**Top 10 Infection Prevention Protocols**

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1. **Take action to stay healthy**

Lead a healthy lifestyle and make sure your immunizations are up to date. The Centers for Disease Control and Prevention (CDC) has a list available of recommended healthcare worker vaccines that can be found at - http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html. Know the location of the infection control manual that is specific to your facility and participate in infection prevent training and education.

2. **Stay up to date**

Infection prevention protocols and best practices are constantly changing. For the safety of our patients, and us as the clinician, reviewing infection control protocols needs to be a top priority. Look to the Organization for Safety, Asepsis and Prevention (OSAP), which is a community of clinicians, educators, researchers, and industry representatives who advocate for safe and infection-free delivery of oral healthcare. They work closely with the CDC and have an extensive online collection of resources, publications, FAQs, checklists and toolkits that can be found at http://www.osap.org/

**3. Follow standard precautions**

Standard precautions means that each patient is treated as they are potentially infectious and therefore, their medical history is not used to determine what personal protective equipment, disinfection and sterilization protocols are used.

4. **Wear your personal protective equipment (PPE)**

Wear the appropriate apparel for patient treatment and replace immediately if visibly soiled or penetrated by blood or bodily fluids. Apparel should not be worn outside of the patient treatment area. Use face masks and change after every patient, if wet or compromised. Eye protection should be ANSI rated and be impact resistant with side shields. Exam gloves are used for patient treatment and hands should be washed prior to donning for treatment and immediately after removal. Utility gloves are used for instrument transport, operatory clean up and for use in the sterilization area.

**5. Use the appropriate disinfectants for cleaning the operatory**

We need to clean our operatory surfaces and disinfect using the right agent. First, clean surfaces of debris (blood, saliva, etc.) so that proper disinfection with the CDC required, EPA registered low-level or intermediate-level disinfectant can occur. Read your product labels as not all disinfectants can be used as cleaners and if the surface is not cleaned appropriately, proper disinfection can’t occur.

**6. Barriers should be used**

Items that are hard to clean and disinfect, like digital X-ray sensors and equipment switches, should be covered with and Food and Drug Administration (FDA) approved barriers and replaced after each use.

**7. Semi critical devices and single use items**

Items classified as disposable are intended to be used on only one patient. If there are no manufacturer’s instructions for use (IFU) provided, the item should be discarded as it cannot be safely disinfected or sterilized.

Semi-critical items, such as handpieces, should be removed from dental unit air/water lines and sterilized after each patient as they can become contaminated internally with patient materials. If not sterilized, they could then expose the next patient to potentially infectious materials.

**8. Sterilizer Effectiveness**

We need to make sure our ultrasonic cleaners/instrument washers are functioning properly and that we are using the appropriate cleaners for these units. CDC recommends that sterilizers should be tested “at least weekly” with an in-office system or sterilization monitoring service. Spore test results should be retained by the facility.

**9. Instruments and Indicators**

Instruments should be packaged prior to sterilization, so sterility will be maintained until instruments are used. Sterilization indicators must be used to confirm that all parameters have been met and sterilization has been achieved.

**10. Dental Unit Waterlines**

Check to see if your facility is properly preparing dental unit waterlines to achieve the EPA’s recommendation of less than 500 CFU/ml heterotrophic bacteria.