

Clinical Training for School Dental Sealant Programs

Thursday, August 13, 2020
AGENDA

1:00 pm – 1:05 pm	Introductions & Housekeeping	Amy Umphlett
1:05 pm – 1:25 pm	Introduction to infection control during COVID-19 pandemic	Karen Phillips
1:25 pm – 1:45 pm	Infection Control demonstration	Karen Phillips Laurie Johnson
1:45 pm – 2:00 pm	Questions and answers	Karen Phillips



Housekeeping

- During the presentations, please mute your microphone by clicking on the mute icon in the bottom left corner.
- If you do not want others to see you, please click on the stop video icon in the bottom left corner.
- At any time, you may type your questions or comments in the chat box.
- This webinar is being recorded and will be posted online for those unable to participate in the live session.



Continuing Education (CE) Credit

- You will receive 1.0 hour of CE credit for today's virtual training session.
- You must complete a short quiz and training evaluation form before receiving the CE credit.
 - A link to the quiz and evaluation form will be posted in the chat box at the end of the training.
 - As a back-up, please type your name and email address in the chat box. A link to the quiz and evaluation form will be emailed to you.
- After you have submitted your answers, the CE form will be emailed to you.



Clinical Training for School-based Dental Sealant Programs

Infection Control
August 13, 2020



Infection Control Guidance During COVID-19 Pandemic

- OHAs COVID-19 website:
www.healthoregon.org/coronavirus
- CDC Guidance for Dental Settings 8/4/2020
- OHA Guidance on Resumption of Non-Emergent and Elective Procedures in Medical and Dental Offices and Other Health Care Settings 7/31/2020
- OSHA/OHA: Use of Personal Protective Equipment by Dental Personnel in Resource-Constrained Settings 7/24/2020



Infection Control Guidance During COVID-19 Pandemic

- American Dental Association (ADA) Coronavirus (COVID-19) Center for Dentists
- American Dental Hygienists' Association (ADHA) COVID-19 Resource Center for Dental Hygienists
- **Guidance for Certified School Dental Sealant Programs During the COVID-19 Pandemic (DRAFT)**
- **Guidance on Resumption of Dental Services in School Settings During the COVID-19 Pandemic (DRAFT)**



Infection Control Guidance for School Dental Sealant Programs

- CDC Guidelines
 - Based on the available research
 - More detailed than previous guidance
 - Updated often
- OHA Statewide School Dental Sealant Program Standards
 - Additional protocols to make Oregon programs exemplary
 - Based on research, CDC, OHA and other national and state subject matter experts



CDC Guidance Background Transmission

- SARS-CoV-2 is new and much is unknown
- Spreads easily and primarily from person to person through droplets
- May be spread by people who are asymptomatic
- Spread through aerosols is less likely than droplets

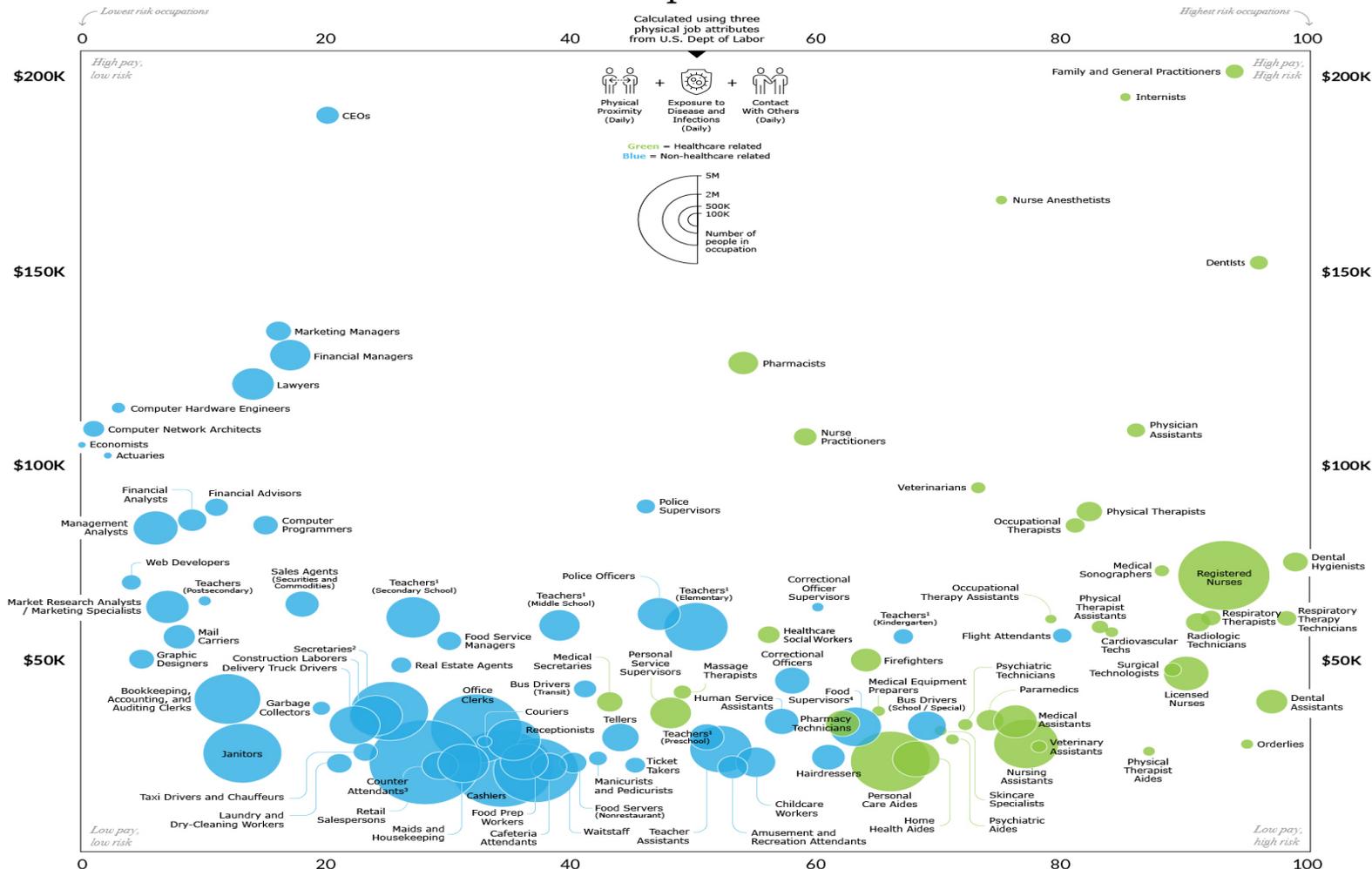


CDC Guidance Background Risk

- The dental profession is high risk
- Use of rotary instruments that create spray
- Exposure to water, blood, saliva and other microorganisms
- Currently no data to assess the risk of SARS-CoV-2 transmission in dental settings



COVID-19 Occupational Risk Score



Source: U.S. Dept of Labor, O*Net database

¹Excluding special needs

²Except Legal, Medical, and Executive

³Cafeteria, Concession, and Café

⁴Food Preparation and Serving

visualcapitalist.com



Guidance for Dental & SDSP

- Create written infection control protocols and evaluation plan
- Stay healthy and learn about SARS-CoV-2
- Hand hygiene
- Administrative controls
- Engineering controls
- Environmental infection control
- Personal protective equipment
- Sterilization of patient care items
- Dental unit waterlines



Written Infection Control Program

OHA School Dental Sealant Program Infection Control Protocol and Plan Updated August 2020

Adhere to CDC, OSHA, ADA and OBD infection Control standards for COVID-19

TAKE STEPS TO STAY HEALTHY:

- Stay up to date on recommended vaccines and COVID-19 signs and symptoms. Educate self and staff on COVID-19.
- Screen and document signs and symptoms and temperatures for each staff member reporting to work (RDH and Asst.)
- Perform hand hygiene; wash hands with soap and water for at least 20 secs. or use hand sanitizer for at least 20 secs
- Stay home if you are sick or not feeling well. This includes any cold or flu-like symptoms
- Report illness to a supervisor immediately

AVOID CONTACT WITH BLOOD AND OTHER POTENTIALLY INFECTIOUS BODY SUBSTANCES

Oral health screenings PPE:

- Hygienist: gloves, level 3 mask, face shield



Stay Healthy

- Stay up to date on immunizations
- Stay home if you are sick
- Learn about SARS-CoV-2
 - Guidance for Dental Settings During COVID-19
 - https://emergency.cdc.gov/coca/calls/2020/callinfo_060320.asp
 - National Network for Oral Health Access (NNOHA)
 - Association of State and Territorial Dental Directors (ASTDD)



Certified School Dental Sealant Programs

- Must screen all personnel reporting for work for COVID-19 signs and symptoms and document results daily.
- Maintain daily logs of students who were served on any given service day
- SDSF personnel must stay home if sick
- SDSF personnel must report any development or COVID-19 symptoms or illness to a supervisor immediately
- Must follow Oregon Department of Education and schools' guidelines for wearing masks or face coverings at all times in the school environment



Immunizations Strongly Recommended for Health-Care Personnel (2017)

Vaccines	Recommendations in Brief
Hepatitis B	<p>If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should</p> <p>Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Get anti-HBs serologic tested 1–2 months after dose #3.</p>
Influenza	Get one dose annually.
Measles, Mumps, Rubella (MMR)	<p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).</p> <p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended.</p>
Varicella (Chickenpox)	If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.
Tetanus, Diphtheria, Pertussis (Tdap)	<p>Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).</p> <p>Get Td boosters every 10 years thereafter.</p> <p>Pregnant HCWs need to get a dose of Tdap during each pregnancy.</p>
Meningococcal	Those who are routinely exposed to isolates of <i>N. meningitidis</i> should get one dose.

Hand Hygiene

- Wearing gloves does not eliminate the need for hand washing
- Wash your hands often for 20 minutes with soap and water
- If soap and water are not available use an alcohol-based hand sanitizer (ABHS)
 - Use a generous amount of ABHS
 - Rub all areas of hands and fingers for 20 seconds
 - If hands become soiled wash them with soap and water before using ABHS



Administrative Controls

- One patient (student) at a time
- 6 feet of physical distancing (providers, personnel and students)
- Wear masks or face coverings
- Avoid aerosol generating procedures
- If performing AGP use
 - High evacuation
 - Four-handed dentistry
- Set-up operator so that only the items needed for that procedure are accessible



Administrative Controls

CDC “Set up operatories so that only the clean or sterile supplies and instruments needed for the dental procedure are readily accessible. All other supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.”



Engineering Controls

- Properly maintain ventilation systems
- Limit use of on-demand HVAC (set to lower temperatures)
- Consider use of portable HEPA filtration units
- Modify portable dental compressors to reduce aerosols
- Use individual rooms when possible
- For open floor plans
 - Patient chairs must be 6 feet apart
 - Consider use of floor to ceiling barriers that can be cleaned and disinfected
- Allow enough time between patients to properly clean and disinfect area and supplies



School Dental Sealant Programs' Administrative Controls

If performing and AGPs:

- Use floor to ceiling barriers if unable to establish and maintain 6 feet of physical distance
- Must set-up clinical area on a non-carpeted surface
- Must distinguish between clinical service area and non-clinical service area (paperwork)



Environmental Infection Control

- Use EPA approved (list N) cleaning and disinfection agent:
 - <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
- CDC: “Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces **before** applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.”



Environmental Infection Control

- Efficacy of alternative methods to use against SARS-CoV-2 virus is not known
 - Ultrasonic waves
 - High intensity UV radiation
 - LED blue light
 - Sanitizing tunnels



OHA SDSP Infection Control

OHA uses disinfection plus barriers on:

- Chair head
- Overhead light switch
- Capsule applicator
- Triturator switch

Additional Barriers for AGPs

- Compressor unit (holders for air-water syringe, etc.)
- Air-water syringe
- Suction handles
- Cure light
- Sealant and etch syringes



PPE: CDC Donning and Doffing

- Guidelines
- Slides
- Posters
- <https://www.cdc.gov/hai/prevent/ppe.html>

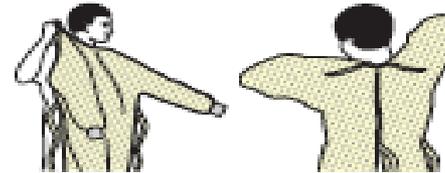


SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

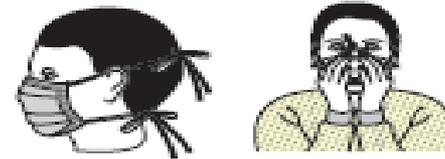
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



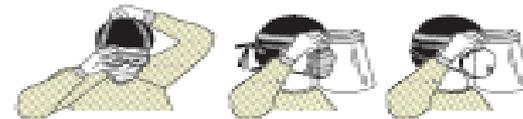
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION



DONNING

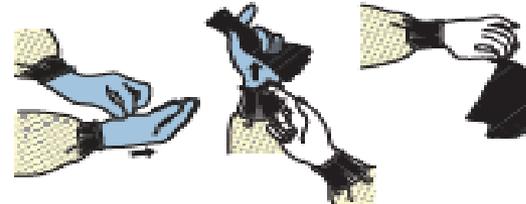
Oregon
Health
Authority

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator; then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



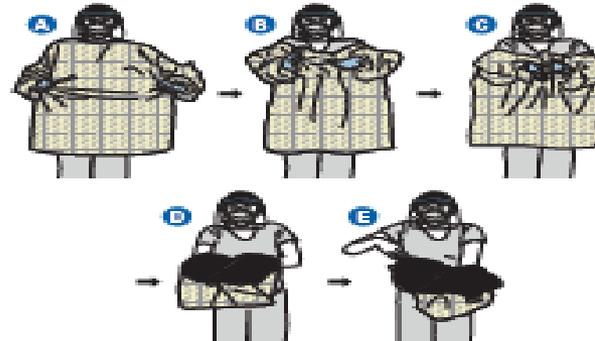
DOFFING

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



DOFFING

Oregon
Health
Authority

PPE: Gowns

- CDC: OSHA requires sleeves to cover the providers forearms and wrists
- CDC recommends disposable gowns but launderable gowns are acceptable
- Change gowns between each student receiving a dental service (not screenings)
- Remove gowns (All PPE) before leaving the clinical area - into the classroom or other areas of a school



PPE: N95 Masks

- Masks must be FDA cleared or NIOSH approved (avoid counterfeit masks)
- Are designed to be a very close fit to the face, covering the nose and mouth
- Filters at least 95% of airborne particles
- https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html



PPE: Surgical Masks

ASTM levels of masks

- Level 1 - Low barrier and low likelihood of splash or splatter. Suitable for exams/screenings and operatory cleaning
- Level 2 - Moderate barrier and used for moderately generated splash or splatter. Appropriate for prophylaxis, sealants and most restorative procedures
- Level 3 - High barrier and likelihood of heavy amounts of splash or splatter. Use with ultrasonic scaling and periodontal surgery



PPE: Masks

- OHA recommends N95 mask when performing AGPs including dental procedures using an air/water syringe
- When performing non-AGPs wear a level 2 or 3 surgical mask and a face shield
- CDC: *“To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask throughout their entire work shift...”*
Discard at the end of the day



PPE: Eyewear

- Personal eyewear is not protective eyewear
- Eyewear that has gaps at the forehead or behind the eyes may not offer protection
- Protective eyewear or goggles must have side shields or fit well to the face
- Eyewear can be worn under a face shield



Protective Eyewear and Loupes

Site Visit Observations

- When donning or adjusting loupes or eyewear, do so before final hand hygiene and donning gloves
- Avoid touching eyewear or shields during patient treatment
- Disinfect eyewear, loupes and light shields between patients according to CDC, EPA and manufacturers directions
- Do not use a cleaner with alcohol concentration greater than 70%



Loupes

“ Orascoptic recommends CaviCide™, which is the solution used to impregnate CaviWipes™, to disinfect your eyewear. CaviCide has an EPA-registered label claim against Human Coronavirus. Metrex, the company which manufactures CaviCide, has recently performed an efficacy study on CaviWipes against the SARS-associated Human Coronavirus in a third-party test lab. According to the study report, the study results passed the Viricidal Hard Surface Efficacy Test by exceeding a 3-log/99.9% reduction of the virus. However, this study result has not yet been reviewed or approved by the US EPA.”



Standard Precautions: Sharps Safety

- Consider sharp items, such as scalers, as potentially infectious
 - Dispose of cannulas at home or in the dental office
- Place used sharp items in a puncture resistant container as close to patient care area as possible



Standard Precautions: Sterilization and Disinfection of Patient Care Devices

- Assign a responsible party to monitor the program
- Follow manufacturers' recommendations
- Disinfect or sterilize reusable equipment between each patient
- Wear PPE
- Use mechanical, chemical and biological monitoring



CDC Classifications

- **Critical:** items used to penetrate soft tissue or bone
 - Requires heat sterilization

- **Semi-critical:** touches mucous membranes or non-intact skin
 - Requires heat sterilization



CDC Classifications

- **Non-critical:** contact only intact skin
 - Cleaning and disinfection
 - If difficult to clean, then cleaning/disinfection/barriers
 - Suction handles
 - Air-water syringe buttons
 - Light handles, switches



Semi-Critical Items

Site Visit Observations - Sealant and Etch Syringes

- Remove used syringe-tip and discard. Twist on storage cap. Storage of the syringe with a used dispensing tip, or without the storage cap, will allow drying or curing of the product and consequent clogging of the system. Replace storage cap with a new dispensing tip at next use.
- Cleaning and disinfection: Discard used syringe tip. Replace with syringe storage cap. Clean and disinfect the capped syringe as recommended by the guidance by the CDC.
- Follow disinfectant manufacturer's and EPA instructions for wet contact time.

3M Clinpro Sealant Technical Product Profile, 2018



Sterilization: Recommendations & Requirements

CDC and the American Dental Association (ADA):

1. Weekly spore testing, every week that patients are treated
2. Indicator strips or indicator tape every time the sterilizer is used
3. Monitor sterilization gauges, pressure, temperature and exposure time



Sterilization Recommendations and Requirements

Oregon Board of Dentistry requirements:

818-012-0040, (4) *“Heat sterilizing devices shall be tested for proper function by means of a biological monitoring system that indicates microorganisms kill each calendar week in which scheduled patients are treated. Testing results shall be retained by the licensee for the current calendar year and the two preceding calendar years.”*



Prestige Medical Sterilizers

- Instruments can be sterilized in sterilization pouches
- Use pouches specifically designated for steam sterilization
- Do not overload the sterilizer
- Place about 6 (if full pouches) loosely packed pouches in the sterilizer
- Label and date the pouches once they have dried



DNTLworks Waterline Maintenance Recommendations

- Use an approved waterline cleaner or additive.
- Purge the water out of the system at the end of every day and leave the cap off until next use.
- Clean the evacuation system out at the end of every day.
- Drain the air tank purge line on the back of unit at the end of every day.

Bob Kennedy, DNTLworks, July, 2019



CDC App



- Use with iPhone, iPad or iPod touch
- Create checklists for each site at each review
- Yes/no and comment section
- Houses guideline and summary documents



Additional Infection Control Resources

- OSAP: <https://www.osap.org/page/COVID-19>
 - Includes a tool-kit and a compilation of guidance from global, national and local agencies

