

Section 4 Personal Hygiene and Personal Protective Equipment

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Personal Hygiene

Clinic Attire

The following guidelines apply to ALL clinic personnel (students, faculty and staff) while involved in patient treatment:

- Dental health care workers are expected to present a clean and neat appearance.
- Long hair must be kept away from the face, and tied back so that it does not get caught in equipment or hang over the patient's face or the instrument tray.
- Beards and mustaches must be covered by a facemask or shield.
- The wearing of jewelry (including wedding bands, bracelets, earrings or wristwatches) is not recommended. Do not wear hand or nail jewelry if it makes donning gloves more difficult or compromises the fit and integrity of the glove.
- Fingernails must be clean and short (no longer than the fingertips) and smooth so as not to compromise the integrity of the gloves.
- Artificial fingernails are **not** permitted.
- Nail polish must be maintained so that it does not show cracks or chips. The wear of nail polish is not recommended.

Hair and nails are known to harbor higher levels of bacteria than skin. Long nails, cracked nail polish, and jewelry are more difficult to clean and harbor bacteria. Artificial nails have a potential for microbial growth in gaps within the adhesive. In addition, some dental materials may damage or discolor jewelry.

- Cosmetics, lip balm and contact lenses cannot be applied or manipulated in clinical areas.
- Dental healthcare workers who have exudative lesions (including weeping dermatitis) must refrain from all direct patient care and from handling patient care equipment and devices used in performing invasive procedures¹ until the condition resolves.

Dental healthcare workers should always take particular care of their hands since gloves may not offer complete protection. Injured or cracked skin, erosions or eczema on hands or arms require additional caution until the lesions are healed.

¹ Invasive Procedure: Any procedure that pierces skin or mucus membranes or enters a body cavity or organ.

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Hand Hygiene

Hand hygiene (i.e. hand washing, hand antisepsis or surgical antisepsis) is the most effective method of reducing the risk of the transmission of disease.

Hand Hygiene includes:

- Hand washing with plain soap and water
- Antiseptic hand washing with antimicrobial soap
- Antiseptic hand rub

Hand Hygiene is MANDATORY	Hand Hygiene is RECOMMENDED
<ul style="list-style-type: none">• Before putting on gloves• After removing gloves• When hands are visibly soiled• After inadvertent barehanded touching of contaminated surfaces or objects• After completing laboratory activities	<ul style="list-style-type: none">• Before beginning patient care• After contact with your own face• After sneezing, coughing, blowing your nose or combing your hair• After using the toilet• Before and after smoking• Before and after eating or handling food• Before and after any invasive procedure• At the completion of any patient care

Recommended Procedure for Hand Hygiene

Using Soap/Antimicrobial Soap and Water

1. Remove all jewelry from hands and arms
2. If necessary, remove visible debris from hands and arms with appropriate cleaner/solvent. Do NOT abrade skin by using a brush or sharp instrument.
3. Wet hands and wrists under cool to lukewarm running water.
4. Dispense a small quantity of “residual antiseptic soap” onto the hands.
5. Rub the soap gently onto all areas of the hands and wrists for 15 seconds. Pay particular attention to areas around nails and between fingers.
6. Rinse under cool water.
7. If the sink must be turned off by hand, do so with the paper toweling before discarding it.

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Using Alcohol-based Hand Sanitizer

This method is only used if there is no visible material on the hands

1. Remove all jewelry from hands and arms.
2. If necessary, remove visible debris from hands and arms with an appropriate cleaner/solvent. Do NOT abrade skin by using a brush or sharp instrument.
3. Apply a dollop of hand sanitizer onto the palm of one hand.
4. Rub both hands and spread the sanitizer over all parts of the hands.
5. Continue rubbing gently until the sanitizer is gone.

Hand Hygiene Methods and Applications (Chart)*

Method	Agent	Duration (minimum)	Purpose	Indication*
Routine hand wash	Water and nonantimicrobial soap (e.g. plain soap)	15 seconds	Remove soil and transient microorganisms	<ul style="list-style-type: none"> • Before and after treating each patient (e.g., before glove placement and after glove removal). • After barehanded touching of inanimate objects likely to be contaminated by blood or saliva. • Before leaving the dental operator or the dental laboratory. • When visibly soiled. • Before regloving after removing gloves that are for surgical procedures torn, cut, or punctured.
Antiseptic hand wash	Water and antimicrobial soap (e.g. chlorhexidine, iodine and Cavicides, chloroxylenol [PCMX], triclosan)	15 seconds	Remove or destroy transient microorganisms and reduce resident flora	
Antiseptic hand rub	Alcohol-based hand rub	Rub hands until the agent is dry		
Surgical antiseptics	Water and antimicrobial soap (e.g. chlorhexidine, iodine and Cavicides, chloroxylenol [PCMX], triclosan) or	2- minutes Follow instructions for surgical hand-scrub product with persistent	Remove or destroy transient microorganisms and reduce resident flora (persistent effect).	

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	Water and non-antimicrobial soap (e.g. plain soap) followed by an alcohol-based surgical hand-scrub product with persistent activity	activity		
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***CDC, *Guidelines for Infection Control in Dental Health-Care Settings – 2003*, MMWR, Vol. 52, No. RR-17, December 19, 2003.**

Personal Protective Equipment (PPE)

Mucosal surfaces of the eyes, mouth, and nose are vulnerable areas for contagious agents spread by splatter and aerosols. Appropriate attire in the clinic serves several purposes: It protects the operator from contamination by aerosols and splatter to skin and mucous membranes and it prevents contamination of the operator's clothes which would carry contamination outside the clinical environment.

WHEN CONTACT WITH BLOOD OR OTHER BODY FLUIDS IS ANTICIPATED all dental healthcare workers must wear appropriate attire to prevent skin and mucous membrane exposure.

Gloves

There are three categories of gloves:

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	Indications	Comments
Patient examination gloves	Patient care, examinations, and other non-surgical procedures involving contact with mucous membranes, and laboratory procedures	Medical device regulated by the Food and Drug Administration (FDA). Non-sterile and sterile single-use disposable.
Surgeon's Gloves	Surgical procedures	Use for one patient and discard appropriately.
Non-medical gloves	Housekeeping procedures (e.g., cleaning and disinfection) Handling contaminated sharps or chemicals Not for use during patient care	Not a medical device regulated by the FDA. Commonly referred to as utility, industrial, or general purpose gloves. Should be puncture- or chemical-resistant, depending on the task. Latex gloves do not provide adequate chemical protection. Sanitize hands after use.

*CDC, *Guidelines for Infection Control in Dental Health-Care Settings – 2003*, MMWR, Vol. 52, No. RR-17, December 19, 2003.

Gloves must be worn for all contact with oral mucous membranes, body fluids, and extracted teeth and other biological specimens and any potentially infectious material.

New gloves must be worn for each patient.

Inspect gloves carefully for defects when putting them on. Discard gloves if there is any doubt of their integrity.

Gloves may not be washed, disinfected, or sterilized.

If gloves are torn or punctured, they must be replaced immediately.

Plastic over gloves (food handler's gloves) may be worn over contaminated treatment gloves (over gloving) to prevent contamination of clean objects handled during treatment.

Hands must always be cleaned and dried before putting on gloves.

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If it is necessary to leave the chair side during patient care, contaminated gloves must be removed, hands washed, washed again after returning, and new gloves put on before resuming patient care.

This therefore requires that:

- gloves not be worn while obtaining materials from the supply areas;
- gloves that have been used during patient treatment not be worn outside the clinic; and
- gloves are removed before answering the telephone.

Gloves must be removed immediately after patient treatment.

There is no situation in which double gloving is recommended as the effectiveness of wearing two pairs of gloves in preventing disease transmission has not been demonstrated.

Mask

A surgical mask must be worn during dental procedures in which splattering of blood or saliva is likely.

Masks must cover both the mouth and the nose.

Masks must not contact the mouth while being worn.

Masks must not be slipped down around the chin or neck or up onto the forehead as this may contaminate these other areas.

Protective Eyewear or Face Shield

Either protective eyewear or a chin-length plastic face shield must be worn during dental procedures in which splattering of blood, or saliva is likely.

A face shield does not substitute for a surgical mask.

Protective eyewear must possess side shields. Protective eyewear consists of goggles or glasses with solid side shields. Side shields for glasses are available at the dispensing windows.

Standard eyeglasses do not provide adequate side protection and are not considered "protective eyewear" unless equipped with side shields.

If protective eyewear or a face shield is used to protect against damage from solid particles, it must meet American National Standards Institute (ANSI) Occupational and Educational Eye and Face Protection Standard (Z87.1-1989) and be clearly marked as such.

A full face shield may be worn when using the ultrasonic scaler in addition to a face mask.

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Gowns

Fluid resistant gowns must be worn for patient treatment, clean-up, and any procedure where a risk of splash or splatter may occur. Hospital scrubs are not acceptable as outerwear.

During patient treatment, gowns must completely cover street clothes above the waist and provide neck coverage and go beyond the waste.

Gowns must be changed at least daily or more often if they are visibly soiled.

Clinic gowns must not be worn outside the clinic except for visits to the dispensing/sterilization room or another clinic on the same floor.

The fluid resistant clinic gowns are flammable and care must be taken when working with flame. These gowns are not to be used in the clinic support laboratory.

If blood or other potentially infectious material penetrates a garment, the garment must be removed as soon as feasible. Any contaminated clothing beneath the garment must also be removed. If contaminated clothing cannot be removed without potential contact of the contaminated cloth with the face, the clothing must be removed by cutting it up the back. Contaminated skin must be washed with a disinfectant soap.

Fluid resistant disposable gowns are to be disposed of into the correct receptacle. If the gown is soaked with bodily fluid or if blood has dried and is flaking off, the gown should be disposed of in a red bin. Otherwise gowns may be disposed of in a regular garbage receptacle. Used gowns should never be stored at the University with other personal clothing.

The fluid resistant clinic gowns MUST BE BLUE.

Non-clinic gowns may be any color except blue.

The following are guidelines for the use of gowns:

The disposable clinic gowns are worn:	The disposable clinic gowns may be worn:	The disposable clinic gowns <u>MUST NOT</u> be worn:
<ul style="list-style-type: none">• During all clinical patient care.• During set-up and	<ul style="list-style-type: none">• When escorting a patient to the clinic's reception desk.• When escorting a patient	<ul style="list-style-type: none">• When entering any office, classroom, seminar room or lecture hall.

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<p>clean-up of the dental unit.</p> <ul style="list-style-type: none"> • During transport of contaminated instruments, supplies or dental appliances. • During instrument processing. 	<p>between clinics on the <u>same floor</u>.</p> <ul style="list-style-type: none"> • When obtaining supplies or equipment during the appointment. 	<ul style="list-style-type: none"> • When using the washroom facilities. • When going between floors. • While “Hanging out” in the clinic when you do not have a patient. • In non-clinical areas, such as the 4th and 5th floor. • Anywhere that food is located.
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In the specialty clinics, gowns are worn whenever there is a risk of splash or splatter of body fluids. The specialty programs maintain their own clinical guidelines.

Head Covering

A head covering that provides an effective barrier is recommended during any invasive procedure that is likely to result in the splattering of blood or other body fluids.

Religious Head and Facial Covering

Religious head and facial coverings worn during procedures likely to result in the splattering of blood or saliva should be treated the same as the clinic gown; i.e. changed at least daily, or more often if they are visibly soiled. If it is acceptable, the addition or substitution of a surgical cap or other disposable covering during patient treatment is recommended.

Religious head and facial coverings pose no threat to the patient if they are worn in such a way that they do not contact the patient or any part of the environment. Because they will become contaminated during procedures likely to result in the splattering of blood or saliva, religious head and face coverings used during patient treatment do present an infection hazard to the practitioner.

Shoe Coverings

Shoe coverings are used for periodontal and other surgeries. They are removed using a bare hand by placing the hand inside the covering behind the heel, pulling the covering down and forward. Dispose of shoe coverings in a regular waste receptacle.