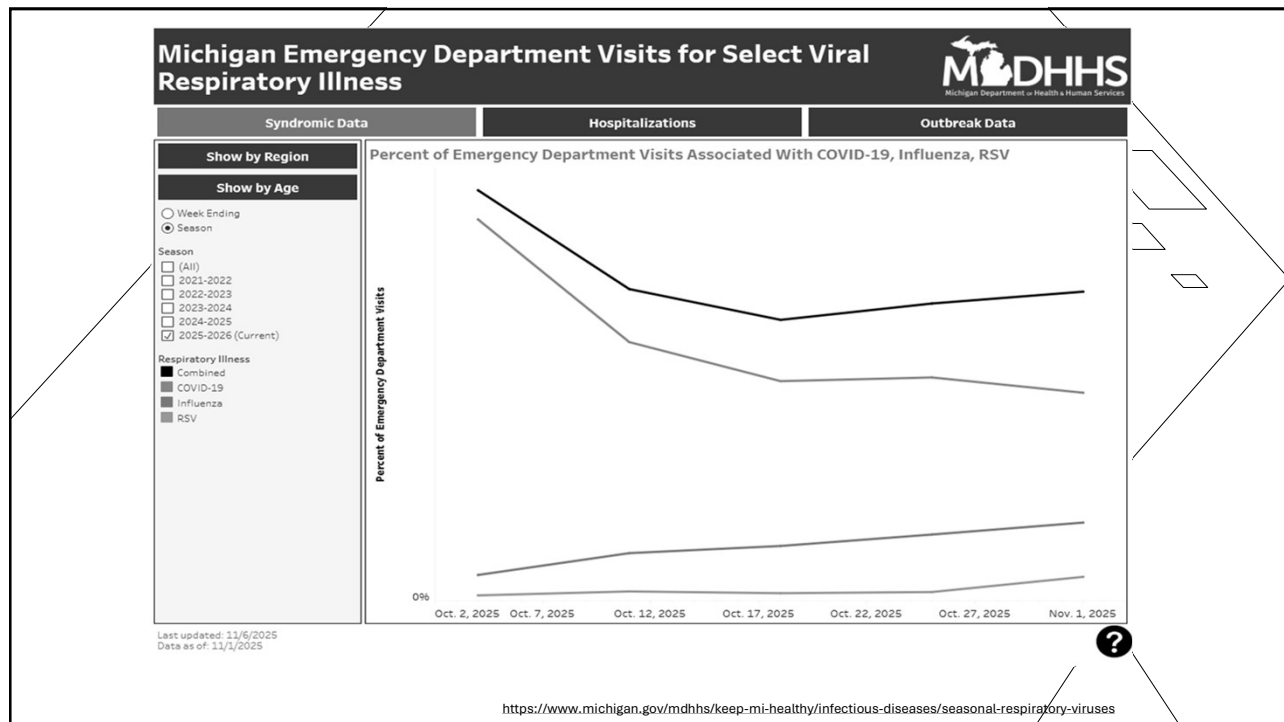
- The amount of acute respiratory illness causing people to seek health care is at low or very low levels in all states.
- Nationally, seasonal influenza activity and RSV activity is low.
- Nationally, COVID-19 wastewater viral activity is at moderate levels.
- The percentage of COVID-19 laboratory tests that are positive and COVID-19 emergency department visits are declining.
- Epidemic trends show that COVID-19 is declining in most states.

<https://www.cdc.gov/respiratory-viruses/data/activity-levels.html>

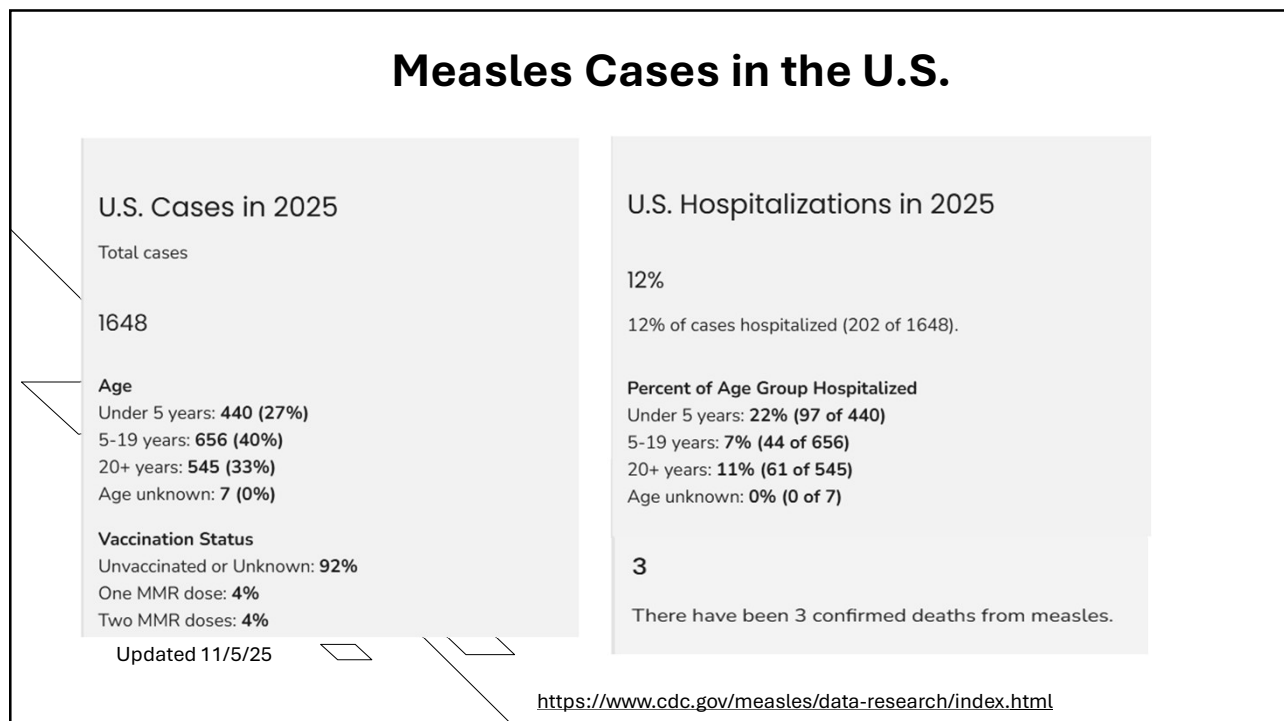
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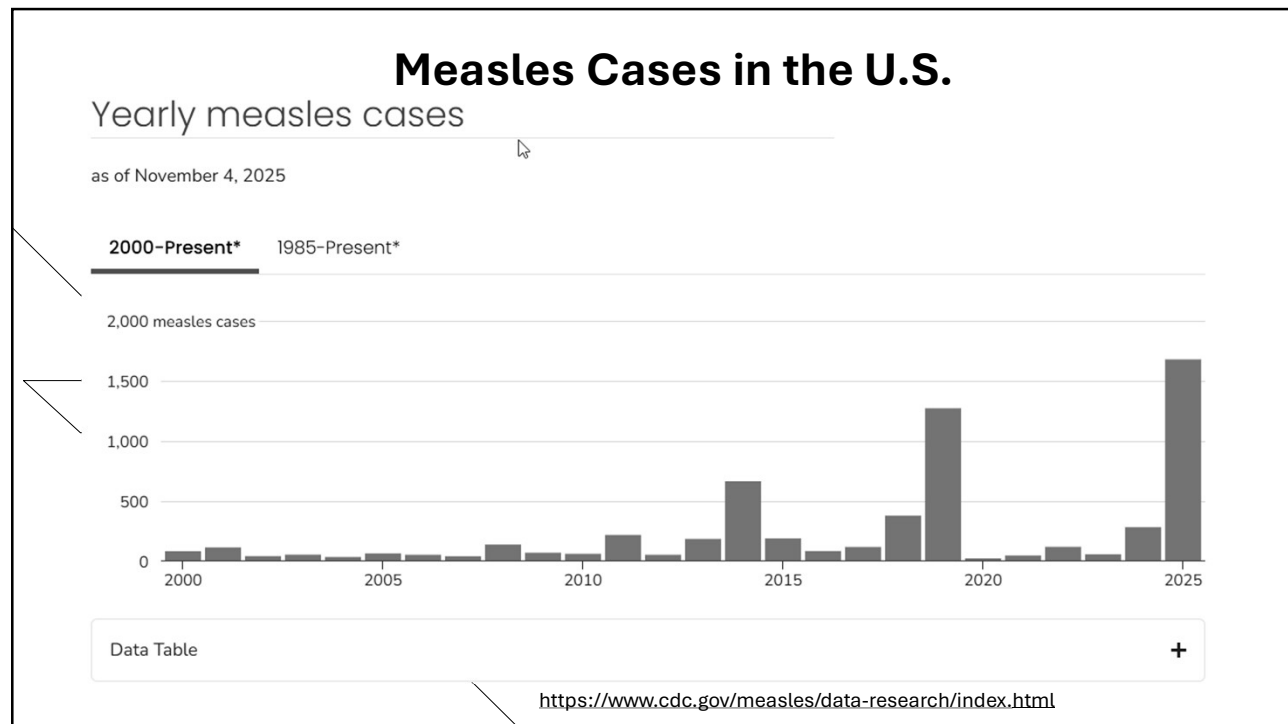
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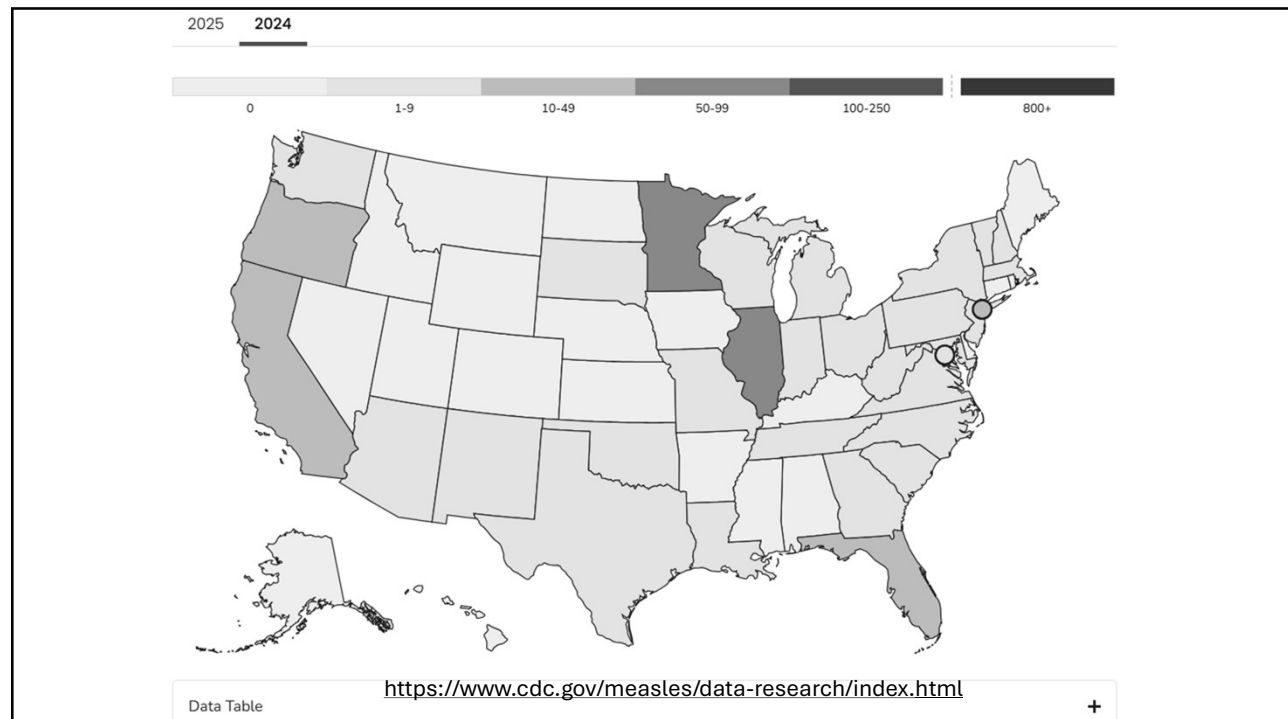
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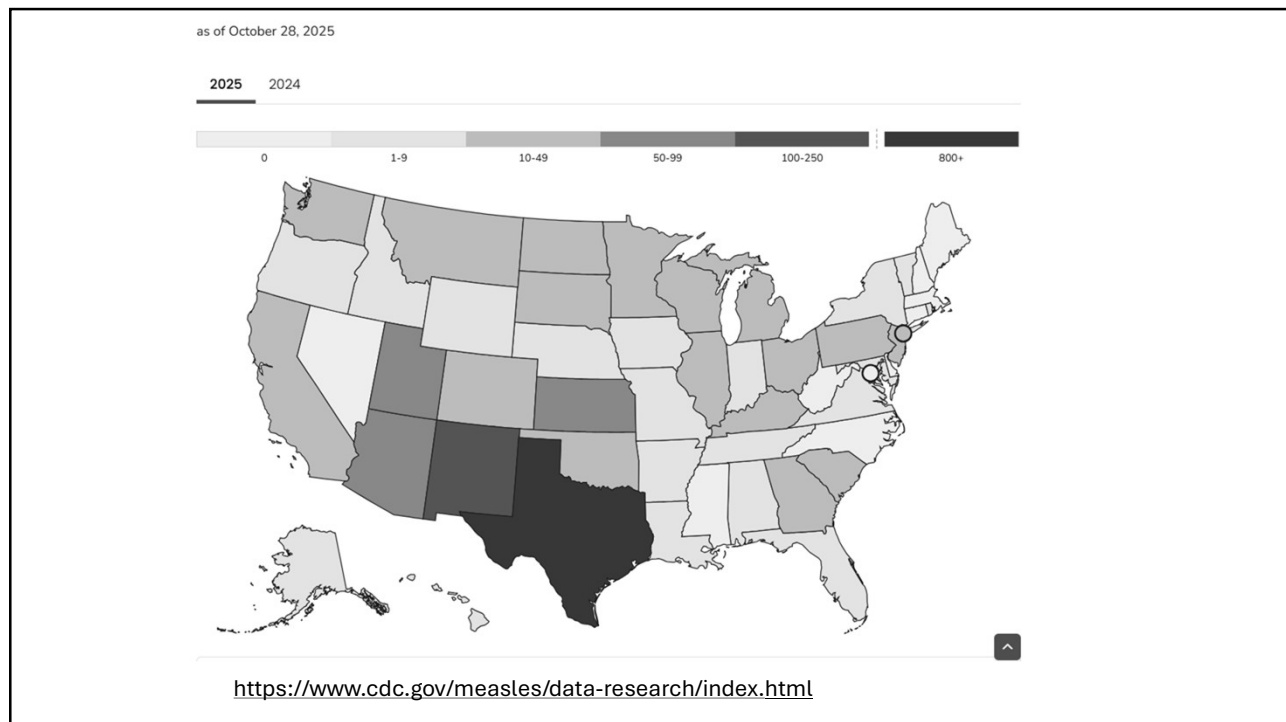
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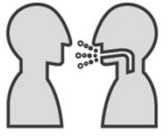


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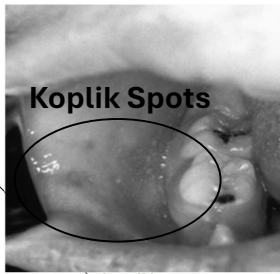
Why is measles so concerning?

- One of the most contagious infectious diseases.
- Anyone not vaccinated is at risk
- Transmitted by aerosols/droplets
- Aerosols remain airborne/infectious for 2 hours
- Many cases spread through international travel
- Vaccine hesitation, resistance and misinformation

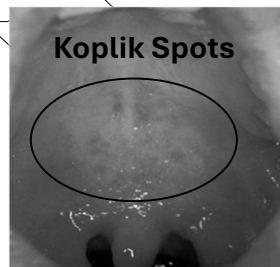


36

Why is measles so concerning?



Source: CDC



Source: CDC

Clinical features

Measles is an acute viral respiratory illness. It is characterized by:

- A prodrome of fever (as high as 105°F), malaise, and cough, coryza, and conjunctivitis (three "C"s)
- A pathognomonic enanthema (Koplik spots)
- Followed by a [maculopapular rash](#) ⁽²⁾

The rash usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities.

Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Sometimes immunocompromised patients do not develop the rash.

<https://www.cdc.gov/measles/hcp/clinical-overview/index.html>

37

CDC Recommendations for Healthcare Workers

3. For healthcare personnel with known or suspected measles, exclude from work for 4 days after the rash appears.

4. For immunocompromised healthcare personnel with known or suspected measles, exclude from work for the duration of their illness.

5. During a measles outbreak, administer measles vaccine to healthcare personnel in accordance with CDC and ACIP recommendations ([https://www.cdc.gov/acip-recs/hcp/vaccine-specific/mmr.html](https://www.cdc.gov/acip/recs/hcp/vaccine-specific/mmr.html)). (2)

<https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html>

38

THERE'S A CURRENT OUTBREAK OF MEASLES

Measles is a very contagious disease caused by a virus. It can be dangerous, especially for babies and young children. Protect your family and your community.

Measles spreads through the air when a sick person coughs or sneezes. The virus can stay in the air for 2 hours after a person with measles leaves the space. It is so contagious that about 9 out of 10 people who come near a person with measles and are not protected by vaccination will also become infected.

Measles symptoms appear 7 to 14 days after contact with the virus. Common measles symptoms include:

- High fever (may spike to more than 104°F)
- Cough
- Runny nose
- Red and/or watery eyes
- Rash (breaks out 3-5 days after symptoms begin)

Measles can cause severe health problems, including:

- Pneumonia
- Swelling of the brain (encephalitis)
- Possibly even death

<https://www.cdc.gov/measles/downloads/measles-factsheet-outbreak-508.pdf>



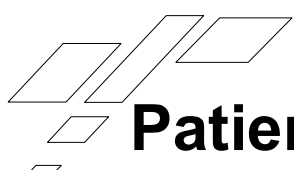
The best way to protect against measles ...

is with the measles, mumps, and rubella (MMR) vaccine. It's never too late to get vaccinated. Vaccination helps protect you, the people around you, and your community. If you are not vaccinated, consider staying at home or away from crowded areas until measles cases in the area decrease, especially to protect people in your family that could get very sick.

If you think that you or someone in your family has measles, stay away from others and call a healthcare provider, urgent care, or emergency room.

BE READY FOR MEASLES
cdc.gov/measles

39



Patient and Employee Screening

- Reschedule patients with respiratory symptoms and fever.
 - Confirmation calls/messages/texts
 - Upon arrival for appointment
- Implement a policy for employees to remain at home if they have respiratory symptoms and fever – and other conditions specified in CDC guidelines



40

Respiratory Protection



41

Respiratory Protection Choices

- ASTM Level 3 face mask
 - May gap on sides
 - Doesn't provide as good a fit as respirator
 - ASTM Level 1 or 2 not recommended for AGPs
 - (aerosol-generating procedures)
- N95 or higher respirator
 - Highest level of protection
 - Fit and seal
 - Must be fit tested
- Also consider using face shields.

**Face masks and
respirators **MUST** be
changed after each
use!**

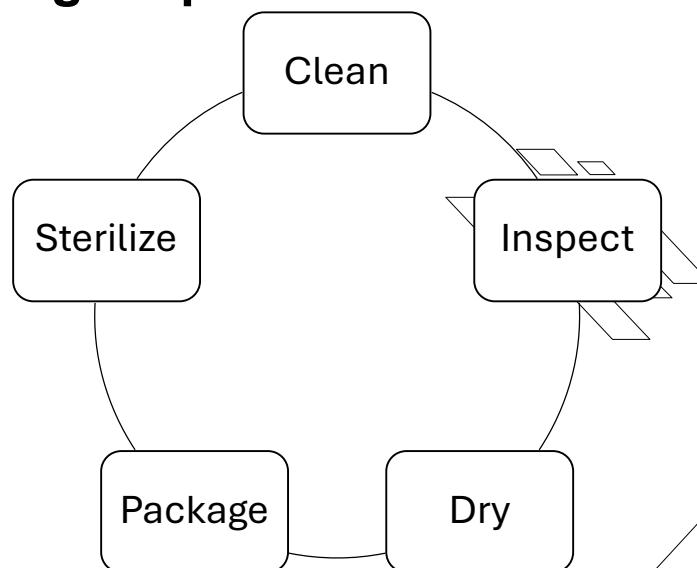
42

Instrument Sterilization Review



43

Reprocessing Steps:



44

Quality Assurance in Sterilization

- Placement of pouches/cassettes
- Use of process integrator
- Allowing packaging to dry
- Checking indicators
- Repackage/reprocess if needed



45

Quality Assurance in Sterilization

- Weekly spore testing
- If spore test fails
 - Take sterilizer out of service
 - Run another spore test
 - Pass – return to service
 - Fail – service/maintenance needed
- After each service or movement of the sterilizer recalibration is required
 - 3 successive passed spore tests



46

Managing Dental Water Quality



47

If you're not testing, you're
just guessing!

48

Controlling Biofilm in DUWL

• Water delivery system

- Municipal/tap water direct to the dental unit
- Tap water delivered through a filtration system that serves all treatment rooms
- Tap or filtered/distilled water placed in reservoir on dental unit
- Sterile water delivery system for surgical procedures



• Maintenance of system

- Filter changes
- Addition of antimicrobial agents to the dental unit water to suppress bacterial growth
- Addition of cartridges (straws) to the water bottle on the unit



Dirty

Clean

49

Testing for Water Quality

• Testing of dental unit water

- CDC standard is ≤ 500 CFU/ml
- Current recommendation is to test quarterly



• Types of tests

- In-office
- Mail-in – R2A laboratory test

• Protocol if water tests at ≥ 500 CFU/ml

- Shock the system with an antimicrobial
- Test again



Dirty

Clean

50

What about ultrasonic units?

- Ultrasonic scalers have lower water flow than handpieces = more opportunity for biofilm to form.
 - Water from scalers should be tested separately.
- If there is a reservoir, is it disinfected regularly?
- Are filters changed regularly?
 - Filtering sediment
 - Filtering microorganisms
- Shocking units separately from the dental unit



51

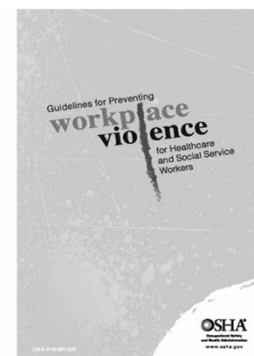
Prevention of Workplace Violence

Workplace violence is a major problem in healthcare, with the US Bureau of Labor Statistics stating that healthcare workers are five times more likely to experience violence than other occupations. In these types of events, 93% of assaults are committed against healthcare workers.¹



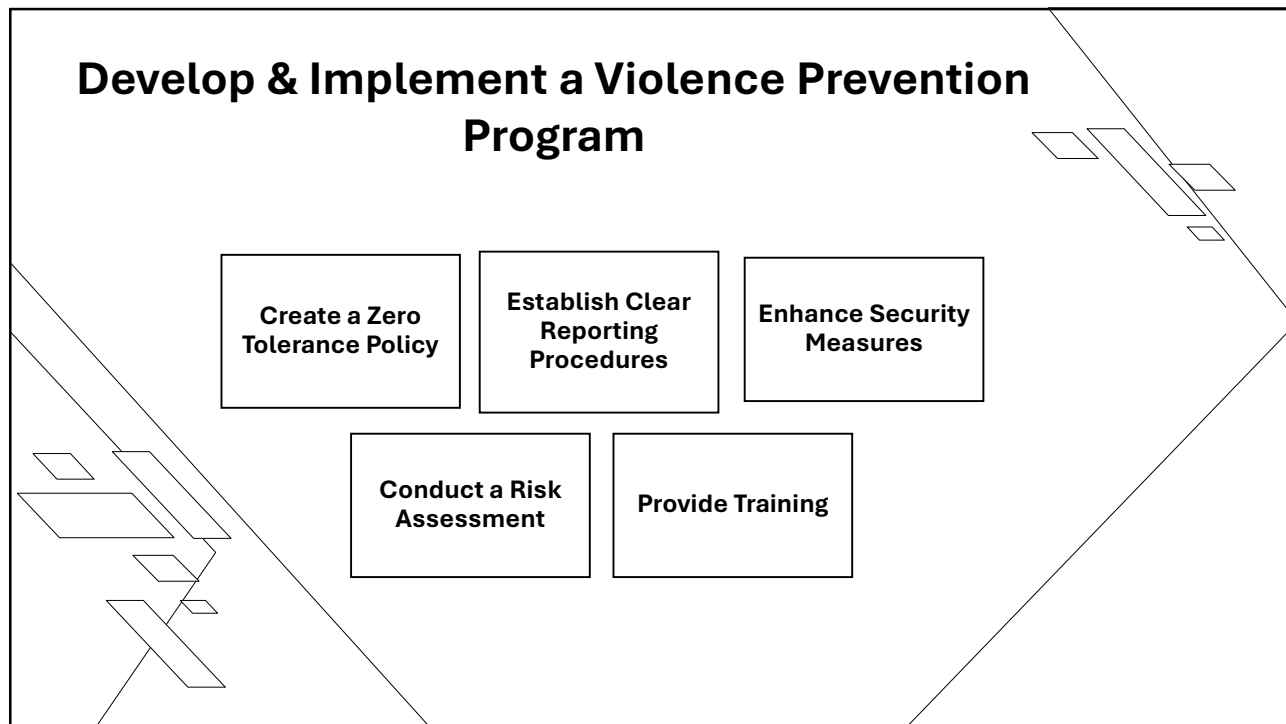
<https://bit.ly/3UEbjQ8>

Preventing Workplace Violence is a Best Practice and falls under the OSHA General Duty Clause.



<https://www.osha.gov/sites/default/files/publications/osh3148.pdf>

52



53

Handout for this webinar

<https://bit.ly/47YimcV>



54



Questions?

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