



Building Bridges with Oregon's Oral Health Community

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**STRONGER
TOGETHER**

PUBLIC HEALTH
ORAL HEALTH
COMMUNITY



Oral health in Oregon: Children and adolescents

Description of Indicator	2016	2017	2018	2019	2020	2021	2022 ⁶
Any dental visit among children aged 1-17 years	82.5%	85.2%	84.8%	83.2%	80.5%	79.7%	83.9%
Preventive dental visit among children aged 1-17 years	79.6%	82.1%	80.2%	80.0%	77.2%	77.3%	80.9%
Children aged 0-5 with any dental visit in the past year	55.6% ⁷		60.7%	59.9%	53.1%	61.2%	70.9%
Percent of parents reporting condition of child's teeth as good, very good, or excellent (aged 1-17 years)	92.5%	94.3%	93.4%	92.7%	94.1%	94.1%	92.7%
Children (aged 1-17 years) with one or more oral health problems in past 12 months (toothache, decayed teeth, unfilled cavities) (parental report)	16.5%	14.8%	13.4%	16.5%	14.2%	15.1%	14.1%

Oregon Oral Health Surveillance System



Oregon Health
Authority
PUBLIC HEALTH DIVISION
Center for Prevention & Health Promotion
Oral Health Program

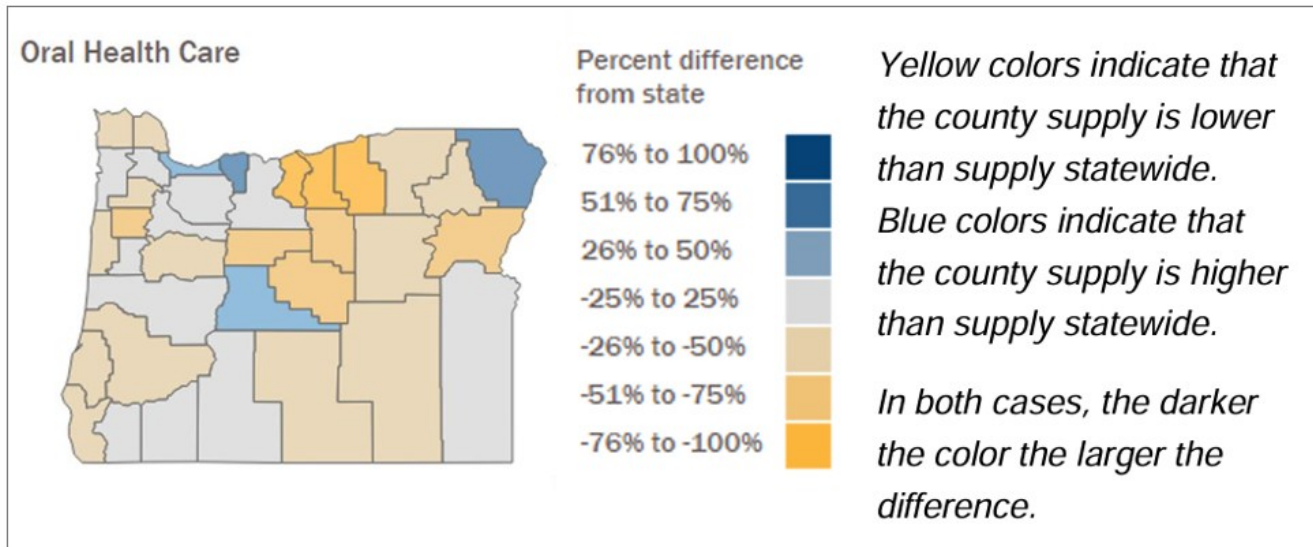
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/ORALHEALTH/Pages/Oral-Health-Publications.aspx>

Oral health in Oregon: Adults

Description of Indicator	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Adults aged ≥ 18 years with a dental visit in the previous year for any reason	63.8%	66.9%	65.6%	67.5%	67.2%	65.3%	67.9%	70.1%	68.4%	64.4%	66.1%
Adults aged ≥ 18 years with diabetes (any kind ¹²) who had a dental visit in the previous year	56.6%	57.2%	62.3%	59.0%	60.4%	60.7%	60.2%	65.5%	63.0%	55.1%	61.3%
Adults aged ≥18 years with no tooth loss ¹³	58.0%	58.4%	59.5%	58.1%	59.3%	56.0%	59.8%	57.6%	61.1%	59.5%	61.4%
Adults aged ≥65 years with significant tooth loss (have lost 6 or more teeth)	36.3%	32.2%	32.1%	33.4%	30.2%	31.5%	30.0%	28.4%	28.3%	25.1%	27.1%
Adults aged ≥18 years who are edentulous (have no teeth)	5.1%	4.9%	5.1%	4.2%	4.8%	5.8%	5.6%	5.4%	4.8%	4.2%	4.4%

Oral health in Oregon: Workforce

Average annual percent change in
direct patient care FTE, 2020-2024



“Occupations with an average annual growth that is not keeping pace with Oregon’s population growth of 0.36 percent include...dentists and dental hygienists...”

Oral health in Oregon: Infrastructure

Description of Indicator	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Percent of the population served by community water systems who receive fluoridated water ²⁴	22.2%		21.8%		21.9%		22.5%		21.4%	22.1%
Percent of patients at Federally Qualified Health Centers receiving oral health services ²⁵	22.7%	24.8%	26.4%	28.1%	29.6%	30.1%	24.7%	26.62%	29.67%	
Percent of school-based health centers that offer dental services ²⁶	7%	18.2%	19.2%	21.1%	20.5%	14.1%	11.5%	14.8%	18.2%	

Prioritizing oral health

- Special focus on oral health began during COVID-19 response
 - Increased risk recognized
 - Broadened outreach and intervention across the continuum of care
- Project Firstline: Collaborative effort to create and deploy IPC training to frontline HCP
 - Learning needs assessment aimed at understanding gaps in IPC training resulted in 4,824 responses from Oregon HCP, nine of which were from oral health settings
- Results of outreach and engagement slowly but steadily ramping up

Why focus on oral health?



- Oral HCP at higher risk of communicable disease in the workplace than a general practitioner
- Many oral health procedures generate splashes, splatters, and aerosols
- Oral healthcare requires close proximity to the patient, their exhalations, and their mucous membranes
- Oral healthcare doesn't always happen in a dental office!

If Saliva Were Red



Why focus on oral health?



- Oral healthcare requires stringent IPC practices
- Dental IPC is specific to oral health care; general IPC practices from the medical setting do not always apply
- Oral HCP know the importance of excellent IPC practices
- Because of the risk to both HCP and patients, improving IPC practices can really “move the needle” and is a good investment of resources
- Routine IPC education is crucial
 - Everyone plays a role in infection prevention and control!
 - Practices change over time



**PROJECT
FIRSTLINE**
CDC's National Training Collaborative
for Healthcare Infection Prevention & Control



**OREGON
HEALTH
AUTHORITY**

Dental professionals need infection control.

You're on the front line. We can help.

Whether you're a dental hygienist, receptionist, office manager or a dentist — if you work in a dental setting, every day is a battle against germs and infectious disease. Oregon Project Firstline offers free resources that help you protect your patients, your clinic, and yourself.





Download all PDFs

Dental training materials

We are here to help you stay on top of your training and align with the [Oregon Administrative Rule](#) that requires certain infection control practices for dental facilities. Oregon Project Firstline offers downloadable, easy to use resources:

Print, post and share:

Ten steps to Don and Doff (.pdf)

Dental unit waterline infection control (.pdf)

Instrument sterilization in dental settings (.pdf)

Cleaning and disinfection checklist (.pdf)

Sharps safety in dental settings (.pdf)

Training and education: OHA Project Firstline resources

DENTAL WATERLINE MANAGEMENT IS CRUCIAL IN INFECTION CONTROL.

WHERE IS THE RISK?

Know where germs live to stop spread and protect patients



- Waterlines are used for providing water to dental handpieces during routine oral health treatments.
- Waterlines have unique characteristics that make them prone to germ growth.
- If waterlines are not maintained properly, the water flowing through them can be contaminated, leading to harmful germs entering a patient's body.

Germes That Live in Waterlines

- Legionella pneumophila*
- Pseudomonas aeruginosa*
- Mycobacterium abscessus*



Healthcare Tasks Involving Waterlines

- Oral surgery procedures
- Flushing the mouth during dental procedures

Infection Control Actions to Reduce Risk

- Purge waterlines nightly and when units are out of service.
- Regularly test, treat, and shock waterlines with disinfectants to meet EPA standards for drinking water.
- Use sterile saline or water as a coolant/irrigant when performing surgical procedures.

  [WWW.OREGON.GOV/PROJECTFIRSTLINE](http://www.oregon.gov/projectfirstline)

Instrument Sterilization in Dental Settings A Best Practice Guide



Proper sterilization of reusable dental instruments ensures that contaminated items are safe for reuse. It is important to ensure each dental instrument is marketed as a reusable medical device and follow manufacturer's instructions for cleaning, disinfecting and sterilization. If a device does not have reprocessing instructions, regardless of labeling, consider it single-use and dispose of it appropriately after one use. Most patient-care items in dentistry are heat-tolerant and therefore should be heat sterilized. It is also critical to monitor your sterilization device itself to ensure that dental instruments are safe to use on another patient. Oregon requires heat sterilizing devices to be tested weekly, by means of a biological monitoring system. See CDC Dental Sterilization Guidance for more information.

Let's break down the steps:

1 Point-of-use cleaning of instruments.



- Remove visible organic residue according to the instrument or device instructions for use (IFU).
- Clean instruments as soon as practical to prevent soiled material from drying.
- Use a closed, puncture-resistant, leakproof container with biohazard labeling that meets OSHA specifications to transport instruments to the reprocessing area
- Remove all personal protective equipment and clean your hands prior to transport.

<https://www.cdc.gov/infection-control/hcp/disinfection-sterilization/summary-recommendations.html>

2 Pre-clean the instruments.

Before you start, refer to the manufacturer's instructions for use for all equipment used to determine cleaning steps. It is important to pre-clean instruments to remove blood, saliva and other contamination before they're disinfected.

- You may scrub the instruments manually with detergent and water, or use automated equipment, such as an ultrasonic cleaner or washer-disinfector.

Dental handpieces should be heat sterilized between patients. For any device that can be removed from the dental air- or waterline, follow the validated manufacturer's instructions for reprocessing these devices.

3 Cleaning of instruments.

In the reprocessing area, put on PPE including gown, mask, eye protection and puncture-resistant utility gloves.

4 Dry, package and label the instruments.

Instruments should be allowed to dry thoroughly before they are packaged, or placed into container systems before heat sterilization.

- Once dry, instruments should be inspected and then wrapped, packaged, or placed into container systems before heat sterilization.
- Use chemical monitoring to check whether a sterilizer reaches the conditions necessary to achieve sterilization. Chemical monitoring uses sensitive chemicals that change color when exposed to high temperatures or combinations of time and temperature.
- Before placing packaged instruments in the sterilizer, at a minimum, include the following information on the label, expiration date, cycle or load number, date of sterilization, and the sterilization method.

5 Sterilize the instruments.

Follow the manufacturer's recommendations for sterilization temperatures, and other operating parameters for the sterilization supplies used during reprocessing. This includes the use of containers, wraps, and chemical or biological indicators.

Do not open the door and run the autoclave cycle according to the manufacturer's recommendation.

If instructions for use are not clear, contact the manufacturer.

6 Monitor records.

Instruments and devices are safe to use on patients only after they have been tested for proper sterilization. As autoclaves be tested for proper sterilization (spore test) **each calendar week** in the dental setting. A positive spore test result indicates the need for corrective action.

Control from the same lot as testing results to be used in the monitoring procedures.

Binets. become wet. before opening. that is, cleaned.

<https://www.cdc.gov/infection-control/hcp/disinfection-sterilization/summary-recommendations.html>



Test your knowledge:

Use these interactive PowerPoints to see if you can find what is wrong in these dental scenarios.

↓ Dental exam room (.pptx)

↓ Dental instrument sterilization (.pptx)

DENTAL INSTRUMENT STERILIZATION

What's wrong with this picture?

INSTRUCTIONS:

1. Quiz needs to be viewed in full screen mode.
2. This dental assistant is in an instrument sterilization area and is preparing to sterilize used dental instruments. In this instrument sterilization area, there are five problems that need to be fixed to reduce the spread of germs.
3. Begin quiz on the next slide.





What's wrong with this picture?

Click on problems that need to be fixed to reduce the spread of germs.



Level 3 - Restricted



Splash Zone

These items are in the splash zone. Store supplies at least 3 feet from the sink.



Level 3 - Restricted



Transporting Instruments

The dental healthcare profession should not be transporting used instruments on an open tray. They should be using a closed, puncture-resistant, leakproof container with biohazard labelling that meets OSHA specifications. In addition to cross-contamination risks, there are also general safety risks with carrying used instruments on an open tray.



Level 3 - Restricted



Utility Gloves

Don utility gloves while cleaning used instruments and per instructions for use for the specific products utilized. Utility gloves can prevent exposures to germs and chemicals.



Level 3 - Restricted



Personal items

Lotion, water bottles and other personal items do not belong in work areas where there is a risk of exposure to bloodborne pathogens. All personal items should be removed.



Level 3 - Restricted



Level 3 - Restricted



Clean Packs

The instrument processing area should have a workflow pattern designed to ensure that devices and instruments clearly flow from high contamination areas to clean areas. Clean packs should be removed from the contamination area and placed in the clean side of the instrument reprocessing area.

Training and education: Environmental cleaning and disinfection



Dental exam room Cleaning and disinfecting between patients



Watch:

Step-by-step guidance on safely removing surface barriers, cleaning and disinfecting environmental surfaces, and applying new protective barriers between every dental patient visit.

Watch Video

https://www.youtube.com/watch?v=dZhhyFdQ3GQ&list=PL7mua_4kMbMrwJBN3RvuzVCt2X9ccbnzD&index=4

Training and education: 2023 OSAP Annual Conference



2023 OSAP
ANNUAL CONFERENCE

Screening, Testing, & Infection Control: Changing Guidance for Hepatitis B Virus & Implications for the Oral Health Setting

Roza Tammer, MPH, CIC
Oregon Health Authority
Saturday, June 3, 2023

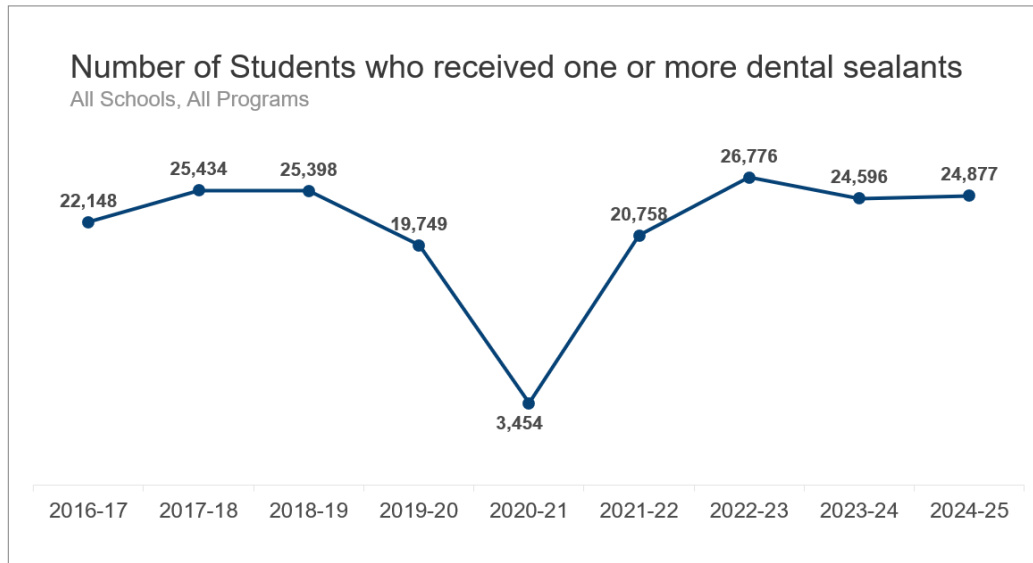


2023 OSAP
ANNUAL CONFERENCE

Collaboration: OHA Oral Health Program



- August 2025: Developed and recorded Infection Prevention and Control Clinical Training for Certified School Dental Sealant Programs (SDSPs)
- Virtual presentation required for all staff providing sealants as part of the SDSP
- Provided feedback on training video
- 164 views since August 2025 launch



Collaboration: PSU SHAC Dental Services



- Provides 1,350-1,400 general dentistry appointments to PSU students annually
- 2025: Delivered annual IPC training to 8 staff during 90-minute in-person event (clinic manager, dentists, hygienist, assistant, administrative staff, students)
- 2026: Updated training content (e.g., new information and patient placement and screening, transmission-based precautions for patients needing emergent care, situational awareness); delivered in-person

Collaboration: One Community Health

- Nonprofit, community, and federally qualified health center operating in Oregon and Washington
- Provide integrated health services to over 28,000 patients
- 2026: Created and delivered in-person IPC training to staff from Hood River and The Dalles dental clinics
 - Dentists, dental hygienists, dental assistants, and dental sterile techs
 - 20-30 attendees expected



Collaboration: Multnomah County Oral Health Program



<https://healthcenter.multco.us/current-patients/our-services/dental>

- Partnered with Multnomah County IPC focusing on oral health clinics in FQHCs
- HAI Program staff provided support to assess, guide, and standardize best practices for IPC in these oral health clinics
- Held multiple meetings and FQHC oral health clinic infection control assessment and response (ICAR) visits; shared PFL materials, training request portal
- Major topics included waterline management, operatory cleaning and disinfection, and instrument handling and processing practices

Provider engagement: 2026 Oregon Dental Conference

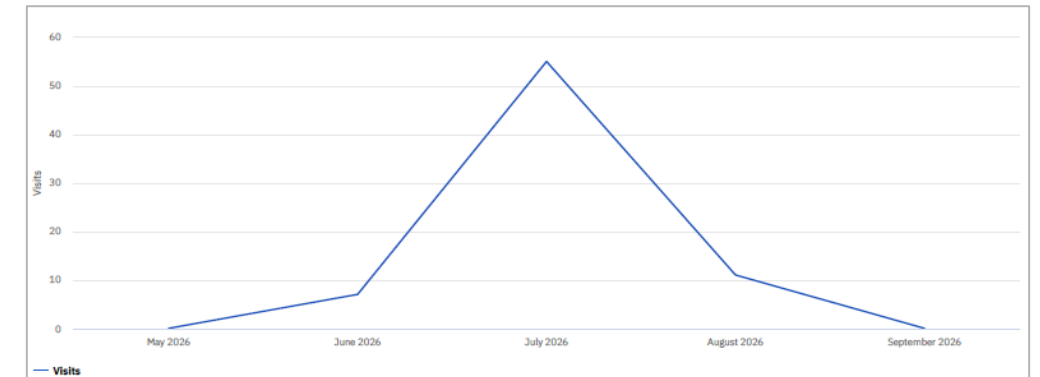
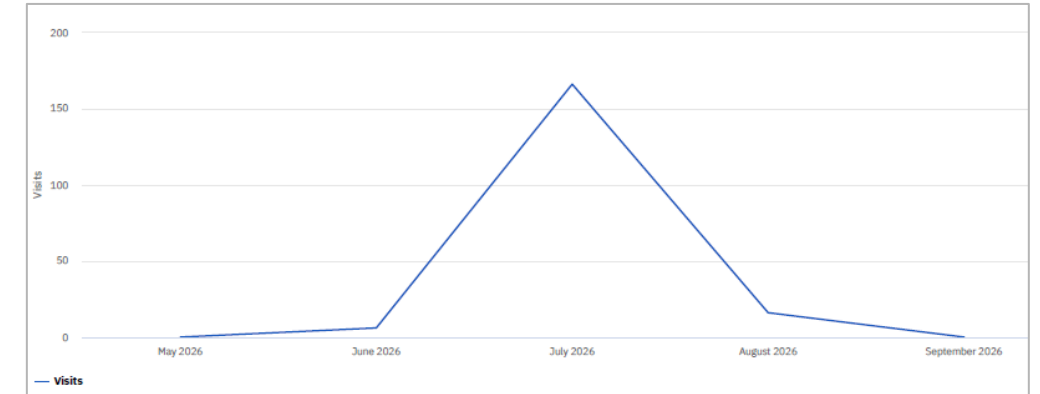
- Three-day event with an average ~2,500 dental professionals in attendance
- Tabled with OHA Oral Health Program to promote
 - ICARs and IPC assessments
 - Antibiotic resistance and stewardship materials and survey
 - IPC training resources
 - HAI Advisory Committee information
- >40 dental professionals signed up for more information which was emailed afterwards



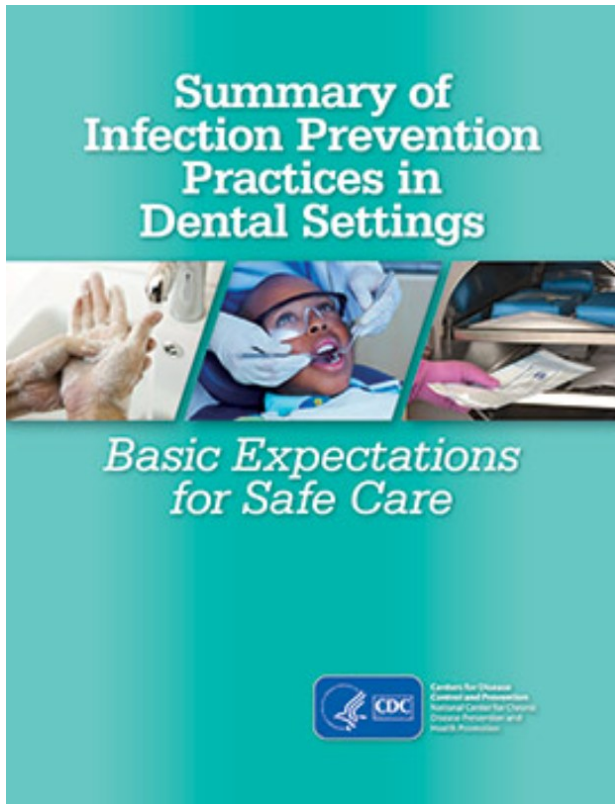
Provider engagement: Oregon Board of Dentistry



- Shared Program offerings, including
 - IPC trainings
 - ICARs
 - Antibiotic stewardship
 - Contact information for the HAI Program
- June 2026: Presented to 30 members, staff, and visitors at the Oregon Board of Dentistry Board meeting
- July 2026: Emailed to 9,076 OBD licensees resulting in spike in website hits, requests for trainings and ICARs



Assessment and consultation



- The HAI Program provides non-regulatory consultations
 - Assess IPC practices
 - Share tailored practice recommendations
- Ad-hoc questions and concerns
- Infection Control Assessment and Response (ICAR)

Dental ICARs



What to Expect During a Dental Focus ICAR

Thank you for your interest in scheduling an Infection Control Assessment and Response (ICAR) consultation with Oregon Health Authority's HAI Program. One of our infection preventionists will do a free, non-regulatory consultation that will last approximately one to two hours. During the on-site visit, we will work with you to assess your infection prevention and control program and discuss opportunities for improving staff and patient safety.

Preparing for a dental ICAR is simple!

- Invite members of your team that are important to your infection prevention program. This might include the lead dental assistant, infection preventionist, or the person in charge of the infection prevention program in your clinic.
- Prepare a list of questions or concerns that you would like to address during the visit. We will be able to answer your questions about infection prevention practices during the ICAR.
- Be prepared for an infection preventionist to tour your sterile processing area and clinic areas.



What can you expect after your ICAR is completed?

Our Infection Preventionist will follow-up with you with the following items:

- The ICAR Consultation Summary Report outlining your best practices and areas for improvement.
- Recommendations and resources to address areas for improvement.
- Resources discussed during the ICAR.
- Certificate of ICAR participation.

 Request a consult online through our [ICAR request portal](#). Once your request is submitted, an Infection Preventionist will contact you for discussion and scheduling.

Contact us at HAI@odhsoha.oregon.gov

- ICAR can be performed proactively or responsively, virtually or in-person
- Often part of a responsive epidemiologic investigation
- Can be provided along with IPC training and education
- Eleven offered or performed by the HAI Program
- Cover all aspects of IPC, including use of PPE, hand hygiene, environmental cleaning and disinfection, and instrument reprocessing

Dental investigations

- Public health response to outbreaks/clusters, single infections, IPC breaches
- Six completed or attempted by the HAI Program
- All dental IPC breaches investigated related to instrument reprocessing
 - Loads of instruments removed from sterilizer before cycle complete
 - Employees failed to check indicators on pouch exteriors before opening and using instruments
- Collaborative effort between HAI Program and dental facilities; many different voluntary strategies can be implemented on both sides

Capacity building

DANB

Dental Assisting National Board

in collaboration with



**Certified in Dental Infection
Prevention and Control
(CDIPC)®**

- Purpose:
 - To ensure that individuals meet the minimum standard for knowledge-based competence in dental infection prevention and control for the clinician
- Similar to the CIC but focused on oral health IPC

Next steps

- The HAI Program has an ongoing focus on oral health, including continued outreach to all types of oral healthcare settings across the state
 - FQHC engagement is a priority
- Building relationships and rapport with the oral health community to increase awareness of HAI Program services
- Formalizing and updating ICAR processes to ensure thorough assessments and up-to-date recommendations that are specific to dental and oral health

Thank you!

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<https://www.businessinsider.com/miriam-margolyes-steve-martin-horrid-little-shop-of-horrors-2023-9>
https://www.reddit.com/r/GenX/comments/11xlhfe/steve_martin_is_why_ive_been_deathly_afraid_of/