

## Dental Education Webinar: March 19, 2020 Questions/Participants

1. Cindy: Is the position statement regarding not sanctioning the use of dry heat ovens in dentistry by IPAC in process or done already if so where is it posted?

*Merlee Steele Rodway has prepared an information piece on dry heat ovens. It will be reviewed by IPAC Canada and posted to the Reprocessing Interest Group page at a later time.*

2. Anita: You mentioned gauze pellets need to be sterile. Does that apply to all gauze, even though the mouth isn't sterile?

*I don't recall saying that gauze pellets need to be sterile and apologies if I did! What I heard in my head is that if you need sterile gauze, rolls, cotton pellets, etc. So, you must purchase those that come with MIFUs so that you can reprocess them in your office OR you must purchase these sterile.*

3. Patricia: What is the Gov of Canada web address for guidelines?

*The Health Canada Guidance Document: Information to be Provided by Manufacturers for the Reprocessing and Sterilization of Reusable Medical Devices*

<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/application-information/guidance-documents/guidance-document-information-manufacturers-sterilization-reusable-medical-devices.html>

*The link to IPAC Canada guidelines is: <https://ipac-canada.org/position-statements-practice-recommendations.php>*

4. Mary: We sterilize gauze right now, so should we not?

*If a product does not come with a validated MIFU, it is not to be reprocessed. I know that we have done this for so long, it has become normalized in our practices; however, now that we learn the 'rules' we need to follow the rules.*

5. Cindy: There is a company that has sterilization instructions for a cotton pellet dispenser full of pellets but usually we only use 2-3 at a time not a container full of them

*(Cindy sent a copy of the instructions to Dr. Mazurat for review).*

*Thank you Cindy. My concern is that there are two products here, the cotton pellets and the plastic holder and I realize that they come as a single item. I would ask them for validated MIFUs as there are no cleaning instructions for the plastic holder and the cycle for the plastic is unusual.*

6. Joanne: Is it true that ultrasonic does nothing; is it better is scrub the instrument with soap?

*If the ultrasonic isn't working there may be several reasons for this. First, does your office test the ultrasonic with (at a minimum) weekly foil test or commercial test? Next, is the ultrasonic adequate size? Many dental offices use ultrasonic cleaners that may be too small for their needs*

*and overfill them. Follow MIFUs. Generally those call for a single layer of instruments or at most two layers of instruments, do not add more instruments during a cycle, and make sure that the instruments are in a basket so that they are not touching the floor or wall because if that occurs, the bubbles are unable to reach that surface of the instrument.*

*Ultrasonics work using sound waves and as the sound waves travel through the MIFU-appropriate- usually enzymatic cleaner, they produce bubbles. That is why ultrasonic cleaners must be degassed following placement of the fresh ultrasonic solution because the air bubbles interfere with the correct functioning of the bubbles produced by the sound waves. Unlike air bubbles which explode out, these bubbles implode and as they do so, they create a vacuum which draws the soil from the instrument. That is also why you must rinse the soil from the instruments prior to placing the instruments into the ultrasonic cleaner so that the sound waves do not encounter debris in the solution and they can act more effectively for cleaning. Changing the solution when it becomes visibly soiled or at a minimum, daily, allows proper functioning. Ensure that the lid is on and secured when the ultrasonic is functioning so that aerosols are not added to the office environment. Finally, the instruments must be rinsed really well following removal from the ultrasonic, dried with a low-linting cloth and inspected to ensure they are clean. If you are noticing that they are not clean, they will need to be cleaned again until they are visibly clean.*

7. Deborah: It would be great to have access as IPAC coordinators in dental office to a group to discuss challenges and gaps to come up solutions.

*IPAC Canada: We agree it is a very good idea and will look into this further.*

*Yes, great idea! I would love to do that. Is your concern listing the duties or how to do them that you would like to have discussed? Everything hinges around a culture of safety or supportive environment.*