Establishing a High Quality Infection Control and Safety Program

✓ 12-Month Planning Guide to Establish a High Quality Infection Control and Safety Program

This planning guide is designed to assist the infection control coordinator (ICC) by listing the key steps to take to establish a high quality infection control and safety program in the dental care setting. The planning guide is customized by filling in the name of the dental practice, the infection control coordinator and the targeted months for completion of tasks. Space is provided to fill in the actual month of task completion.

Use of this planning guide is supported by additional resources from OSAP’s *Infection Control in Practice: TEAM HUDDLE™* publications (October and December issues, 2015) to assist the Infection Control Coordinator (ICC) in maintaining the Safest Dental Visit™ within the dental care setting. Here you will find:

✓ Sources of Learning about Regulatory Standards and Guidelines:

This chart, excerpted from the October issue of *Infection Control in Practice: TEAM HUDDLE*, provides the ICC with links to references that describe necessary regulatory standards and guidelines, and provides links to educational tools and training resources.

✓ Sources for Help with Infection Control Program Evaluation:

This chart, excerpted from the December issue of *Infection Control in Practice: TEAM HUDDLE*, provides the ICC with strategies and tools to evaluate an infection control program, including where to find examples of helpful checklists and charts. The chart also presents the Centers for Disease Control and Prevention’s (CDC’s) recommendations on program evaluation and lists tools to assist in doing so.
# A 12-Month Planning Guide to Establish a High Quality Infection Control (IC) and Safety Program

<table>
<thead>
<tr>
<th>Practice name: __________________________</th>
<th>Infection Control Coordinator (ICC) name: __________________________</th>
<th>YEAR:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TASK LEADER</strong></td>
<td>Write month to begin here &gt;</td>
<td></td>
</tr>
<tr>
<td><strong>TASK</strong></td>
<td>Month 1</td>
<td>Month 2</td>
</tr>
<tr>
<td>Review OSHA standards/CDC guidelines, regulatory requirements &amp; resources available to assess IC program</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Conduct IC program assessment</td>
<td>✓</td>
<td></td>
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<tr>
<td>Identify and list IC issues</td>
<td>✓</td>
<td></td>
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<tr>
<td>Review IC issues with employer</td>
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<td></td>
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<tr>
<td>Prioritize and set IC goals for the next 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team meeting to enroll /sustain commitment to IC Goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal #1: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List action steps: share with team</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Goal #1: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate progress</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Goal #2: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List action steps: share with team</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Goal #2: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate progress</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Motivate team members to maintain culture of safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize team efforts when IC goal is achieved</td>
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</tr>
</tbody>
</table>
Some Tools and Resources for the Infection Control Coordinator

Vaccination Reminder

- Flu season is upon us. It’s very important for all healthcare providers to be vaccinated annually against influenza. Vaccination is the best way to prevent the flu, and if you’re not infected, you won’t spread it to your patients and loved ones. The CDC offers information about the influenza vaccine at http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm. OSAP members can log-in at www.OSAP.org and find talking points on the flu vaccine at the ‘OSAP Knowledge Center’ under ‘National Dental Infection Control Awareness Month’, ‘Patient Talking Points’.

Guidelines and Regulations

- Safest Dental Visit™ Kit for Dental Practices: http://www.osap.org/?page=SDVKitDtlPractice
- CDC and the National Institute for Occupational Safety and Health (NIOSH): http://www.osap.org/?page=GuideCDCandNIOSH
- CDC’s infection control recommendations for dentistry: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm
- Food and Drug Administration (FDA): http://www.osap.org/?page=GuideFDA

Education and Training

- From Policy to Practice: OSAP’s Interactive Guide to the CDC Guidelines: http://www.osap.org/?CDCGuidelinesCourse
- If Saliva Were Red – a cross contamination video: http://www.osap.org/?page=ISWR1
- CDC Guidelines: From Policy to Practice by OSAP (workbook): http://www.osap.org/?page=CDCLPTP_Intro
- CDC’s on-line training on the Guidelines for Infection Control in Dental Health-care Settings–2003: http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/slides/001.htm
- OSAP tool kits. Over 50 documents to help understand various aspects of infection control and safety. (Free for OSAP members): http://www.osap.org/?page=2016BootCamp
- OSAP Annual Symposium, June 2-4 2016, San Diego, CA: http://www.osap.org/?page=KnowledgeCenter
- Information about various infectious diseases: http://www.cdc.gov/DiseasesConditions/az/a.html

Infection Control/Safety Publications

- OSAP. Infection Control In Practice. Over 100 issues discussing virtually all aspects of dental infection control and safety. (Free for members)
Compliance with governmental rules and recommendations.

Not having a complete and updated exposure control plan can cause problems such as:

- a lack of knowledge about exposure determination (i.e., what tasks can lead to exposure - e.g., handling sharps, use of improper protective clothing, mismanagement of regulated waste);
- no documentation of the infection control procedures used in the office;
- delays and missteps in managing exposure incidents;
- difficulties in training new full-time and temporary employees about the office safety procedures;
- possible confusion about who has specific responsibilities for different infection prevention tasks.

Not identifying and evaluating safety devices for possible use in the office is a violation of OSHA's Bloodborne Pathogens Standard.

Never monitoring or evaluating the infection control program can lead to complacency and to perpetuating errors in techniques and procedures. Additionally, it is a violation of OSHA and contrary to Centers for Disease Control and Prevention (CDC) guidelines to forgo an annual review of the plan.

Related Recommendations, Regulations and Prevention

Evaluations

The CDC recommends evaluating the office infection control program routinely (see “Success Strategies for the ICC” on page 4.)

Exposure Control Plan

Not having a written exposure control plan is a violation of the Bloodborne Pathogens Standard. A sample exposure control plan (that can be modified to fit the procedures in any office) is available online at: https://www.osha.gov/SLTC/etools/hospital/hazards/tb/sampleexposurecontrolplan.html.

Monitoring the marketplace for the availability of safer medical devices and evaluating their possible use to reduce the risk of exposure (e.g., reduce sharps injuries in the office) is required by the Needlestick Safety and Prevention Act. This Act became a part of the Bloodborne Pathogens Standard in 2001; and documentation for compliance is provided in the annual updating of the OSHA-required exposure control plan (see the Glossary).

PS: Dr. D’s disgruntled employee never did contact OSHA.

SUCCESS STRATEGIES FOR THE INFECTION CONTROL COORDINATOR

A successful infection control program depends upon developing standard operating procedures (SOPs), evaluating performance, routinely documenting adverse outcomes (e.g., occupational exposures; work-related illness in employees), and monitoring health-care associated infections in patients. Strategies and tools that the ICC can use to evaluate infection control programs can include observational assessments (i.e., direct observation of performance); checklists to document that procedures are in place and compliance with appropriate rules and recommendations is achieved; and routine review of the circumstances surrounding occupational exposures.

Examples of Checklists and Charts

- Checklist for the infection control and safety program in dental facilities

Checklists and Charts from OSAP

- Checklist to assess compliance with the CDC infection control guidelines.
- Infection control for mobile dental vans and portable dental equipment.
- Vaccine recommendations and immunization schedules (via link to CDC website).
  http://www.osap.org/?page=ChartsChecklists
- OSAP. Checklists for asepsis before, during, and after patient treatment.
  Infection Control In Practice. 2014; vol 13, No 3-6.

Asepsis During Patient Treatment: Vol.13 No.4, September 2014.

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# Success Strategies for the Infection Control Coordinator

## CDC’s Recommendations on Program Evaluation

The CDC gives examples of what to evaluate in an infection control program. OSAP has adapted this table and provided links to specific tools to utilize.

<table>
<thead>
<tr>
<th>WHAT TO EVALUATE</th>
<th>HOW TO EVALUATE</th>
<th>TOOLS</th>
</tr>
</thead>
</table>
| Immunizations of the office staff        | Conduct an annual review of staff records to ensure up-to-date immunizations.                                                                                                                                   | CDC. Vaccines and Immunizations. http://www.cdc.gov/vaccines/ed/default.htm  
http://www.cdc.gov/vaccines/hcp.htm  
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm  
| Occupational exposures to infectious materials | Report the exposures. Document and review the steps that occurred around the exposure and plan how it could be prevented in the future.                                                                        | OSHA. Exposure Incidents. https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact04.pdf  
| Post-exposure management and follow-up   | Ensure the post-exposure management plan is understood by all office staff and that the exposure evaluation procedures are available at all times.                                                               | OSAP. Frequently Asked Questions for Postexposure Management. http://www.osap.org/?FAQ_PostExp  
| Use of personnel protective barriers     | Observe and document the use of barrier precautions and careful handling of sharps. Review findings in a staff meeting.                                                                                         | OSAP. Personal Protective Equipment. http://www.osap.org/?page=FAQ_PPE  
| Monitoring the sterilization process     | Compare the paper log of mechanical monitoring (time/temperature) and chemical monitoring (temperature strips) of each sterilizer load with the weekly biological monitoring (spore testing) results. Document that appropriate procedures are in place and are performed when sterilization failure occurs. | OSAP. Instrument Sterilization. http://www.osap.org/?FAQ_Instrum_Ster1  
http://www.cdc.gov/niosh/topics/bbp/safer/  
http://www.cdc.gov/niosh/topics/bbp/safer/step4.html                                                                                                         |
| Microbial quality of dental unit water   | Monitor the microbial content of water exiting the dental units to determine compliance with the Environmental Protection Agency drinking water standard of no more than 500 colony-forming units per milliliter (CFU/mL) of heterotrophic bacteria. | OSAP. Dental Unit Waterlines. http://www.osap.org/?page=Issues_DUWL                                                                                           |