

Infection Control In The New Normal

JUNE 2020

TABLE OF CONTENTS

- 01** Abstract
- 02** Leveraging
Crisis Experience
- 03** Three Kinds of
Patients
- 04** Cultivate Trust
and Confidence
- 08** Conclusion



01 Abstract

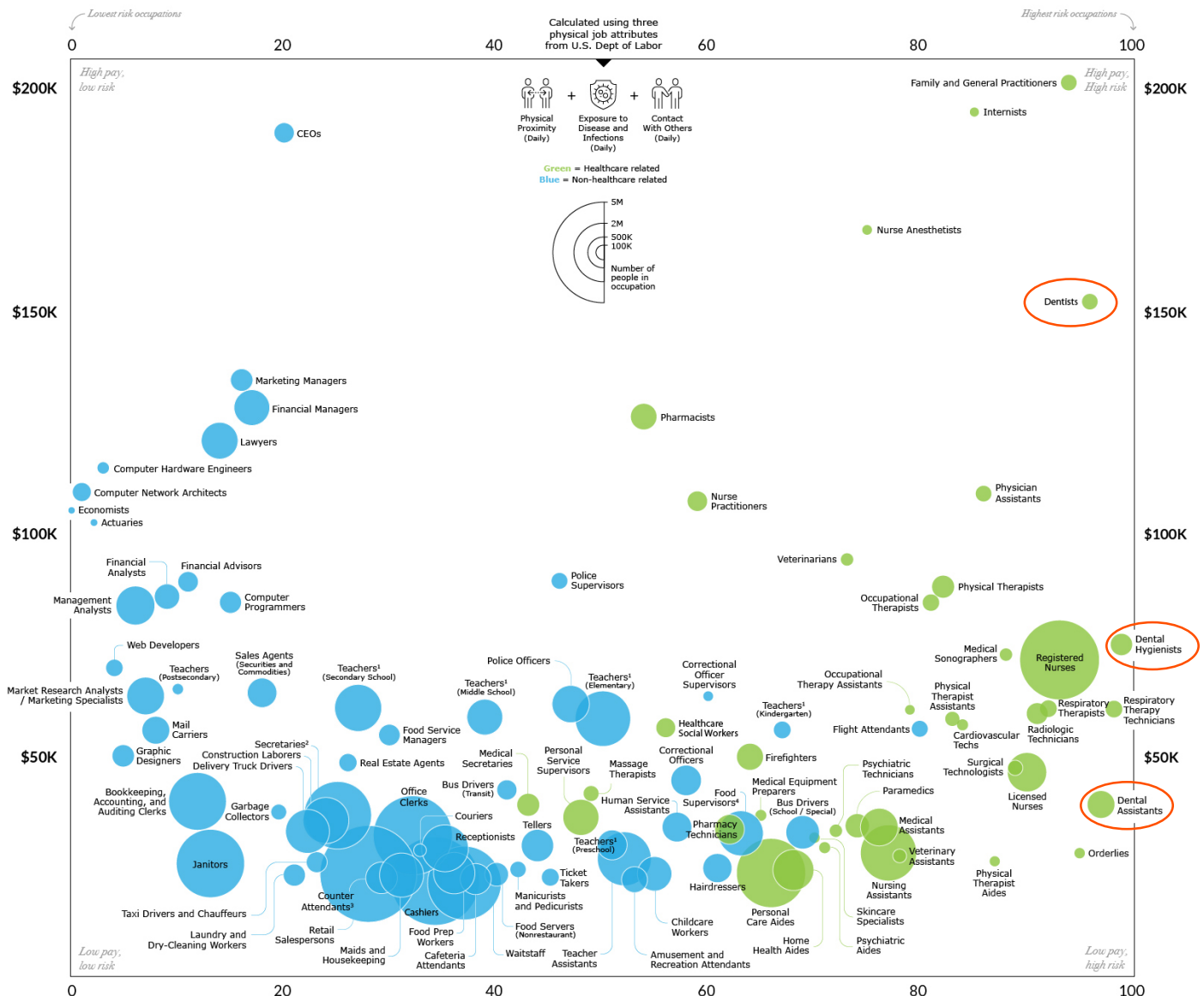
DENTAL ASSISTANTS, HYGIENISTS AND DENTISTS RANK in the 97-100th percentile on the COVID-19 Occupational Risk Score—among the highest of all jobs, according to data compiled from the U.S. Department of Labor and O*Net Database.¹

In a context where everyone has concerns about leaving the house or visiting a

restaurant, dental professionals and patients alike are more concerned about safety in dentistry than ever before.

By combining the lessons learned from the HIV/AIDS crisis of the 1990s and best practices of today, we can ease the transition to the “new normal” and re-create an environment where dental health is practiced safely and comfortably.

COVID-19 OCCUPATIONAL RISK SCORE



Source: U.S. Dept of Labor, O*Net database

¹Excluding special needs

²Except Legal, Medical, and Executive

³Cafeteria, Concession, and Café

⁴Food Preparation and Serving

visualcapitalist.com



¹U.S. Department of Labor, O*Net Database, Visual Capitalist.

02 Leveraging Crisis Experience

THE COVID-19 PANDEMIC is not the first time that dentistry has been challenged by safety concerns. During the HIV/AIDS crisis of the 1990s, dentistry was at the forefront of learning about bloodborne pathogens and as a result, dental offices were early adopters of implementing important protocols to ensure safe practices.

We now need to take what we learned about managing bloodborne pathogens from the HIV/AIDS crisis and apply it to airborne pathogens, taking similar precautions.

Even though the difference in pathogen

type will have different implications in the dental environment, several factors still apply. First, similar to the AIDS crisis, there is not yet a vaccine or a cure for COVID-19. Second, emotions are running high, and the fear and confusion patients and workers feel are a constant in a crisis environment.

Enter Abraham Maslow, the American psychologist who is best known for his hierarchy of human needs. Maslow's work demonstrates that a person's most basic need is physiological. In a dental environment, that means a patient in pain will visit the dentist to get out of pain.



From the dental perspective, in the absence of pain, our next need in the order of priority, according to Maslow, is safety. People who don't feel safe will not work in or visit the dental office. So making team members and patients feel secure, and creating a safe environment, is key to our success going forward.

²McLead, Sean, "Maslow's Hierarchy of Needs," Simply Psychology, March 20, 2020. simplypsychology.org/maslow.html/.

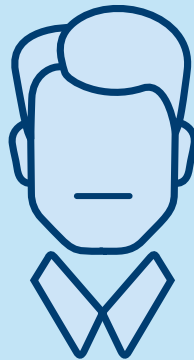
03 Three Kinds of Patients

AS WE RETURN TO A “NEW NORMAL,” PATIENTS WILL FALL INTO THREE CATEGORIES:



PATIENTS IN PAIN

who will visit the dental office to get out of pain.



PATIENTS WHO DO NOT HAVE THE CONFIDENCE

to return to the dental office.



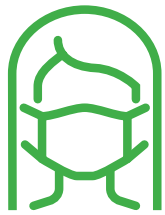
PATIENTS WHO ARE “ON THE FENCE”:

potential patients who are concerned, and will feel comfortable if they see their dental office as a safe environment.

THE NUMBER ONE DIFFERENTIATOR FOR DENTISTRY GOING FORWARD IS SAFETY. Practices which successfully establish their businesses with a safety-first culture and make patients more comfortable will have an advantage in acquiring new patients and keeping existing ones.

04 Cultivate Trust and Confidence

TO CULTIVATE TRUST AND EARN CONFIDENCE, dental offices need to modernize their mindset, communication and practices using these action steps:



Implement a safety-first culture.

In a fast-changing space, developing your existing office culture and implementing the right processes are more important than any individual actions you can take, because the right culture and process will adapt as the situation evolves.



APPOINT A “SAFETY CZAR”: Identify a dentist or team member to be in charge of your safety culture. It can be anyone in the office, including an assistant, manager, hygienist or dentist, but it needs to be a named person. Otherwise, when “everyone is in charge, no one is in charge.” Their job will be to monitor changes in regulations, implement office policies, etc.



IMPLEMENT AN “ANDON CORD”³ like with Toyota’s well-known continuous improvement methodology, any team member is empowered to stop any process to address a safety issue.



REVISIT YOUR OSHA⁴ (OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION) PROTOCOLS: now is the time to make employee safety a top priority in your practice. Ensure you are following today’s rules and staying informed of any upcoming changes.



MASTER THE ART OF DOCUMENTATION: create a system for managing Standard Operation Procedures/Protocols (SOP) and checklists in the morning/evening, etc. If you don’t want to take the time to create your own, outsource to an expert.



ENGAGE IN HONEST TALK WITH THE TEAM: allocate time for a regular agenda that facilitates an open discussion of current issues and encourages dialogue along the lines of, “here’s what we’re dealing with, here are the changes we’re making to ensure we’re all safe, here’s your role in creating a safe workplace.”



BUY ONLY FROM TRUSTED SOURCES: beware of counterfeit products. *The Wall Street Journal⁵ reported:*
Recent tests by the National Institute for Occupational Safety and Health found that about 60% of 67 different types of imported masks tested allowed in more tiny particles in at least one sample than U.S. standards normally permit.

Review your procurement process and buy from a known and trusted source. You can follow key websites such as the Centers for Disease Control (CDC) and American Dental Association (ADA) for changes and updates.

³The Andon Cord: A Way To Stop Work While Boosting Productivity,” Six Sigma Daily, January 8, 2018. [Sixsigmadaily.com/what-is-an-andon-cord/](https://sixsigmadaily.com/what-is-an-andon-cord/)
⁴Osha.gov ⁵Hufford, Austen and Mark Maremont, “Low-Quality Masks Infiltrate U.S. Coronavirus Supply,” *The Wall Street Journal*, May 3, 2020. [wsj.com/articles/we-werent-protected-low-quality-masks-infiltrate-u-s-coronavirus-supply-11588528690](https://www.wsj.com/articles/we-werent-protected-low-quality-masks-infiltrate-u-s-coronavirus-supply-11588528690)

05 Cultivate Trust and Confidence (cont'd)



Tighten clinical processes.

All dentist offices need to tighten their current Universal Protocols for cross-contamination and sterilization. The best practice is to have SOPs or checklists, whether you create them yourself or outsource to a consultant.

*The New York Times*⁶ reported that checklists reduce deaths in surgery: *...a year after surgical teams at eight hospitals adopted a 19-item checklist, the average patient death rate fell more than 40 percent and the rate of complications fell by about a third, the researchers reported.*

An article on ResearchGate⁷, in review of Dr. Atul Gawande's book, *The Checklist Manifesto*, reports that Dr. Gawande performed a study across eight hospitals to determine whether introducing a checklist to their protocol would improve care. After just three months, across all eight hospitals, the rate of major complications fell 36%, and deaths fell 47%.

Additionally, 78% of staff said that the checklist had prevented errors and 80% of staff reported the checklist easy to use. 93% said they'd want a checklist in place if they were patients.

Post COVID-19, your new process should address issues such as clothing protocols (establish a system for changing clothes/shoes/scrubs at office and using a washer/dryer or uniform service); the setup and tear-down of operatories to ensure enough time for disinfection; decluttering operatory countertops; and adjusting scheduling processes accordingly.

OTHER KEY AREAS TO CONSIDER AND ADDRESS ARE:



USE OF THE HIGHEST-LEVEL OF PPE AVAILABLE:

- Single-use N95/KN95/surgical masks or face shields
- Disposable clothing if appropriate
- Gloves



REVIEW OF DENTAL OPERATORY PROCEDURES:

- Pre-treat every patient with anti-microbial rinse
- Use rubber dam, high-volume suction, and resorbable sutures where possible
- Leverage four-handed dentistry
- In hygiene, substitute hand-scaling for ultrasonics
- Discontinue air polishing

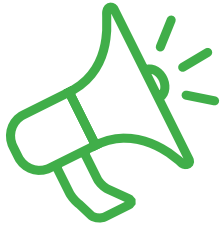


ASSESS CHAIRSIDE/AMBIENT AIR QUALITY ISSUES:

- Retrain your office team on proper suction technique
- Add DryShield or similar
- Upgrade HVAC filters to highest available
- Watch for new products

⁶Nagourney, Eric, "Checklist Reduces Death in Surgery," *The New York Times*, January 14, 2009. [nytimes.com/2009/01/20/health/20surgery.html](https://www.nytimes.com/2009/01/20/health/20surgery.html). ⁷Funk, Kristin M. and Saul Axelrod, "A Review of: 'Gawande, A. (2009). *The Checklist Manifesto—How to Get Things Right*,'" *Research Gate*, February, 2011.

06 Cultivate Trust and Confidence



Address non-clinical spaces.

Small things can add up to big differences in patient experience, and dental offices are no different. Your team can facilitate a safer process and a safety-first culture with more protection and less contact.

A majority of all infectious diseases are transmitted by touch.

PRACTICES CAN LIMIT CONTAMINATION BY IMPLEMENTING THE FOLLOWING:



IN THE WELCOME SPACE:

- Eliminate magazines and other paper materials
- Add easily accessible hand sanitizer
- Enforce social distancing by moving/removing reception seats
- Upgrade to healthcare-grade furniture



TAKE PATIENT TEMPERATURE ON ARRIVAL.



WASH HANDS OFTEN FOR 20+ SECONDS.



ELIMINATE HANDSHAKING

- Adopt “hand-in-pocket” protocol



BUSINESS AREA:

- Install “sneeze bars”
- Add disposable pencils or encourage patients to use their own



UPGRADE TO REGULAR OFFICE DEEP-CLEANING SERVICE.

When it comes time to upgrade your space or move, consider changes to your physical office that will make safety and infection control easier. Be sure to consult an expert with healthcare design experience.

07 Cultivate Trust and Confidence



Think about long-term design.

In the bigger picture, the trend in dental office design will move from open concept to spaces that allow for a more private, protected, and less exposed experience, especially in the operatories and sterilization areas.

In the interim, or if a re-design isn't in the plans, there are several things that can be done immediately with minimal or no disruption:

REVISIT STERILIZATION PROCESS:

- ensure rigorous adherence to clean/dirty;
- map how instruments are routed through the office to tighten process and limit accidents.

REDUCE PATIENT TRAFFIC JAMS:

- map patient flow
- add signage

CONVERT TO DIGITAL/PAPERLESS where possible.

ELIMINATE RECEPTION AREA with curbside check-in, pay by phone, patient escort, etc.



Execute a patient communication plan.

Dialogue is valued at a premium.

A study published by The Journal of the American Dental Association⁸ showed that of 6,300 dentists surveyed, two-thirds use four or fewer of 18 communication techniques with their clients. Dentist-patient communication is an area of opportunity.

The ability to answer patient questions before they are asked, especially post-COVID-19, such as “Here’s how we’re making your safety our utmost priority” – will go a long way to building confidence and trust.

YOU’LL WANT TO ENSURE YOUR TEAM, especially schedulers, have the skills and information to convey important information and communicate with compassion and assurance. Process-wise, you’ll want to implement pre-appointment screening and determine a policy for when it is possible and advised to delay care.

POINTS TO COVER IN PATIENT COMMUNICATIONS:

How we sanitize exam and treatment rooms

- How we sanitize instruments
- How we use disposable items
- How we’re protecting you
- How we’re protecting ourselves
- Explain any new procedures
- Tell them if you offer tele-dentistry

Finally, consider developing a social media plan that reinforces the key messaging discussed here with photos, graphics, and video, where possible.

EMPHASIZE THE OFFICE TOUR—ONLINE OR IN PERSON.

Showing is more impactful than telling. The office tour is the centerpiece of every dental communications strategy because it’s the most compelling demonstration of your commitment to safety.

- Create a script addressing the patient communication points above
- Designate staff members who will offer the scripted tour in person
- Create a virtual tour based on your script using video or still images
- Add the virtual tour to your website as prominently as possible
- Share the tour, and/or a link to the tour, to your social media channels
- Tell every patient how to view the tour prior to their appointment
- Ask every patient if they would like an in-person tour during their appointment prior to the delivery of care

⁸Rozier, DDS, MPH, Gary and Alice M. Horowitz, PhD and Gary Podschun, BA, “Dentist-patient Communication Techniques Used in the United States: The Results of a National Survey,” *The Journal of the American Dental Association*, May, 2011. [sciencedirect.com/science/article/abs/pii/S0002817114620110](https://www.sciencedirect.com/science/article/abs/pii/S0002817114620110).

08 Conclusion

POST-COVID-19, dental patients will fall into three categories – those who will visit a dentist to get out of pain, those who are on the fence, and those who will wait it out. Dentists, hygienists and assistants who modernize their patient experience and practices will go a long way to helping patients feel comfortable returning to the dentist office.

As in all forms of crisis, communication both inside and outside the office is key. Social media can help amplify the understanding of new office protocols by showing instead of telling.

Creating, or re-creating a “safety first” culture, along with a series of protocols and procedures including checklists will ensure patient trust and confidence.

Once dentistry adapts itself to protecting

patients and caregivers from airborne pathogens, the profession will also be prepared for a possible recurrence of COVID-19, or other viruses.

It’s not a coincidence that in 25 years there’s been no outbreak of a bloodborne pathogen from a transmission in the dental industry. With the measures outlined in this paper, the dental industry will have the systems and protocols in place to ensure that airborne pathogens are not a risk to patients and caregivers either.

Once dentistry adapts its use of PPE, tightens up protocols and procedures, addresses air quality, adapts management of non-clinical spaces and communicates effectively, it will be in a good position to provide caregivers and patients a safe environment in the face of any airborne pathogen.

ABOUT BENCO DENTAL:

BENCO DENTAL IS THE LEADER in cutting-edge dental practice theory, systems and design. They drive dentistry forward through their innovative solutions and caring family culture. Benco is the country’s largest family-owned dental distributor with 1,400 associates across the U.S.

*This white paper is one in a series of information on best practices.
For more information, visit us at benco.com.*

Please consult these websites for additional infection control/asepsis resources:
osap.org : ada.org : cdc.gov

BencoDental

295 CenterPoint Blvd., Pittston, PA 18640
1.800.GO.BENCO (462.3626)

©2020 Benco Dental. All rights reserved. Reproduction and distribution of this document, in whole or in part, is prohibited without the written permission of Benco Dental.

