## **Director of Infection Control**

## John A. Molinari, Ph.D.

I am honored to join the THE DENTAL ADVISOR team after 44 years in academia. I have observed the publication's 26-year growth as an independent, respected, quality source of clinical and science-based information for the dental profession, and look forward to expanding the group's efforts into the areas of microbiology and infection control.

As Director of Infection Control, I will be able to do much of the work I did in a dental school setting, including writing articles, conducting clinical and research investigations, and teaching in both seminar and classroom settings. This article represents the first installment of the new Infection Control Corner feature of THE DENTAL ADVISOR. Subsequent columns will address current and emerging infectious disease and control issues of interest to health care providers, with the emphasis focused on you the dental



professional. Those of you who have worked with me know I believe that whenever possible, infection control guidelines, regulations, and practices should be based on sound scientific data and the appropriate applications of those data. The overwhelming majority of clinical recommendations for dentistry fit these criteria. There is excellent evidence to demonstrate the effectiveness of routine, standard, infection control precautions in minimizing the potential for cross-contamination and cross-infection.

In addition to providing you with updated information on major infection control areas, such as hand washing/hand hygiene, personal protective equipment, vaccines, sterilization, instrument reprocessing, surface disinfection, and dental water asepsis, I hope to consider questions commonly directed to me pertaining to current and emerging infectious disease challenges. Among others, these include:

- What comprises an effective infection control program, and how is one updated?
- What are the new developments in infection control and how can they impact the routine application of basic infection control principles in dental practices?
- As the 2009-2010 flu season rapidly approaches, what can we do to protect ourselves against respiratory occupational risks, such as seasonal and pandemic influenza?
- What routine practices can we do in addition to hand hygiene to prevent the spread of methicillin-resistant *Staphylococcus aureus* (MRSA) and other contact microorganisms in our dental facility?
- What is the current status of occupational infection risk for bloodborne pathogens like hepatits B virus, hepatitis C virus, and human immunodeficiency virus?
- How can I be assured that my practice has a mandated post-exposure sharps management protocol in place in the event we have a sharps accient?

I welcome the opportunity to answer these and any other questions or concerns our readers have. Visit www.dentaladvisor.com to submit your questions, and we will personally respond. I welcome any ideas on protocols you have found to be successful in your office, and we will share with other through this column and in lectures. With your input my goal is to make this column as useful as possible to your whole dental team, so that we can continue to observe dentistry's leadership role in infection control.



**Cutting Through The Red Tape: Infection Control & OSHA Update** 

presented by

Dr. John Molinari,
Director of Infection Control

Avaliable on 3 dates: Friday, 25th Sept 2009 Wednesday, 4th Nov 2009 Wednesday, 9th Dec 2009

Time: 9am-noon Credit Hours: 3

## This course includes:

- Infection control recommendations vs. OSHA regulations
- OSHA bloodborne pathogens standard
- Components of standard
- Bloodborne pathogens update
- Post-exposure management protocols
- Hand hygiene
- Handwashing & alcohol-based hand sanitizers
- Infection control techniques
- Personal protective equipment
- Instrument sterilization & reprocessing
- · Environment surface asepsis
- Disposable covers
- Surface disinfectants sprays vs. wipes
- Dental waterline asepsis

