"Preparing for a Safe Patient Visit" IMPLEMENTATION GUIDE

Below are suggested checklists related to preparing for a safe patient visit.

General Preparation
 Check availability/inventory of clinical, laboratory and x-ray supplies, personal protective equipment, surface asepsis items, sterilized instruments and handpieces, hand hygiene items and dental materials. Prepare supplies using the unit dose concept. Make sure eyewash stations are operable and that material safety data/safety data sheets are in order. Review maintenance records for equipment (e.g., sterilizers, ultrasonic cleaners, instrument washers) and perform upkeep when needed. Make sure sterilization monitoring results indicate that processed instruments are safe for use on patients. Make sure the mechanisms for post-exposure evaluation are in place. Make sure dental unit water treatment procedures are in place and effective. Make sure all staff has been properly trained about infection prevention before making contact with patients.
At the Beginning of the Day
 Perform a walk-through starting at the front door to ensure cleanliness throughout the office. In the reception area make sure doorknobs, chair arms, and sliding windows are clean/free of fingerprints and that horizontal surfaces are free of visible dust and smudges. (In some offices these areas and the carpeting, tile floors, and bathrooms are managed by a cleaning service but still need to be checked.) When dusting use a damp cloth to avoid airborne spread of particles, and vacuum cleaners should be fitted with a high-efficiency particulate air (HEPA) filter. Make sure appropriate caution signs are out if floors may be wet. Provide facial tissues, an alcohol hand-rub, and a waste container in the reception area to reduce the chance of respiratory disease spread, and consider posting the CDC "Cover Your Cough"² poster.
Before Patient Treatment
 Put on protective clothing and eyewear, mask and utility gloves, remove and discard used surface covers, and clean and disinfect those operatory surfaces that may have been touched during patient treatment and were not protected by a barrier. Clean and disinfect or sterilize items brought to chairside for use on the patient (e.g., articulators, casts, custom trays, prostheses, face bows). Remove utility gloves and perform hand hygiene, then place surface barrier covers over any difficult to clean and disinfect surfaces (e.g., headrest, chair buttons, light handles and switches, air/water syringe button and handle, high-volume evacuation (HVE) control, handpiece connectors, drawer handles, stool backs).
Ensure that a sharps container is available at chairside. The last of the la
☐ Flush the dental unit waterlines.
 Retrieve the patient's records and review the history to detect any need for a special operatory/supplies set-up (e.g., latex allergy). Seat the patient, place the patient napkin, and update the patient's medical history. Consider having the patient rinse with an antimicrobial mouthrinse. Open the instrument packages or cassettes without touching the instruments. Perform hand hygiene and don appropriate gloves. Connect sterile handpieces and sterile or disposable air/water syringe tips, HVE tips and saliva ejector tip.