



American
Dental
Association

211 East Chicago Avenue
Chicago, Illinois 60611
(312) 440-2568

Survey
Center

Form Approved
OMB No.
Exp. Date

May 2006
Dear Doctor:

You may recall receiving a letter in the last week asking for your help with an important matter. The American Dental Association's (ADA) Survey Center is working with RTI International, a non-profit research organization, to collect information for the Division of Oral Health in the Centers for Disease Control and Prevention (CDC) on an important area of dental practice: infection control in dental care settings. The information we are collecting is critical to ongoing efforts in dentistry to protect patients, dentists, and other dental health care workers from infection and injury occurring in the dental workplace. This data collection is authorized under Section 301 of the Public Health Service Act (42 U.S.C. 241).

Enclosed you will find a copy of the *Survey on CDC's 2003 Infection Control Guidelines*. You have been selected at random to be part of a small sample of active private practitioners receiving it. Participation in the survey is voluntary. If you are an ADA member, participation in this survey will not affect benefits or services provided by the ADA. Please take a few minutes to complete the survey and return it to us. Postage is already paid. If you are unable to respond to every question, please return the survey with as much information as you can provide. If you are not currently in private practice, please indicate this on the survey and return it to us.

Data will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law. The identification number on the questionnaire will only be used for tracking and follow up purposes until your response has been received and processed by the ADA. When data collection is complete (in approximately 6 months), the list linking this number to information identifying you will be destroyed and no one will be able to link names to responses. Results from this survey will be reported and published in aggregate form only, so no individual will be identifiable. No identifying information will be released to other ADA agencies or to any outside groups.

If you have any questions, please call (312) 440-2568.

Thank you in advance for your assistance in this important request.

Sincerely,

Karen Schaid Wagner
Director, Survey Center

Instructions to respondents for completing information collection:

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to: CDC/ATSDR, Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333, ATTN: PRA (0920-XXXX). Do not send the completed form to this address.

Survey on the CDC's 2003 Guidelines for Infection Control in Dental Health Care Settings

positions

Please **circle** the number corresponding to the most appropriate response or fill in the blank. **PLEASE PRINT.**

1. Which of the following **best** describes your primary occupation **in the past 12 months**? (Circle only one response.)

- a. Private dental practice (full- or part-time).....
1
- b. Other dental occupation.....
2
- c. Other non-dental occupation.....
3

- a. Dentists (including yourself) _____
- b. Dental hygienists..... _____
- c. Chairside assistants*..... _____

*Note: A secretary-receptionist or patient-scheduling coordinator who provides chairside assistance at least 50% of the time should be counted as a chairside assistant.

If you answered "private practice" to Question 1, please complete the rest of this questionnaire. Otherwise, stop here and return the questionnaire as instructed on the last page.

The following questions are about you and your **primary practice** environment during the past 12 months. If you worked in more than one private practice **in the past 12 months**, please give the information requested for the practice in which you spent most of your time.

2. **In the past 12 months**, what was your employment status in your **primary practice**? (Circle only one response.)

- a. The sole proprietor (the only owner).....
1
- b. A partner (one of two or more owners).....
2
(i) How many other owners are there? _____
- c. An employee (on a salary, commission, percentage, or associate basis).....
3
- d. An independent contractor.....
4
- e. Other, please specify _____

3. In which of the following ADA recognized specialties were you announcing yourself and practicing as a licensed specialist **in the past 12 months**? (Circle only one response.)

- a. No specialty, I am a general practitioner.....
0
- b. Oral and maxillofacial surgery.....
1
- c. Endodontics.....
2
- d. Orthodontics and dentofacial orthopedics.....
3
- e. Pediatric dentistry.....
4
- f. Periodontics.....
5
- g. Prosthodontics.....
6
- h. Oral and maxillofacial pathology.....
7
- i. Public health.....
8
- j. Oral and maxillofacial radiology.....
9

4. In what year did **you** start/join the **primary practice** you have worked in **for the past 12 months**?.....
year

5. What is the average total number of hours per week that you spent in your **primary practice in the past 12 months**?
hours per week

6. On average, how many total patient visits did you treat per week in your primary practice **in the past 12 months**? (exclude those with hygienist only appointments.)
patient visits

7. How many of the following types of personnel worked (full- or part-time) in your **primary practice in the past 12 months**? (Answer each part of this item. If none, enter zero.)

Number of

8. Was there an infection control coordinator in your **primary practice in the past 12 months**? (Circle only one response.)
- a. No, there was no one in this role.....1
 - b. Yes, it was:
 - me (a dentist).....2
 - another dentist not me.....3
 - a dental hygienist.....4
 - a chairside assistant.....5
 - a sterilization assistant.....6
 - someone else, please specify _____
9. Is there a separate water system for each dental unit in your **primary practice**?
- a. Yes.....1
 - b. No.....2
10. How often was the dental unit water quality in each unit in your **primary practice monitored in the past 12 months**? (Circle only one response.)
- a. Dental unit water quality was not monitored (Skip to Question 13.).....1
 - b. Daily.....2
 - c. Weekly3
 - d. Monthly.....4
 - e. Quarterly.....5
 - f. Other, please specify _____
11. In the past 12 months, how did your **primary practice** monitor dental unit water quality? (Circle one response for each item.)
- | | Yes | No |
|---|-----|----|
| a. With a commercial product in office..... | 1 | 2 |
| b. Using an outside service..... | 1 | 2 |
12. Indicate which of the following methods were used to maintain dental unit water quality at the recommended level in the past 12 months in your **primary practice**. (Circle a response for each item.)
- | | Yes | No |
|---|-----|----|
| a. Disinfection (i.e., bleach, chlorhexidine, etc.)..... | 1 | 2 |
| b. Biofilm removers/inhibitors (Sterilex Ultra, ICX Tablets, etc.)..... | 1 | 2 |
| c. Filtration..... | 1 | 2 |
| d. Self-contained water supply (dental unit).... | 1 | 2 |
| e. Other, please specify _____ | | |
13. In the past 12 months, how many percutaneous injuries from a sharp instrument or needle that had been used on a patient occurred in your **primary practice**: (Answer both parts of this question.)
- a. did you experience? (If none, enter zero.) . _____
 - b. did other members of the dental staff in your primary practice experience in total? (If none, enter zero.)... _____
14. How many of the percutaneous injuries experienced by you and the other dental staff in your **primary practice in the past 12 months** were referred for medical follow-up? (If none, enter zero.)..... _____
15. Do you routinely document percutaneous injuries within your practice? (Circle only one response.)
- a. Always.....1
 - b. Sometimes.....2
16. In the past 12 months, did you experience any persistent or chronic skin rashes or respiratory symptoms from contact with dental materials or while working in a dental operator?
- c. Never.....3
 - Yes.....1
 - No (Skip to Question 19.).....2
17. Did you report or discuss the rash or respiratory symptoms with a physician?
- Yes.....1
 - No.....2

18. How have you treated or managed the rash or respiratory symptoms? (Circle only one response.)

- a. Self-treated.....1
- b. Treated by physician while symptomatic.....2
- c. Spoke with physician after symptom-free.....3
- d. Other, please specify _____

19. In the past 12 months, did your primary practice try/use any devices to reduce the risk of percutaneous injury?

- Yes.....1
- No (Skip to Question 23.).....2

20. Which of the following devices intended to reduce the risk of percutaneous injury did your primary practice try? (Circle a response for each item.)

- | | Yes | No |
|---------------------------------|-----|----|
| a. Safety syringe | 1 | 2 |
| b. Needle recapping device..... | 1 | 2 |
| c. Safety scalpel..... | 1 | 2 |
| d. Other, please specify _____ | | |

21. Did your primary practice adopt and put into regular use any of the devices that were tried in the past 12 months?

- Yes.....1
- No (Skip to Question 23.).....2

22. Which of the following devices was adopted for regular use in your primary practice in the past 12 months? (Circle a response for each item.)

- | | Yes | No |
|---------------------------------|-----|----|
| a. Safety syringe..... | 1 | 2 |
| b. Needle recapping device..... | 1 | 2 |
| c. Safety scalpel..... | 1 | 2 |
| d. Other, please specify _____ | | |

(If yes to any of the above devices, please skip to Question 24.)

23. Why didn't your primary practice try or adopt any of these devices? (Circle a response for each item.)

- | | Yes | No |
|--|-----|----|
| a. Already using such devices..... | 1 | 2 |
| b. Could not find any to try..... | 1 | 2 |
| c. Satisfied with what we use now..... | 1 | 2 |
| d. These devices are too costly..... | 1 | 2 |
| e. Find these devices difficult to use..... | 1 | 2 |
| f. Do not think these devices are reliable.... | 1 | 2 |
| g. Have not had any percutaneous injuries.. | 1 | 2 |
| h. Did not know about such devices..... | 1 | 2 |
| i. Other, please specify _____ | | |

24. For which of the following procedures would you choose to use sterile water or sterile saline for irrigation? (Circle a response for each item.)

- | | Yes | No |
|--|-----|----|
| a. Root scaling and planing..... | 1 | 2 |
| b. Gingivectomy..... | 1 | 2 |
| c. Primary tooth extraction..... | 1 | 2 |
| d. Impacted wisdom tooth extraction..... | 1 | 2 |
| e. Soft tissue biopsy..... | 1 | 2 |
| f. Bone recontouring..... | 1 | 2 |

25. What was the primary method of sterile water or sterile saline delivery you used in your primary practice in the past 12 months? (Circle only one response.)

- a. Did not use sterile water or sterile saline.....0
- b. Single use IV tubing.....1
- c. Reused IV tubing.....2
- d. Dental unit water lines.....3
- e. Sterilized delivery service (e.g., bulb syringe).....4
- f. Single use delivery device (e.g., blunt tip syringe).....5
- g. Other, please specify _____

The following questions ask about what you think is important about infection control in dentistry.

26. Which of the following policies and standard operating procedures do you think should be included in a practice's infection control manual? (Circle a response for each item.)

- | | Yes | No |
|--|-----|----|
| a. Measures to prepare for a filling/crown | 1 | 2 |
| b. Staff immunizations..... | 1 | 2 |
| c. Operatory surface disinfection..... | 1 | 2 |
| d. Work-related illness and work restrictions... | 1 | 2 |
| e. Infection control training..... | 1 | 2 |
| f. Maintenance of records and confidentiality..... | 1 | 2 |
| g. Implementing a tuberculosis respirator program..... | 1 | 2 |
| h. Instrument and hand piece sterilization..... | 1 | 2 |
| i. Safety devices in use..... | 1 | 2 |
| j. Post-exposure medical follow-up..... | 1 | 2 |
| k. Personal protective equipment in use..... | 1 | 2 |

27. How important do you think it is that your primary practice has a reputation among the other dentists in your community for adopting the latest infection control practices? (Circle only one response.)

- a. Extremely important.....1
- b. Very important.....2
- c. Important.....3
- d. Somewhat important.....4

28. How important do you think it is that your primary practice has a reputation among your patients for employing the latest infection control practices? (Circle only one response.)

- a. Extremely important.....1
- b. Very important.....2
- c. Important.....3
- d. Somewhat important.....4

29. How important do you think it is that your staff believes your primary practice is using the latest infection control practices? (Circle only one response.)

- a. Extremely important.....1
- b. Very important.....2
- c. Important.....3
- d. Somewhat important.....4

30. How important is it to you personally that your primary practice has implemented the latest infection control practices? (Circle only one response.)

- a. Extremely important.....1
- b. Very important.....2
- c. Important.....3
- d. Somewhat important.....4

31. To which of the following sources would you likely turn if you needed up-to-date information on infection control methods/procedures for dental practices? (Circle a response for each item.)

- | | Yes | No |
|---|-----|----|
| a. American Dental Association..... | 1 | 2 |
| b. State dental society..... | 1 | 2 |
| c. Occupational Safety and Health Administration (OSHA)..... | 1 | 2 |
| d. Centers for Disease Control and Prevention (CDC)..... | 1 | 2 |
| e. Dental school..... | 1 | 2 |
| f. Other dentists in the practice..... | 1 | 2 |
| g. Local dental society or study group..... | 1 | 2 |
| h. Dental supply representative..... | 1 | 2 |
| i. Organization for Safety and Asepsis Procedures (OSAP)..... | 1 | 2 |
| j. An internet search..... | 1 | 2 |
| k. A consultant..... | 1 | 2 |
| l. A recent dental graduate..... | 1 | 2 |
| m. An Area Health Education Center (AHEC)..... | 1 | 2 |
| n. Other, please specify _____ | | |

32. Please write in the letter of the source above:

- a. To which you would turn first?.....
- b. To which you would turn second?.....
- c. To which you would turn third?.....

We want to know your exposure to the 2003 CDC Guidelines for Infection Control in Dental Health Care Settings.

33. How did you learn about the 2003 CDC Guidelines for Infection Control in Dental Health Care Settings? (Circle a response for each item.)

	Yes	No
a. From participating in this study.....	1	2
b. By reading a copy of them that I got in the mail.....	1	2
c. By reading a copy I got at a meeting/conference.....	1	2
d. From a course/workshop based on the guidelines.....	1	2
e. I read articles in the Journal of the American Dental Association that discussed them.....	1	2
f. From materials I searched out on the Internet.....	1	2
g. A colleague told me about them.....	1	2

34. Since January 2004, how many Continuing Dental Education (CDE) hours of credit did you receive for any courses, workshops, or tests that you took on infection control in dental settings? (Note: 0.5 CEU = 2 CDE)..... credit hours

35. Since January 2004, how much instruction have you received on the infection control measures recommended in the 2003 CDC Guidelines. (Circle a response for each item.)

	Yes	No
a. Attended one or more courses, workshops, or seminars on infection control in dental settings.....	1	2
b. Read one or more journal articles on the infection control guidelines.....	1	2
c. Participated in dental study group or local dental society discussion of infection control.....	1	2
d. Used Internet-based tools to learn more about what a dentist has to do to implement infection control measures.....	1	2
e. Received instruction on the recommendations as part of my dental school curriculum.....	1	2
f. Other, please specify _____		

We would like your thoughts on why some dental practices have implemented the 2003 CDC Guidelines for Infection Control in Dental Health Care Settings and others have not.

36. Please indicate how strongly you agree with each of the endings to the following statement.

Dental practices **have not** implemented all of the recommendations in the 2003 CDC Guidelines for Infection Control in Dental Health Care Settings because: (Circle a response for each item.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. they are too costly.....	1	2	3	4
b. patients don't like them.....	1	2	3	4
c. staff are resistant to them.....	1	2	3	4
d. it would disrupt the practice...	1	2	3	4
e. they are not required by law.....	1	2	3	4
f. they are too complex.....	1	2	3	4
g. they conflict with Occupational Safety and Health Administration (OSHA) rules.....	1	2	3	4
h. there is no need for them.....	1	2	3	4
i. the Centers for Disease Control and Prevention (CDC) is not an accepted authority.....	1	2	3	4
j. they are not clearly written.....	1	2	3	4
k. there is nothing new in them..	1	2	3	4
l. they are not specific enough..	1	2	3	4

37. Please indicate how strongly you agree with each of the endings to the following statement.

Dental practices **have** implemented recommendations in the 2003 CDC Guidelines for Infection Control in Dental Health Care Settings because: (Circle a response for each item.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. it is required for state licensure.....	1	2	3	4
b. research shows they are effective.....	1	2	3	4
c. Continuing Dental Education (CDE) credits were available for taking a test on them.....	1	2	3	4
d. CDE courses on them are open to dental hygienists and assistants.....	1	2	3	4
e. OSHA requires many of the same measures.....	1	2	3	4
f. the ADA has endorsed them.	1	2	3	4
g. there have been a large number of articles in dental journals discussing them.....	1	2	3	4
h. dentists received a copy of them in the mail from CDC....	1	2	3	4
i. dentists have had opportunities to discuss them with colleagues locally.....	1	2	3	4
j. consultants were hired to tell the dentists what they needed to do.....	1	2	3	4
k. dentists used workbooks or other materials that simply and clearly explain them.....	1	2	3	4
l. dentists attended conferences and meetings that explained how to implement them.....	1	2	3	4

38. Is there anything not asked about that you think should have been included in this survey? PLEASE PRINT.

Thank you for your assistance in this important research. Please return this questionnaire by folding and placing tape as indicated. Drop it in the mail; the postage is already paid.