

FACE THE FACTS MASKS AND RESPIRATORY VIRUS PROTECTION

The importance of proper infection prevention and control is at the forefront for healthcare providers. This document is meant to be a guide for dental practices to consider the elements of a practice respiratory protection program to help prevent transmission in the dental practice environment, with a focus on masks as an element of respiratory virus protection for both Dental Health Care Personnel (DHCP) and patients.

What's Your Risk Level?

- Dental aerosols can travel up to four feet from the work zone¹ and remain airborne for up to 30 minutes, placing the dental team at risk for the transmission of infection²
- It has been well-documented that the most likely mode of disease transmission in dentistry is through inhalation of bacterial aerosols or splatters
- 95% of dental aerosols are 5.0 μ m or less in diameter and cannot be seen³
- The results of a study done on the incidence of respiratory disease in dental hygienists indicate they have a 60% higher incidence of cold symptoms than a similar professional group without dental patient contact⁴
- The most effective means to reduce the risk of droplet transmission of pathogenic organisms and other potentially infectious materials (OPIM) is the appropriate selection and correct use of personal protective equipment (PPE) such as gloves, masks, eye protection, and face shields
- A recent study evaluating the total leakage through a surgical mask indicated 5 to 8 percent came from filter leakage with 25-38 percent from face seal leakage⁵

COMPLIANCE: Is Your Time Up?

- Face masks have a use-life; best practice dictates changing a mask if the fluid-resistant outer layer becomes wet or soiled with exposure to spatter and bioaerosols and/or the internal lining layer becomes moist from the DHCP's breath condensation
- In an aerosol environment, masks should be changed every 20 minutes and in a non-aerosol environment every 60 minutes during lengthy procedures⁶

COMPLIANCE: Check Yourself Out!

Personnel compliance self-check with infection prevention and control practices for respiratory protection:

YES NO

Practice has face mask, protective eyewear, and face shields⁷ available for use with each patient

DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or OPIM

DHCP wear eye protection with solid side shields or face shield during procedures that are likely to generate splashes or sprays of blood or OPIM

DHCP change masks between patients and during patient treatment if mask becomes wet or soiled

PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)

Hand hygiene is performed immediately after removal of PPE

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COMPLIANCE: Are You Fit For Safety?

- Perform hand hygiene
- Inspect PPE prior to donning (e.g., not torn, punctured, ripped)
- Confirm the exterior side of the face mask (only side that is fluid resistant)
- Prior to placing the mask to the face, create a concave 'divot' with your thumb in the aluminum noseband to guide proper placement high on the bridge of the nose
- Slightly extend the face mask by pulling the chin-side edge down
- Pleat configuration should be open in a downward "waterfall" effect to prevent pooling of condensate or aerosols
- Holding mask by the ear loops, orient the noseband divot placement on the face and secure a loop around each ear



- Never 'twist' the earloop into a figure 8 to gain a closer fit as this will cause the inner lining of the mask material to be in close contact with the DHCP's mucous membranes (lips/nose)
- Never 'pinch' the noseband with thumb and index finger as V-notch exposure will remain
- Mold the nosepiece with index and middle finger to secure fit across the bridge of the nose and along orbits of the eyes
- Fully extend the chin-edge of the mask to cover the mouth and chin
- If an additional malleable chin-strip is available, pinch snugly directly under the chin to create a 360° peripheral seal
- If using a face shield, put on over the face mask and eyewear
- Doffing (removing): With clean hands, on each side of the head grasp the earloops of the mask, pull down lifting back and away to remove the mask from the face. Dispose of properly and immediately perform hand hygiene.

Now, more than ever, infection prevention is top of mind. **GreenLight Dental Compliance Center™ by Hu-Friedy** continues to be the all-in-one resource you need to proactively prepare and maintain best practices™ and compliant protocols for infection prevention. For more information, visit [GreenLightComplianceCenter.com](https://www.GreenLightComplianceCenter.com)

To stay informed about COVID-19 visit: [Hu-Friedy.com/COVID-19-Resources](https://www.Hu-Friedy.com/COVID-19-Resources)

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