Dr. Katherine Schrubbe on 3 Safety and Infection Control Steps to Explain to Your Patients

Safety and infection control protocols take time, dedication, dollars, and a commitment to consistently do the right thing during the delivery of dental patient care. When the patient enters the operatory, they expect that they will be safe during dental treatment and that you have taken all necessary infection prevention steps. But how do they know?

Noted scientist Noam Chomsky once said, "People not only don't know what's happening to them, they don't even know that they don't know." This is particularly true in dental settings, and it underscores the need for patient education to go much further than oral hygiene and post-operative care instructions. Indeed, patient education should include explaining not only what the dental team is doing to protect the patient, but why these steps are so important.

The following are the top three questions most patients have regarding standard infection control practices. These are questions that many clinicians may not think to address – but it is the clinician's responsibility to help the patient understand these practices. I encourage you to consider things from your patient's perspective, and I hope the answers we have provided here will be helpful for you.

Q: Why do I have to put on glasses for my dental appointment?

Dr. Schrubbe: The Centers for Disease Control and Prevention (CDC) recommends eye protection for all dental patients.[1] Many patients want to refuse to wear protective glasses or goggles during treatment, but this is the time to share the rationale behind the request. Dental treatment in general creates spray and splatter, and the use of numerous instruments throughout treatment can also pose ocular risk. On July 8, 2013, this risk manifested in a tragic way. Jennifer Morrone, a young mother of two daughters, went to her dentist for root canal therapy. Neither the dentist nor a member of his team had offered Jenn a pair of safety glasses.

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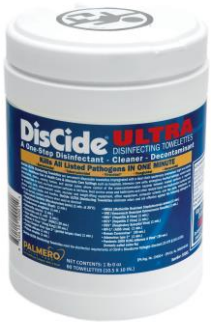
After the dentist gave her an injection, he passed the syringe over her face without recapping the needle first – and he accidentally dropped the syringe in her eye. She went to the emergency room, where a team of doctors tried to save her eye, but nothing resolved the infection that was caused from the bacteria from her mouth that the syringe had introduced into her eye. The infection caused her retina to become completely detached. She underwent multiple surgeries, but ultimately the doctors had to remove her eye lens and she lost her vision.[2] Jenn is not the first dental patient to sustain an ocular injury at the dentist; sadly, there are many.

A case report in 2007 recounts the story of a female patient with contact lenses who was not wearing safety glasses who visited her dentist for replacement of a bridge. During the treatment, a stream of water was directed from the handpiece into her right eye. Because of subsequent pain in the eye, the patient consulted several ophthalmologists, who discovered abrasive lesions of the cornea and inflammation. Despite antibacterial and anti-inflammatory treatments, the patient's visual acuity declined gradually over a period of several days. A microbiological examination nearly two months later revealed amoebae (Acanthamoeba spp) in corneal samples, which caused a serious infection in the patient's eye that left symptoms that persisted for years and later led to a lawsuit against the dentist.[3]

Take the time to educate and explain to your patients why wearing protective eyewear during dental treatment is so important. When they understand, it is easy to comply.

Q: What is that interesting scent in the operatory?

Dr. Schrubbe: Clinical contact surfaces are easily contaminated with aerosols and spatter that may contain blood, saliva, or other potentially infectious materials (OPIM) during dental treatment. These surfaces must be cleaned and disinfected between patients. It is likely that the scent the patient smells is from a disinfectant that has been used to turnover, or reprocess, the operatory. This is a good time to inform the patient that infection prevention is taken very seriously in the practice; after each patient, the operatory is cleaned and disinfected with an intermediate-level disinfectant to eliminate pathogens and reduce the risk of cross-contamination between patients.



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The CDC is very clear on the protocols for environmental asepsis that include not only cleaning and disinfection, but also the use of surface barriers.[4] Most dental practices implement a combination of both. Barriers protect clinical contact surfaces that are difficult to clean and are an FDA-cleared medical device; they must be changed between patients. According to the CDC, dental practices must utilize an EPA-registered disinfectant with label claims for healthcare settings.[4] Intermediate-level disinfectants have a TB kill claim and are used in dentistry because of the high probability of blood and body fluids on clinical contact surfaces.[5] When choosing a disinfectant, one must follow the instructions for use (IFU) and should consider the stated TB kill time. The shorter the kill time, the quicker the operatory turnover and the quicker the next patient can be seated. Inform your patients about the important role surface disinfectants and barriers play in protecting them from pathogens.

Q: Why do I have to wear this collar around my neck for x-rays?

Dr. Schrubbe: This is a question commonly asked by patients. Don't wait to answer! Let patients know that the collar is being used to protect their thyroid gland. According to the American Thyroid Association (ATA), it was estimated that in 2016 approximately 64,000 new patients in the US were diagnosed with thyroid cancer. In 2013, the last year for which statistics are available, over 630,000 patients were living with thyroid cancer in the US.[6] In 2012, the ATA released a Policy Statement on Minimizing Radiation Exposure from Medical, Dental Diagnostics,

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noting that increased radiation exposure among both children and adults is of primary concern because the thyroid gland is among the most susceptible sites of radiation-induced cancer.[7] In this policy statement, one of the key recommendations is that "Thyroid-protective collars should be used for all dental x-rays when they do not interfere with the examination." The American Dental Association also recommends use of a thyroid collar for dental x-rays.[8]

Explain to your patients that dental providers are part of the patient's overall healthcare team and are committed to promoting and protecting their general health as well as their oral health. The thyroid gland produces important hormones that help the body use energy, stay warm, and maintain proper function of the brain, heart, muscles, and other organs – and therefore protecting the thyroid gland is critical to the patient's health.[7]

As dental healthcare providers, the promotion and protection of systemic health is key to good oral health. Patients must be educated and informed of why we do what we do for them. We take these infection control steps because we care.

References

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We want to thank Dr. Schrubbe for answering our questions, and we invite you to evaluate our safety and protection solutions. For more information, visit palmerohealth.com, call 800-344-6424 or email customerservice@palmerohealth.com.

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Katherine Schrubbe, RDH, BS, MEd, PhD is an Independent Compliance Consultant specializing in OSHA and dental infection control and is the owner of Schrubbe Compliance Consulting. She earned her Bachelor of Science, Master of Education and PhD from Marquette University and holds a dental hygiene license from the State of Wisconsin. Dr. Schrubbe has served in corporate dentistry on an executive team as the director of quality assurance and has over 30 years of experience in dental education at Marquette Dental School on the faculty and in clinic administration responsible for compliance, risk management and quality assurance. She is active in many professional organizations and committees, including the WDA, ADHA and the Organization for Safety, Asepsis and Prevention (OSAP) where she has been a presenter and member of the annual conference planning committees. Dr. Schrubbe regularly contributes to the scientific literature on OSHA and infection control topics, is an invited speaker providing continuing education programs nationally as well as consultations with private practices for required OSHA training and other compliance-related services. Appointed by the Governor, she also serves as a member of the Wisconsin Dentistry Examining Board.

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