# The Latest on Infection Prevention and Control for Dental Professionals

CareQuest Institute Continuing Education Webinar

Thursday, September 22, 2022

**CareQuest**
Institute for Oral Health®

# Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

**To receive CE Credits:**
- Look for the evaluation form, which we'll send via email.
- Complete the **evaluation by September 30, 2022.**
- Eligible participants will receive a certificate soon after via email.

**We appreciate your feedback to help us improve future programs!**

**ADA C·E·R·P** ® | Continuing Education Recognition Program

The CareQuest Institute for Oral Health is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

*Full disclosures available upon request

**CareQuest**
Institute for Oral Health®

# Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.

- We will turn to your questions and comments toward the end of the hour.

Question and Answer

Welcome
Feel free to ask the host and panelists questions

Type your question here...

CareQuest
Institute for Oral Health®
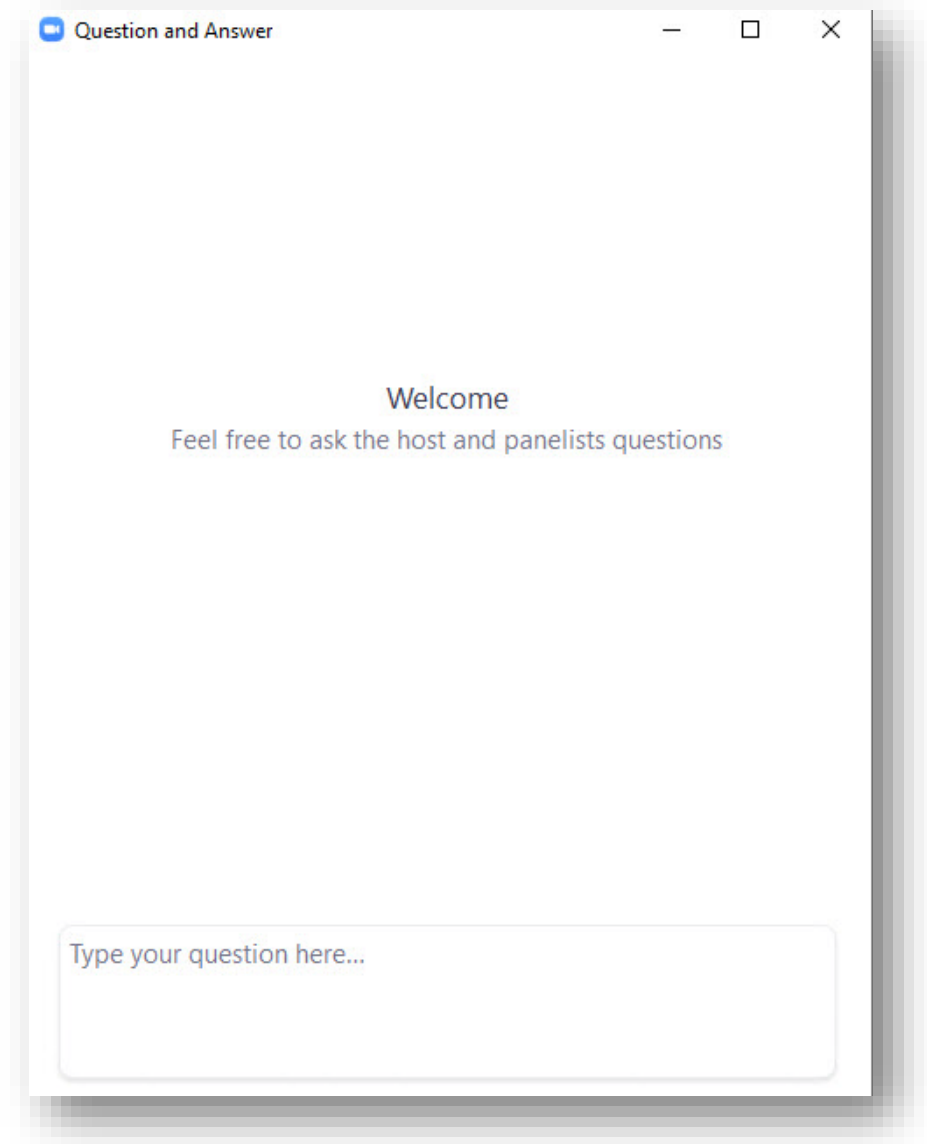
# Learning Objectives

At the end of this webinar, you'll be able to:

- Describe current infection prevention & control guidance for dentistry

- Identify strategies and resources for implementation & evaluation

- Discuss implications for dental infection prevention & control going forward

- Differentiate standard precautions and transmission-based precautions

# Our Strategy

**Vision**

A future where every person can reach their full potential through optimal health

**Mission**

To improve the oral health of all

**Purpose**

To catalyze the future of health through oral health

**CareQuest**
Institute for Oral Health®

# Today's Presenters

**MODERATOR**

**Josefine Ortiz-Wolfe, PhD, RDH**
Education Specialist,
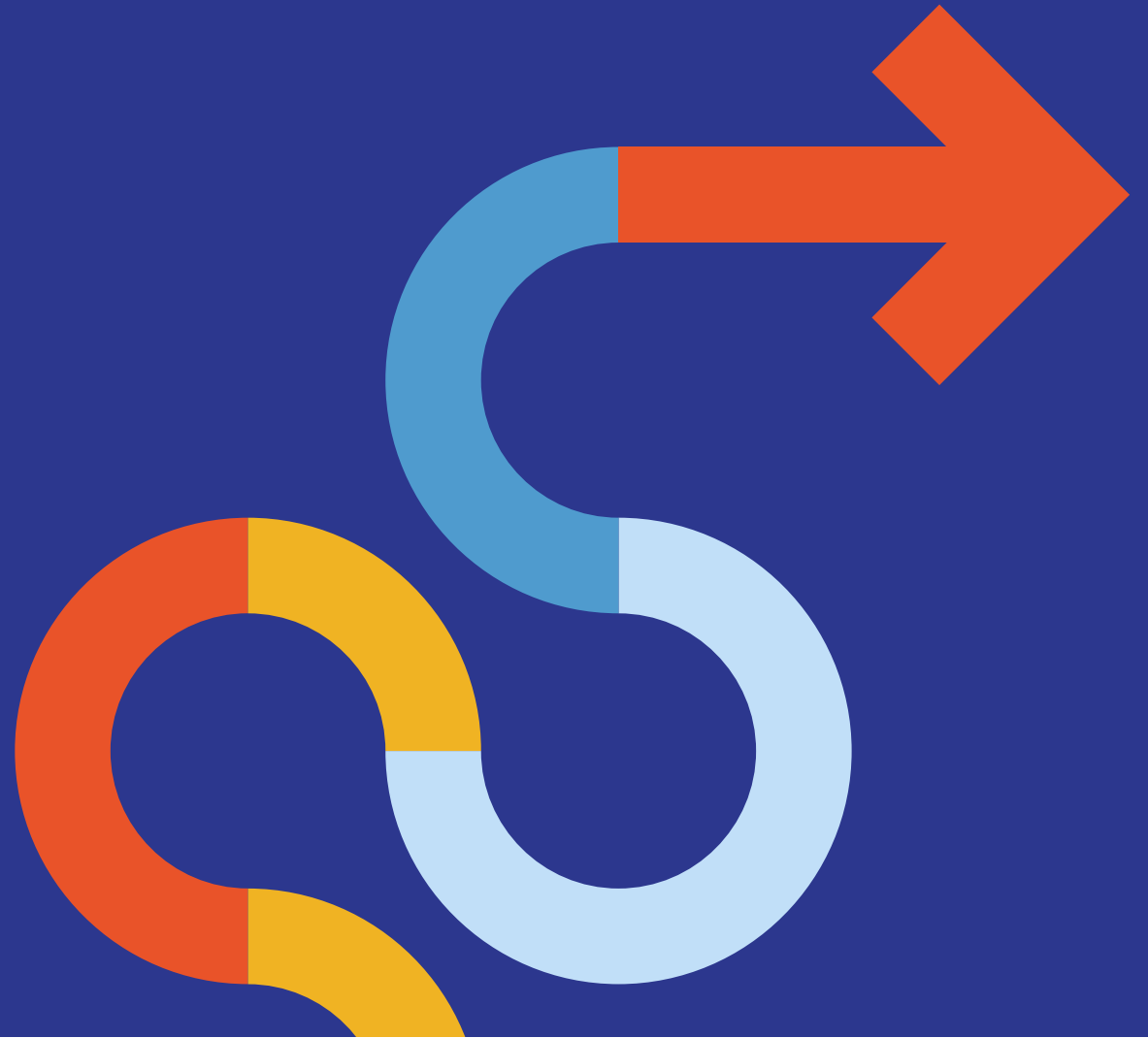CareQuest Institute for Oral Health

**PRESENTER**

**Kathy Eklund, RDH, MHP**
Director of Occupational Health and Safety,
Forsyth Research Subject & Patient Safety
Advocate at The Forsyth Institute

CareQuest
Institute for Oral Health®

Josefine Ortiz Wolfe, PhD, RDH
Education Specialist
CareQuest Institute for Oral Health

# Thank you to our partner

# Disclosure

Information regarding SARS-CoV-2 is rapidly evolving. The information in this webinar is current as of September 16, 2022.

I have no financial interest in any products that may be included in this presentation. Any products included are for representative purposes only.



**Kathy Eklund, RDH, MHP**
Sr. Director of Occupational Health and Safety
Patient and Research Participant Safety Advocate
The Forsyth Institute
keklund@forsyth.org

Co-Chair of the OSAP Foundation

**CareQuest**
Institute for Oral Health®

# Core Infection Prevention and Control Practices for Safe Health Care Delivery in All Settings

- Infection control practices that are considered standard of care (e.g., hand hygiene)

- Widely agreed upon practices

- Not expected to change based on additional research

- Categorized as strong recommendations

- Contain 14 areas of best practices

- Not a comprehensive list of all recommended infection control practices

- Adopted in 2014, last updated 2017

- https://www.cdc.gov/hicpac/recommendations/core-practices.html

CareQuest
Institute for Oral Health®

# CDC Core Practices

| Leadership Support |
| --- |
| Education and training of healthcare personnel on infection prevention |
| Patient, family, and caregiver education |
| Performance monitoring and feedback |
| Standard precautions |
| Hand hygiene |
| Environmental cleaning and disinfection |
| Infection and medication safety |
| Risk assessment and appropriate use of personal protective equipment |
| Minimizing potential exposures |
| Reprocessing reusable medical equipment |
| Transmission-based precautions |
| Temporary invasive medical devices for clinical management (generally not applicable to most dental settings) |
| Occupational health |

CareQuest
Institute for Oral Health.

https://www.cdc.gov/hicpac/recommendations/core-practices.html

# Elements of Standard Precautions

Hand hygiene

PPE when there is anticipated exposure to infectious materials
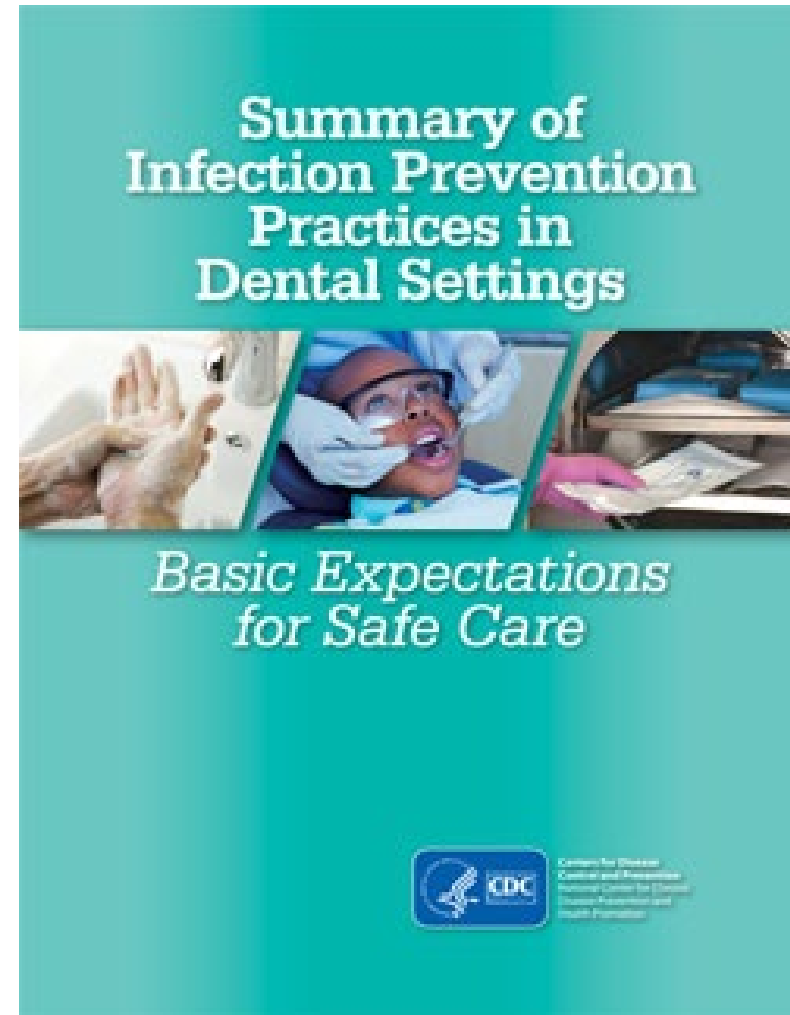
Respiratory hygiene/cough etiquette

Patient placement

Handling and cleaning of patient care equipment and instruments/devices

Careful handling of laundry

Safe injection practices

Health care worker safety, including handling of sharps

**CareQuest**
Institute for Oral Health®

https://www.cdc.gov/oralhealth/infectioncontrol/dentalcheck.html

CareQuest
Institute for Oral Health®

# What are the interim recommendations from CDC? Why do they follow those instead of the 2003 guidelines?

- Interim guidance for infection control and prevention have been updated throughout the COVID-19 pandemic
- They address specific considerations for COVID-19, such as screening, testing, source control, enhanced PPE, and site-specific guidelines (including dental facilities)
- They incorporate elements of transmission-based precautions not found in the 2003 guidelines for oral health care settings

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

**CareQuest**
Institute for Oral Health®

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

## Current COVID-19 Interim Guidance

Find the most up-to-date information about infection prevention and control practices on CDC's COVID-19 page, including CDC's Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19), which is applicable to all U.S. settings where healthcare is delivered, including dental settings. For more information, see CDC Updates COVID-19 Infection Prevention and Control Guidance.

This page lets you view the content of the Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care document online. PDF versions are available near the bottom of the page.

- Infection prevention program administrative measures,
- Infection prevention education and training,
- Respiratory hygiene and cough etiquette,
- Updated safe injection practices.

https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html

# CDC Basic Expectations for Safe Care Modules

### Current COVID-19 Interim Guidance

Find the most up-to-date information about infection prevention and control practices on CDC's COVID-19 page, including CDC's Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19), which is applicable to all U.S. settings where healthcare is delivered, including dental settings. For more information, see CDC Updates COVID-19 Infection Prevention and Control Guidance.

This training series covers the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It complements CDC's Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, and was developed to increase adherence to established infection prevention practices. This material is an information source, but it is not currently a course for professional credit.

The slide series is divided into 10 modules including an introduction, seven elements of standard precautions, as well as dental unit water quality and program evaluation. Each module includes a slide set and speaker notes that can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel.

## Module 1 - Introduction

- Introduction Presentation 🅰 [PDF - 753KB]
- Introduction Presenter's Script 🅰 [PDF - 135KB]

## Module 2 - Hand Hygiene

- Hand Hygiene Presentation 🅰 [PDF - 515KB]
- Hand Hygiene Presenter's Script 🅰 [PDF - 124KB]

https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm

# Why can't we just follow standard precautions?

- Many areas of the United States remain in continued COVID-19 transmission levels
  - Increased risk of encountering a patient with COVID-19

- COVID-19 is transmitted via the droplet and airborne route, and therefore standard precautions may not be adequate, particularly in the presence of aerosols and droplets generated during dental procedures

- COVID-19 interim guidelines are in addition to standard precautions, not instead of standard precautions

CareQuest
Institute for Oral Health®

# 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings

Addressed precautions for patient with infections that are transmitted by:

- contact
- droplet
- airborne routes for which standard precautions may not be sufficient

https://www.cdc.gov/infectioncontrol/guidelines/isolation/updates.html

# Transmission-Based Precautions

For patients who **are known or suspected** to be infected or colonized with infectious agents, including certain epidemiologically important pathogens, which require additional control measures to effectively prevent transmission.

*Implemented in addition to Standard precautions*
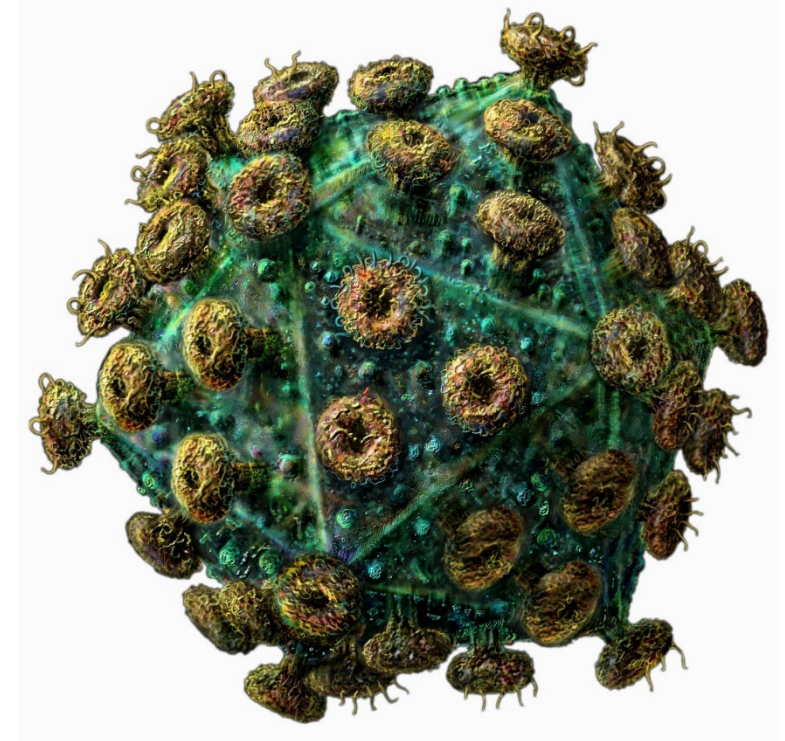
# Transmission-Based Precautions

| Precaution | Elements | Example Infections |
|---|---|---|
| **Contact** | Patient placement away from other patients, PPE, limit patient movement, use disposable equipment, prioritize cleaning and disinfection | *C. difficile*, conjunctivitis, diphtheria, norovirus, rotavirus, herpes simplex, impetigo, influenza, lice, monkeypox |
| **Droplet** | Source control, patient in single room, PPE, limit movement of patient | Meningitis type b, meningococcal disease, multidrug-resistant organisms (MRDOs), mumps, parvovirus, pertussis, certain pneumonias, poliomyelitis, rhinovirus, rubella, group A *streptococcus*, vaccinia, SARS-CoV-2 |
| **Airborne** | Source control, use AIIR, PPE including N95 or higher respirator, limit movement of patient outside of room, immunize susceptible people following unprotected contact | Tuberculosis, herpes zoster, measles, SARS, SARS-CoV-2, smallpox, chicken pox |

**CareQuest**
Institute for Oral Health®

# SARS Coronavirus 2

CDC recommends droplet precautions:

• Airborne precautions if performing aerosol-generating procedures ( AGPs) SARS (2003) —  airborne transmission over a limited distance (e.g., within a room), has been suggested, though not proven

• This is true of other infectious agents such as influenza virus and noroviruses

# Droplet and Airborne Precautions in Dental Settings
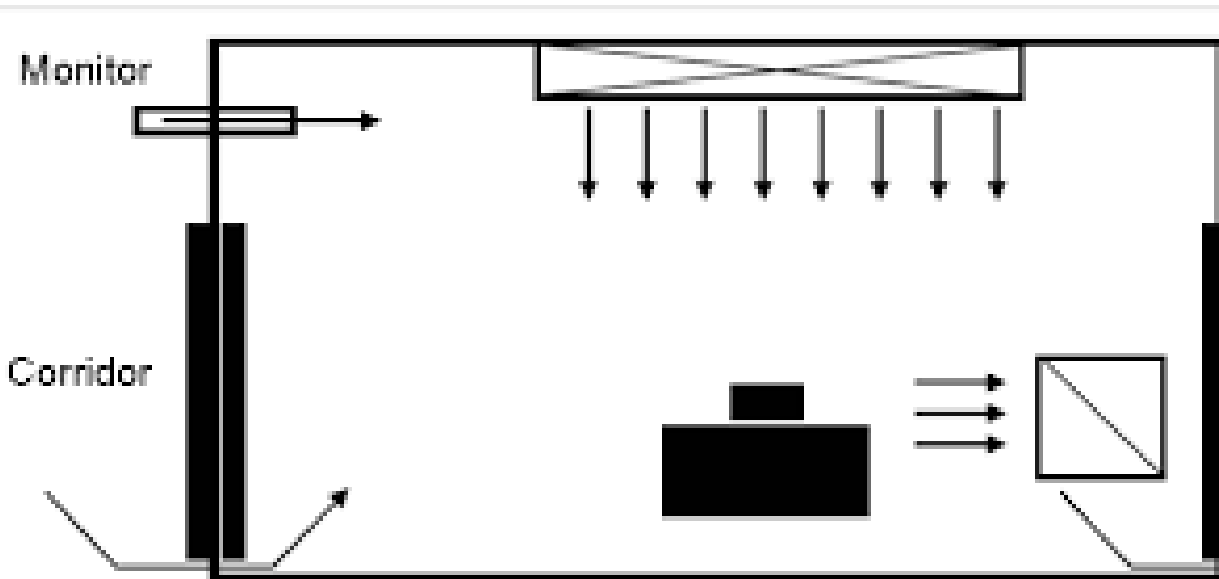


Unlikely to be able to fully implemented:

- Patient cannot wear a mask during dental procedures
- Most dental facilities do not have Airborne Infection Isolation Rooms (AIIRs)
- Most dental personnel need appropriate training, fit-testing, medical clearance, etc.

# Sliding Scale of COVID-19 Recommendations and Directives

Community Transmission
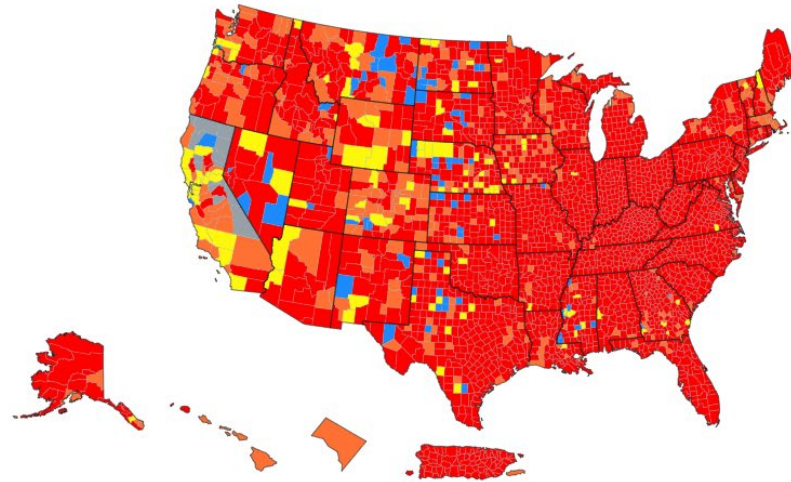
Low-minimal community transmission

Substantial to high community transmission

CDC - https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html

CareQuest
Institute for Oral Health®

# Community Transmission of All US Counties

CDC recommends use of COVID-19 Community Levels to determine the impact of COVID-19 on communities and to take action. CDC also provides Transmission Levels (also known as Community Transmission) to describe the amount of COVID-19 spread within each county. Healthcare facilities use Transmission Levels to determine infection control interventions.

Community Transmission in US by County

| | Total | Percent | % Change |
|---|---|---|---|
| High | 2685 | 83.33% | – 3.82% |
| Substantial | 345 | 10.71% | 2.23% |
| Moderate | 116 | 3.6% | 1.09% |
| Low | 76 | 2.36% | 0.5% |

How is community transmission calculated?

● High   ● Substantial   ● Moderate   ● Low   ● No Data

Fri Sep 16 2022 08:01:51 GMT-0400

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk

CareQuest
Institute for Oral Health®

**United States: 6/5/2022 – 9/10/2022**

**United States: 9/4/2022 – 9/10/2022 NOWCAST**
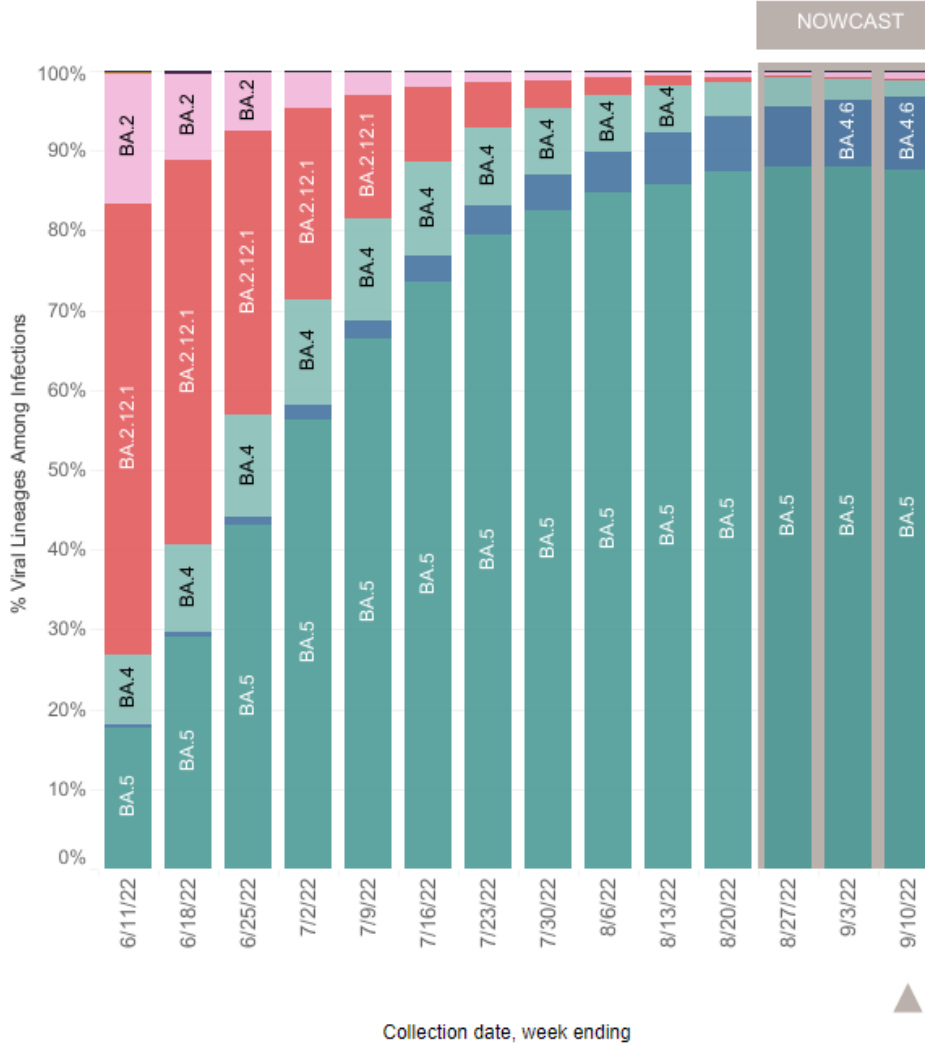
**USA**

| WHO label | Lineage # | US Class | %Total | 95%PI | |
|---|---|---|---|---|---|
| Omicron | BA.5 | VOC | 87.5% | 86.2-88.7% | |
| | BA.4.6 | VOC | 9.2% | 8.1-10.4% | |
| | BA.4 | VOC | 2.2% | 2.1-2.4% | |
| | BA.2 | VOC | 1.0% | 0.6-1.7% | |
| | BA.2.12.1 | VOC | 0.1% | 0.1-0.1% | |
| | B.1.1.529 | VOC | 0.0% | 0.0-0.0% | |
| | BA.1.1 | VOC | 0.0% | 0.0-0.0% | |
| Delta | B.1.617.2 | VBM | 0.0% | 0.0-0.0% | |
| Other | Other* | | 0.0% | 0.0-0.0% | |

\*    Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
\*\*    These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
#    AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Sublineages of BA.5 are aggregated to BA.5.

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

# COVID-19

🏠 Healthcare Workers

Testing                                    +

Clinical Care                              +

**Infection Control**                      –

**Infection Control Guidance**

Post-Vaccination Considerations for Workplaces

Postmortem Guidance

Potential Exposure at

# Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Feb. 2, 2022        Print

CDC is reviewing this page to align with updated guidance.

CDC's COVID-19 Community Levels recommendations do not apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use community transmission rates and continue to follow CDC's infection prevention and control recommendations for healthcare settings

**CareQuest**
Institute for Oral Health®

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

26

# Routine Practices During the COVID-19 Pandemic

Remain up to date with COVID-19 vaccine and booster doses

Establish a process to identify and manage infected individuals

Implement source control

Universal use of PPE for DHCP

Encourage physical distancing

Optimize use of engineering controls and indoor air quality

Perform testing when indicated

Create a process to respond to SARS-CoV-2 exposures at facility

CareQuest
Institute for Oral Health®

# Remain Up to Date with COVID-19 Vaccine and Booster Doses

Follow CDC guidelines on vaccine dosage and boosters

People who received initial series of either Pfizer or Moderna can get a booster of either.
- The updated boosters target the most recent Omicron subvariants, BA.4 and BA.5, that are more contagious than earlier subvariants by providing more specific antibodies for protection.

Novavax approved on July 19
- Currently authorized as a 2-dose primary series, not as a booster.

# Vaccine Information Updated on CDC Website

www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

## Stay Up to Date with COVID-19 Vaccines Including Boosters

Updated Sept. 8, 2022     Español | Other Languages     Print

### What You Need to Know

- CDC recommends everyone stay up to date with COVID-19 vaccination, including all primary series doses and boosters for their age group:
    - People ages **6 months through 4 years** should get all COVID-19 primary series doses.
    - People ages **5 years and older** should get all primary series doses, and the booster dose recommended for them by CDC, if eligible.
        - People ages **5 years to 11 years** are currently recommended to get the **original (monovalent) booster.**
        - People ages **12 years and older** are recommended to receive one **updated Pfizer or Moderna (bivalent) booster.**
            - This includes people who have received all primary series doses and people who have previously received one or more original (monovalent) boosters.
            - At this time, people aged **12 years to 17 years** can only receive the **updated Pfizer bivalent booster.**
- Getting a COVID-19 vaccine after you recover from COVID-19 infection provides added protection against COVID-19.
- People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines, including boosters.
- COVID-19 vaccine and booster recommendations may be updated as CDC continues to monitor the latest data.

### Approved or Authorized Vaccines

Pfizer-BioNTech     Moderna     Novavax     Johnson & Johnson's Janssen

CareQuest
Institute for Oral Health®

29

# Establish a Process to Identify and Manage Infected Individuals

- Educate all DHCP on symptoms of COVID-19

- DHCP must stay home if symptomatic or testing positive

- Follow local, state, or facility policy on duration of isolation

- Outbreaks (3+ cases in a work area within 7 days) may require serial testing of all workers in the work group



**CareQuest**
Institute for Oral Health®
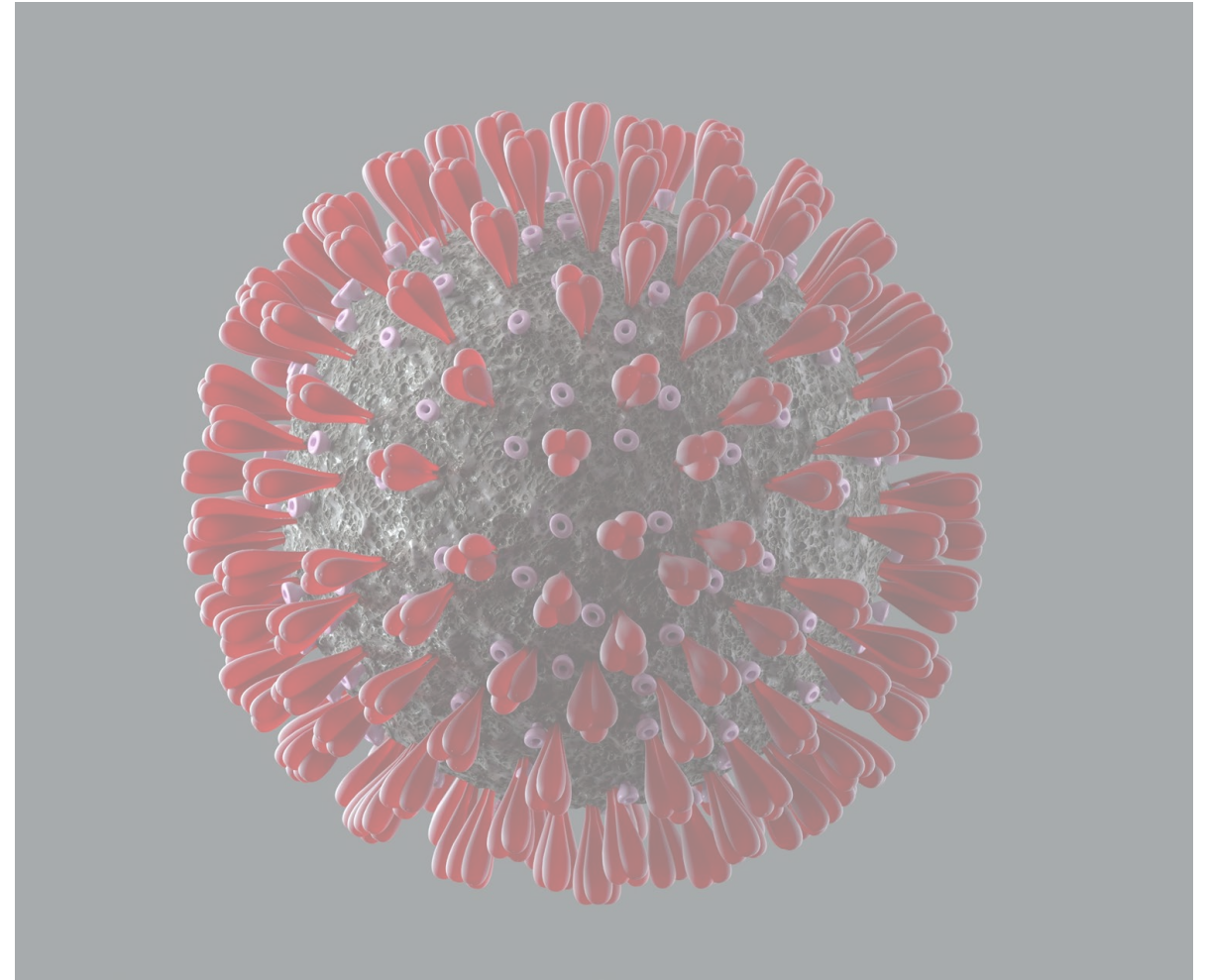
# Perform Testing?

Everyone
- Immediately test if experiencing even mild symptoms of COVID-19 regardless of vaccination status
- Asymptomatic individuals with close contact with COVID-19 case should test immediately and again 5-7 days later

Patients
- May consider testing unvaccinated individuals undergoing higher risk procedures, and in locations with high community transmission rates

DHCP
- Follow recommendations of public health authorities



**CareQuest**
Institute for Oral Health®

# Create a Process to Respond to SARS-CoV-2 Exposures at Facility

- Ensure proper notification of positive tests

- Determine first day of symptom onset or positive test
  – Contact trace for 2 days prior to that
  – Contact in a health care setting where the infected and/or exposed person was wearing a fit-tested respirator is not an exposure

- Follow guidelines for isolation and source control following isolation



CareQuest
Institute for Oral Health®

# Quarantine and Isolation Calculator

A tool to help determine how long you need to isolate, quarantine, or take other steps to prevent spreading COVID-19.

.

**Get Started**

## On this Page

When to Stay Home

Recommendations for Specific Settings

Quarantine

Ongoing COVID-19 Exposure FAQs

Isolation

https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html

## Calculating Isolation

Day 0 is your first day of symptoms or a positive viral test. **Day 1 is the first full day after your symptoms developed or your test specimen was collected**. If you have COVID-19 or have symptoms, isolate for at least 5 days.

**IF YOU Tested positive for COVID-19 or have symptoms, regardless of vaccination status**

**Stay home for at least 5 days**
Stay home for 5 days and isolate from others in your home.

Wear a well-fitted mask if you must be around others in your home.

**Do not travel**.

**Ending isolation if you had symptoms**
End isolation after 5 full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.

**Ending isolation if you did NOT have symptoms**
End isolation after at least 5 full days after your positive test.

**If you were severely ill with COVID-19 or are immunocompromised**
You should isolate for at least 10 days. Consult your doctor before ending isolation.

**Take precautions until day 10**

**Wear a mask**
Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

**Do not travel**
Do not travel until a full 10 days after your symptoms started or the date your positive test was taken if you had no symptoms.

**Avoid being around people who are at high risk**

# Removing Your Mask

**After you have ended isolation, when you are feeling better** (no fever without the use of fever-reducing medications and symptoms improving),

- Wear your mask through day 10.

**OR**

- If you have access to antigen tests, you should consider using them. With two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.

https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html

**CareQuest**
Institute for Oral Health®

# Health Care Personnel

## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC

For more details, including recommendations for healthcare personnel who are iimmunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Up to Date and Not Up to Date | 10 days OR 7 days with negative test†, if asymptomatic or mild to moderate illness (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms) | No work restriction, with prioritization considerations (e.g., types of patients they care for) |

### Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Up to Date | No work restrictions, with negative test on days 1‡ and 5–7 | No work restriction | No work restriction |
| Not Up to Date | 10 days OR 7 days with negative test† | No work restriction with negative tests on days 1‡, 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7) | No work restrictions (test if possible) |

†Negative test result within 48 hours before returning to work
‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CareQuest
Institute for Oral Health®

# In the Dental Setting, Implement Source Control

- Everyone entering a health care facility should wear a well-fitted face mask

- Patients should only remove mask during active care

# Universal Use of PPE for DHCP

- Gown
- Gloves
- Protective Eyewear/faceshield
- Mask
- N95 or higher respirator when indicated

# ASTM Levels of Surgical Facemasks

| Characteristic | Level 1 | Level 2 | Level 3 |
|---|---|---|---|
| Bacterial filtration efficacy | ≥95% | ≥98% | ≥98% |
| Sub-micron particulates filtration efficient at 0.1 micron | ≥95% | ≥98% | ≥98% |
| Differential pressure, mm H20/cm2 (Breathability) | <4.0 $H_2O$ | <5 mm $H_2O$ | <5.0 $H_2O$ |
| Resistance to penetration by synthetic blood, minimum pressure in mm Hg for pass results | 80 mm Hg | 120 mm Hg | 160 mm Hg |
| Flame spread | Class 1 | Class 1 | Class 1 |

**CareQuest**
Institute for Oral Health®

# COVID-19 Has Led to an Increased Use of NIOSH-Approved Respirators in Health Care



Photo credit: 3M

**Filtering facepiece respirators (FFRs)**



Photo credit: 3M



Photo credit: MSA

**Elastomeric half mask respirators (EHMRs)**



Photo credit: University of Maryland



Photo credit: Honeywell International Inc.

**Powered air-purifying respirators (PAPRs)**



Photo credit: Ford Motor Company

CareQuest
Institute for Oral Health®

# Respiratory Protection Program and Respirators



- Written respiratory protection program (RPP)

- Appoint an RPP administrator

- Training and fit-testing

- Selection of respirator (healthcare vs. non-health care)

- Use and disposal of respirator

- Annual fit testing

- Voluntary use

# Proper Donning of Respirator



Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.

Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.

Select other PPE items that do not interfere with the fit or performance of your respirator.

Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.
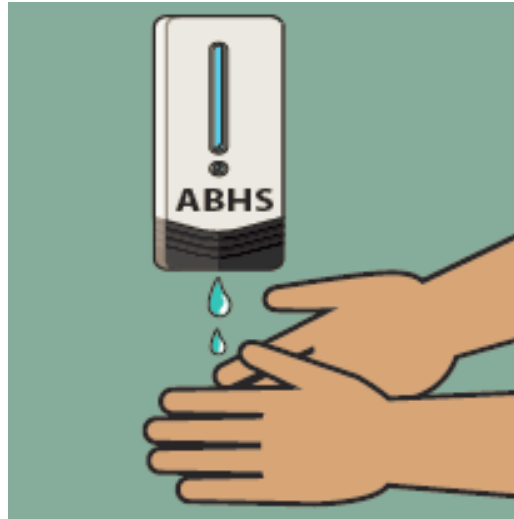

Clean your hands with alcohol-based hand sanitizer or soap and water.


Discard in a waste container.

Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.
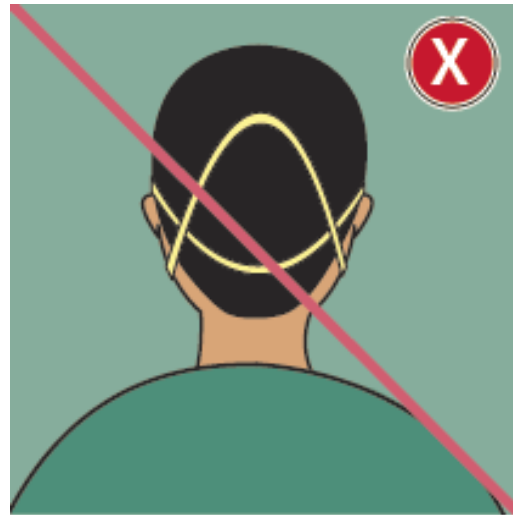
Do not crisscross the straps.
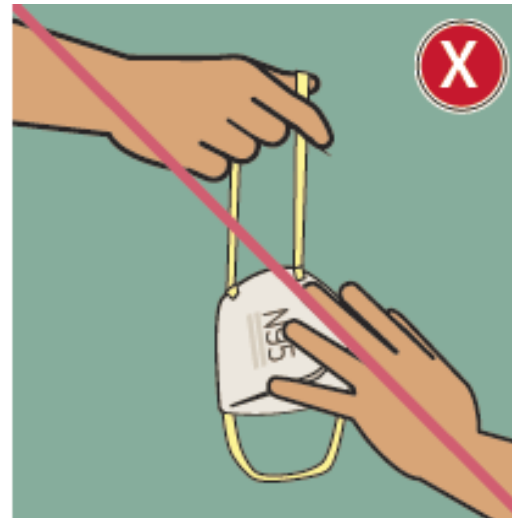
Do not touch the front of the respirator during or after use! It may be contaminated.

Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.

CareQuest
Institute for Oral Health®

CDC

# Resources for RPP



Hospital Respiratory Protection Program Toolkit
Resources for Respirator Program Administrators
MAY 2015
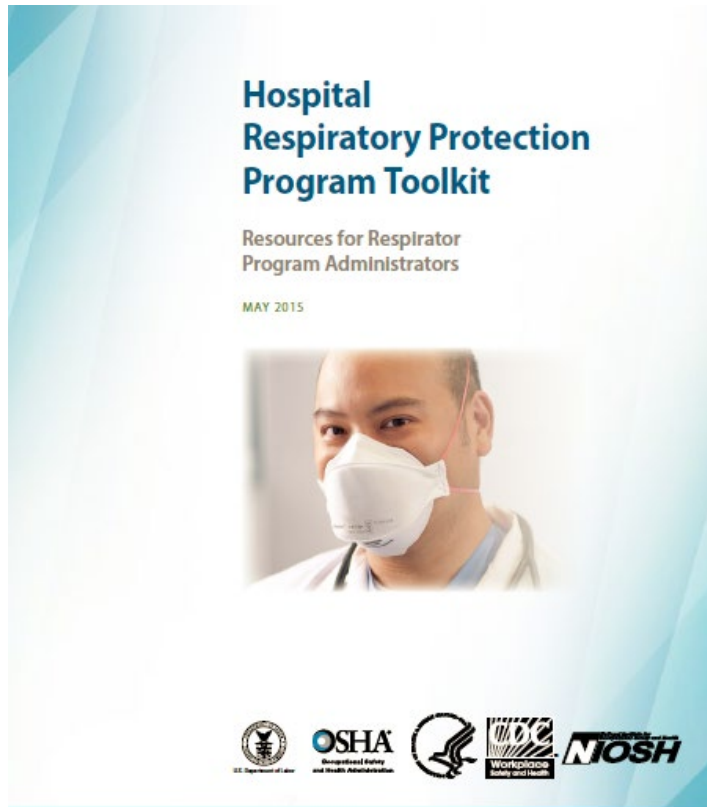
www.osha.gov/Publications/OSHA3767.pdf



The National Institute for Occupational Safety and Health (NIOSH)

www.cdc.gov/niosh/topics/respirators/default.html
https://www.cdc.gov/niosh/npptl/topics/respirators/disp part/respsource.html



http://aaohn.org/page/respiratory-protection-1278
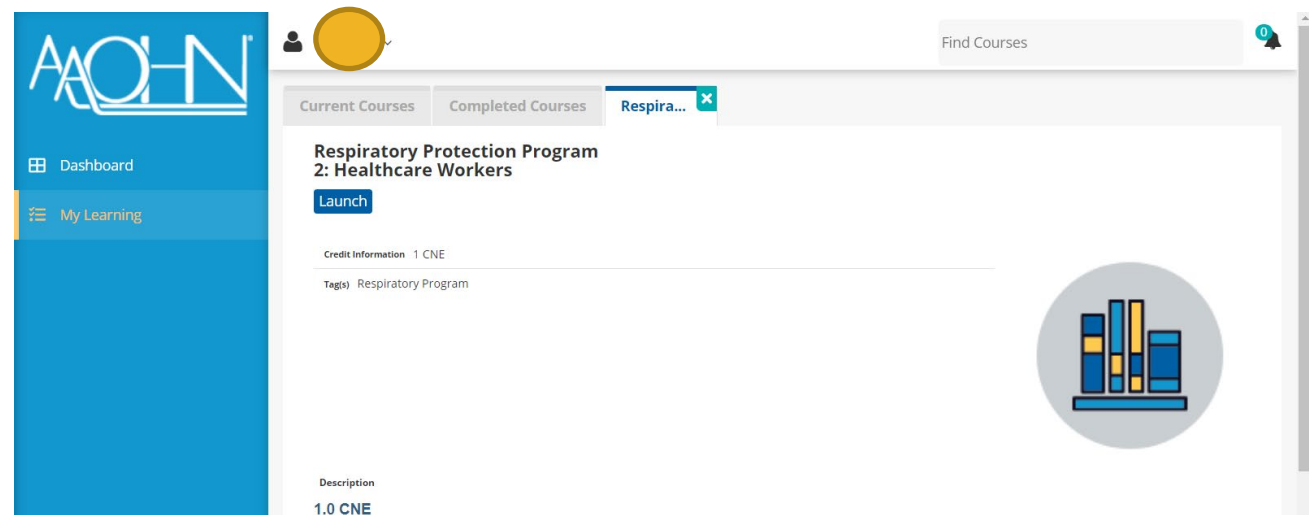
# Will CDC issue new guidelines?

- Currently revising and simplifying transmission-based precautions
- No estimate on when interim guidelines for infection control during COVID-19 may be modified



**Updated CDC Isolation and Quarantine Recommendations**

If You Test **POSITIVE** for COVID-19 (regardless of vaccination status)

Day 1-5 | Day 6-10

Stay home

If you have **no symptoms** or your **symptoms are resolving**, you can leave your house—continue to wear a mask around others.

If you have a fever, continue to stay home until your fever resolves.

CDC | cdc.gov/coronavirus

If You were **EXPOSED** to COVID-19 & Boosted

Day 1 | Day 5 | Day 10

Wear a mask around others for 10 days. Test on day 5, if possible

If you develop symptoms get a test and stay home.

CDC | cdc.gov/coronavirus

If You were **EXPOSED** to COVID-19 & Unvaccinated OR Vaccinated >6 mo. ago with Pfizer or Moderna vaccine or >2 mo. ago with J&J vaccine

Day 1-5 | Day 5 | Day 6-10

Stay home | Test if Possible | Continue to wear a mask around others

If you can't quarantine you must wear a mask for 10 days.

If you develop symptoms get a test and stay home.

CDC | cdc.gov/coronavirus

CareQuest
Institute for Oral Health®

# What should we likely expect?

- Additional vaccine boosters

- Adjust precautions based on community transmission locally

- Routinely screen patients for respiratory symptoms

- Ensure PPE is adequate to prevent work-related transmission

- Some of these, we should have been doing before the pandemic

Daily Trends in Number of Covid-19 cases in the US reported to CDC



20    Nov 26, '20    Apr 29, '21    Sep 30, '21    Mar 3, '22    Jul 31, '2

**CareQuest**
Institute for Oral Health®
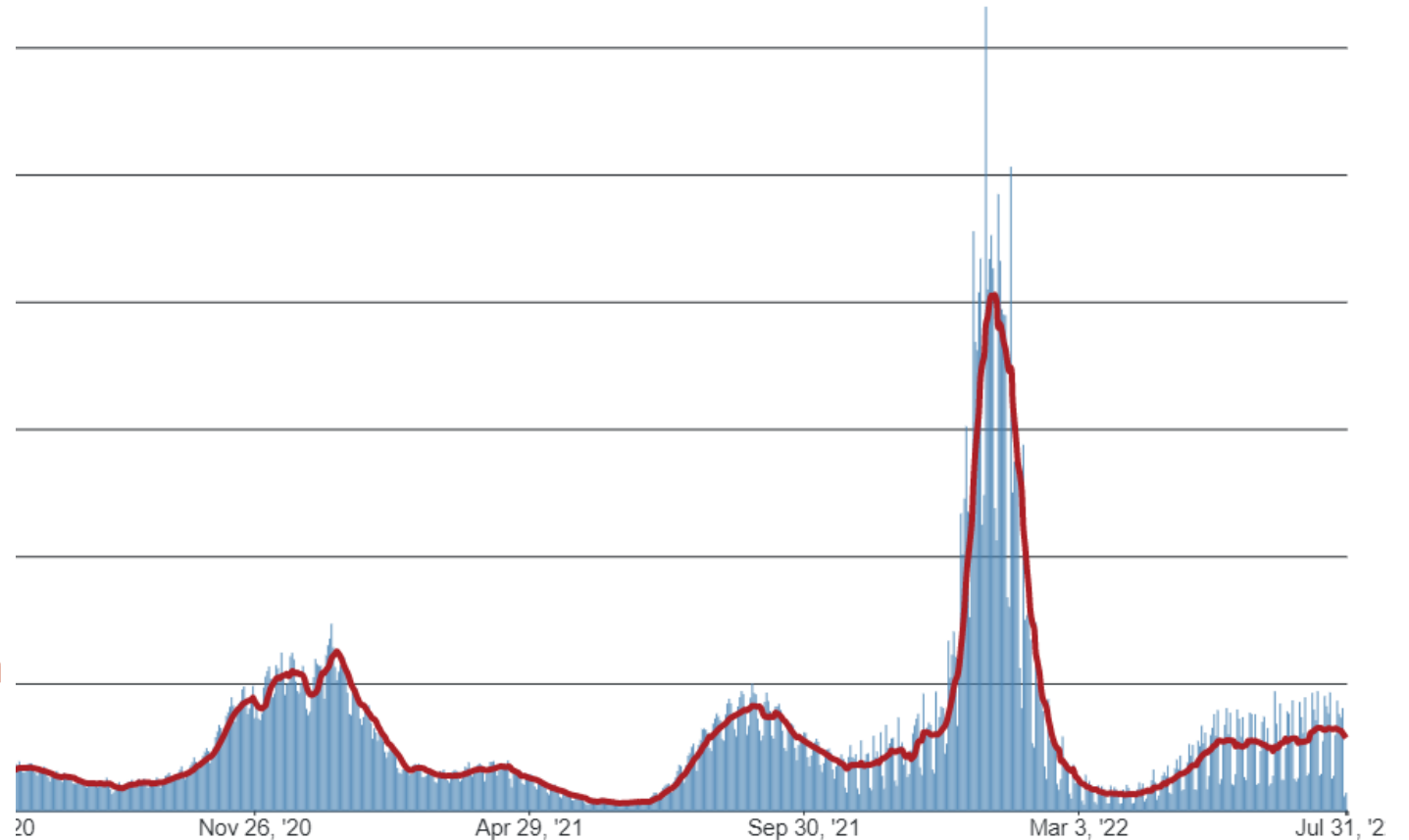
# Resources

# September is Dental Infection Control Awareness Month (DICAM)

Oral health care is an essential service and maintaining good oral health is critical to overall health. CDC's Division of Oral Health provides guidelines and recommendations to reduce transmission of infections in dental healthcare settings.

There are many ways that dental health care personnel work to keep their patients, their community, and themselves safe during a dental visit. September is Dental Infection Control Awareness Month (DICAM)—a time to recognize and raise awareness of these critical guidelines that dental health care personnel follow every day.

The theme of this year's awareness is "Staying in the Know Together." What are you doing to educate your patients about infection prevention and control in your practice?

Your patients may be more curious than ever to hear about what you do to keep them safe during their visits. Don't wait for them to ask; they may be too shy. Instead, here are some ways you can start the conversation, along with resources to help:

https://www.cdc.gov/oralhealth/publications/features/sept-dicam.html

CareQuest
Institute for Oral Health®

49

www.dentalinfectioncontrol.org

# OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™

| Component | CE Credits |
|---|---|
| OSAP-DALE Foundation CDEA® module Understanding CDC's Summary of Infection Prevention Practices in Dental Settings | 2 |
| OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™ | 10 |
| OSAP-DALE Foundation eHandbook Assessment™ | 0 |

www.dentalinfectioncontrol.org

# Certifications

**Certified in Dental Infection Prevention and Control® (CDIPC®)**
- Intended for clinicians, educators, consultants, risk managers and others in dentistry who implement dental infection control protocols in dental settings, or their supervisors.

**Dental Industry Specialist in Infection Prevention and Control™ (DISIPC™)**
- Intended for sales representatives, dental practice managers, corporate educators and other professionals who work for the companies that manufacture or distribute dental infection prevention and control products.

## www.dentalinfectioncontrol.org

# OSAP/CareQuest Institute Best Practices
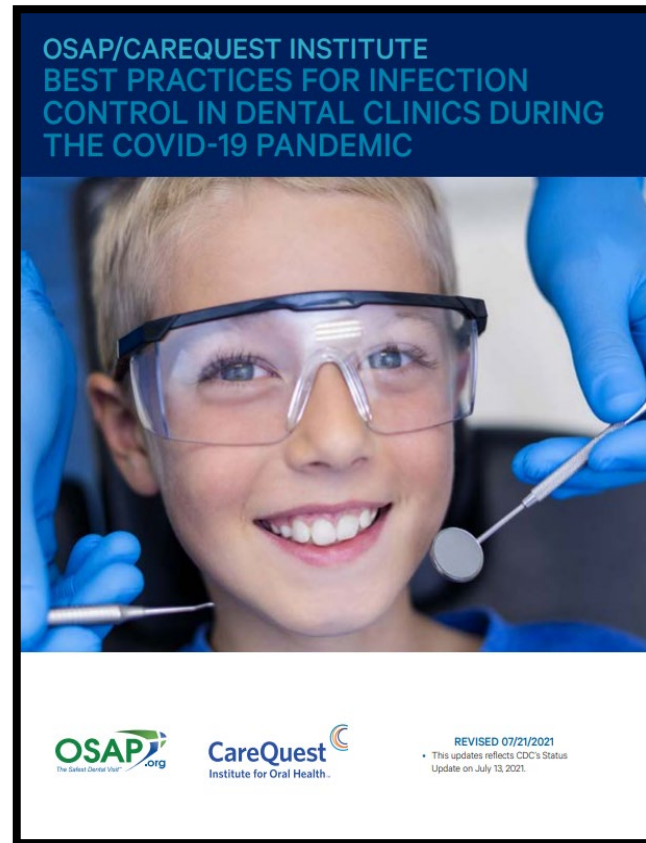


www.osap.org/best-practices-for-infection-control-in-dental-clinics-during-the-covid-19-pandemic

# CDC - Foundations: Building the Safest Dental Visit

Web-based, interactive, self-paced training designed to help increase adherence with established infection prevention and control guidelines among dental healthcare personnel.

Training provides an overview of the basic expectations for safe care—the principles of infection prevention and control that form the basis for CDC recommendations for dental healthcare settings.

Learners who complete the training are eligible for 3 Continuing Education (CE) credits, provided by the Organization for Safety, Asepsis, and Prevention (OSAP).

https://www.cdc.gov/oralhealth/infectioncontrol/foundations-building-the-safest-dental-visit.html

**FOUNDATIONS**
Building the Safest Dental Visit

CareQuest
Institute for Oral Health®

# CDC Project Firstline



CDC's National Training Collaborative for Healthcare Infection Control

**What's New**

New resources to help you learn to recognize infection risks in health care

NEW

RESOURCES FOR RECOGNIZING INFECTION RISKS IN HEALTH CARE

www.cdc.gov/ProjectFirstline

**About**

PROJECT FIRSTLINE

- Training videos
- Graphics
- Session plans
- Slides
- Targeted training modules (hand hygiene, etc.)
- Training facilitator toolkit

www.cdc.gov/infectioncontrol/projectfirstline

CareQuest
Institute for Oral Health®

# Contact Information

**Kathy Eklund, RDN, MHP**

Director of Occupational Health and Safety, Forsyth Research Subject & Patient Safety Advocate at the Forsyth Institute

[keklund@forsyth.org](mailto:keklund@forsyth.org)

# Questions
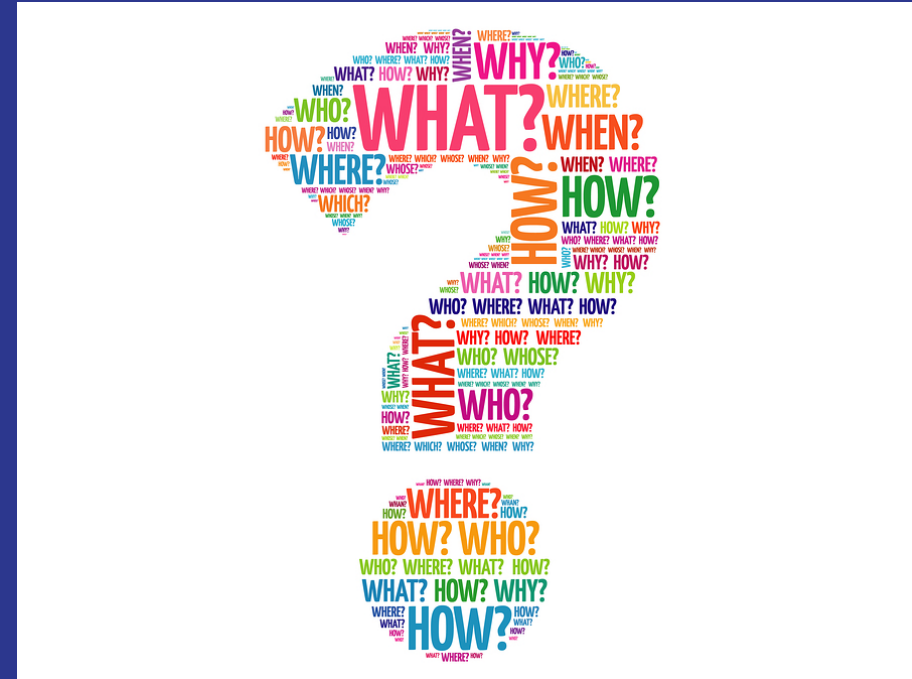
# To Explore More Industry-Leading Research

# Webinar Evaluation

Complete the **evaluation by September 30** to receive CE credit.

*Upcoming Webinars:*

**September 29, 2022**

*The Connection Between a Healthy Mouth and Prevention of Hospital-Acquired Pneumonia*

Sign up to receive our newsletter to get more information on future webinars!

### Sign up for News and Updates

Email*

CareQuest Institute for Oral Health uses the information you provide to share updates on work and offerings to improve the oral health of all. You may unsubscribe at any time (See Privacy Policy).

**Submit**

**CareQuest**
Institute for Oral Health®

# Stay Connected

## Follow us on social media

@CareQuestInstitute

@CareQuestInstitute

@CareQuestInst

CareQuest Institute