



PRESENTER'S SCRIPT

Module 3 Personal Protective Equipment

SLIDE 1

This slide series was created to complement the Centers for Disease Control and Prevention's (CDC's) publication titled *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. This publication was developed to help increase adherence with established infection prevention practices.

This slide series provides an overview of the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel (DHCP).

The *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* can be found at www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf.

SLIDE 2

This slide series is divided into 10 modules. The first module provides an introduction to infection prevention for dental settings. It is followed by 9 additional slide modules—one for each element of standard precautions, as well as for dental unit water quality and program evaluation. Module 3 provides information on personal protective equipment.

SLIDE 3

Personal protective equipment (PPE), or barrier precautions, are a major component of standard precautions for DHCP. Use of rotary dental and surgical instruments, such as handpieces, ultrasonic scalers, and air-water syringes creates a visible spray that contains primarily large-particle droplets of water, saliva, blood, microorganisms, and other debris. This spatter travels only a short distance and settles out quickly, landing either on the floor, operatory surfaces, DHCP, or the patient.

PPE is essential to protect the skin and the mucous membranes of DHCP from exposure to infectious or potentially infectious materials. PPE should be worn whenever there is potential for contact with spray or spatter and should be removed when leaving the work area, such as dental patient care, instrument processing, or laboratory areas.

SLIDE 4

A surgical mask that covers both the nose and mouth and protective eyewear with solid side shields or a face shield should be worn by DHCP during procedures and patient care activities likely to generate splashes or sprays of blood or body fluids.

A mask should be changed between patients or if it becomes wet during patient treatment.

Reusable face protection should be cleaned with soap and water between patients. If visibly soiled, it should be cleaned and disinfected according to manufacturer's instructions.

Photo: Shows different styles of face masks and eye protection.

SLIDE 5

DHCP should wear long-sleeved disposable or reusable gowns or lab coats that cover skin and personal clothing likely to become soiled with blood, saliva, or infectious material—for example, when spatter and spray of blood, saliva, or other potentially infectious material to the forearms might occur.

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

All protective clothing should be removed before leaving the work area, such as dental patient care, instrument processing, or laboratory areas.

SLIDE 6

Gloves prevent contamination of DHCP's hands when touching mucous membranes, blood, saliva, or other potentially infectious materials. Gloves also reduce the likelihood that microorganisms present on the hands of DHCP will be transmitted to patients during surgical or other patient-care procedures.

Hand hygiene should be performed immediately before putting on and after removal of gloves. Gloves might have small holes or tears that are not noticeable, or hands can become contaminated as gloves are removed. Such circumstances increase the risk of wound contamination and exposure of the DHCP's hands to microorganisms from patients. Wearing gloves does not eliminate or replace the need for handwashing.

SLIDE 7

Slides 7 to 9 present a shortened version of Table 3, *Glove Types and Indications*, from the *Guidelines for Infection Control in Dental Health-Care Settings—2003*. Three types of gloves are listed—patient examination gloves, surgeon's gloves, and nonmedical gloves. Patient examination gloves are indicated for patient care, examinations, other nonsurgical procedures involving contact with mucous membranes, and laboratory procedures. They are medical devices regulated by the US Food and Drug Administration (FDA) and are available as nonsterile and sterile single-use disposable items. Use them for one patient only and discard appropriately.

SLIDE 8

Surgeon's gloves are indicated for surgical procedures. They are medical devices regulated by FDA and are available as sterile and single-use disposable items. Use for one patient and discard appropriately.

SLIDE 9

Nonmedical gloves are indicated for housekeeping procedures, such as cleaning and disinfection and handling contaminated sharps or chemicals, and are not indicated for use during patient care. These gloves are not a medical device regulated by FDA. They are commonly referred to as utility, industrial, or general purpose gloves. They should be puncture- or chemical-resistant, depending on the task. Latex gloves do not provide adequate chemical protection. Sanitize after use.

SLIDE 10

For the protection of DHCP and patients, gloves should always be worn when contact with blood, saliva, and mucous membranes is possible. A new pair of gloves should be used for each patient. Gloves should be removed after patient care and hands should be immediately washed.

SLIDE 11

If the integrity of a glove is compromised by tears, cuts, or punctures, it should be changed as soon as possible. Patient examination or surgical gloves should not be washed before use, nor should they be washed, disinfected, or sterilized for reuse.

SLIDE 12

CDC provides resources for putting on and removing PPE. Keep in mind that the combination of PPE used—and therefore the sequence for putting it on—will be determined by the level of precautions required. These posters are available for download from the website listed on this slide.

SLIDE 13

In addition to wearing PPE, you should also use safe work practices. Avoid contaminating yourself by keeping your hands away from your face and not touching or adjusting PPE. Also, change your gloves if they become torn and perform hand hygiene before putting on a new pair of gloves. Avoid spreading contamination by limiting surfaces and items touched with contaminated gloves. All protective clothing should be removed before leaving the work area—such as patient care, instrument processing, and dental laboratory areas.

SLIDE 14

For more information on personal protective equipment, see:

- *Guidelines for Infection Control in Dental Health-Care Settings—2003* at www.cdc.gov/mmwr/PDF/rr/rr5217.pdf.
- *Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings* at www.cdc.gov/HAI/prevent/ppe.html.
- *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* at www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf. Specifically, see the figure titled Example of Safe Donning and Removal of PPE.
- CDC. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* at www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf.