Helping the Infection Control Coordinator Build a Framework for the Safest Dental Visit™

OSAP continues to support The Safest Dental Visit™, an educational program based on authoritative best practices and supported by behavioral change tools including Infection Control in Practice. This year Infection Control in Practice will provide the infection control coordinator with a framework to establish a high quality infection control program and maintain the Safest Dental Visit™. This guide can be used as a tool to spark discussion during a morning team huddle, at a staff meeting or within an educational presentation.

IN THIS ISSUE
TEAM HUDDLE: The Plan for Establishing a High Quality Infection Control Program - Building a Framework for the Safest Dental Visit™

Understanding and Take Ownership of the Infection Control Coordinator Position

Persons desiring to become an infection control coordinator (ICC) may need to propose such a position to their employer. The infection control coordinator needs to take ownership of the coordinator responsibilities, assess the current status of the infection control program, set some measurable goals for the coming year, and develop a plan to achieve those goals, and evaluate progress.

LEARNING OBJECTIVES
After reading this publication, the reader should be able to:
- describe important aspects of a proposal to an employer to become the infection control coordinator;
- describe training available for the infection control coordinator;
- prepare a plan to establish a high quality infection control and safety program.
The Incident

Trish, the main chairside dental assistant in Dr. Mac’s orthodontic practice, had just heard about OSAP from a friend. So she went online and was impressed with the variety of infection control educational items available. The following week Trish joined OSAP and started taking advantage of all the information offered. Two months later, Trish approached Dr. M and proposed that she become the office’s infection control coordinator (ICC). Dr. M said: “I think our infection control is OK, so why would we need this position”?

Trish told him that he may not be aware of some things that she thought needed improving. First, disinfectants weren’t always being used correctly and the three other assistants were performing different disinfection procedures (one was using wipes, another was using a spray without precleaning and another was precleaning). Second, the exposure control plan needed to be updated to reflect current products and procedures used. Third, two of the newer assistants didn’t know what to do after they stuck their fingers with wires, so they did nothing. Fourth, there doesn’t seem to be a culture of safety in the office. Fifth, no one spore tested the sterilizer last week. Sixth, the assistants don’t always know how to “take up the slack” when one assistant is off sick.

Dr. M told Trish that he was not aware of the things she mentioned and that it sounds like their safety program needs to be tightened up and regularly reviewed to assure compliance and efficiency. He asked Trish why she wanted to become an ICC. She said she enjoyed continuing education and she has always been interested in the science of disease prevention. She said she is developing a basic understanding of the modes of cross-contamination in dentistry, infection prevention and general safety procedures, related governmental regulations and recommendations, and products and equipment available to maintain patient and provider safety. She also said that she wanted to continue to feel good about providing all their patients with the safest dental care. Trish told Dr. M that she could coordinate their safety program so everyone is “on the same page” to assure patient safety and their own safety. Then she gave Dr. M an ICC job description she had prepared that outlined her potential duties related to their office.

Consequences And Regulations, Recommendations And Prevention

Infection control and safety must be a priority in all dental facilities. Trish picked up on some important problems in Dr. Mac’s office. The fact that different cleaning and disinfection procedures were being used may not be bad, but only if all the procedures were being performed correctly. However, if one procedure that accomplishes the desired result is chosen, it’s likely that product inventory can be reduced and better controlled, training can be standardized and procedures can be performed by anyone when backup is needed. Thus, having and using a standard operating procedure (SOP) may be more efficient and cost effective. The Centers for Disease Control and Prevention (CDC) states that manufacturers’ instructions are to be followed for correct use of cleaning and Environmental Protection Agency (EPA)-registered hospital disinfecting products.1

An updated exposure control plan is needed to form the basis for training of new regular or temporary staff. The exposure control plan also serves as the overall guide for any Occupational Safety and Health Administration (OSHA) inspector to determine if what is written in the plan is actually being performed. The OSHA Bloodborne Pathogens Standard requires the exposure control plan be reviewed and updated at least annually, and whenever necessary to reflect new or modified procedures and new or revised employee positions with occupational exposure.2

The lack of training, resulting in two of Dr. Mac’s assistants not understanding sharps safety and post-exposure management, could have been devastating. Fortunately the only result of the wire stick in the finger of one assistant was a slight infection, which resolved in two days. The other assistant never showed signs of any problem.
The OSHA-required bloodborne pathogens training of employees with a potential for occupational exposure to blood or other body fluids is to include an explanation of the procedures to follow if an exposure incident (e.g., being stuck with contaminated orthodontic wire) occurs. Information on the post-exposure evaluation and follow-up also is to be provided. This post-exposure management plan should include identification of an evaluating healthcare provider with experience in dealing with occupational exposures to body fluids along with information on the post-exposure evaluation and follow-up.

Having a break in the sterilization monitoring system means that patient safety might have been jeopardized for that period of time. The CDC indicates each sterilizer be monitored at least weekly using spore tests. Close assessment by an ICC of the sterilization monitoring system supports a patient-centered practice.

It would seem difficult to establish and maintain a high quality infection control and safety program if there is no coordination of activities involving everyone in the facility. A coordinator can assess the overall program to ensure all the processes are adequately covered and that a backup system is available when someone is out sick or on vacation. When coordination is established and everyone is involved in decision-making processes, it’s more likely that each individual will feel that their efforts are more meaningful and that they own a part of the overall program. Thus coordination forms the basis of a culture of safety for the facility.

PS: Dr. Mac did designate Trish as the ICC in his office.

A proposal to become the office’s ICC can be supported by including references to the CDC and to OSHA. The CDC states that “An infection-control coordinator (e.g., dentist or other dental health care personnel) knowledgeable or willing to be trained should be assigned responsibility for coordinating the program”. OSHA’s Appendix D in a document for OSHA inspectors is a model exposure control plan to help ensure uniform procedures when conducting inspections to enforce the Bloodborne Pathogens Standard. This model includes spaces for the names of who (e.g., an ICC; employer) in the practice is responsible for performing the various procedures required by the standard or who ensures compliance with various aspects of the standard.

Not keeping up to date on dental infection control and safety can undermine the position and value of an ICC. Keeping current can be accomplished by joining or maintaining membership in OSAP (http://www.osap.org). Training tools and resources for the ICC are available in the Safest Dental Visit™ Toolkit at www.osap.org?/page=SD-VkitDtlPractice (be sure to use your OSAP log-in to access all the materials). Some of the key tools were outlined in the October 2015 issue of Infection Control in Practice. OSAP members can log in to www.osap.org and access the Knowledge Center: Members Only Tools: Publications list to view prior issues of Infection Control in Practice.

Successfully proposing the position of ICC to your employer requires preparation of a potential job description that addresses the needs of the practice. It should be centered on providing patient safety and the safety of the office personnel. It needs to include maintaining compliance with government regulations and best practices with consideration of cost and efficiency. The specific ICC duties to maintain a safe environment for patients and staff are unique to each office. Basic duties are outlined in previous issues of Infection Control in Practice and elsewhere, and are summarized here.

- Keeping current in all dental office safety matters
- Serving as a role-model for safety
- Championing a culture of safety
- Encouraging participation of all in fact-finding efforts, identification of hazards and decision-making
- Providing and/or supporting safety training
- Preparing/updating the (OSHA)-required exposure control plan and hazard communication program
- Evaluating performance of infection control procedures
- Managing infection control and safety products and equipment
- Performing sterilization monitoring
- Maintaining infection control and safety documents and records
- Ensuring compliance with government regulations and best practices such as the (CDC) infection control guidelines
- Coordinating the performance of infection control and safety procedures to ensure all aspects are covered under all reasonably anticipated circumstances

If you are interested in taking on the role of ICC, or know of someone who is, a complimentary 7-Week Planning Guide to Take Ownership of the ICC Role is available from OSAP. See page 6 in this publication for details.
### STEPS (and suggested timing) | EXAMPLES OF TOOLS TO USE

**FEBRUARY - MARCH**

**Take ownership of the ICC role**
- Prepare a job description unique to your employment
- Confirm your ICC position with your employer
- Seek any necessary training

5. Inform OSAP of your ICC title/position: receive a free 12-month planning guide

**APRIL - MAY**

- Assess current infection control program
- Identify issues

1. Tools and resources for evaluating an infection control program. *Infect Contrl in Pract* 2015; 14 (No 6 - December).
2. Set the stage for maintaining the Safest Dental Visit. *Infect Contrl in Pract* 2015; 14 (No 1 - February).
4. Have everyone participate
5. Prioritize the issues

**JUNE – DECEMBER**

- Set two infection control goals and dates for completion based upon issues identified
- Motivate all to participate in a culture of safety and to the achieve goals
- Evaluate progress: see progress log below

1. Example of a goal: confirm and maintain proper instrument processing procedures
2. Establish compliance with CDC recommendations and OSHA rules
4. Use the Team Huddle to be positive with a "can-do" attitude, be a motivational role model, use positive reinforcement, and use periodic reminders of the goals.

**DECEMBER**

- Celebrate success

1. Review achievements
2. Identify special celebratory activity for everyone’s participation (e.g., luncheon)

### EVALUATE YOUR PROGRESS BASED ON THE PLAN

Check Yes or No in each box to indicate if the item has been completed.

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* If no, describe how to achieve: ________________________________

______________________________

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What’s Wrong With This Picture?

Can you identify the breach(s) in infection prevention and safety procedures in this photo taken during a treatment procedure? Check your answer below.

Answer: The dental operator and assistant are not wearing long-sleeve protective clothing when there is a chance of body fluid contamination of the forearms due to microbial spatter. The dental assistant is not wearing protective eyewear and the assistant’s face mask is improperly placed. There is no protective headrest cover and it is hoped the headrest was properly cleaned and disinfected between patients.

NEWS FLASH

The CDC will soon publish a summary guide of basic infection prevention recommendations for all dental health care settings. It summarizes current infection prevention recommendations and includes a checklist that can be used to evaluate compliance. Keep checking the OSAP and CDC web sites to download this tool, and look for an update in an upcoming issue of Infection Control in Practice.

TEAM HUDDLE DISCUSSION GUIDE

1. Do you have an infection control coordinator in your facility?

2. If not, who in your facility should become the infection control coordinator?

3. Can everyone support the plan presented to build a framework for the Safest Dental Visit™?
Let OSAP help you manage your Infection Control and Safety Program Goals!

OSAP introduces two NEW resources!

For dental care settings that do not have a designated infection control coordinator (ICC), choose OSAP’s 7-Week Planning Guide to Take Ownership of the ICC Role: Establishing the Role of the ICC.

For dental care settings that already have a designated infection control coordinator, choose OSAP’s 12-Month Planning Guide to Establish a High Quality Infection Control and Safety Program.

Login to www.OSAP.org and go to ‘Publications’ under ‘Members Only Tools’ in the ‘Knowledge Center’ for information to download these two NEW Planning Guides.

Educational Spotlight: OSAP 2016 Annual Conference

Join your colleagues and peers for this world-class educational event.

June 2-4, 2016
Hyatt Regency Mission Bay, San Diego, California

Add the OSAP Annual Conference to your calendar today!

For details and registration visit: www.osap.org

Links to Resources


KEY TAKEAWAYS

1. The CDC recommends that every dental facility should have an infection control coordinator.

2. Someone in the office needs to step up and propose the position of infection control coordinator.

3. Every dental facility should continuously pursue a plan to establish/maintain a high quality infection control and safety program.
TEAM HUDDLE HIGHLIGHTS

1. Who is the designated infection control coordinator (ICC) in your facility?
2. How would you propose to designate an ICC position in your facility?
3. How would an ICC get any infection control and safety training that may be needed?
4. Does your facility have a specific plan to establish/maintain a high quality infection control and safety program?

Read on!