

April 14, 2020
2:00pm EDT (GMT-4)

Moderator:
Amanda Behr, MA, CMI, FAMI, CCA

IAA VIRTUAL TOWN HALL

Infection Control and Patient Care

TOWN HALL AGENDA

1. 2:00-2:05pm – Welcome, rules, introductions
Contributors: Amanda Behr, Juan Garcia, Robert Mann,
Suzanne Verma, Lindsay McHutchion,
David Morrison
2. 2:05-2:40pm – Patient care Q&A
Review of BCCA guidance, CDC/ADA recommendations
3. 2:40-3:25pm - Infection control Q&A
Protocols for disinfection of prostheses from
contributing practitioners
4. 3:25-3:30pm - Update on IAA Virtual Gatherings from
Erin Stevens, MS – IAA Vice-President Elect
5. 3:30pm - Closing

Please note that the information included in this Town Hall is intended solely as a resource for practitioners.

From the Board for Certification in Clinical Anaplastology: Comply and Stay Up-to-Date with Government Regulations Regarding COVID019

The BCCA encourages all practitioners to comply with regional governments regarding recommendations for patient care. **Per CDC Guidance, only emergency procedures should be performed in person during the COVID-19 pandemic.** We strongly recommend complying with the CDC guidance. There may be legal or financial implications regarding compliance with regional restriction on practice. We encourage all Anaplastologists to check with legal counsel if you have questions about how these orders apply to you.

Please be reminded of the CCA code of Ethics:

“Foremost, do no harm. A CCA consciously avoids harmful actions or omissions, embodies high ethical standards and adheres to all applicable local, state, and federal laws and regulations in the choices he/she makes.”



<https://www.bcca-cca.com/infection-control>

Anaplastologist Pandemic Treatment Guide

Patient photographs and virtual consult (telehealth) should be used:

- Evaluation of tissue inflammation or infection around an implant.
- Pre-surgical consult/ treatment planning for correct implant positioning for scheduled emergent surgery, such as cancer resection surgery.
- Other patient concerns

Emergency procedures that may require in person interaction:

- **Emergency procedures to alleviate medical risk and prevent overloading the ER.**
 - After telehealth consult, adjustment/modification of prosthesis if needed to alleviate pain or tissue irritation when prosthesis is essential to function.
 - After telehealth consult, ocular prosthesis modification to address pain or severe discomfort.
 - After telehealth consult, replacement of a damaged prosthesis that could result in skin overgrowth of implant components or create other serious concerns.

Suggestions for dealing with other special cases:

- Removal or replacement of external components for safe MRI: work with physicians to use hemostats or provide instrumentation for medical staff.
- If a prosthesis is lost or destroyed, mail a replacement and suggest a color touch-up in the future if needed.
- If you are receiving/providing prosthesis remotely, use a disinfection protocol with proper PPE.

**From the Board for Certification in Clinical Anaplastology:
Steps You Can Take to Care for Emergency Cases**

<https://www.bcca-cca.com/infection-control>

1. Screen patients using the following questions:
 - a. Have you had a cough or fever in the last 14 days?
 - b. Have you traveled (internationally) in the past 14 days?
 - c. Are you experiencing shortness of breath?
 - d. Have you been in contact with anyone who is suspected of having COVID-19?
 - e. Temperature screening before entry (if available)

If “yes” to any of these questions - reschedule to minimum 14 days out.

2. Avoid scheduling patients on the same day or with enough time to clean the environment.
3. Patients coming in: Have them stay in their car and go out to get them to bring them in one at a time. Also ask them to limit guests to only one, if necessary, for appointment.
4. Clean all surfaces with disinfectant - before and after each patient.
 - a. Examples include:
 - i. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - ◆ 5 tablespoons (1/3rd cup) bleach per gallon of water;
 - ◆ OR, 4 teaspoons bleach per quart of water
 - ii. SciCanOptimTB
 - iii. List of approved chemicals: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>
5. Use a well fit N95 mask with no valve when seeing patients. There should be no intake or exhalation around the perimeter of the mask.

**From the Board for Certification in Clinical Anaplastology:
Steps You Can Take to Care for Emergency Cases**

<https://www.bcca-cca.com/infection-control>

6. Use standard disposable exam gloves with all interactions
 - a. Examples include:
 - i. Latex
 - ii. Nitrile
7. Eye protection is recommended.
 - a. Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - b. Remove eye protection before leaving the patient room or care area.
 - c. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
8. Treatment and laboratory recommendations:
 - a. Wear removable protective clothing that is changed between each patient.
 - i. Recommended:
 - Disposable paper gown (can be purchased on Amazon or other online distributors).
 - ii. Otherwise:
 - Change and launder scrubs/cloth lab coat between each patient.
 - b. Segregate treatment spaces and laboratory space
 - i. Remove lab coat or paper protection when entering lab space to keep laboratory clean.
 - ii. If laboratory spaces cannot be separated, clean all surfaces.

**From the Board for Certification in Clinical Anaplastology:
Steps You Can Take to Care for Emergency Cases**

<https://www.bcca-cca.com/infection-control>

9. Disinfect all instruments and prosthetic devices.
 - a. Cold sterilization using chemical or gas.
 - i. Use instruction recommendations for time requirements. Note: CDC recommends instruments have a 6 hour immersion in sterilant if the instrument will contact an open wound.
 - ii. Examples of chemical sterilants:
 - Metrex 10-2800 MetriCide 28 High-Level Disinfectant/Sterilant
 - Opti-Cide
 - b. Heat sterilization of instrument or devices.
 - i. Autoclave
 - ii. Static Air Heat: 170°C (340°F) for 60 minutes, 160°C (320°F) for 120 minutes, and 150°C (300°F) for 150 minutes.
 - c. Maintain sterilization of instruments after chemical or heat sterilization using sterilization bags or closed containers.
 - d. Care of instruments:
 - i. Remove any debris from instruments.
 - ii. Place used instruments in containers with disinfectant to keep separate from clean instruments.
 - e. Adjusting Silicone Devices
 - i. Wear gloves.
 - Double gloving is a strategy for convenience. Remove a contaminated glove while keeping a clean glove in place.
 - ii. Spray the device with chemical disinfectant.
 - iii. Treat the device as a dirty item even after spraying with sterilization.
 - iv. Use a mask and paper lab coat.
 - v. Use disposable burs or wheels to modify. Note: **Not** all burs or wheels may be sterilized, stone or fibrous wheels or burs are not sterilizable.
 - vi. Metal burs may be heat or cold sterilized.
 - vii. Wipe down handpiece with disinfectant.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University

Disinfection of Silicone Prosthesis:

- Wash with soap and water.
- Wipe with acetone.
- Spray with SciCan Optim33 TB and allow to sit for 5 minutes.
- Wash with soap and water.
- After modification, wash with soap and water and reapply SciCan for 5 Minutes.
- Sterilize any burrs and workspace. If sterilization is not possible, dispose.
- Evaluate the porosity of silicone- 29 Hz vacuum pressure.

Based on IAA infection Control Webinar and Dental College of Georgia Infection Control Procedures.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University

Disinfection of Ocular Prosthesis:

- Wash with soap and water.
- Soak with SciCan Optim33 TB for 5 minutes and wash with soap and water.
- After Modification, wash with soap and water and soak with SciCan for 5 Minutes.
- Acrylic should not be porous and therefore easier to disinfect.
- Follow daily disinfection protocol of burrs and wheels.

Based on IAA infection Control Webinar and Dental College of Georgia Infection Control Procedures.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University Dental College of Georgia Anaplastology Clinic Infection Control Protocols

DISINFECTION OF CLINIC SPACES

Exam room:

Clean the room before and after each patient using disinfectant wipe or spray (SciCan Optim 33TB). Wipe down chair, and work surfaces while wearing Personal Protective Equipment (PPE) which includes gloves, mask, safety glasses with side shields, and disposable clinic jacket.

Lab:

Clean work surfaces with disinfectant wipes or spray (SciCan Optim 33TB) at the end of the day.

Use of PPE:

Disposable lab coats should be used in treatment areas.

Remove PPE when leaving the clinic area. PPE must not be worn when moving any material from the clinic to the laboratory area and vice versa i.e. in the waiting area, corridors, elevators, stairs etc.

Wear a mask and eye protection when there is a risk of aerosol spray. This includes spray of disinfectant solution.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University Dental College of Georgia Anaplastology Clinic Infection Control Protocols

INFECTION PROTOCOLS - OCULAR

Wear gloves when in contact with mucosal surfaces or objects that contact mucosal surfaces. Wear PPE when in contact with the patient in the clinic area: disposable clinic jacket, gloves, mask, protective eyewear.

Impression

Impression tray should be disinfected cold sterilization through DCG sterilization before use.

After the impression is taken, it should be placed on a paper towel sprayed with SciCan Optim 33TB, and allowed to sit for 5 minutes before duplication.

Place in the patient box.

PPE is removed.

The impression is transferred to the lab in the patient box.

Sculpting

Use new wax each time.

Place the wax duplicate in 50% betadine and water solution and allow to sit for 10 minutes.

Use a clean instrument set with each patient.

Spray final sculpture with SciCan Optim 33TB, and allowed to sit for 5 minutes before processing.

Use the patient tray to transfer the wax model to the lab for processing.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University
Dental College of Georgia Anaplastology Clinic Infection Control Protocols

INFECTION PROTOCOLS – OCULAR (continued)

Processing

Polish the ocular and place in 50% betadine and water solution and allow to sit for 10 minutes before trying it on the patient.

If modifications are necessary after trying the model on the patient, spray with SciCan Optim 33TB, and allowed to sit for 5 minutes before processing.

Place used instruments in instrument container with chairside solutions such as Scican Optim with a lid.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University Dental College of Georgia Anaplastology Clinic Infection Control Protocols

PROSTHESIS WITH BROKEN SKIN

Wear gloves when in contact with broken skin or objects that contact broken skin.

Impression

Paint betadine on any broken skin area.

Use disposable brush markings (eyeliner).

After the impression is taken, it should be placed on a paper towel sprayed with SciCan Optim 33TB, and allowed to sit for 5 minutes before duplication.

Place in the patient box.

PPE is removed.

The impression is transferred to the lab in the patient

Sculpting

Use new wax each time.

Use a sterile instrument set with each patient.

Use the patient tray to transfer the wax model to and from the lab for processing.

Remove PPE when leaving the clinic area. PPE must not be worn when moving any material from the clinic to the laboratory area and vice versa i.e. in the waiting area, corridors, elevators, stairs etc.

Disinfect the intaglio side of the sculpture if more sculpting sessions to follow. Sprayed with SciCan Optim 33TB, and allowed to sit for 5 minutes before creation of patient model

Place the sculpture on the patient mold or on a clean disposable surface between try-ons.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University
Dental College of Georgia Anaplastology Clinic Infection Control Protocols

PROSTHESIS WITH BROKEN SKIN (continued)

Wear gloves when in contact with broken skin or objects that contact broken skin.

Final Fitting

It is best not to wash the prosthesis with soap to avoid delamination of extrinsic layers. After extrinsic color is set, the prosthesis may be washed with soap and water.

Revisions or color changes

If any modifications in the lab are needed, it is best to clean and disinfect the prosthesis. First, wash with soap and water. Disinfect the intaglio side of the prosthesis by spraying SciCan Optim 33TB, and allowed to sit for 5 minutes.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University Dental College of Georgia Anaplastology Clinic Infection Control Protocols

PROSTHESIS WITH CLOSED SKIN

Impression

Makeup pencils may be used on unbroken skin. They must be cleansed with Isopropyl alcohol.

After the impression is taken, it should be placed on a paper towel sprayed with SciCan Optim 33TB, and allowed to sit for 5 minutes before creation of patient model.

Place in the patient box.

The impression is transferred to the lab in the patient box.

Sculpting

Use new wax each time.

Use a sterile instrument set with each patient.

Use the patient box to transfer the wax model to and from the lab for processing.

Disinfect the intaglio side of the sculpture if more sculpting sessions to follow.

Place the sculpture on the patient mold or on a clean disposable surface between try-ons.

Amanda Behr, MA, CMI, FAMI, CCA - Augusta University
Dental College of Georgia Anaplastology Clinic Infection Control Protocols

PROSTHESIS WITH CLOSED SKIN (continued)

Final Fitting

It is best not to wash the prosthesis with soap to avoid delamination of extrinsic layers. After extrinsic color is set, the prosthesis may be washed with soap and water.

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If any modifications in the lab are needed, it is best to clean and disinfect the prosthesis. First, wash with soap and water. Disinfect the intaglio side of the prosthesis by spraying SciCan Optim 33TB, and allowed to sit for 5 minutes.

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Dental College of Georgia Anaplastology Clinic Infection Control Protocols

STERILIZATION OF INSTRUMENTS

After use with each patient, the instrument should be placed in an instrument tray with boiling/hot water to remove wax debris. Dry each instrument and use a paper towel to remove remaining debris.

All clean/used instruments should be placed in the soiled instrument container after use with each patient.

Instruments should be taken to the DCG Central Sterilization using clear gloves. Allow at least a one day for processing.

Juan Garcia, MA, CCA – The Facial Prosthetics Clinic, Johns Hopkins University

Standard Precautions

Standard Precautions applies to the care of all patients and are designed to reduce the transmission of both blood-borne pathogens and other infectious diseases. Using these precautions will help safeguard healthcare workers and patients. Standard precautions include both Hand Hygiene and Personal Protective Equipment (PPE).

- Hands must be washed before and after patient care, and after glove removal
- Do not wear gloves in hallways or elevators
- Clean gloves must be worn when touching implant components, body fluids, mucous membranes, non-intact skin, as well as any contaminated items
- Mask and a face shield must be worn to protect the practitioner's mucous membranes of the eyes, nose, and mouth during activities that are expected to generate splashes or sprays of body fluids. This is the case for open eye or nasal cases
- Disposable gown must be worn to protect skin and to prevent soiling of clothing during activities that are expected to generate splashes or sprays of body fluids
- Equipment and instruments that have been soiled with body fluids must be cleaned with a hospital-approved Quaternary ammonium compounds (Quat) disinfectant before its use for another patient
- Sterilized instruments should be used with implant as well as any cases with exposed mucous membranes and non-intact skin.
- Always dispose of needles and sharps in a sharps containers

Source: Poster "Standard Precautions for the Care of All Patients", the Johns Hopkins Health System, ©1996.

Juan Garcia, MA, CCA – The Facial Prosthetics Clinic, Johns Hopkins University

Clinic & Laboratory Cross-Infection Protocol

- Clean working surfaces in Clinic and Laboratory, chairs, using an EPA-registered quat disinfectant in disposable wipe form.
- Clean, disinfect and rinse all impressions, prostheses, and obturators before introducing into laboratory. Use an EPA-registered hospital disinfectant having at least an intermediate-level (i.e. tuberculocidal claim) activity.
- To accomplish sub-surface disinfection of acrylic items, place into re-sealable plastic bag containing intermediate level disinfectant and place into an ultrasonic bath. i.e. Oculars & obturators.
- Mix pumice with clean water diluted 1:10 with bleach or another disinfectant.
- Clean and disinfect laboratory items before and after each case using a spray quat disinfectant. (i.e. lab pans/trays, lathes, handpieces, burrs, brushes and rag wheels)

*Source: Dental Laboratory Cross Infection Guidelines
provided at AAA meeting, workshop with Jane Bahor*



Juan Garcia, MA, CCA – The Facial Prosthetics Clinic, Johns Hopkins University

Hand Hygiene

Hand hygiene is the most important aseptic procedure in the prevention of infections. The wearing of gloves does not replace handwashing, but is an adjunct.

An alcohol-based hand rub is the preferred method for hand hygiene in all situations, except for when your hands are visibly dirty or contaminated.

Indications for Hand Hygiene:

- When hands are visibly soiled with proteinaceous material, blood, or other body fluids
- Before and after having contact with a patient
- Before and after wearing gloves
- Before leaving any patient care area (i.e. clinic, laboratory)
- After barehanded contact of objects and surfaces in the patient clinic and lab areas

Soap and Water Handwashing

- Wet hands and wrist under cool running water
- Dispense sufficient antibacterial soap to cover hands and wrist
- Rub soap with sufficient emphasis around nails and between fingers for 15 seconds
- Rinse with cool water
- Dry hands completely with disposable paper towels
- If possible, use a towel to turn off faucet

Alcohol-based Handwashing is:

- This method is less damaging to the skin
- Kills more effectively and quickly than handwashing with soap and water
- Require less time
- Recommended when hands are free of visible soil, between patient contact, and before and after gloving.
- Apply to palm of one hand (the amount used depends on specific hand rub product).
- Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry.
- Use enough cleaner to require at least 15 seconds to dry.



Juan Garcia, MA, CCA – The Facial Prosthetics Clinic, Johns Hopkins University

Non-critical (NCI) & Semi-Critical Instrument (SCI) Cleaning Protocol

- SCI's do not penetrate soft tissues or bone (critical instruments)
- SCI's come in contact with mucus membranes or non-intact skin
- At Hopkins SCI's are sterilized (although can use a high-level disinfectant registered with EPA)
- NCIs contact intact skin and cleaned using an intermediate-level disinfectant
- Rinse off instruments with cold water to remove gross debris
- Dry off
- Use Quat disinfecting solution intended as an instrument soak (i.e. OptiCide 3 RI-with rust inhibitor) into cleaning tray
- Soak for 3-10 minutes
- Rinse with tap water
- Dry instrument off
- Replace OptiCide solution after two days of use



Source: JHH Infection Control Group, Micro-Scientific Industries, Inc., Rolling Meadows, IL 1-888-253-2536

Opticide 3 with rust inhibitor \$29.96 for 1 gal, \$69.85 for case 4

Juan Garcia, MA, CCA – The Facial Prosthetics Clinic, Johns Hopkins University

Impression Cross-Infection Protocol

- Gloves must be worn when handling impressions
- Impressions visibly contaminated with blood or saliva should be rinsed off
- Impressions taken outside the clinic should be placed into a clear disposable bag or paper towels. Towels and bags are to be disposed of
- All impressions entering laboratory must be disinfected prior to entering lab
- All impressions entering the laboratory must be completely immersed in a recommended disinfection solution and allowed to soak for the stipulated time, currently a minimum of 10 minutes
- For alginate impressions use 10% bleach solution.
- Impressions must then be rinsed prior to casting
- Impression material, disposable impression trays, and gloves must be disposed of

Robert Mann, CCA - University of Florida Maxillofacial Prosthetics

Hard non-porous surfaces such as ocular and acrylic facial prosthesis:

- Medical grade disinfectant such as Opti-Cide-3 for a minimum of 2 minutes before rinsing it off.
- Spray a liberal amount of Opti-Cide 3 onto the surface of the prosthesis over a sink before rinsing very well, especially ocular prostheses. Prostheses are cleaned with Opti-Cide-3 before they come into contact with a patient and cleaned with Opti-Cide-3 after they have come into contact with the patient each time. [Be careful to also remember to clean the spray bottle where you have handled it with a dirty glove.]
- Porous surfaces such as silicone prostheses. These I clean these in the same manner as hard surfaces but then treat them as “dirty” for the entire time with appropriate infection controls and Personal Protective Equipment even when they are taken into the laboratory.

Robert Mann, CCA - University of Florida Maxillofacial Prosthetics

Dirty prostheses protocol:

- Have a clean [disinfected] work surface. Lay a clean paper barrier on the work surface.
- Use gloves at all times. If you have sole access to the box of gloves consider “fish mouthing” the next glove in the box so the wrist of the glove is slightly open and facing out. This way you can remove the glove with minimal contact at the wrist cuff and place it straight onto the fingers. Flip the next glove out and onto the fingers without placing it onto the ungloved hand or fingers then with one of the gloved hands turn the next glove in the box so the wrist section of the glove is pointing out of the box with the clean glove.
- Make sure all the instruments or anything you handle such as a wax flamer or materials you handle are clean.

Robert Mann, CCA - University of Florida Maxillofacial Prosthetics

Separation between yourself and the patient

Consider a temporary Vertical Perspex Sneeze Shield on the work surface between yourself and the patient if you are going to be working on sculpting or painting if you are unable to spend the maximum amount of contact time working on the prosthesis in a separate room away from the patient to reduce the overall contact time you are in the same room as the patient. If you are using both the clinic where the patient is situated and an increased amount of time spent in the laboratory as a form of minimizing the amount of time you will be better off.

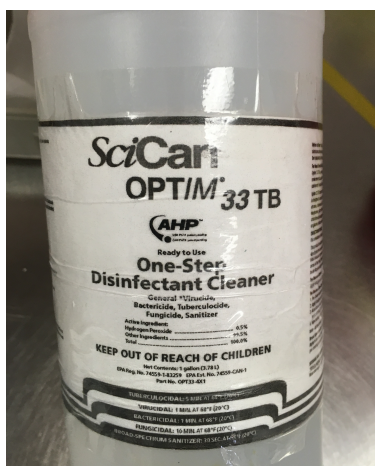
PPE

Use an N-95 non valved mask if available and protect the outside surface of the N-95 mask by covering it with a paper surgical mask, especially if you are going to adjust a prosthesis as contaminated debris will lodge in the outside surface of the more valuable N-95 mask. Replace the paper mask every day or between patients if you are seeing multiple patients during the same day. Use eye protection and disposable paper hair protection.

Lindsay McHutchion, MS – Institute for Reconstructive Sciences in Medicine

Universal precautions when bringing contaminated patient materials into the lab:

- Metal and acrylic objects (bars, screws, substructures) 1 minute soak in SciCan OPTIM 33TB, rinse with water. On anything coming into or leaving the lab.
- Dental stone, impressions, silicone prostheses : 5 minute soak in MD520, rinse with water. On anything coming into or leaving the lab.
- Wear gloves when touching anything before it gets disinfected and after it gets disinfected on the way out of the lab to the patient.



<https://www.scican.com/products/cleaners-disinfectants/optim-33-tb/>



<https://www.duerdental.com/en/products/hygiene/disinfection-cleaning/special-areas/md-520-impression-disinfectant/>

Suzanne Verma, MAMS, CCA – Texas A&M College of Dentistry

DISINFECTION METHODS FOR REPAIRING A WORN SILICONE PROSTHESIS (NOT A UNIVERSITY PROTOCOL BUT USES SAME MATERIALS FROM DENTAL PRACTICES)

- Handle the worn prosthesis using gloves.
- Spray prosthesis with a CaviCide spray, then wash with a liquid antibacterial soap. It is not recommended to soak a silicone prosthesis as it is a porous material. I only spray it, leave for 3 minutes, and wash off.
- I have not experienced any discoloration when using this method, but it would be advantageous to do your own testing with a colored piece of the silicone you use in your work.
- Wash the prosthesis with antibacterial soap and water using a new toothbrush to clean the back of the prosthesis, gently scrubbing around any magnets, clips and substructures. This cleaning would be done prior to making any modifications with a silicone burr, scissors or additional color.

Suzanne Verma, MAMS, CCA – Texas A&M College of Dentistry

DISINFECTION METHODS FOR REPAIRING A WORN SILICONE PROSTHESIS (NOT A UNIVERSITY PROTOCOL BUT USES SAME MATERIALS FROM DENTAL PRACTICES)

- Any metal instrumentation used in the repair process (burrs, scissors, cotton pick ups) would be cleaned, packaged and then heat sterilized. Anything used in the repair that is disposable would be thrown away (example: the toothbrush used to clean it, and any brushes used for extrinsic color - I use disposable plastic Bendi-brushes for coloration). If something cannot be heat sterilized I would let it soak in a small medicine cup of CaviCide.
- Information from the manufacturer for **CavCide**.

“CaviCide is a convenient, ready-to-use, intermediate-level surface disinfectant that is effective against TB, HBV, HCV, viruses (hydrophilic and lipophilic), bacteria (including MRSA and VRE) and fungi. It can be used in the NICU, operating rooms, isolation rooms, patient care areas and laboratories. When used as directed, it will also effectively clean and decontaminate critical and semi-critical instrumentation.”

DAVID MORRISON, CCA – Sunnybrook Health Sciences Centre

This is what we use for disinfection of my patient chair and hard surfaces between patients. The list of bacterias it kills is impressive - but needs 5 mins to do so. I haven't used it on silicone - yet - but will do so if required. It is colourless, so no dyes:

SaniWipes:

<https://www.civco.com/catalog/probe-cleaning-disinfection/sani-cloth-plus-germicidal-disposable-wipes/>

Our patient dental chairs are all leather/pvc; so non-porous and can be wiped down with the Sani Wipes between each patient. Remember to wipe down the arm rests and head rests too. The Sani Wipes should be used with gloves and the disinfectant must sit on the surface for 5 minutes as a rule.

These will need to be used with gloves and allow the disinfectant to sit on surfaces for 5 mins as a rule. I would add these to my disinfection regimen.

I would then then wipe down any prosthesis with 99% alcohol. Let it air dry. I would wash the prosthesis using the provided hand soap with warm water - wash to a lather for 30 seconds - and rinse well. Pat dry using a clean, dry towel - not blow dry so as to create aerosol particles.

JOIN US!
COVID-19 RESPONSE

Stay connected. Participate virtually.

IAA VIRTUAL TOWN HALL

TBD – more details coming soon!

Responding to COVID-19: 3D-printing PPE

A conversation and exchange of print files and ideas for 3D printed face shields, face masks, and other personal protective equipment to address PPE supply shortages related to COVID-19.