

Infection Control: Lessons Learned from the New 'If Saliva Were Red' Video

CareQuest Institute Continuing Education Webinar

July 25, 2024

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 within 24 hours.
- Complete the evaluation by **Friday, August 2**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



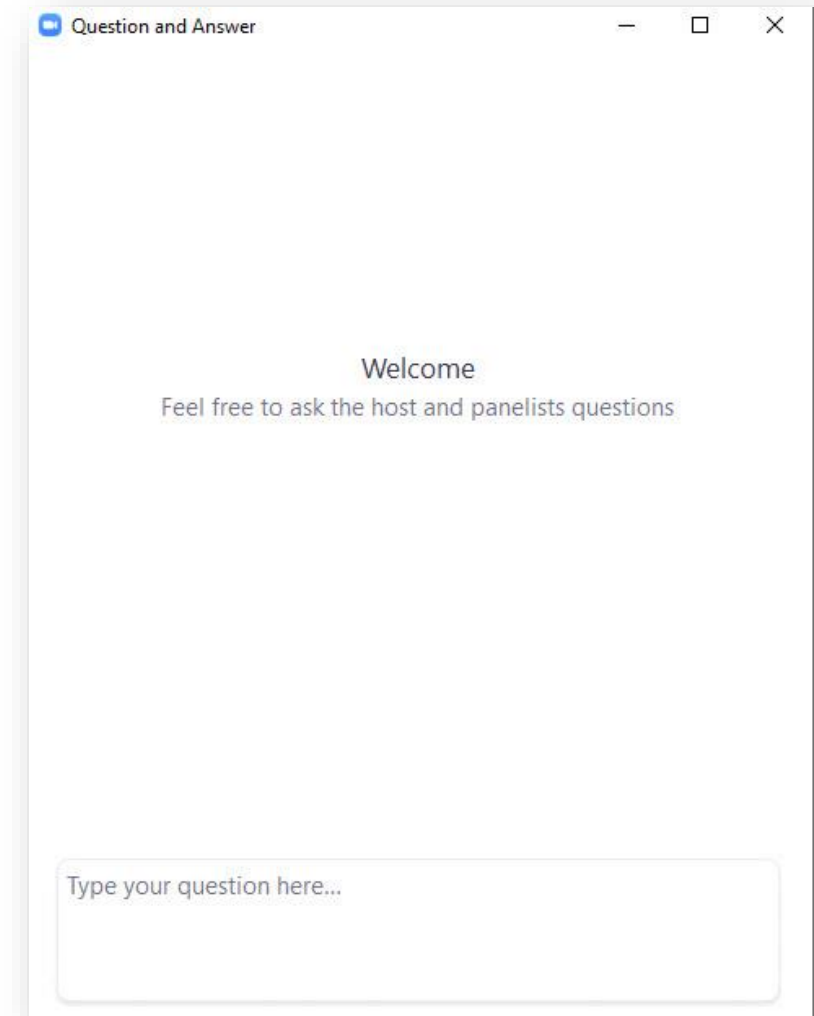
The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*Full disclosures available upon request



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.



Infection Control: Lessons Learned from the New 'If Saliva Were Red' Video



WEBINAR | Thursday, July 25, 2024 | 7-8 p.m. ET | ADA CERP Credits: 1

MODERATOR



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Consulting, LLC

Infection Control

Lessons Learned from the NEW
'If Saliva Were Red' Video

July 25, 2024

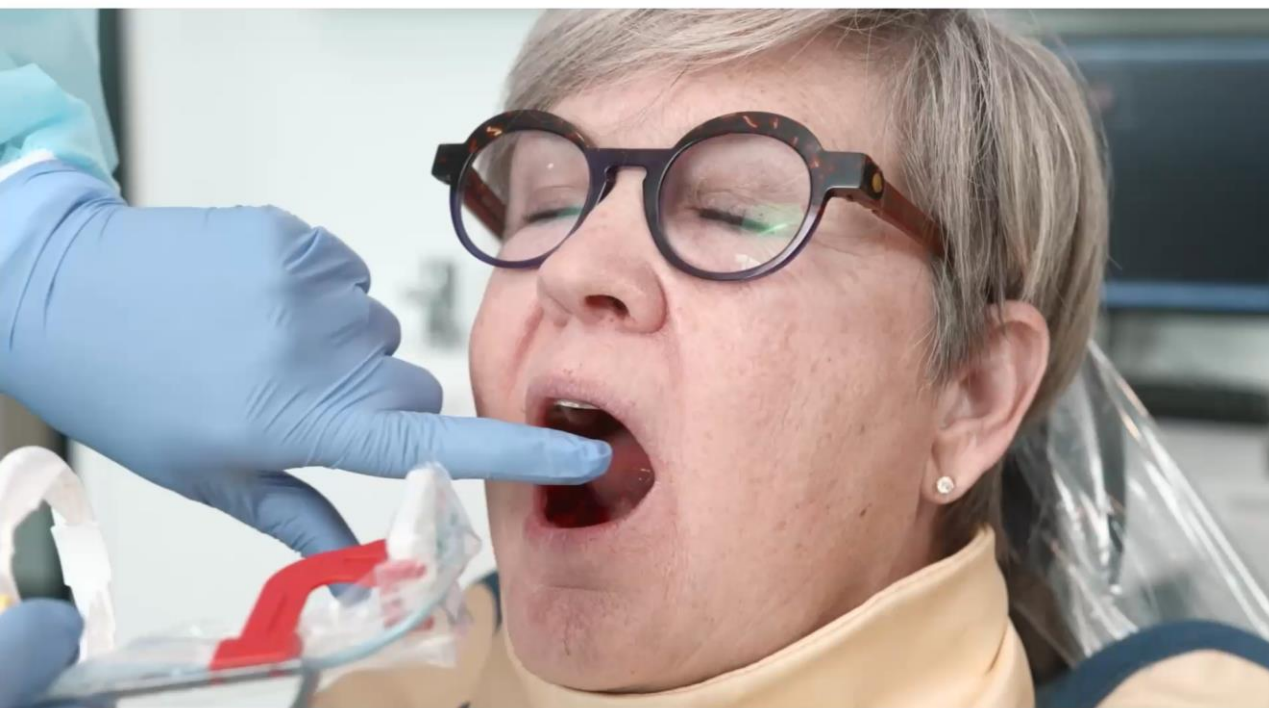
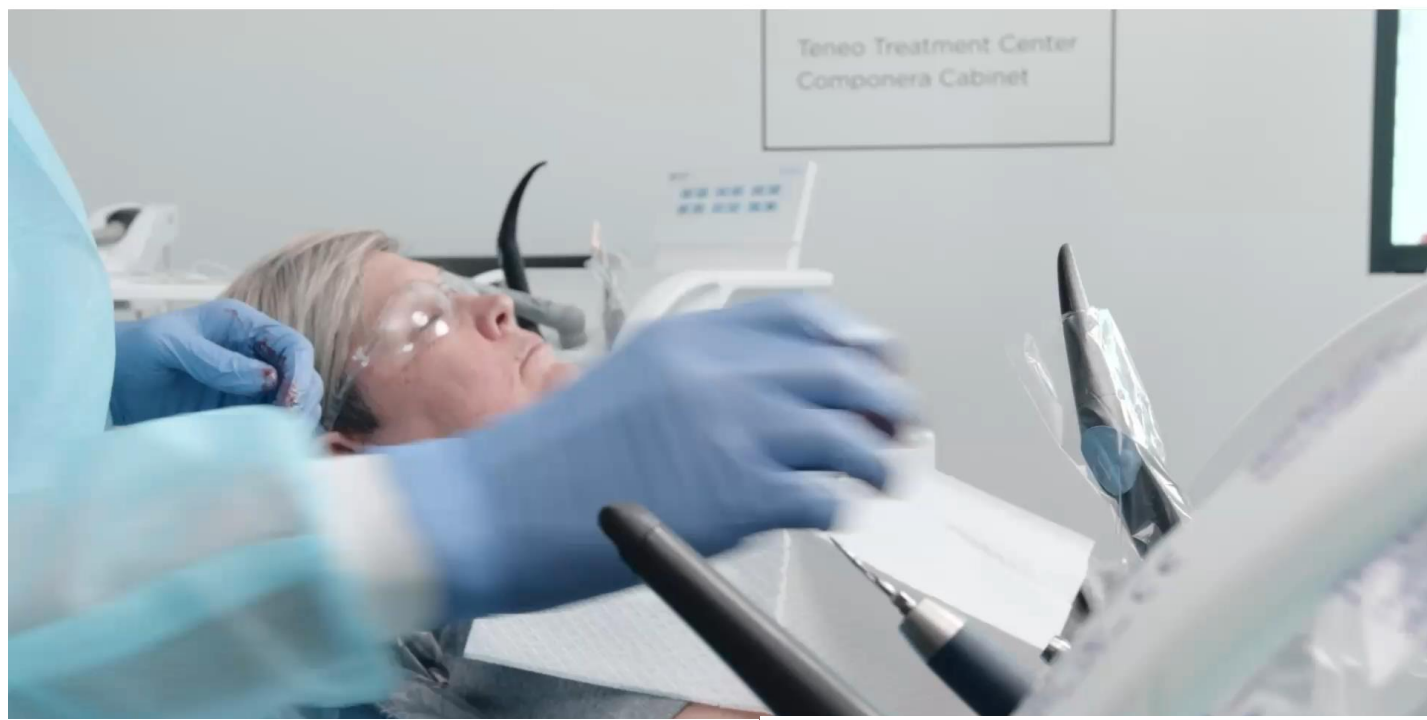




Photo Credit: PP

Course Objectives

- Recall signs, symptoms, and modes of transmission of HIV, Hepatitis B, and Hepatitis C as they relate to dental practice.
- Explain the appropriate personal protective equipment (PPE) to reduce the risk of exposure to blood/saliva during procedures.
- Analyze dental office scenarios to identify cross-contamination risks and propose solutions to mitigate these risks.





if saliva were
RED



OSAP.org
The Safer Dental Visit™





Photo: NIHB

Risk of Exposure

Worker to patient

Patient to worker

Patient to patient

Infectious Hazards

- Hep B, C, HIV
 - HIV: More than 1 million people
 - Hepatitis B: More than 1 million people
 - Hepatitis C: More than 3 million people
- Herpes
- Staph, MRSA
- Chicken pox, measles, mumps
- Influenza, “colds,” TB
- COVID-19



Image: KKG



Bloodborne Pathogen Standard 1991

Employers must protect against blood exposures.



Image: ADS

Bloodborne Pathogens

- Located in the blood or other body fluids
- Virus or bacteria
- Exposure may lead to infection
 - HIV
 - Hepatitis B
 - Hepatitis C

Indication of Infection

HIV: .23%

- Flu-like illness 2-4 weeks after exposure or no symptoms
- Treatments allow for undetectable virus status

Hepatitis B: 6–30%

- Joint and abdominal pain, dark urine, n/v, clay-colored stools within 90 days of exposure
- Reported new cases stable over the last decade
- Best protection: vaccine

Hepatitis C: .2%

- Joint and abdominal pain, dark urine, n/v, clay-colored stools 2–12 weeks after exposure or no symptoms
- Testing recommended for individuals 18 and older and during each pregnancy

Requirements of BBP Standard

- Written Exposure Control Plan
- Hep B vaccination at no cost to the employee
- Labels and signs to communicate hazards
- **PPE**
- Enforcement of work practice controls
- Use of engineering controls
- **Surface decontamination**
- Post-exposure follow-up
- Record keeping





Image: KKG

Personal Protective Equipment

Hierarchy of Controls

Most effective

Elimination

PHYSICALLY REMOVE THE HAZARD

- Symptom screening prior to appointment and on arrival: isolate and eliminate (discharge, refer) all symptomatic patients and workers
- Viral testing at time of treatment – Not currently available
- Remove items and surfaces that might cross-contaminate and replace with non-touch options
- Prioritize non-susceptible or low-risk DHCWs

REPLACE THE HAZARD

- Remotely assist patients through Teledentistry
- Alter or postpone treatment plan if this does not harm patient
- Prioritize at-risk population in most need of dental care
- Limit close contact of patients throughout the practice
- Avoid aerosolizing procedures, substitute with non/low spray practices where possible
- Re-assign roles of high risk personnel to low exposure work or locations

Substitution

ISOLATE PEOPLE FROM THE HAZARD

- Facility space organization into infection control zones. Isolate and separate space use with physical barriers
- Rubber dam isolation use
- High speed evacuation in conjunction with isolation
- Pre-procedure mouth rinse to reduce microorganisms
- Hand instrumentation for hygiene, non-surgical periodontal treatment, minimal restorative treatment

Engineering Controls

CHANGE THE WAY PEOPLE WORK

- Respiratory hygiene/cough etiquette/hand hygiene stations
- Sick leave policies
- Manage visitors, limit points of entry
- Adjustments in appointment scheduling
- Universal Source Control – all people wear appropriate level face coverings in facility
- Create, train new employee roles
- Respiratory Protection Program (RPP)

Administrative Controls

PROTECT THE WORKER FROM THE HAZARD

- Gowns
- Gloves
- Mask
- Face shield
- Goggles
- N95 respirator

Least effective

Masks + Eye Protection



Image: KKG



Image: ADS

- Impact resistant
- Side shields to protect the sides of the eyes
- Goggles/Face shield: Corrosives
- Clean after use; clean and disinfect if visibly soiled
- Masks
 - Change after each patient or if becomes moist or heavily soiled during procedure



What is a bottom gap?

- Provide entry routes for debris travelling vertically and tangential to the face.
- Debris may reach practitioner's eye through open bottom gaps between the lower rims of lenses and upper edge of the mask

Which Mask/Eyewear Combo Provides Best Protection?

- Human head mannequin positioned to simulate position and distance of dental personnel relative to patient and operating handpiece
- Spray bottle containing water-based red dye sprayed mannequin from 4, 6, 8 o'clock positions





OSHA Compliant Safety Glasses *side shields, and flat ear loop mask*

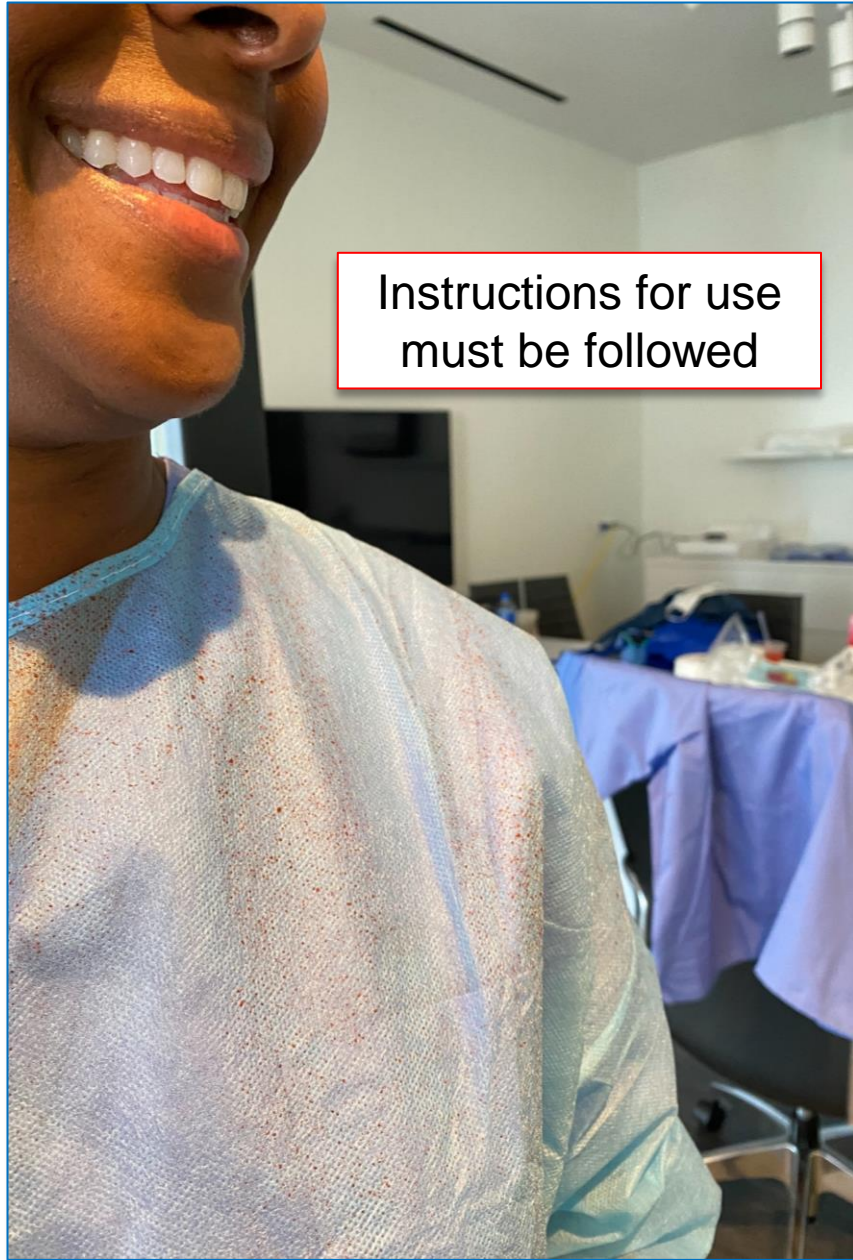


Mask with Full-Face Shield *without eyewear under mask/shield combination*

How often do you change gowns or jackets?

DHCP should change protective clothing when it becomes visibly soiled and as soon as feasible if penetrated by blood or other potentially infectious fluids





How Far Does "IT" Travel?



Images: ADS

Surface Cleaning + Disinfection

Follow
manufacturer's
instructions for use

Use PPE — gloves
and possibly face
protection

EPA registered
Hospital
Disinfectant

TB
or
HIV/Hep B

Surface disinfectant
contact time?

Don't forget
handpiece cradles,
light switches, door
handles



Image: ADS



Image: KKG

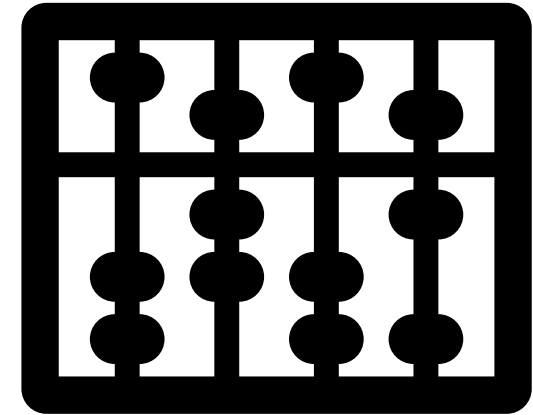
Safety?

Personal protective equipment:

Hand protection: In case of repeated or prolonged contact wear gloves

Eye protection: Wear safety goggles or other eye protection to prevent eye contact.

Skin and body protection: Wear suitable protective clothing



Protection of hands:



Protective gloves

The glove material has to be impermeable and resistant to the product/ the substance/ the preparation.

For the permanent contact gloves made of the following materials are suitable:

Nitrile rubber, NBR

Neoprene gloves

Eye protection:



Safety glasses

- How many times each day do you clean/disinfect an exam room?
- How many days each week do you work?
- How many weeks a year?

Barrier Use



Multi-Use Dispensers



Example: Processing After Use *

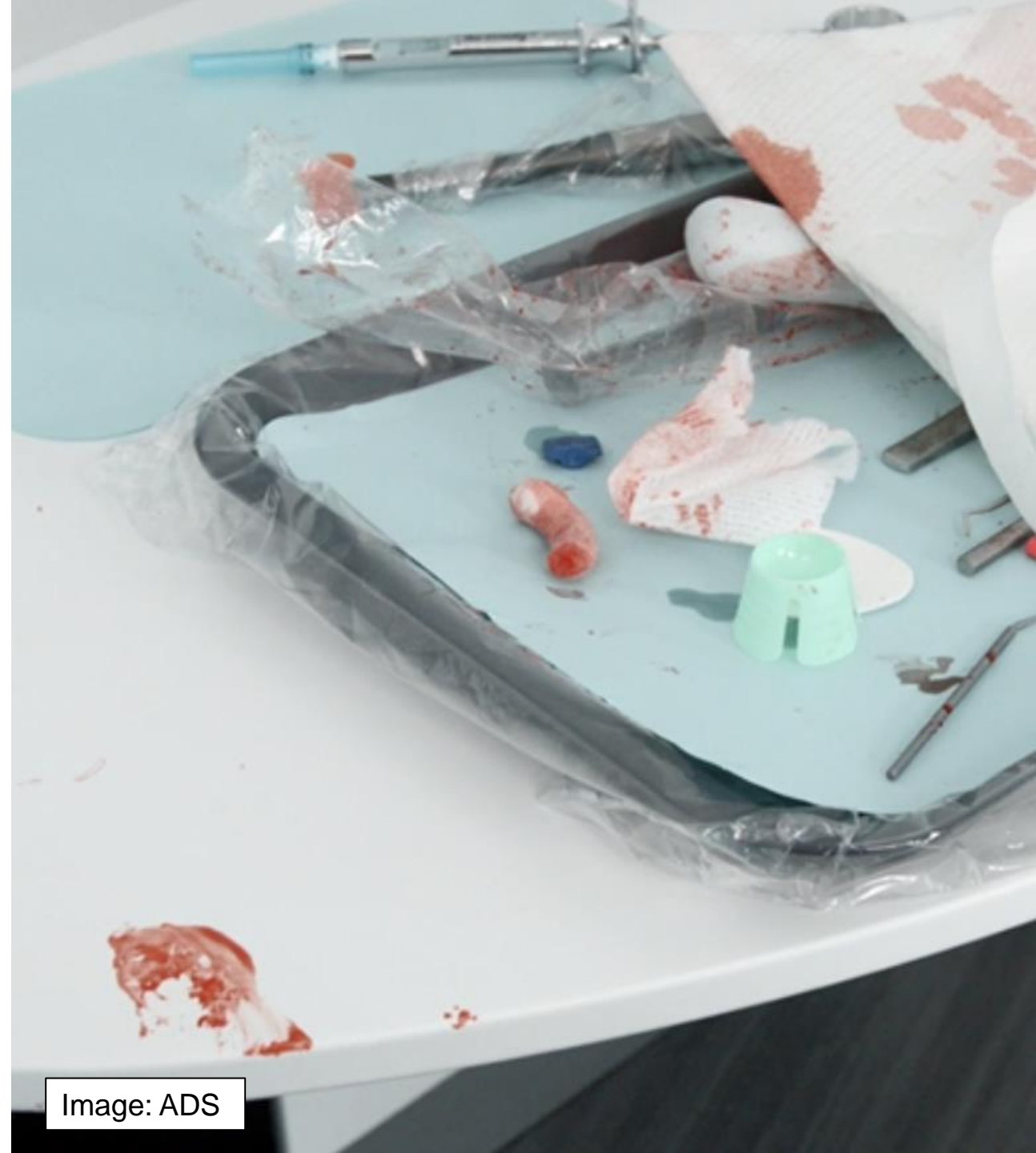
- To avoid cross-contamination, wipe syringe with an intermediate level disinfectant between uses.
- Use a disposable barrier sleeve.
- If a barrier sleeve is not used, syringe should be treated as single-use.

Link to the FDA statement.

<https://www.fda.gov/medical-devices/dental-devices/multiple-use-dental-dispenser-devices>

Exposure: Next Steps

- Clean the area, or flush mucous membranes
- Report **IMMEDIATELY!**
- Seek care
 - Patient notification
 - Immediate access to a qualified health care provider
 - Evaluation + counseling
 - Baseline Hep C testing





First Line Resources

- Clinicians' Post Exposure Prophylaxis (PEP) Line at 1-888-448-4911 or go to: <https://nccc.ucsf.edu/>
- Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. Nov 2013, Update (May 23, 2018). <https://stacks.cdc.gov/view/cdc/20711>
- CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. Dec 2013. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>
- Moorman AC, de Perio MA, Goldschmidt R, et al. Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus — CDC Guidance, United States, 2020. MMWR Recomm Rep 2020;69(No. RR-6):1–8. DOI: <http://dx.doi.org/10.15585/mmwr.rr6906a1>

Hepatitis B and Healthcare Personnel



Immunize.org answers frequently asked questions about how to protect healthcare personnel



Experts from Immunize.org answer your questions about hepatitis B (HepB) vaccine. You'll find additional Q&As about hepatitis B vaccine on the "Ask the Experts" section of immunize.org at www.immunize.org/askexperts/experts_hepb.asp

Hepatitis B Vaccination

Which people who work in healthcare settings need hepatitis B vaccine?

CDC recommends hepatitis B vaccination of everyone age 59 years and younger plus people 60 years and older who are at increased risk, including all healthcare personnel (HCP). In addition, the Occupational Safety and Health Administration (OSHA) requires that hepatitis B vaccine be offered to HCP who have a reasonable expectation of being exposed

approved by the FDA in 2021 for use in people 18 years and older. It is given as a 3-dose series (1.0 mL dose at 0, 1, and 6 months) and administered IM.

Can a different brand be used to complete a vaccination series started with Engerix-B or Recombivax HB?

A HepB vaccine series that was begun with one brand of hepatitis B vaccine may be completed with a different brand. When feasible, the same manufacturer's vaccine should be used to complete the series. If vaccination should not be deferred when the manufacturer of the previously administered vaccine is unknown or when the vaccine of the same manufacturer is unavailable.

The 2-dose hepatitis B vaccine series applies when both doses in the series are of Heplisav-B. Series consisting of a combination of 1 dose of Heplisav-B and a vaccine from a different manufacturer should consist

been previously vaccinated. Receipt of the vaccine is not a reason to discontinue breast-feeding.

There are no clinical studies of Heplisav-B or PreHevbrio during pregnancy. Available data are insufficient to assess vaccine-associated risks in pregnancy. Until safety data are available for these products, providers should continue to use Engerix-B or Recombivax HB

www.immunize.org/catg.d/p2109.pdf

Item #P2109 (1/2023)



Scan for PDF

followed the protocol, have long-term protection against HBV and do not need further testing or

Final Thoughts

- Splatter impacts workers and patients
- Use PPE appropriately
- Surface disinfection is a critical step in infection prevention and control
- ISWR is available for download and CE





"Life is short. Do stuff that matters!"

Thank you!

Karen Gregory, RN, CDIPC

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Question & Answer



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Uninsured and in Need

68.5 Million Lack Dental Insurance, More May Be Coming

State of Oral Health Equity in America 2023

According to the 2023 State of Oral Health Equity in America (SOHEA) survey from CareQuest Institute for Oral Health®, an estimated 68.5 million adults in the US do not have dental insurance.

The estimated portion of the population without dental insurance (27%) is significantly greater than that of those without health insurance (9%) — about three times as high. With a significant number of adults in the US lacking dental insurance, we face an ongoing nationwide oral health crisis. We must call for health care professionals, administrators, policymakers, and advocates to lead efforts to increase dental coverage by Medicaid and Medicare.

SOHEA is the largest nationally representative survey focused exclusively on adults' knowledge, attitudes, experiences, and behaviors related to oral health. The 2023 survey found that of all adult age groups, adults 60 years and older (33%) were most likely to lack dental insurance. Additionally, adults living in rural areas (34%) were more likely to lack dental insurance than adults living in suburban (24%) or urban (29%) areas.

While the proportion of adults with dental insurance increased by 3% from 2021 to 2023, it is important to note that the SOHEA survey did not ask survey participants whether they gained dental coverage in the past year. The increase in dental insurance rates is likely related, at least in part, to the increase in the proportion of adults receiving dental coverage through Medicare Advantage within the past year — from 7% in 2022 to 9% in 2023. During that same time period, Medicare enrollment increased from 65.1 million to 65.8 million individuals. Of those enrolled in Medicare, the proportion selecting Medicare Advantage plans also increased from 46% to 48%. While it is positive that more Medicare-eligible adults are selecting coverage with some dental benefits, it is important to note that the scope of dental benefits under Medicare Advantage plans varies widely and is quite limited, often resulting in high out-of-pocket costs for individuals with severe dental needs. Additionally, Medicare Advantage plans have an estimated average monthly premium of about \$18, and in some cases much higher, again reinforcing the limitations and inaccessibility of this option for Medicare participants seeking oral health coverage.

% of Adults Without Dental Insurance by Age

Age Group	% of Adults Without Dental Insurance
18-29	29%
30-44	19.5%
45-59	24%
60+	33%

Insurance Coverage Trends, 2021-2023

Year	% of adults with dental insurance	% of adults with health insurance
2021	70%	90%
2022	70%	90.1%
2023	73%	90.7%

Webinar Evaluation

Complete the evaluation by **Friday, August 2** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Cannabis and Oral Health: What Dental Teams Should Know on **August 8 at 7 p.m. ET**

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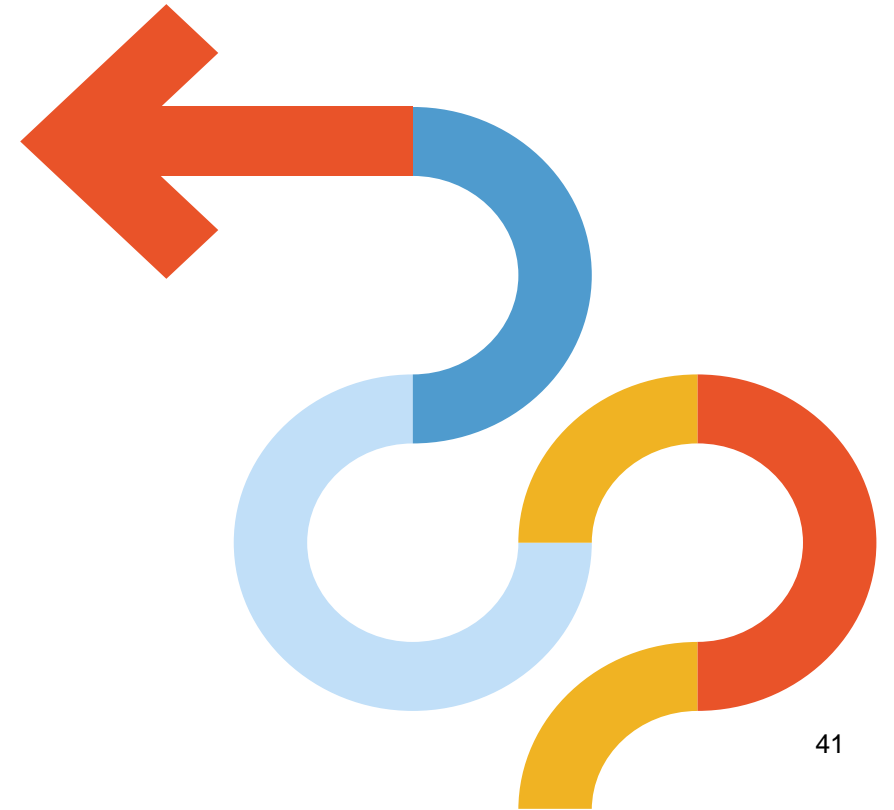
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