

# WASH YO' HANDS

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Infection Control During After the COVID-19 Pandemic

# Hello!

## I am Alyssa Aberle

RDH for 16 Years in Colorado

Member of ADHA & ADS

Entire Career in Community Health Settings

Infection Control Coordinator for 6 years at large FQHC

Certified in Dental Infection Prevention and Control (CDIPC)





## Certified in Dental Infection Prevention and Control<sup>®</sup> (CDIPC<sup>®</sup>) Certification

# CDIPC

## Exam Outline Overview

### Exam Weighting by Domain

- I. Policies and Administrative Responsibilities (15%)
- II. Patient and Dental Health Care Provider Protection (25%)
- III. Environmental Asepsis and Disinfection (30%)
- IV. Sterilization and Instrument Processing (30%)

	<b>CDIPC certification exam</b>
<b># of questions</b>	100 multiple-choice
<b>Time to complete exam</b>	75 minutes
<b>Eligibility requirements</b>	Yes – <a href="#">Learn more</a>
<b>Credential earned</b>	Certification
<b>Initials after your name</b>	Yes – For example: Jane Smith, CDIPC
<b>Renewal required</b>	Yes – certification must be renewed annually



**Healthcare workers** include physicians, nurses, emergency medical personnel, **dental professionals**, medical, nursing, and **dental students**, laboratory technicians, pharmacists, hospital volunteers, **and administrative staff**.



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™



# Centers for Disease Control and Prevention

CDC 24/7: Saving Lives, Protecting People™

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

Updated Sept. 23, 2022

**Healthcare Personnel (HCP):** HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting.

**Healthcare settings** refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long-term acute-care facilities, inpatient rehabilitation facilities, nursing homes, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, dental offices, and others.

# CDC Principles to Dental Infection Control

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graph TD; A[Take Action to Stay Healthy] --> B[Avoid Contact With Pathogens]; B --> C[Make Objects Safe For Use]; C --> D[Limit Contamination]; D --> E[Special Considerations];
```

Take Action to Stay Healthy

Avoid Contact With Pathogens

Make Objects Safe For Use

Limit Contamination

Special Considerations

# Ways to Stay Healthy

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Diet, Stress  
Level, Exercise,  
etc.

Eliminate or  
Minimize  
Latex  
Exposure

Immunizations

Hand Hygiene



# Immunizations

# Hepatitis B, Hepatitis C, and HIV

	Vaccine	PEP	Cure	Risk
Hepatitis B (and D)	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>1 in 3</b>
Hepatitis C	<b>NO</b>	<b>NO</b>	<b>YES</b>	<b>1 in 60</b>
HIV	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>1 in 435</b>

# Hepatitis B Vaccine Effectiveness

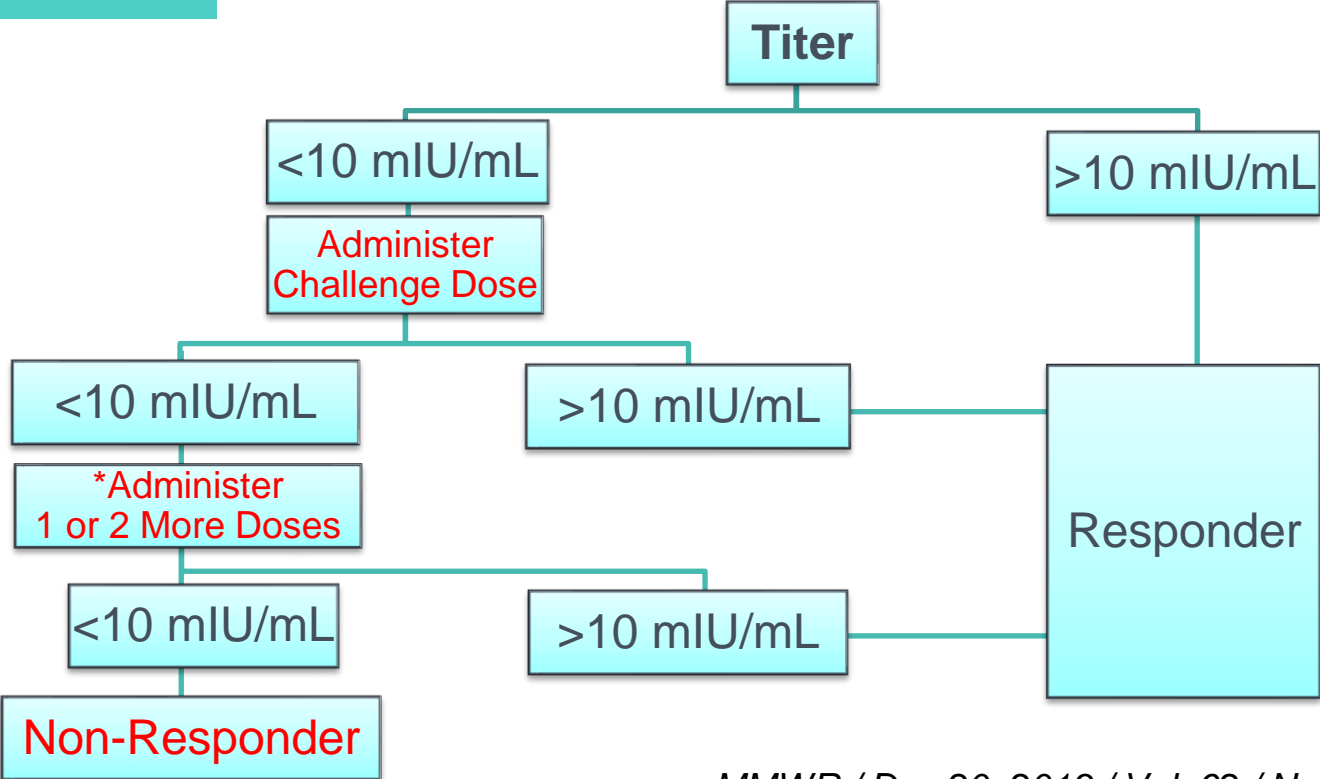
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- After 1<sup>st</sup> series completed = 90%
- After challenge dose = 95%
- After 2<sup>nd</sup> series completed = 98%

**2% Unprotected**  
still have HBIG



**Figure 6. Pre-exposure** evaluation for HCP previously vaccinated with complete 2 or 3 dose HepB vaccine series who have not had postvaccination serologic testing.



## Antibody Titer Tests as little as \$49

Need an Antibody Titer test? Accesa Labs is your affordable testing provider



[Order My Antibody Titer Test Today](#)

All of the common titer tests are offered in the **gold standard quantitative form.**

### Hepatitis B Titer

\$49

This blood test checks the Hepatitis B Surface Antibody titer.

[sample report](#) | [read more](#)

[ADD TO CART](#)

# COVID-19

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## Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States

[Print](#)

### Summary of recent changes (last updated October 31, 2024):

- People ages 65 years and older, vaccinated under the routine schedule, are recommended to receive 2 doses of any 2024–2025 COVID-19 vaccine (i.e., Moderna, Novavax, or Pfizer-BioNTech) separated by 6 months (minimum interval 2 months) regardless of vaccination history, with one exception: Unvaccinated people who initiate vaccination with 2024–2025 Novavax COVID-19 Vaccine are recommended to receive 2 doses of Novavax followed by a third dose of any COVID-19 vaccine 6 months (minimum interval 2 months) later.
- People ages 6 months and older who are moderately or severely immunocompromised are recommended to receive:
  - Unvaccinated: A multidose initial series with an age-appropriate COVID-19 vaccine and 1 dose 6 months (minimum interval 2 months) after completion of the initial series; may receive additional doses under shared clinical decision making
  - Previously completed the multidose initial series: 2 age-appropriate doses of 2024–2025 COVID-19 vaccine 6 months (minimum interval 2 months) apart; may receive additional doses under shared clinical decision making

# Influenza

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## Groups Recommended for Vaccination

- Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications.
- If supply is limited, see priority groups in the ACIP statement.

## Timing of Vaccination

- For most persons who need only one dose of influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination should continue throughout the season as long as influenza viruses are circulating.
- Timing considerations for specific groups include:
  - For most adults (particularly those aged  $\geq 65$  years) and during the first or second trimester of pregnancy, vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible.
  - Children 6 months through 8 years who need 2 doses (**Figure**) should receive dose 1 as soon as vaccine is available. Vaccination during July and August can be considered for children of any age who require only 1 dose, particularly if there is concern that later vaccination might not be possible.
  - Flu vaccination during July and August can be considered during the third trimester of pregnancy.



# Hand Hygiene

# 2 Methods of Hand Hygiene

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## Alcohol-Based Hand Sanitizer

- ❑ Immediately before touching the patient
- ❑ After touching a patient or the patient's immediate environment
- ❑ After contact with blood, body fluids, or contaminated surfaces
- ❑ Before donning gloves
- ❑ Immediately after glove removal

## Soap & Water

- ❑ Beginning of shift
- ❑ When hands are visibly soiled
- ❑ Before eating
- ❑ After using the restroom

# Hand Hygiene

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## ☐ Alcohol-Based Hand Rub (ABHR) vs Soap/Water

- ☐ More effective at killing bacteria
- ☐ Kinder and less damaging to your hands

## ☐ Non-Surgical Timing

- ☐ 20 seconds for ABHR
- ☐ 20 seconds for routine soap and water

# Wash Yo' Hands!



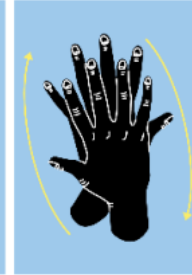
20 SECONDS  
WET & RUB  
Don't cheat!

## Effective Hygiene

The World Health Organization recommends a six-step technique for hand washing and applying sanitizer.



1. Rub hands together palm to palm.



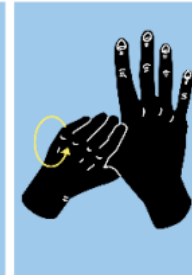
2. Right palm over back of left hand, interlacing fingers, and vice versa.



3. Palm to palm with interlaced fingers.



4. Backs of fingers to opposing palms with interlocked fingers.



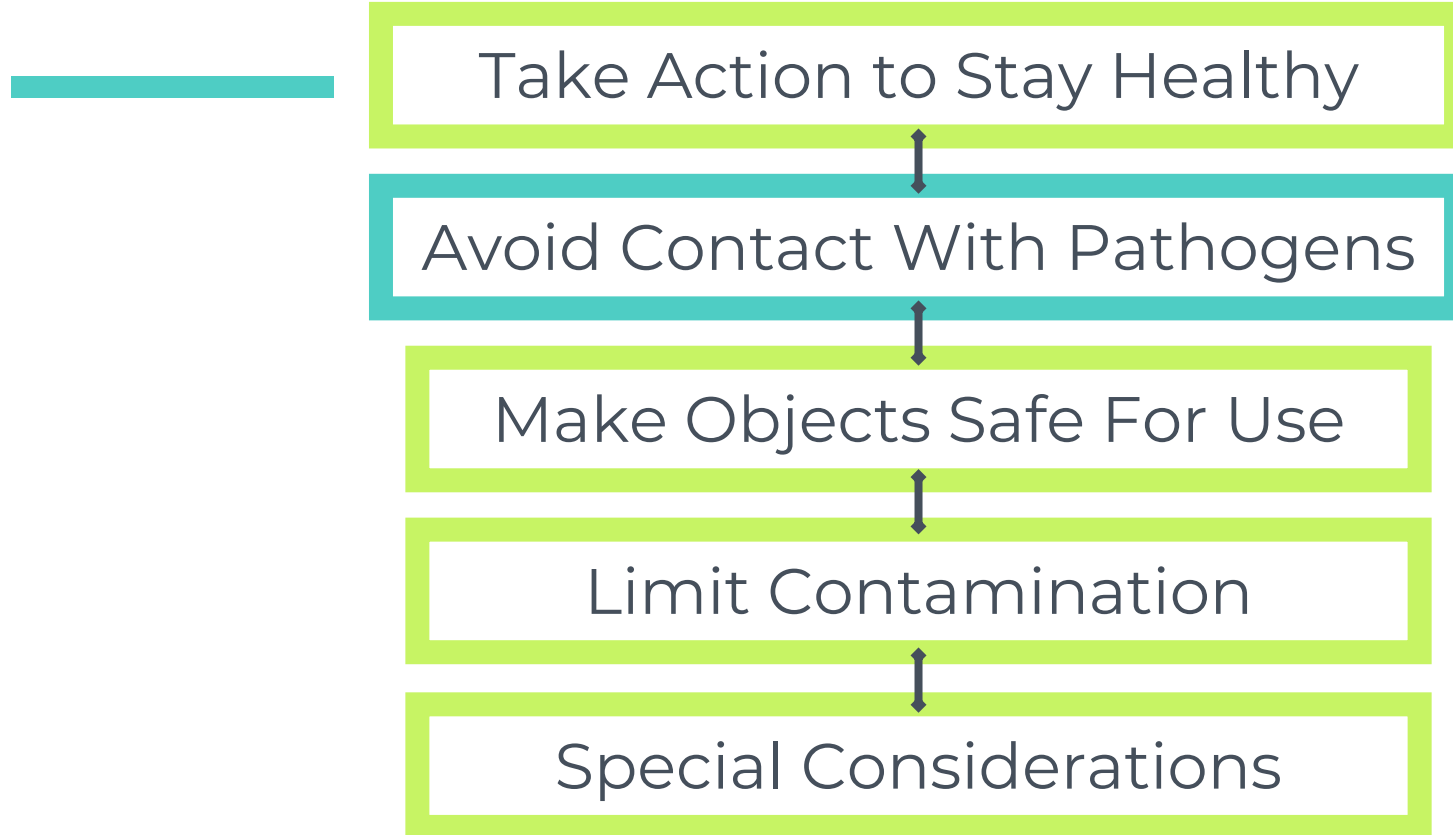
5. Clasp right thumb in left palm for rotational rubbing and vice versa.

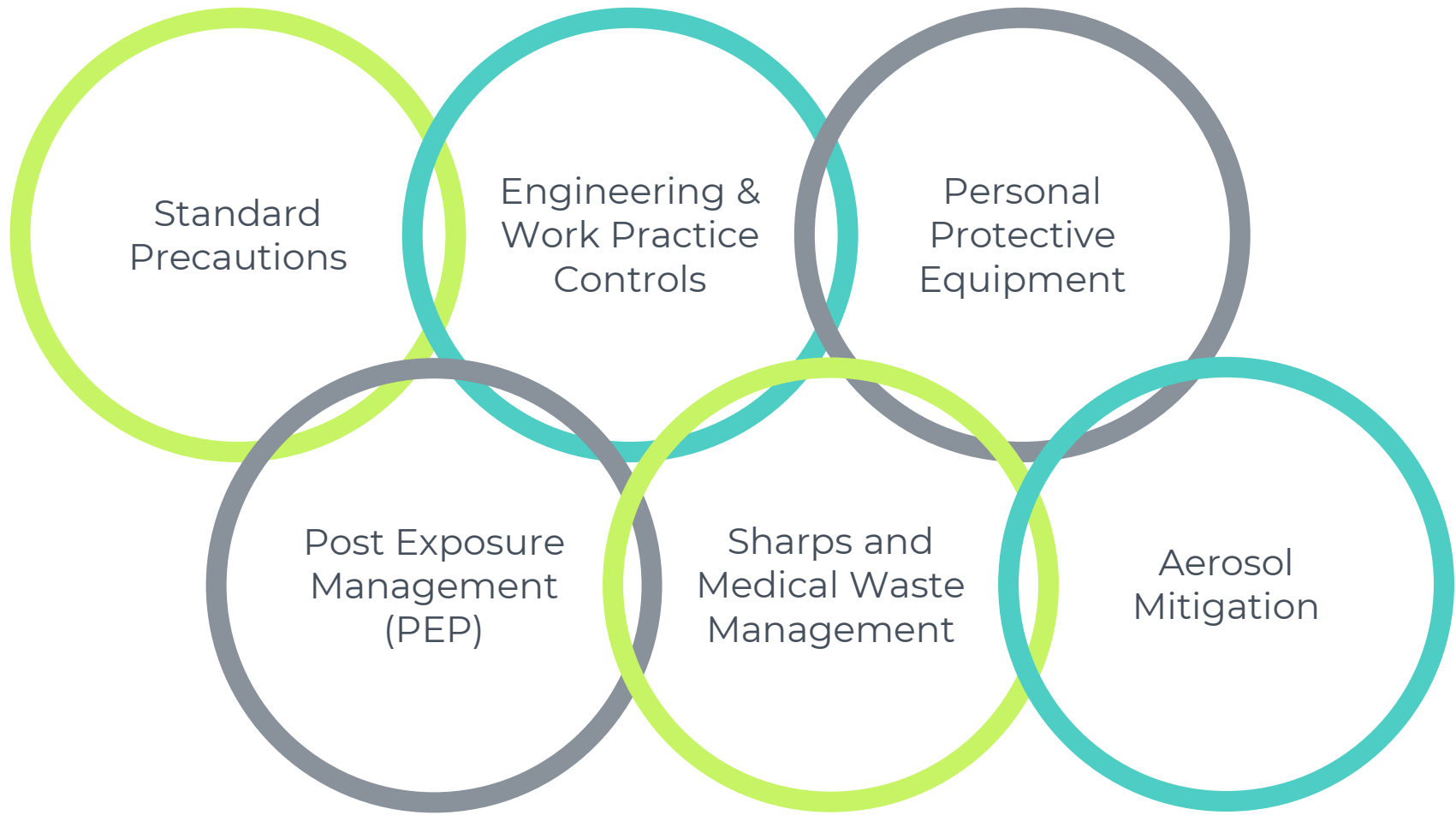


6. Using fingertips, do rotational rubbing in palm.

PERCEPTION IS REALITY  
PATIENTS WANT TO SEE YOU PERFORM HAND HYGIENE

# CDC Principles to Dental Infection Control





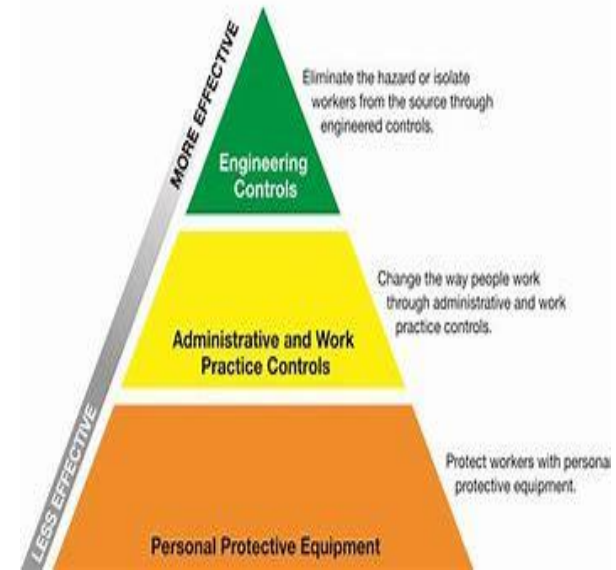


# Engineering & Work Practice Controls

# Engineering & Work Practice Controls

- **Engineering Controls**
  - Safety devices/equipment
  - Things you BUY
- **Work Practice Controls**
  - Behavior
  - Things you DO
- **PPE**
  - Gloves, masks, etc.
  - Things you WEAR

OSHA's Three Lines of Defense



# Engineering Controls



ultrasonic cleaner w/  
basket & lid



ultrasonic w/ drain



sharps containers



utility gloves



curing light glasses & shield



cassettes & laboratory  
washers



# Work Practice Controls

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- A way of doing something safer
- A technique or behavior that reduces risk
- Safe work habits



Four handed dentistry: Passing instruments safely



Hand Hygiene



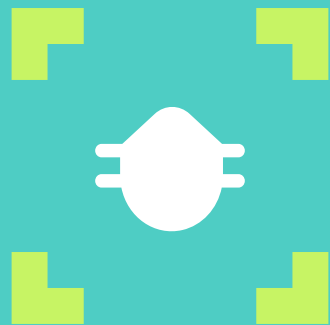
One handed scoop technique

# Work Practice Controls

Not Allowed  
in patient care and  
treatment areas:

- Water bottles
- Drinks
- Food
- Handling contacts
- Applying lip balm or cosmetics





# Personal Protective Equipment

# Aerosol Generating Procedures

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## □ CDC

- Ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion

## □ OSHA

- Dental turbines, micro-motor handpieces, ultrasonic scalers, and air-water syringes

## □ ADHA

- Ultrasonic scaler, handpiece, air polisher, air-water syringe

*These are examples of tasks that can generate aerosols.*

*This list is not exhaustive; other procedures also generate aerosols.*

# The Debate: What Are Aerosol-Generating Procedures in Dentistry?

M.K. Viridi<sup>1</sup>, K. Durman<sup>1</sup>, and S. Deacon<sup>1</sup>

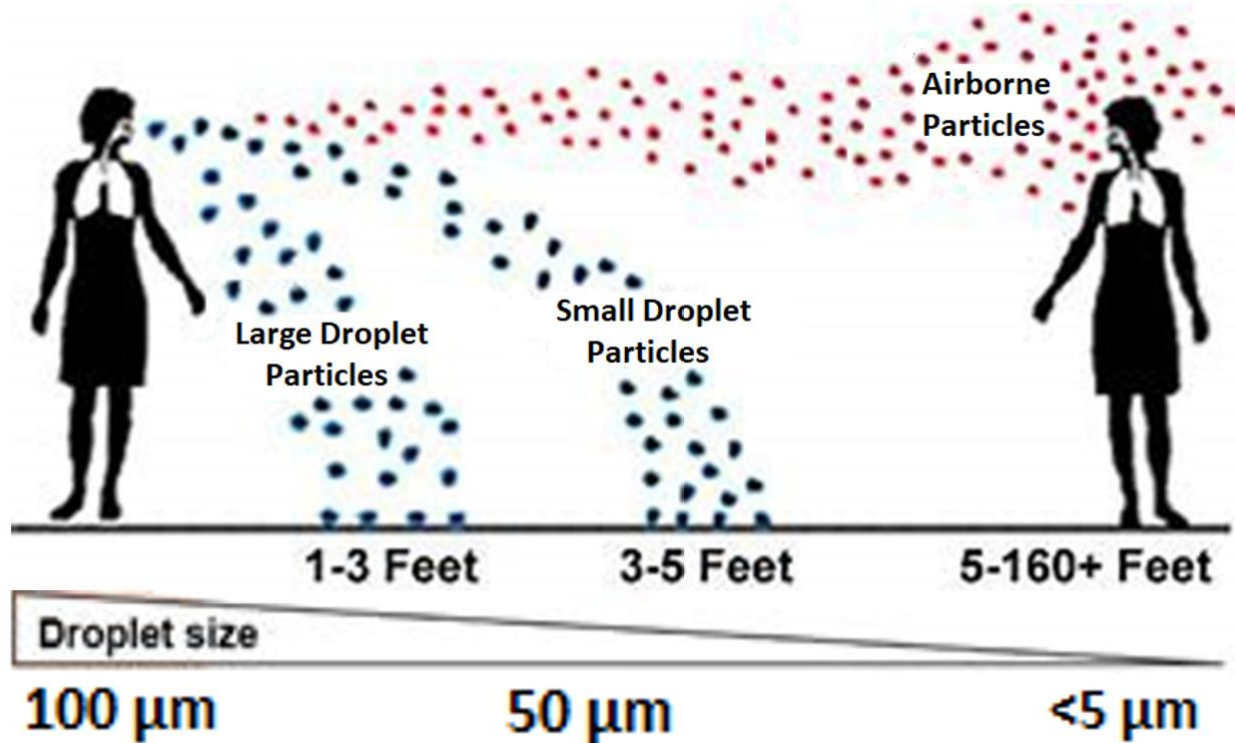
JDR Journal of Dental Research; April 2021; Volume 6 (Issue 2): Pages 115-127.

## □ Use of ANY of the following = AGP

- Handpiece
- Air-Water Syringe
- Ultrasonic Scaler
- Air Polishers



# Droplet vs. Airborne Particles



# Goggles or Face Shield

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## Acceptable



Goggles fit the face immediately surrounding the eyes and form a protective seal around the eyes.

## Acceptable



# NEW! From Designs for Vision

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**NEW**  
Aerosol Protection Loupes



# Protective Clothing



Gowns should fully cover the torso, **thighs** and have long sleeves that fit snugly at the wrist.

Mask	Fluid Resistance	BFE	PFE	Breath
N-95	High	99.9%	99.9%	>5.0
Level 3	High	98%	98%	<5.0
Level 2	Moderate	98%	98%	<5.0
Level 1	Low	95%	95%	<4.0
Low Perf	N/A	N/A	N/A	N/A

BFE = Bacterial Filtration Efficiency = % of aerosol particles filtered at 3 microns

PFE = Particle Filtration Efficiency = % of submicron particles filtered at 0.1 microns

Breathability = Resistance to air flow

# NIOSH Approved N95 Respirators



# NIOSH Approved N95 Respirators

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# Respiratory Protection Plan

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## 1910.134(c)(1)

In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, **the employer shall establish and implement a written respiratory protection program with worksite-specific procedures**. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable:

# Respiratory Protection Plan

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- **Selection of Appropriate Respirators**
- **Health Surveillance/Medical Evaluation**
- **Fit Testing**
- **Storage**
- **Inspection**
- **Documentation**
- **Training**



# Sharps & Medical Waste Management

# Infectious Waste

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- **Items that are BLOOD soaked or saturated**
- **Items that are SALIVA soaked or saturated**
- **Items that freely drip liquid**
- **Items that release liquid if squeezed**
- **Items that release flakes**
- **Items that are SHARP**

# Where does it go?

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Biohazard



- It's NOT soaked or saturated
- Could go into routine trash
- Could go into biohazard

# Where does it go?

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Biohazard



Saliva  
Soaked =

Biohazard!

# Hazardous Waste

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- Amalgam scrap
- Amalgam separator filters
- X-ray fixer
- X-ray lead foil
- Pharmaceutical waste

# Amalgam Waste

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- **Amalgam separator filters**
  - Usually in its own container
- **Amalgam capsules**
- **Extracted teeth w/ amalgam**
- **Dental unit traps**

# Biohazard/Infectious Waste Disposal

## ■ Do you want pick-up or mail-in service?

### 28 Gallon Sharps Disposal Mailback System

\$ 209.90



The 28 gallon system is a cost-saving solution for the proper disposal of sharps waste. The system replaces costly pick-up services and are perfect solutions for your practice. When your container is ready, simply place it in the return shipping box and leave it with your regular carrier.

- Prepaid return shipping box for convenient return
- Leak-proof OSHA approved containers
- Lid included
- No contracts, monthly fees, pickup fees, or fuel surcharges



# Labels

- (g)(1)(i)(C) These labels shall be fluorescent orange or orange-red with lettering and symbols in a contrasting color

## ACCEPTABLE



## UNACCEPTABLE



# Container Lid

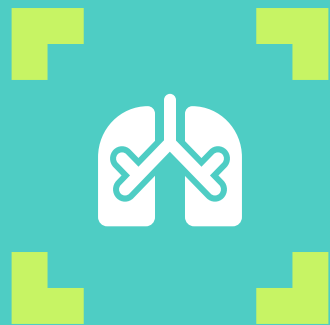
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- OSHA (d)(2)(xiii)(A) The container for storage, transport, and shipping shall be closed.
- CDC (F)(2)(b) Close container to prevent spillage of contents during handling, storage, and shipping.



# Overfilled Sharps Container





# Aerosol Mitigation



# Preprocedural Mouth Rinse Protocol

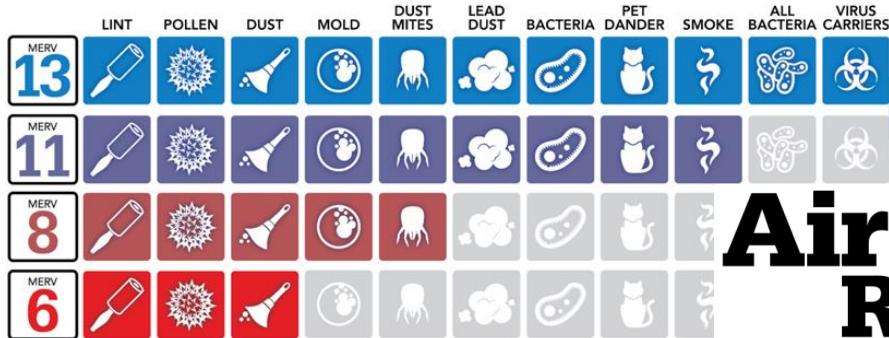
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- 60 second rinse
- Minimize microbial aerosols



# Air Quality

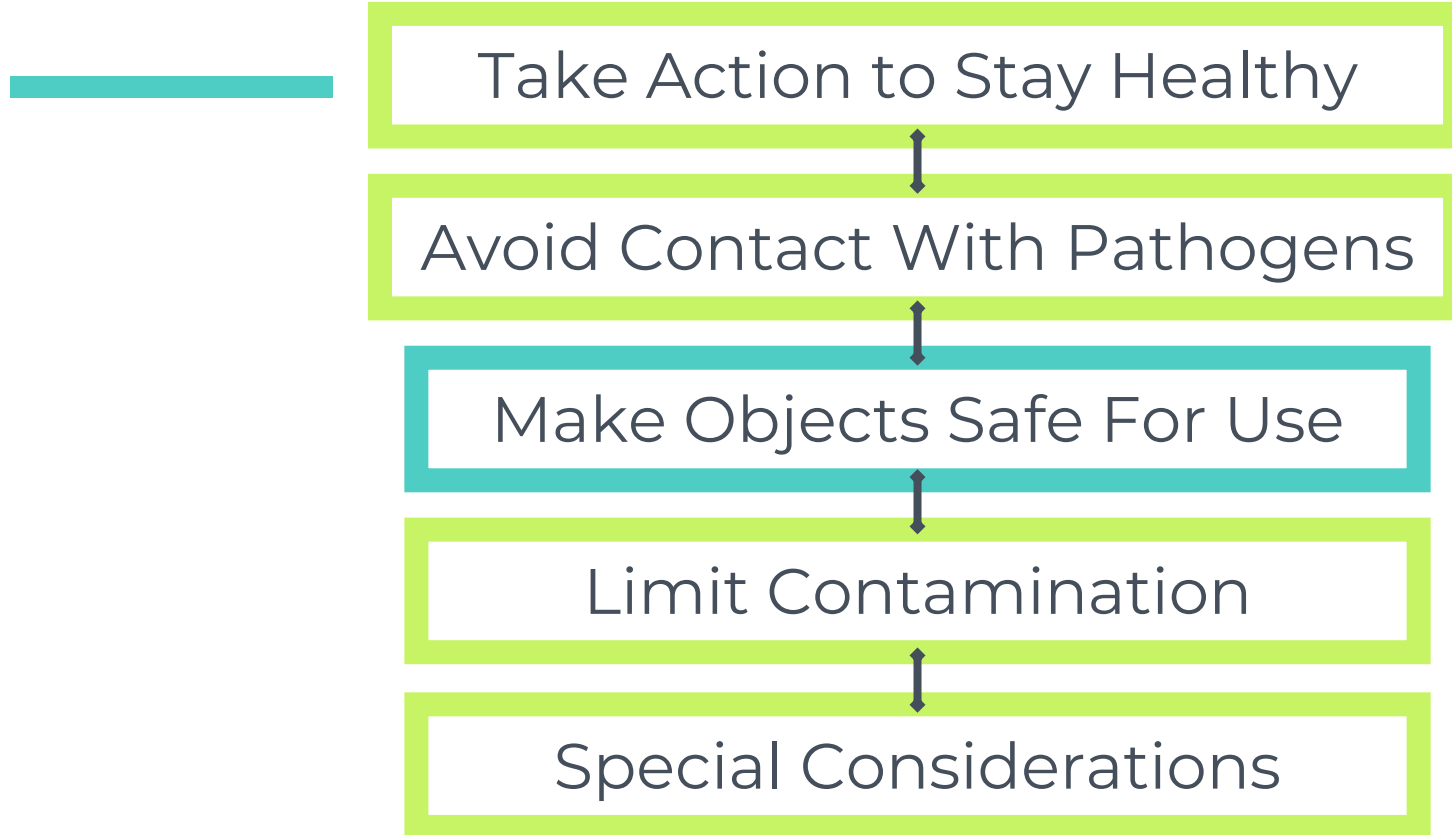
- Office ventilation evaluated by a professional
- All spaces/rooms have at least 10 ACH
- Air filters properly maintained



## Air Filter Ratings

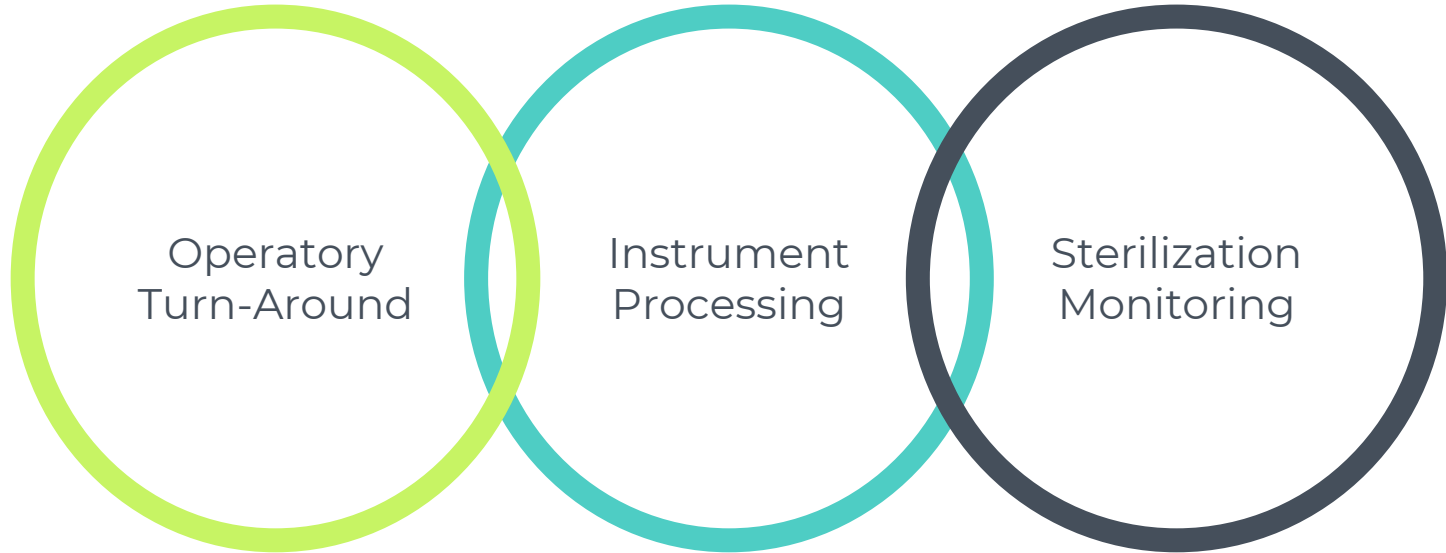
MERV Rating	Efficiency <sup>1</sup>
MERV 11	60% - 65%
MERV 12	70% - 75%
MERV 13	<90%
MERV 14	90% - 95%
MERV 15	>95%
MERV 16	>95%

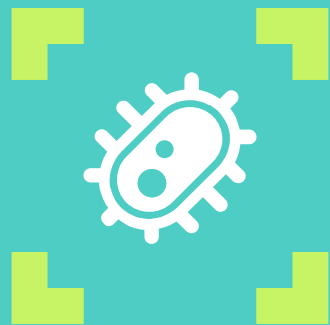
# CDC Principles to Dental Infection Control



# Make Objects Safe For Use

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# Operator Turn-Around

**Critical --- Semi-Critical --- Non-Critical**

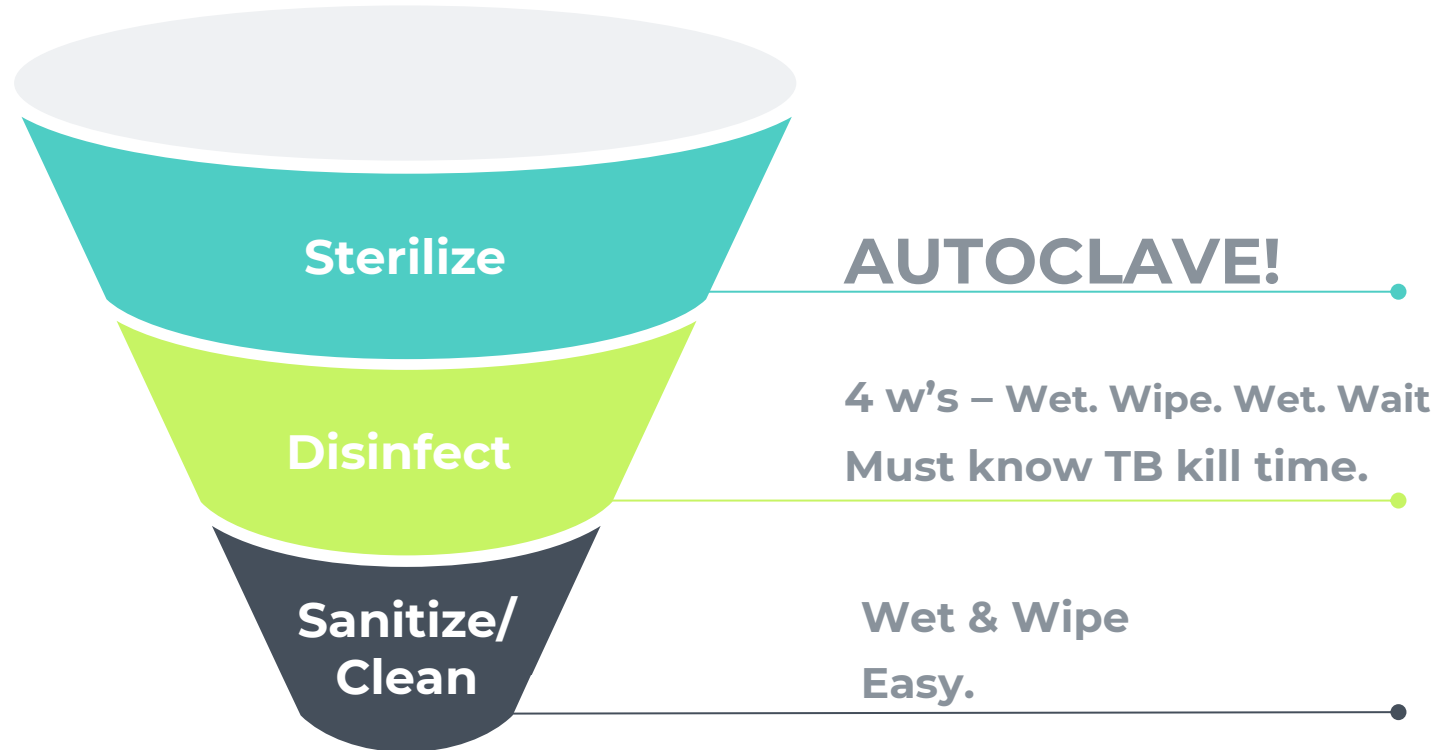
**Sterilize --- Disinfect --- Sanitize/Clean**

**Clinical Contact Surfaces**  
**Housekeeping Surfaces**

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**Terminology**

# What's the Difference?



# Sanitize/Clean

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# Disinfect

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Wet - Wipe



Wet Again



Wait



# Choosing a Disinfectant

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# Choosing a Disinfectant



**Optim 1  
Spray & Wipes**

**1 Minute  
TB Kill Time**



**Optim 33 TB  
Spray & Wipes**

**5 Minute  
TB Kill Time**

# Choosing a Disinfectant

- What is the TB kill time?
- What are the health or respiratory hazards?
- Don't MIX and MATCH

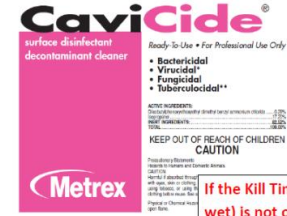
## Classification:

Physical hazards	Health hazards	Environmental hazards
Flammable liquids Category 4	Eye irritation Category 2B	Hazardous to the aquatic environment - Acute Hazard Category 3 Hazardous to the aquatic environment - Chronic Hazard Category 3

## GHS US labeling:

### Warning!

Hazard statements (GHS US)	Precautionary statements (GHS US)
H227 - Combustible liquid H320 - Causes eye irritation H412 - Harmful to aquatic life with long lasting effects	P210 - Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking. P264 - Wash hands thoroughly after handling. P273 - Avoid release to the environment. P280 - Wear eye protection. P305+P351+P338 - If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. P337+P313 - If eye irritation persists: Get medical advice/attention. P370+P378 - In case of fire: Use Water spray or fog, alcohol resistant foam, dry extinguishing powder, carbon dioxide (CO2) to extinguish.



If the Kill Time (time it needs to stay wet) is not obvious, READ THE LABEL for WET times!!!

NEVER MIX CAVICIDE WITH CLEANING AND DECONTAMINATION AGENTS: BLEACH, AMMONIA, BLEACHING AGENTS, HYDROLYSIS AGENTS, ACIDS, ALKALIS, OR OTHER CLEANING AGENTS.

**Personal Protection:** Wear appropriate barrier protection such as gloves, goggles, and respiratory protection.

**Cleaning:** Thoroughly clean surfaces to be disinfected before use. Rinse surfaces and wipe with water before use.

**Contact Time:** A contact time of 3 minutes is required for HIV-1, HBV and HCV.

**Infectious Materials Disposal:** Cleaning using the use of water, soap and other readily available for treatment and disposal of infectious waste will not render it infectious.

**FOR DISINFECTING NON-CRITICAL SURFACES, INCLUDING HIV-1, HBV AND HCV APPLICATIONS:**

Metrex must be thoroughly cleaned to remove excess residue, rinsed and dried. Thoroughly clean and rinse areas of fabric instruments, using either a suitable hot or cold water and detergent solution. For CaviCide, it is critical that instruments be thoroughly cleaned and rinsed before use.

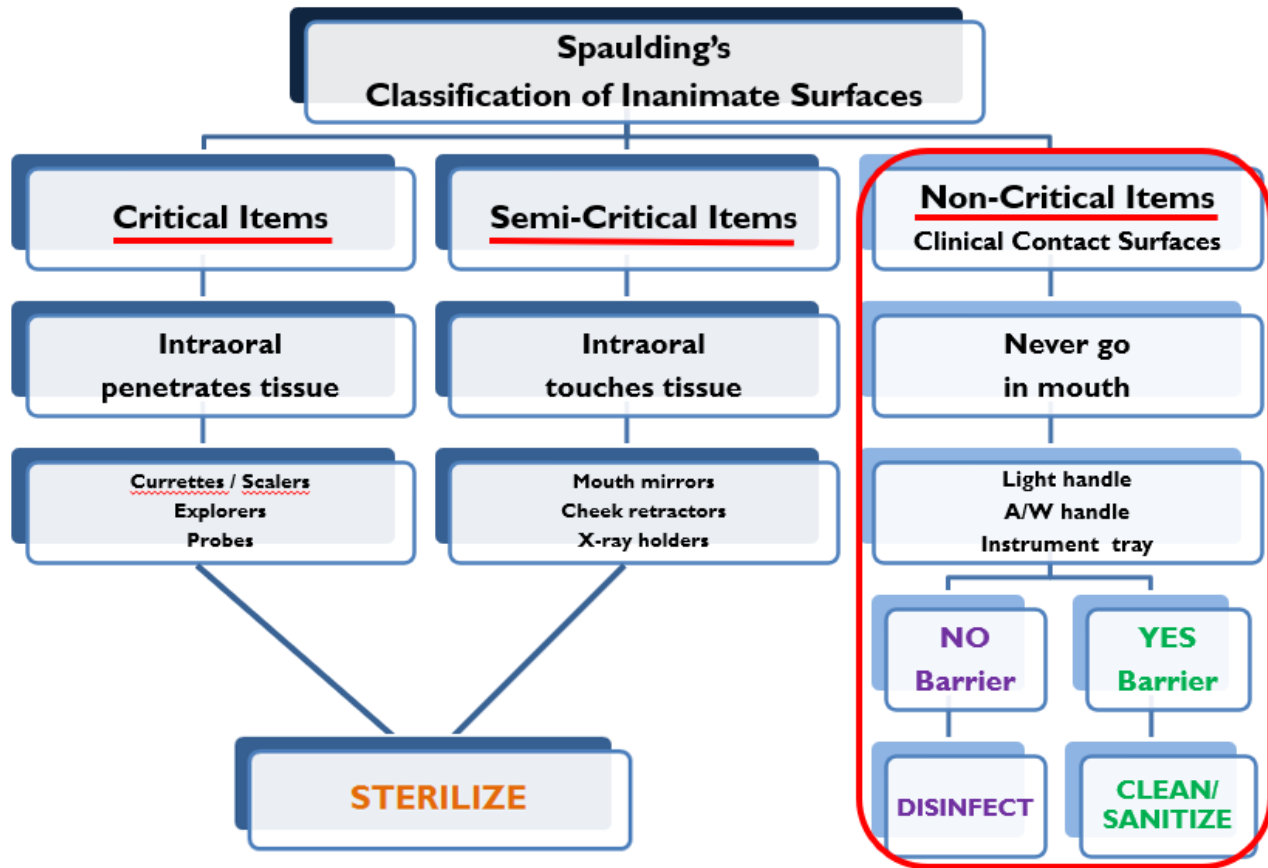
**FOR DISINFECTING CRITICAL AND SEMI-CRITICAL MEDICAL DEVICES:**

Metrex must be thoroughly cleaned to remove excess residue, rinsed and dried. Thoroughly clean and rinse areas of fabric instruments, using either a suitable hot or cold water and detergent solution. For CaviCide, it is critical that instruments be thoroughly cleaned and rinsed before use.

# Are you REALLY disinfecting?

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- Most will say they are “disinfecting” a surface when in reality they are simply “cleaning” it (ie: killing “a few” bugs not “most” bugs)
- Most, when interviewed, have no idea what the tuberculocidal kill time is on their product
- Most do NOT keep track of the time the surface remains wet
- After using a “wipe”, most surfaces are completely dry within 15 seconds





**Barrier?** or **No Barrier?**

**Do you have a choice?**

**Yes and No**

**YES**  
**Barrier**

- CDC: Any surface that is **“difficult to clean”** **must be barrier protected**
- Anything with a nook, cranny, crevice or **irregular surface** is considered “difficult to clean”

*Nooks &  
Crannies*

**NO**  
**Barrier**

- CDC: Any surface that is **“smooth”** does not need a barrier

*Smooth  
Surfaces*

**YES**  
**Barrier**



*Nooks &  
Crannies*

**NO**  
**Barrier**



*Smooth  
Surfaces*

**YES**  
**Barrier**



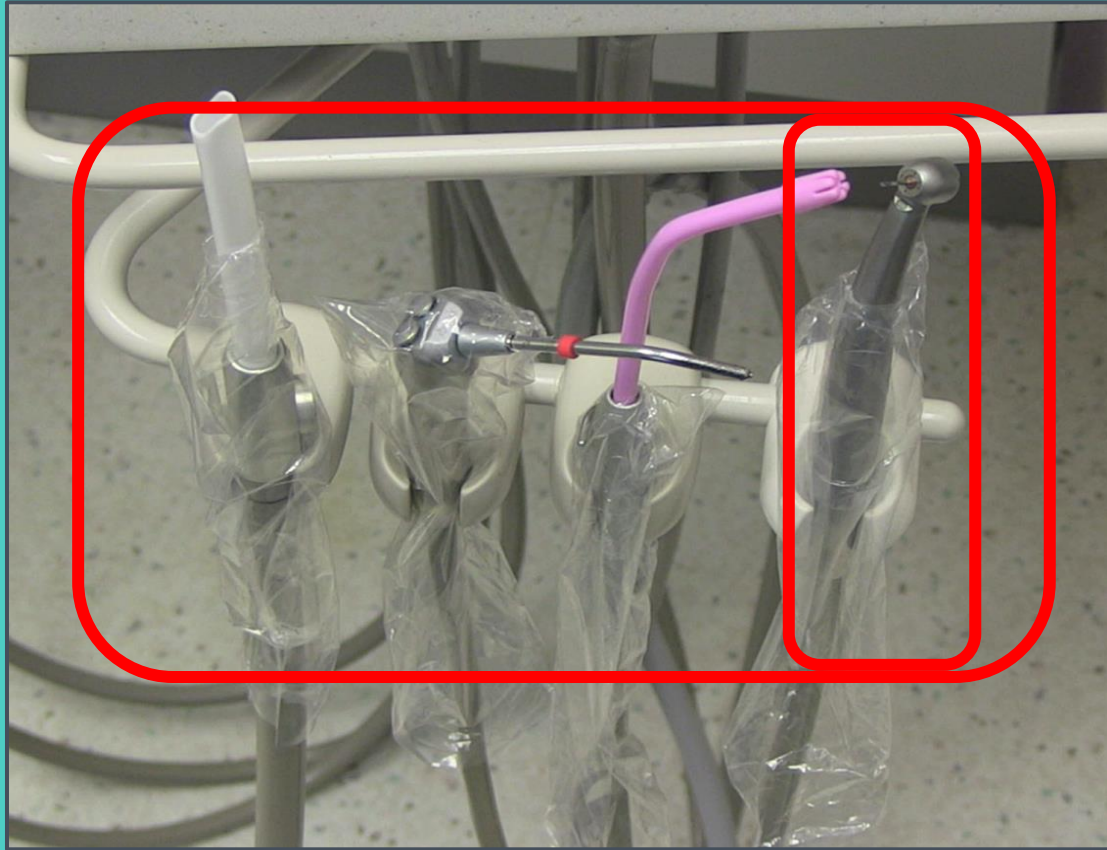
*Nooks &  
Crannies*

**NO**  
**Barrier**



*Smooth  
Surfaces*

# What's Wrong?



# What's Wrong?



# What's Wrong?



# What Do You Use?



Easy On!



Easy Off!

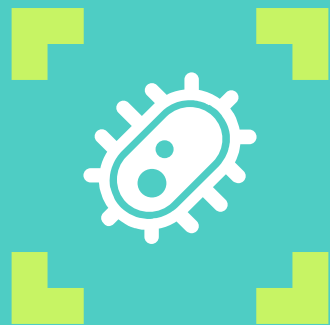


# What Do You Use?

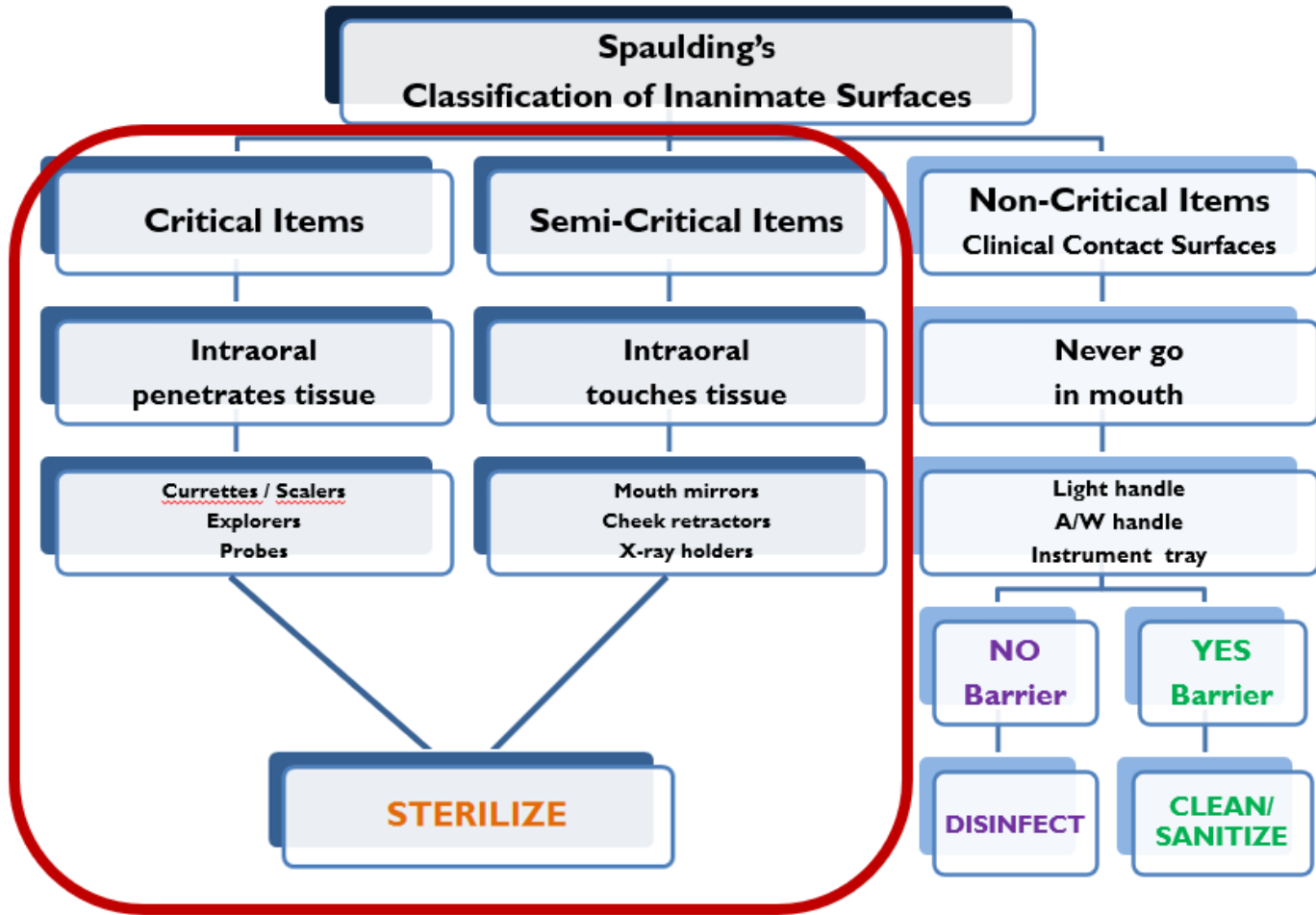


**Either use a barrier on the syringe  
OR  
Pre-dispense onto a mixing pad  
and delivery with a sterilizable  
instrument**





# Instrument Processing

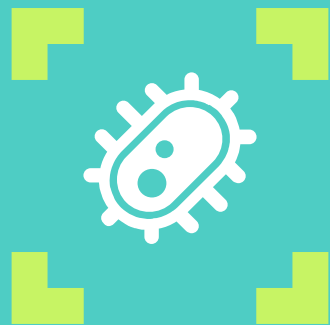


# Instrument Processing Cycle



# Paper Up? Or Paper Down?





# Sterilization Monitoring

# Spore Tests. How often?

**2021** Because you can't see sterile.™  
 For customer care, visit [www.CrosstexUSA.com](http://www.CrosstexUSA.com) or call Customer Care at 1.800.879.3234.

## Sterilization Compliance Calendar

Keep track of sterilization procedures to protect your practice & your patients!

**How often should I perform biological monitoring?**  
 CDC and AAMI guidelines recommend biological testing should be performed on a weekly basis.

**Please check state recommendations for additional information.**  
 Check website or contact us.

**Helpful Reminders:**

- Do not use a sterilizer if the biological monitoring indicator (BMI) is not present.
- Do not use a sterilizer if the BMI is not present.
- Do not use a sterilizer if the BMI is not present.

**KEY:**

- Blue Cap = Gravity Displacement Sterilizers
- Brown Cap = Pre-Vacuum / SFPP Sterilizers

**Additional to weekly monitoring, practices should perform biological monitoring:**

- Whenever a new lot of packaging material is put in use
- After testing new sterilization parameters
- After any sterilizer repair or maintenance
- After any change in the sterilizer loading process

**2021 Calendar:** JANUARY, FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER.

USA  
 Crosstex  
 1.800.879.3234



Keep  
A  
Calendar

## In-Office Biological Monitoring

- Blue Cap = Gravity Displacement Sterilizers



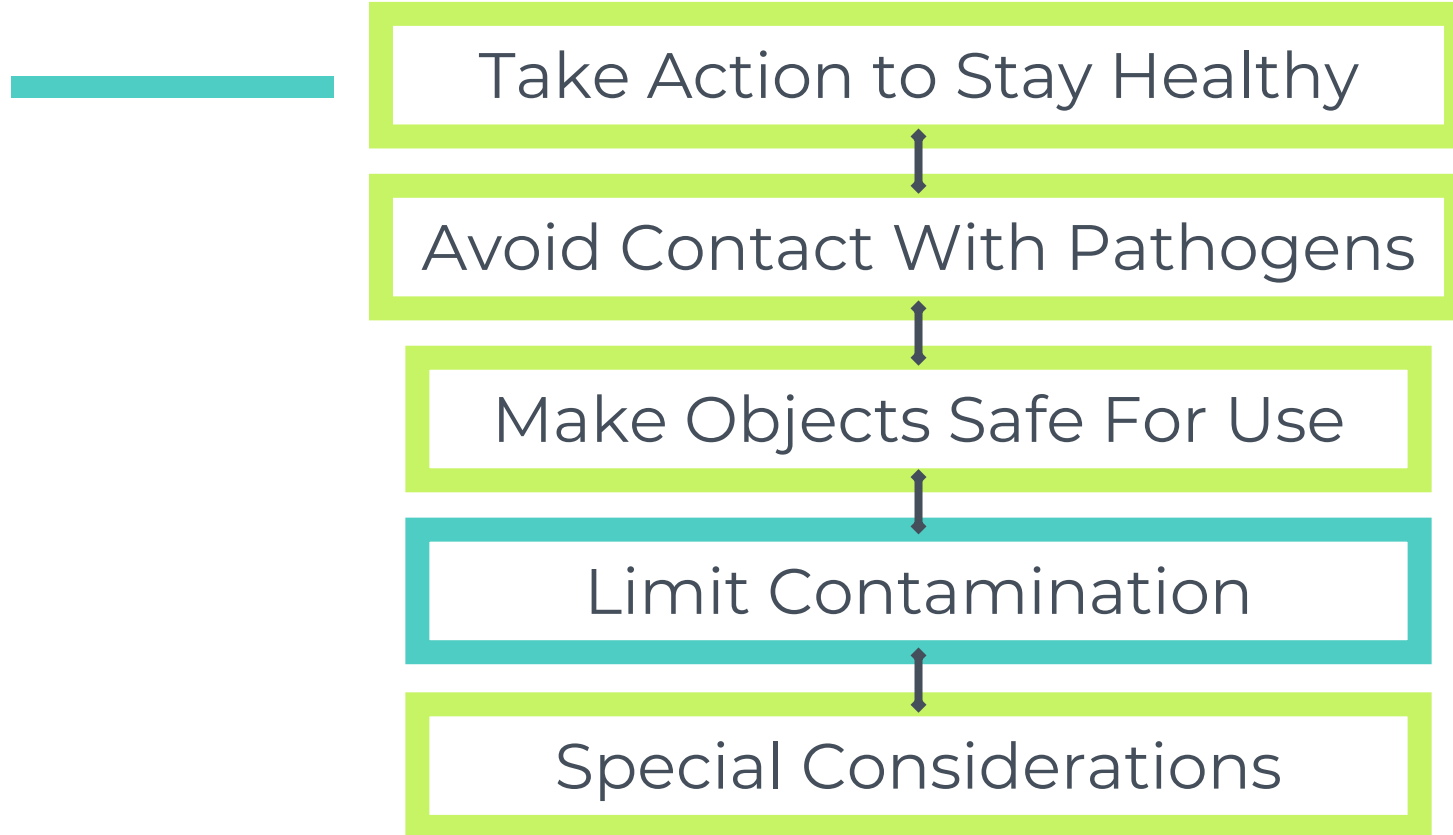
- Brown Cap = Pre-Vacuum / SFPP Sterilizers



**3M Company, Crosstex, Hu-Friedy**  
**56°C = 24/48 hour incubation time**

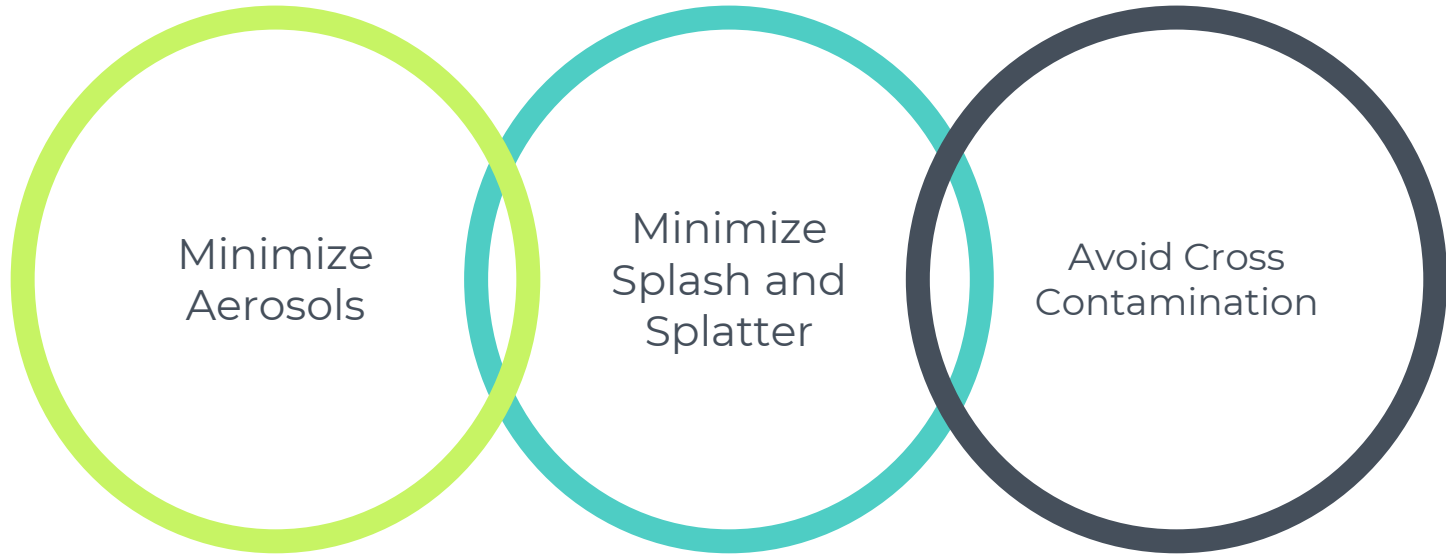
**Crosstex Confirm 10**  
**60°C = 10 hour incubation time**

# CDC Principles to Dental Infection Control



# Limit Contamination

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# Avoid Cross Contamination

# Unit Dose



# Single Use Products

## Disposable means Single-Use

Vent-O-Vac™ HVE Tips

**YOUNG**

Disposable high-volume evacuation tips



XCP-QT® Quick Tab  
Disposable Sensor Holder

**DENTSPLY RINN**

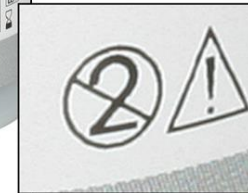


Dentray® II Disposable  
Impression Trays

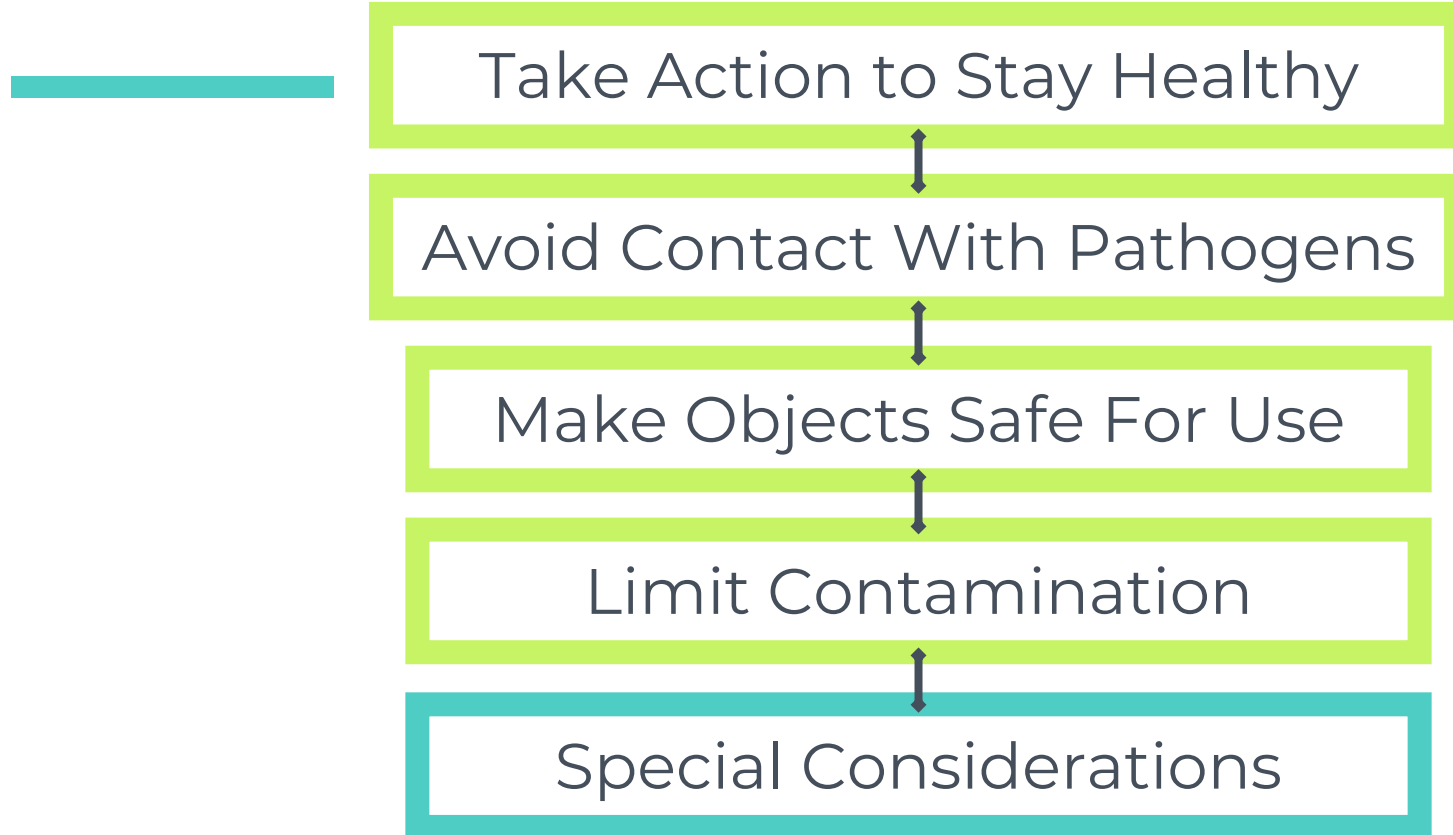
**Sulair** Healthcare

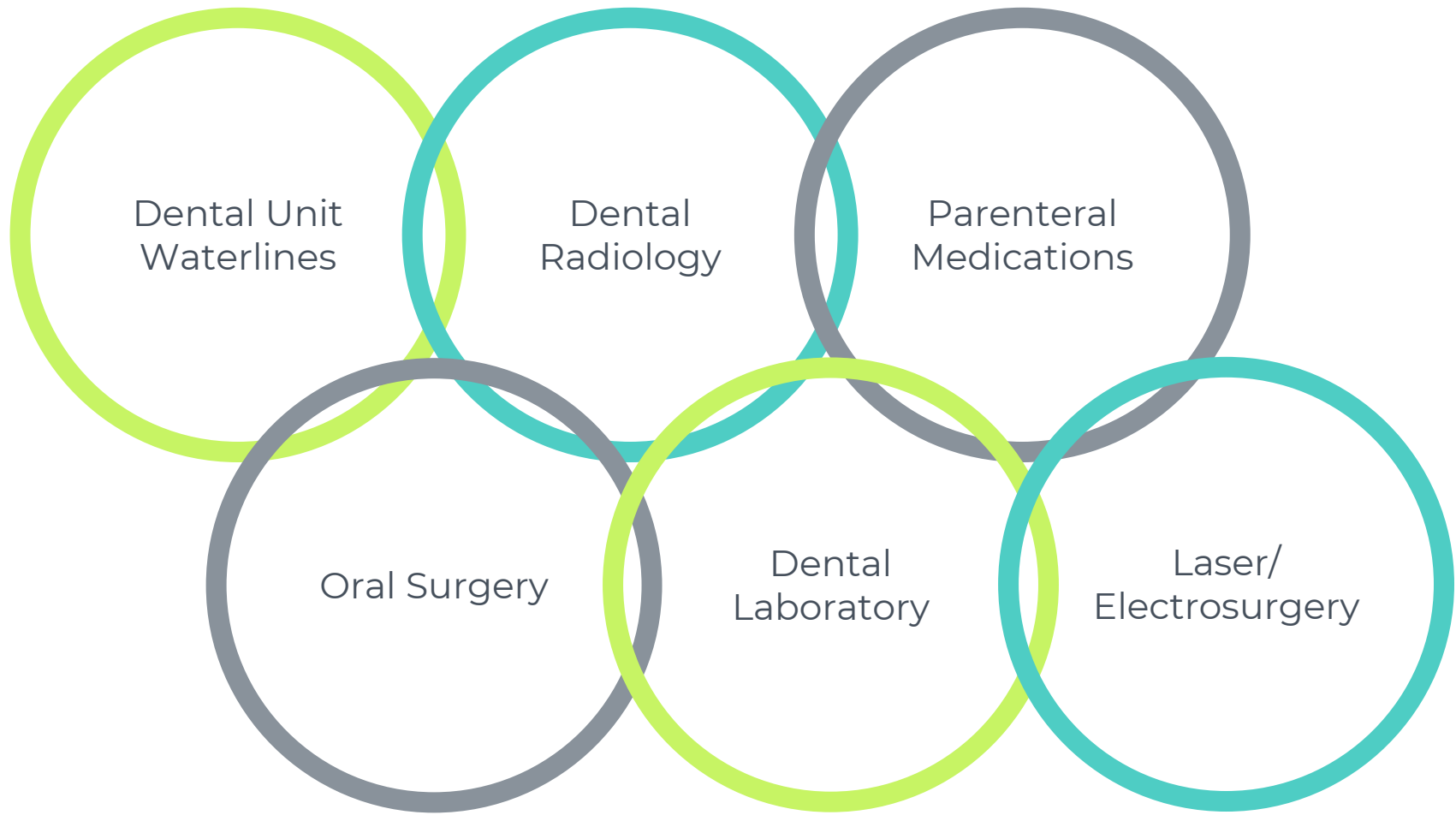


**Capsules are SINGLE-USE and must  
be DISPOSED of after each patient.**



# CDC Principles to Dental Infection Control







# Dental Unit Waterlines

# Illnesses from DUWLs

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- Legionella - Legionnaires' Disease and Pontiac Fever
- Pseudomonas aeruginosa – Pneumonia & Other Infections
- Nontuberculous Mycobacteria - the most antibiotic-resistant mycobacteria



# DUWLs In The News

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- All CA & GA cases involved pediatric pulpotomies
- All patients had *Mycobacterium abscessus* cyst infections
- **Georgia**
  - 20 pedo patients hospitalized - July 23, 2014 to January 1, 2016
    - Median range 7 days in hospital
    - 17 patients required surgical excision of cysts
  - All dental units were tested
    - Average colony count 91,333 CFU/mL
    - *M. abscessus* isolated from all water samples
- **California**
  - 68 pedo patients hospitalized – February 4 to August 20, 2016
    - Clinic closed Sept 2016, reopened Oct 2016, closed again Dec 2016
    - Treated and cleaned lines became re-contaminated again w/ *M. abscessus*



Centers for Disease  
Control and Prevention

2022

[PDF] **This is an official CDC HEALTH ADVISORY**

[https://emergency.cdc.gov/han/2022/pdf/CDC\\_HAN\\_478...](https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_478...)

[Web] waterborne bacteria can be found in untreated dental unit water systems.  
microorganisms found in untreated **dental unit** water can include Legionella, ...

**This is an official**  
**CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
October 31, 2022, 1:00 PM ET

**Outbreaks of Nontuberculous *Mycobacteria* Infections Highlight  
Importance of Maintaining and Monitoring Dental Waterlines**

1

## TREAT



2

## TEST



3

## SHOCK



#1

## DENTAL UNIT MANUFACTURERS



Waterline Recommendations	A-dec	Pelton & Crane	Midmark	Belmont	Ritter	Forest
<b>Shocking</b>	After Failed Test	*Monthly	When Testing Reveals >200 CFU/mL	After Failed Test	Initial, then as Needed	When Testing Reveals >200 CFU/mL
<b>Treatment</b>	ICX Tablet	Tablet or Straw	Straw	-	Tablet	Tablet or Straw
<b>Testing Frequency</b>	Monthly, then Quarterly	*Monthly	Monthly, then Adjust	Monthly, then Quarterly	Monthly, then Adjust	Monthly, then Quarterly
<b>Remediation</b>	Shock & Retest	-	Shock	Shock & Retest	-	Shock

\*Recommendation based on Pelton & Crane's Treatment Aqualiant

#2

## TREATMENT PRODUCT MANUFACTURERS

Waterline IFU's / Recommendations	ProEdge BluTube/BluTab	A-dec ICX	Sterisil Straw	Sterisil Citrisil	Crosstex DentaPure	Crosstex Liquid Ultra
<b>Shocking</b>	8 Weeks to Quarterly	After Failed Test	Initial & After Failed Test	Monthly	Prior to Install	Weekly
<b>Treatment</b>	Every Refill	Every Refill	Every 240L	Every Refill	Every 240L	-
<b>Testing Frequency</b>	Monthly, then Quarterly	Monthly, then Quarterly	As Needed	Appropriate Intervals	Follow All Recommended/ Required Guidance	Regular Testing
<b>Remediation</b>	Shock & Retest	Shock & Retest	Shock	Shock	-	-

# Mail-In Test Results



<b>Source water</b> Municipal/Tap	<b>Shocks used</b> Diluted Bleach Solution	<b>Shock date</b> 07/13/2022	<b>Treatment used</b> Citrisil/Citrisil Blue	<small>Matthew King, PhD</small> Laboratory Director	<small>Kellie Thimmes</small> Sr. Water Safety Consultant
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## SAMPLES SUBMITTED

## LABORATORY TEST RESULTS (CFU/mL)

ProEdge sample #	Vial #	Operatory #	Sample source	CDC compliance	Microbial count	0	5-200	201-500	501-2,500	2,501-10,000	10,001-40,000	40,001-100,000	TNTC
66	1	1	AW Syringe	Pass	0	●							
67	2	1	Highspeed handpiece	Pass	80		●						
68	3	1	AW Syringe	Pass	110		●						
69	4	1	Scaler	Pass	130		●						
70	5	2	AW Syringe	Fail	80000							●	
71	6	2	Highspeed handpiece	Pass	90		●						
72	7	2	AW Syringe	Pass	0	●							
				Fail	28700							●	
				Fail	2830							●	

Learn Products Support **Get started**

### What if one (or more) waterlines fail a test?

Reach out to our team! We know failing a test can be frustrating or anxiety-inducing, so we'll do everything we can to get you back on track.

From there, we recommend you follow the **3-step proven protocol**. This involves shocking your lines to break down and remove biofilm build-up. As we said before if this is your first time shocking your lines, you may need to do this step more than once. Then you can implement a treatment protocol, and the final step is to re-test. The hope is that your troubled waterline is now passing, and you can proudly document your test results.

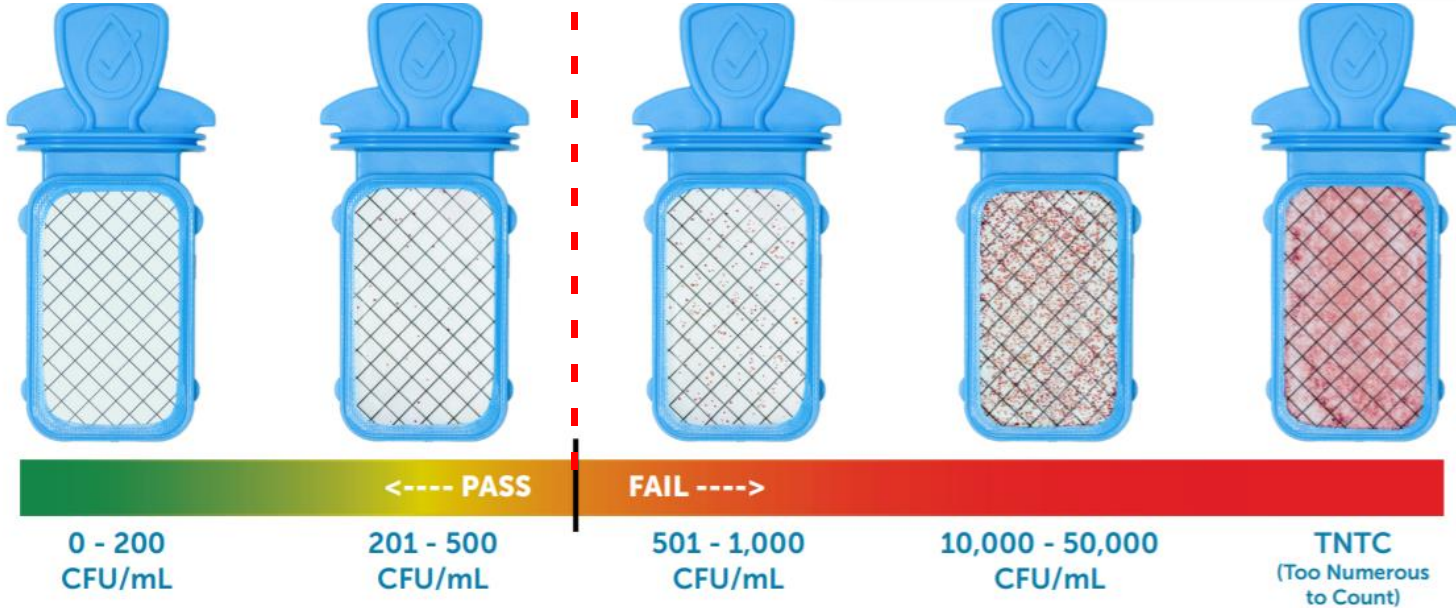
500 CFU  
potable  
drinking  
water

**NOW  
WHAT  
?**

# QuickPass™ Instructions

Use as a **SCREENING TOOL**

**QuickPass™**  
IN-OFFICE DENTAL WATER TEST



# How Often To Test?

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- **Must use water that meets EPA standards for drinking water**
  - Under 500 CFU/mL of heterotrophic water bacteria
- **Must follow dental unit manufacturer instructions for use**
- **Must follow waterline treatment product manufacturer instructions for use**

**Bottom line...**  
**how do you know if you don't test?**



The measure of  
intelligence is the  
ability to change.

--Albert Einstein



# CDC

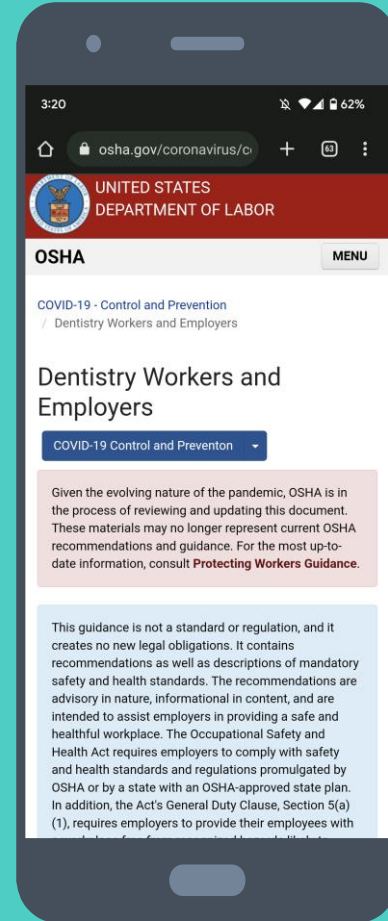
<https://www.cdc.gov/dental-infection-control/hcp/index.html>





# OSHA

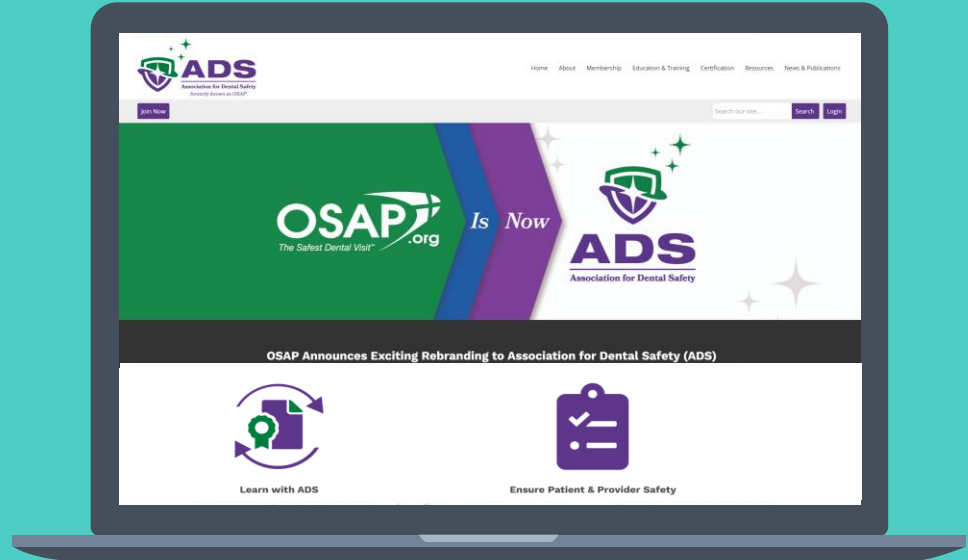
<https://www.osha.gov/coronavirus/control-prevention/dentistry>





# ADS

[www.myads.org](http://www.myads.org)



# Thanks!

## Any questions?

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