

**GENERAL EXAMINATION PROTOCOLS****1. Clinic Visit – Order of Examination**

The dental examination will be completed in the following order:

- a. Dental checklist
- b. Radiographs
- c. Denture stability and retention
- d. Residual ridge resorption
- e. Missing teeth
- f. Dental caries
- g. Plaque and Gingival Index
- h. Calculus
- i. Clinical attachment level and pocket depth

**2. Infection Control**

The Centers for Disease Control and Prevention (CDC) has defined three levels of contact between examiner and study participant based on the presence or absence of anticipated contact with the subject's oral mucous membranes, blood or saliva contaminated with blood.

**Contact level I:** The examiner anticipates contact both with the subject's mucous membranes and with the subject's blood or saliva contaminated with blood; for example, during the measurement of pocket depth with a periodontal probe in an oral health survey assessing periodontal disease.

**Contact level II:** The examiner anticipates contact with the subject's mucous membranes, but not with the subject's blood or saliva contaminated with blood; for example, during an oral health survey that includes examination for decayed missing and filled teeth, using a mouth mirror and dental explorer.

**Contact level III:** The examiner anticipates contact neither with the subject's mucous membranes, nor with the subject's blood or saliva contaminated with blood; for example, during an oral health screening limited to a visual inspection of the oral tissues, using a tongue blade to retract the cheek.

The MrOS Dental Study is a Contact Level I study – contact with blood is anticipated. All guidelines to minimize transmission of bloodborne diseases are based on four basic principles for infection control. The dental health care worker should: (1) take action to stay healthy, (2) avoid contact with blood, (3) limit the spread of blood, and (4) make instruments and equipment safe for use.

*Take Action to Stay Healthy – Immunizations.* The examiner and personnel who handle contaminated instruments should be immunized for HBV. If screenings are conducted during the “flu” season, immunization against influenza is recommended. Immunization against the childhood diseases (measles, mumps, rubella, polio) is recommended for examiners and staff who are not already immune.

*Take Action to Stay Healthy – Handwashing.* Always wash hands (1) before each examination, (2) after completion of each examination, (3) before putting on gloves, (4) after removing gloves, and (5) between subjects. Special anti-microbial soap for handwashing is not necessary. Hands should

be lathered well with soap and rubbed vigorously for at least 10 seconds before rinsing them under a stream of water. Hands then should be dried with a disposable towel.

*Avoid Contact with Blood – Gloves.* Gloves should be worn when an examiner anticipates contact with mucous membranes or blood. Gloves should never be reused. A new pair of gloves should be used for every subject.

*Avoid Contact with Blood – Facial Protection.* If spatter of blood or saliva is anticipated, as when compressed air is being used, a chin-length face shield or a surgical mask and protective eyewear should be worn.

*Avoid Contact with Blood – Protective Clothing.* Street clothes should be protected from contamination by wearing a uniform or covering them with a gown or coat. Protective clothing should be changed daily or more often if soiled, especially if visibly contaminated with blood.

*Avoid Injury – Handling Sharp Instruments.* During cleanup, dental personnel should wear sturdy utility gloves and avoid picking up sharp instruments by the hand.

*Avoid Injury – Written Policy for Injuries.* The written policy for the University (OHSU or UAB) shall be followed for the management of injuries.

*Limit the Spread of Blood – Control of Contamination.* Techniques that prevent unnecessary contamination of any area or object should be routine. Splashes and spatter during both subject examination and clean-up should be minimized.

*Limit the Spread of Blood – Proper Handling of Waste.* Solid waste such as single-use disposable mirrors, masks, gowns and waterproof covers should be well secured in a sturdy leak proof plastic bag. These wastes should be handled and disposed of according to state and local regulations.

*Make Instruments and Equipment Safe for Use – Instruments.* All heat-tolerant instruments should be cleaned and then treated between patients by a heating process capable of sterilization. If cleaning and sterilization facilities are unavailable at the screening or survey site, contaminated instruments should be stored and transported to the appropriate facility in a rigid, covered container. Single-use disposable instruments should be used for one subject only and discarded appropriately.

*Make Instruments and Equipment Safe for Use – Contaminated Surfaces not Easily Cleaned and Disinfected.* Where applicable, a disposable waterproof covering, such as plastic wrap, could be used. If the covered surfaces are either touched by the examiner during the assessment or contaminated with the subject's oral fluids, the covering should be changed before the assessment of the next subject.

*Make Instruments and Equipment Safe for Use – Contaminated Surfaces Easily Cleaned and Disinfected.* If uncovered surfaces are either touched by the examiner during the assessment or contaminated with the subject's oral fluids, the surfaces should be cleaned and then disinfected using an appropriate proprietary germicide registered with the EPA or sodium hypochlorite (common household bleach) diluted 1:100, before the assessment of the next subject.

The following table summarizes the principles of infection control recommended for Contact Level I.

<b>Principles of Infection Control</b>	<b>Level I – Examiner Contact with Blood</b>
1) Take action to stay healthy a) Immunization i) HBV immunization ii) Other immunizations b) Handwashing	Yes As necessary Yes
2) Avoid contact with blood a) Protective coverings i) Gloves ii) Facial protection iii) Protective clothing b) Avoid injuries i) Handling sharp instruments ii) Written policy	Yes If spatter expected Yes  Yes Yes
3) Limit the spread of blood a) Control contamination b) Waste handling	Yes Yes
4) Make instruments and equipment safe for use a) Instruments b) Covered surfaces c) Uncovered surfaces	Disposable or sterilization Change coverings if contaminated Clean & disinfect if contaminated

**Reference:** Summers CJ, Gooch BF, Marianos DW, Malvitz DM, Bond WW. Practical infection control in oral health surveys and screenings. J Amer Dent Assoc 1994, 125:1213-7.

## **2. Information Provided to Participant**

The MrOS Dental Study is a longitudinal observational study rather than a clinical intervention trial. The measurements obtained are modified for research purposes and have limited clinical use. For this reason, information provided to the study participant or their dentist is limited. In addition, patient education is NOT provided and disease is NOT diagnosed. If a participant needs treatment or education, they will be referred to their dental provider.

Caution will be used to avoid criticizing a participant's existing dental work.

### **2.1 When to Refer a Participant**

If during the course of the screening an examiner notices infection, an abscess or a potentially cancerous lesion the study participant will be referred to their dental provider. If the participant does not have a dental provider, they will be referred to the University's Dental School. In this case, the participant will be told that they should be seen by a dentist as soon as possible. The examiner should be careful not to diagnose a condition, but simply refer the participant for further evaluation and diagnosis.

If during the course of the screening an examiner notices an active carious lesion or undiagnosed advanced periodontal disease (3 or more teeth with periodontal pockets  $\geq$  6 mm and no previous diagnosis), the participant should be advised to see their dentist for further evaluation and diagnosis at their earliest convenience. Once again, the examiner should be careful not to diagnose a condition, but simply refer the participant for further evaluation and diagnosis.

