

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

MODULE 1 — Introduction

Modules in the Slide Series

1. **Introduction (this module)**
2. Hand Hygiene
3. Personal Protective Equipment
4. Respiratory Hygiene/Cough Etiquette
5. Sharps Safety
6. Safe Injection Practices
7. Sterilization and Disinfection of Patient-Care Items and Devices
8. Environmental Infection Prevention and Control
9. Dental Unit Water Quality
10. Program Evaluation

Importance of Infection Prevention in Dentistry

- Both patients and dental health care personnel (DHCP) can be exposed to disease-causing organisms.
- Contact with blood, oral and respiratory secretions, and contaminated equipment occurs.
- Proper procedures can prevent transmission of infections among patients and DHCP.



Bloodborne Pathogens

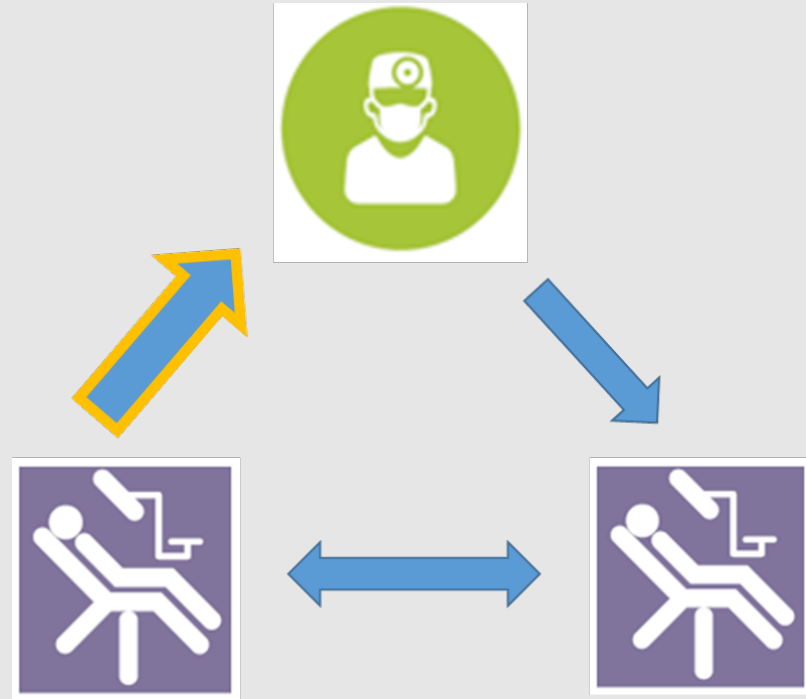
Bloodborne viruses such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV):

- Are transmissible in health care settings.
- Can produce chronic infection.
- Are often carried by persons unaware of their infection.



Potential Routes of Bloodborne Pathogens

- Patient to DHCP
 - Highest Risk
- DHCP to Patient
- Patient to Patient



Standard Precautions

- Primary way to prevent transmission of infectious agents.
- **MUST** be used in the care of all patients, regardless of their infection status.
- Elements include:
 - Hand hygiene.
 - Using personal protective equipment.
 - Respiratory hygiene/cough etiquette.
 - Sharps safety, including engineering and work practice controls.
 - Safe injection practices.
 - Sterilization and disinfection of instruments and devices.
 - Cleaning and disinfecting environmental surfaces.

Transmission-Based Precautions

- Some patients require additional measures: transmission-based precautions.
- Second tier of infection prevention.
- Always used **in addition** to standard precautions to interrupt the spread of certain pathogens.
- Three categories:
 - Airborne.
 - Droplet (larger than 5 microns).
 - Contact.
- More than one transmission category may apply.

Administrative Measures

- Make infection prevention a priority in all dental settings.
- Assign at least one person as the infection control coordinator.
- Tailor policies to each dental setting.
- Reassess on a regular basis (e.g., annually).

Office Dental Infection Prevention Plan

- I. Fundamental Principles of Infection Prevention
 - A. Standard Precautions
 - B. Transmission-Based Precautions
- II. Education and Training
- III. Program Evaluation
- IV. Standard Precautions
 - A. Hand Hygiene
 - B. Personal Protective Equipment
 - C. Respiratory Hygiene and Cough Etiquette
 - D. Sharps Safety
 - E. Safe Injection Practices
 - F. Sterilization and Disinfection of Patient-Care Items and Devices
 - G. Environmental Infection Prevention and Control

Appendices

- A. Example List of Contact Persons and Roles/Responsibilities
- B. CDC Infection Prevention Checklist for Dental Settings
- C. Additional Resources

Infection Prevention Education and Training

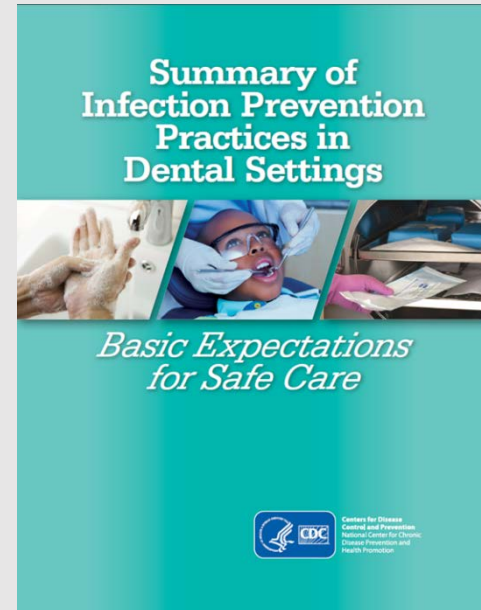
- Critical to ensure that infection prevention practices are understood and consistently followed.
- Provide job or task-specific education and training
 - Upon hire for all new staff.
 - When new tasks or procedures are introduced.
 - At least annually.
- Include both DHCP and patient safety.

Dental Health Care Personnel Safety

- Immunizations.
- Exposure prevention and postexposure management.
- Medical condition management and work-related illnesses and restrictions.
- Health record maintenance.

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

- Summary of basic infection prevention expectations for safe care in all dental settings.
- Supplements existing CDC recommendations (not a replacement).
- Based on standard precautions.
- Links to references and additional resources.



Source: Infection Prevention & Control Guidelines & Recommendations

Summary Objectives

- Provides basic infection prevention principles and recommendations for dental health care settings.
- Reaffirms standard precautions as the foundation for preventing transmission of infectious agents during patient care in all dental health care settings.
- Provides links to full guidelines and source documents that readers can reference for more detailed background information and recommendations.

Summary Contents

- Introduction and objectives.
- Fundamental elements needed to prevent transmission of infectious agents in dental settings.
- Risk assessment.
- Conclusions.
- Source documents.
- Appendices.

Appendices

- Appendix A: Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care
 - Section I: Policies and Practices
 - Section II: Direct Observation of Personnel and Patient-Care Practices
- Appendix B: Relevant Recommendations Published by CDC Since 2003
- Appendix C: Selected References and Additional Resources by Topic Area

Additional Resources

- In addition to the summary document, the following resources are available:
 - Separate printable version of the Infection Prevention Checklist for Dental Settings.
 - Fillable PDF format of the Infection Prevention Checklist for Dental Settings.
 - Mobile App version of the Infection Prevention Checklist for Dental Settings.
 - Compendium document: *Recommendations from the Guidelines for Infection Control in Dental Health-Care Settings – 2003*
- All documents are available on the DOH website:
 - Infection Prevention & Control Guidelines & Recommendations

Infection Prevention Checklist for Dental Settings

Infection Prevention Checklist
Section 1: Policies and Practices
1.1 Administrative Measures

Facility name: _____
 Completed by: _____
 Date: _____

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC), regulations, or standards. Note: Policies and procedures should be appropriate for the services provided by the dental setting and should extend beyond the Occupational Safety and Health Administration (OSHA) bloodborne pathogens training.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate. Note: This may be performed during the required annual review of the dental settings OSHA Exposure Control Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. At least one individual trained in infection prevention is assigned responsibility for coordinating the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Supplies necessary for adherence to Standard Precautions are readily available. Note: This includes, but is not limited to hand hygiene products, safe sharps to reduce percutaneous injuries, and personal protective equipment (PPE).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter. Note: System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Checklist to evaluate compliance with infection prevention practices

- Section 1: Policies and Practices
- Section 2: Direct Observation of Personnel and Patient-Care Practices

Electronic Fillable Checklist

Previous Page
Reset Form

Infection Prevention Checklist

Section I: Policies and Practices

I.1 Administrative Measures

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (eg, CDC/Healthcare Infection Control Practices Advisory Committee [HICPAC]), regulations, or standards <i>Note: Policies and procedures should be appropriate for the services provided by the dental setting and should extend beyond the Occupational Safety and Health-Administration (OSHA) bloodborne pathogens training.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate <i>Note: This may be performed during the required annual review of the dental setting's OSHA Exposure Control Plan.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. At least one individual trained in infection prevention is assigned responsibility for coordinating the program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Supplies necessary for adherence to Standard Precautions are readily available <i>Note: This includes, but is not limited to hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment (PPE).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter <i>Note: System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Facility name: _____

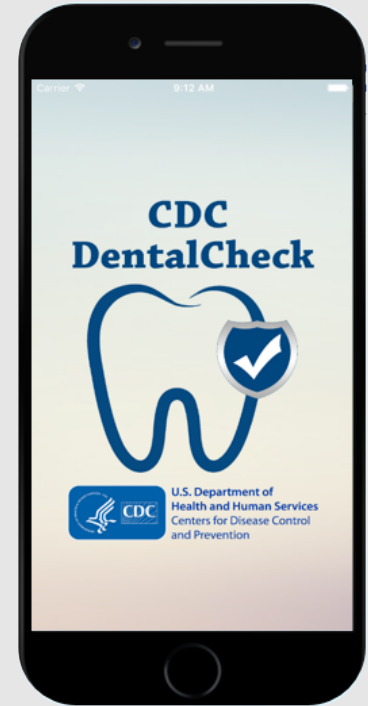
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Date: _____

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CDC DentalCheck—Mobile App

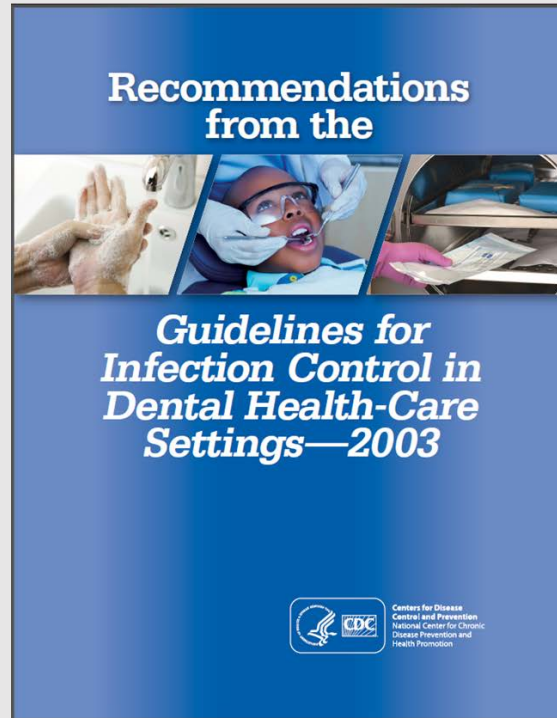
- Interactive version of the Infection Prevention Checklist for Dental Settings.
- Available for all mobile iOS and Android compatible devices.
- Free download at the iTunes App and Google Play Stores.



CDC DentalCheck Key Features

- Allows users to check Yes or No to acknowledge adherence with a list of administrative policies or observed practices.
- Provides basic infection prevention principles and recommendations for dental health care settings.
- Allows users ability to export results for records management.
- Provides links to full guidelines and source documents that users can reference for more detailed background and recommendations.

Compendium Document



Recommendations

Each recommendation is categorized on the basis of existing scientific data, theoretical rationale, and applicability. Rankings are based on the system used by CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) to categorize recommendations:

Categories		
Category IA	Strongly recommended for implementation	Strongly supported by well-designed experimental, clinical, or epidemiologic studies.
Category IB	Strongly recommended for implementation	Supported by experimental, clinical, or epidemiologic studies and a strong theoretical rationale.
Category IC	Required for implementation as mandated by federal or state regulation or standard	When IC is used, a second rating can be included to provide the basis of existing scientific data, theoretical rationale, and applicability. Because of state differences, the reader should not assume that the absence of a IC implies the absence of state regulations.
Category II	Suggested for implementation	Supported by suggestive clinical or epidemiologic studies or a theoretical rationale.
Unresolved Issue	No recommendation	Insufficient evidence or no consensus regarding efficacy exists.

I. Personnel Health Elements of an Infection Control Program

A. General Recommendations

1. Develop a written health program for dental health care personnel (DHCP) that includes policies, procedures, and guidelines for education and training; immunizations; exposure prevention and postexposure management; medical conditions, work-related illness, and associated work restrictions; contact dermatitis and latex hypersensitivity; and maintenance of records, data management, and confidentiality (IB) (5, 16–18, 22).
2. Establish referral arrangements with qualified health care professionals to ensure prompt and appropriate provision of preventive services, occupationally related medical services, and postexposure management with medical follow-up (IB, IC) (5, 13, 19, 22).

B. Education and Training

1. Provide DHCP 1) on initial employment, 2) when new tasks or procedures affect the employee's occupational exposure, and 3) at a minimum, annually, with education and training regarding occupational exposure to potentially infectious agents and infection-control procedures/protocols appropriate for and specific to their assigned duties (IB, IC) (5, 11, 13, 14, 16, 19, 22).
2. Provide educational information appropriate in content and vocabulary to the educational level, literacy, and language of DHCP (IB, IC) (5, 13).

Conclusion

- Infection prevention must be a priority in all dental settings.
- Reports from dental settings are rare.
- Transmissions that occurred were likely the result of lack of compliance.
- Standard precautions remain the major infection prevention strategy to prevent transmissions.
- CDC tools and resources can help DHCP with compliance.

Resources

- CDC. *Guidelines for Infection Control in Dental Health-Care Settings—2003*
- CDC. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*
- Organization for Safety, Asepsis and Prevention. *Interactive Online Article – Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings*
- Organization for Safety, Asepsis and Prevention. *New CDC Tool for Dentistry webinar*

End of Module 1

For more information, contact Centers for Disease Control and Prevention (CDC).

1-800-CDC-INFO (232-4636)

TTY:1-888-232-6348 • [Centers for Disease Control and Prevention \(CDC\)](#)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.