

California Rural Indian Health Board, Inc.



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### Dental Waterlines & Infection Control

Dental Unit Water Quality is a major concern for **infection control in dentistry**.

According to the CDC Guidelines for Infection Control in Dental Health Care Settings (1993, revised 2003), microbial counts can reach 200,000 colony-forming units (cfus) within just 5 days after installation of new dental unit waterlines. Below are some more interesting facts and recommendations you need to know:

- The Safe Drinking Water Act and the EPA have set a limit of **< 500 cfus** for the number of bacteria in water used in dental waterlines. The American Dental Association has gone even further, recommending that dental waterlines have **< 200 cfus**.
- Simply using source water containing **<500 CFU/mL** of bacteria (e.g., tap, distilled, or sterile water) in a self-contained (closed) water system **will not eliminate** bacterial contamination in treatment water if biofilms in the water system are not controlled, according to the CDC.
- Dental devices that are connected to the dental water system and that enter the patient's mouth (e.g., handpieces, ultrasonic scalers, or air/water syringes) should be operated to discharge water and air for a minimum of **20–30 seconds** after each patient. This procedure is intended to physically flush out patient material that might have entered the turbine, air, or waterlines. [this is one of the criteria reviewed during program reviews]
- Dental staff should be trained regarding water quality, biofilm formation, water treatment methods, and appropriate maintenance protocols for water delivery systems.
- Dentists should consult with the manufacturer of their dental unit or water delivery system to determine the best method for maintaining acceptable water quality (i.e., **<500 CFU/mL**) and the recommended frequency of monitoring. Monitoring of dental water quality can be performed by using commercial self-contained test kits or commercial water-testing laboratories.

### Next Cycle of DSC Mini Grant Awards will be announced in August 2015

All CA tribal/urban programs are eligible to apply for funds up to **\$3,000**. Eight projects that serve the oral health needs of AIAN children/youth/adults will be selected.

**Get ready with your  
community projects!**



# California Dental Support Center NEWSLETTER

July 2015

Volume 6 Issue 4



## The IHS Division of Oral Health announces the new IHS Periodontal Treatment Initiative

### Our Mission

Reduce dental decay in Native American infants, children, and adults. Provide training, technical assistance, and resources to tribal and urban dental clinics operating in California.

The goal of this initiative is to increase focus on the diagnosis and treatment of periodontal diseases in HIS, tribal, and urban dental programs.

### Theme: Overall Health begins with Periodontal Health

**Program Components:** (1) Screening Guide: CPI Guide, designed to remind providers of how to use the Community Periodontal Index (CPI) to screen patients for periodontal disease, (2) Treatment Guide: Periodontal Treatment Flow Sheet will serve as a guide for clinicians in treating many patients with periodontal disease, (3) Overview of Detection, Diagnosis and Treatment Planning, (4) PowerPoint presentation providing a broad overview and a public health approach to managing periodontal disease, (5) Oral-Systemic Link—another Power Point presentation for all dental staff showing the links between oral conditions such as periodontal disease and systemic health problems, (6) Periodontal Patient Management Overview—a more detailed PowerPoint presentation for providers in managing periodontal disease patients.

**Resources:** More details on the IHS Periodontal Disease Initiative is available online on the IHS Dental Portal at [www.ihs.gov/doh/hpdp](http://www.ihs.gov/doh/hpdp).

### 2015 IHS National Survey of AIAN patients 35 years and older

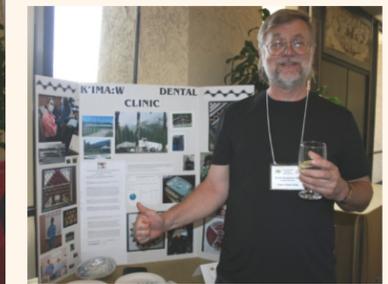
This year, IHS will be conducting nationwide surveillance of adults 35 years and older in clinic settings. The data collected will be useful in determining the prevalence of dental disease, disparities in the distribution of dental disease in the AIAN population compared to the general U.S. population. Hopefully, we will be able to compare data from this year's survey to previous IHS oral health surveys conducted in 1991 and 1999.

Seven (7) CA tribal programs will be conducting this survey from August 5th through December 31st, 2015.



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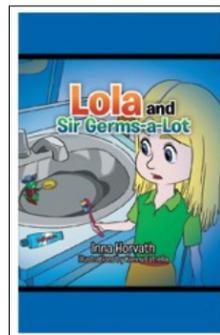
Once again, a successful conference with 352 dental professionals attending a total of 33 sessions during our annual dental conference. Table clinics on *Promoting Oral Health: Tribal Clinics and Beyond*, that offered five tribal programs to share their outreach projects. A total of 31.25 ADA/CERP CEUs were offered. 27 dental vendors sponsored the vendor breakfast and lunch reception on Tuesday, May 12th. We would not be allowed to offer food for the attendees without their partnership! We have compiled the feedback from your evaluations and the DSC Advisory Committee has already initiated the planning to meet your requests for the next year educational sessions. The DSC would like to thank the DSC Advisory Committee for their continued support to make this annual event a tremendous success. We enjoyed seeing all of you in Sacramento and look forward to see you again, at the 2016 conference!

**Children's Oral Health Book written by a Dental Hygienist**

The book tells the story of Lola who begins eating lots of candy and decides to stop brushing her teeth. The outcome is several cavities discovered at her dental visit. The story is well written and beautifully illustrated.

The book titled, *Lola and Sir Germs-a-Lot* was created and can be ordered at a nominal cost at <http://www2.xlibris.com/bookstub> after entering the promotion code 12300000197497.

The book will be provided **free of charge** by contacting author Inna Horvath at [innas007@aol.com](mailto:innas007@aol.com).



**A fond Farewell to Advisory Committee member, Dr Joel Umali**

Joel Umali DDS, Dental Director from the Riverside San Bernardino Indian Health Clinic, is leaving the Indian Health service to launch his own private practice in Southern CA.

Dr. Umali has been a founder member of the Dental Support Center Advisory committee since the support center was formed in 2007. Even with his busy schedule representing the largest CA Area tribal health program that operates 5 dental clinics, he always had time to give the DSC his advise and guidance. His contributions towards the annual dental conference, from the planning stage to execution was significant. He has been so valuable in getting skilled speakers/presenters, enabling us to facilitate effective and successful conference each year. He has shared his expertise with Dentrix Enterprise (EDR) with other programs and in panel discussions at the conferences.

Dr. Umali been a member of the 2015 IHS Dental Professional Specialty Group, which helps define levels of care and dental procedures for the entire IHS. We will miss a friend, and an advisor who was committed to improve the Dental Support Center services. Thank you, Dr. Umali! We wish you the very best and success in your new venture.

Dental Support Center Advisory Committee

