The Infection Control Coordinator’s Role in Maintaining the safestdentalvisit™

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 education and tools to help the practice’s Infection Control Coordinator successfully 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.

TEAM HUDDLE: Tools and Resources for Evaluating an Infection Control Program

The Infection Control Coordinator

An infection control coordinator (ICC) can greatly assist in tackling the challenge of implementing and maintaining an effective, efficient, affordable and compliant office safety program. The specific duties of this coordinator may vary from one dental facility to the next, but one important duty is to recommend improvements in disease prevention based upon periodic evaluations of the office’s infection prevention program. Approaches to such an evaluation are suggested in this issue of Infection Control in Practice.

LEARNING OBJECTIVES

After reading this publication, the reader should be able to:
• describe approaches to evaluating an infection prevention program.
• describe potential consequences of not having an updated exposure control plan.
• identify checklists that can be used to document infection prevention procedures used in the office.
The Incident

Dr. Datek, a pedodontist, had a disgruntled employee who did not receive as high of a raise as she wanted. So she quit and said she would get even by reporting infection control breaches to the Occupational Safety and Health Administration (OSHA). Dr. D realized that no one had ever evaluated what was actually being done in his office regarding infection control and office safety. So he promoted his most experienced dental assistant (Thairen) to the position of ICC and asked her to evaluate their procedures in case OSHA decided to visit.

Although Thairen had 15 years of dental assisting experience, she felt she needed an update on infection control procedures and regulations. So she contacted the infection control committee chairwoman at the local dental school for help who told her to join OSAP and attend the upcoming OSAP Dental Infection Control Boot Camp™. (which, luckily, was then happening in two weeks)*. The “Boot Camp” is presented by recognized experts and offers three days of core information on infection control and safety in dentistry.

After this training and reviewing several resources and tools on the OSAP Web site, Thairen was much more confident about her knowledge and started to evaluate the office’s disease prevention program. The biggest problems she discovered were the lack of a written exposure control plan and no knowledge of the 2001 OSHA requirement to evaluate safety devices when they become available. She and Dr. D began correcting these problems along with a few other infection control breaches and then focused on developing a culture of safety in the office.

Potential Consequences

Dental practices that have not identified an ICC may experience fewer efficiencies in infection control. There are many aspects of infection control, and even though all of the clinical workers in the office are performing disease prevention procedures, it’s possible that one worker may not be aware of what another worker is doing. This could lead to duplication of efforts or even neglect (e.g., if one person thinks another is doing something when they are not). ICCs can organize efforts to help make sure “all the bases are being covered” without duplication. They can champion a culture of safety, keep all workers up-to-date on prevention techniques and products, organize efforts to change/improve prevention and safety procedures, and make sure the office is in com-

SAFETY TIP

Safety and Health Program Assessment Worksheet

You can use the following Web site* to find out how the safety and health program in your office measures up. It was designed by OSHA for hospitals, but for the most part applies to dental facilities as well. The areas assessed are:

- Management leadership and employee involvement
- Worksite analysis
- Hazard prevention and control
- Safety and health training

* https://www.osha.gov/SLTC/etools/safetyhealth/form33i.html
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 routinely1 (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.2 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/samplereexposurecontrolplan.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.1 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

- 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.

continued on page 4
### WHAT TO EVALUATE | HOW TO EVALUATE | TOOLS
--- | --- | ---
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  
OSAP. Vaccines and Preventable Diseases.  
http://www.osap.org/?page=Issues_VaccinePrevDi

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.  
OSAP. Needlestick Prevention/Sharps Safety.  
http://www.osap.org/?Issues_SharsSafety#top

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  
OSHA. Evaluating and Controlling Exposure.  
https://www.osha.gov/SLTC/bloodbornepathogens/evaluation.html

Hand hygiene procedures | Observe and document circumstances of appropriate and inappropriate hand hygiene. Review findings in a staff meeting. | CDC. Hand Hygiene in Healthcare Settings.  
http://www.cdc.gov/handhygiene/  
OSAP. Hand Hygiene Toolkit.  
http://www.osap.org/?page=Issues_HandHygiene

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.  
Personal Protective Equipment.  
http://www.osap.org/?page=FAQ_PPE  
CDC. Donning and Removing Personal Protective Equipment.  
www.cdc.gov/hai/pdfs/ppe/ppeposter8511.pdf  
OSHA. Personal Protective Equipment.  
https://www.osha.gov/SLTC/personalprotectiveequipment/

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  
CDC. Sterilization and Sterilization Monitoring.  
http://www.cdc.gov/OralHealth/infectioncontrol/faq/sterilization_monitoring.htm

Evaluating safety devices | Conduct an annual review of the exposure control plan for documentation of new developments in safety devices. | CDC. Device Screening and Evaluation Forms.  
http://www.cdc.gov/oralhealth/infectioncontrol/evaluation.htm  
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


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.
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 patient has not been given protective eyewear. There is no protective barrier on the dental chair headrest and it is hoped it was properly cleaned and disinfected between patients. There is no protective barrier on the dental clinician’s clothing to guard against airborne particulate during a procedure that could generate spatter.

Educational Spotlight

Why attend the OSAP Dental Infection Control Boot Camp™ 2016?

Are you experiencing any of these challenges?

- Getting ‘buy-in’ for the role of infection control coordinator.
- Wondering where to obtain a strong refresher in infection control.
- Needing an update on day-to-day infection control and safety management.
- Seeking a career emphasis on infection control to enhance marketable skills.

Find your solutions to these challenges during this three-day curriculum. Learn how to address infection control management in different dental care settings. Discover how to use The Safest Dental Visit™ resources to enhance a culture of safety. Collaborate with your peers. And much more.

DATE: Monday through Wednesday January 11-13, 2016

LOCATION: The Westin Atlanta Perimeter North, Atlanta, GA

Space is limited for this event. Register Now!

For program details visit http://www.osap.org/?page=2016BootCamp

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Glossary

**Exposure Control Plan**: A written document required by OSHA's Bloodborne Pathogens Standard. It is to describe the exposure determination at your facility and how the provisions of the Standard will be implemented including communication of hazards to employees; hepatitis B vaccination; post-exposure evaluation and follow-up; evaluation of exposure incidents; identification, evaluation and use of safer medical devices; recordkeeping; and infection control procedures.

**Exposure Determination**: OSHA required lists of: 1) all job classifications in which all employees and in which some employees have occupational exposure; 2) all tasks in which occupational exposure occurs and are performed by employees in the job classifications listed. This determination is to be made without regard to the use of personal protective equipment.

**Needlestick Safety and Prevention Act**: Directs OSHA to revise the Bloodborne Pathogens Standard to establish in greater detail requirements that employers identify and make use of effective and safer medical devices. The exposure control plan must be used to document annually: 1) how newer medical devices that may reduce exposure were identified and considered for adoption; 2) the methods used to evaluate the devices and the results of the evaluations; 3) the justification as to why a device was or was not selected for use; and 4) how the persons directly involved in patient care are involved in the identification, evaluation, and selection processes.

Links to Resources


**TEAM HUDDLE DISCUSSION GUIDE**

1. How would you go about evaluating your office’s infection control program?
2. When was the last time you reviewed your exposure control plan?
3. Are your instrument cleaning and sterilization procedures up-to-date?

**News To Share**

*See the following Health Advisory from the CDC issued September 15, 2015.*

“The Centers for Disease Control and Prevention (CDC) and U.S. Food and Drug Administration (FDA) are alerting healthcare providers and facilities about the public health need to properly maintain, clean, and disinfect or sterilize reusable medical devices. Recent infection control lapses due to non-compliance with recommended reprocessing procedures highlight a critical gap in patient safety. Healthcare facilities (e.g., hospitals, ambulatory surgical centers, clinics, and doctors’ offices) that utilize reusable medical devices are urged to immediately review current reprocessing practices at their facility to ensure they (1) are complying with all steps as directed by the device manufacturers, and (2) have in place appropriate policies and procedures that are consistent with current standards and guidelines.” (http://emergency.cdc.gov/han/han00382.asp)
Follow the instructions below to purchase and complete the quiz to receive 1 hour of CE credit.


Step 2: OSAP will send you a purchase confirmation email and a separate email with the link to the online CE exam. Click on that link to access the exam.

Step 3: Complete the online exam. You have 2 attempts to pass with 7 out of 10 correct answers. When finished, you can print out or download your CE record of completion for your records. Your record of completion will also be emailed to you.

QUESTIONS FOR ONLINE QUIZ

1. What agency requires that each dental facility have a written exposure control plan?
   a. Occupational Safety and Health Administration
   b. Centers for Disease Control and Prevention
   c. Environmental Protection Agency
   d. Food and Drug Administration

2. What agency recommends that each dental facility periodically evaluate its infection control program?
   a. Occupational Safety and Health Administration
   b. Centers for Disease Control and Prevention
   c. Environmental Protection Agency
   d. Food and Drug Administration

3. What is one problem that can result from not having a complete and updated exposure control plan in the office?
   a. Over exposure from an improperly maintained x-ray unit
   b. A lack of knowledge about exposure determination
   c. An incomplete list of chemicals used in the office
   d. An out-of-date collection of safety data sheets

4. What agency requires that each dental facility prepare an exposure determination?
   a. Occupational Safety and Health Administration
   b. Centers for Disease Control and Prevention
   c. Environmental Protection Agency
   d. Food and Drug Administration

5. The exposure determination is to be made without regard to the use of:
   a. apparatus to improve the microbial quality of dental unit water
   b. instrument sterilization procedures
   c. personal protective equipment
   d. safety data sheets

6. How are dentist employers to document compliance with the Needlestick Safety and Prevention part of the Bloodborne Pathogens Standard?
   a. Send a letter confirming compliance to the local or Federal OSHA office
   b. Have three patients sign a statement that the office is in compliance
   c. Have all office employees sign a statement that the office is in compliance
   d. Describe in the exposure control plan how compliance was achieved

7. How often is a dentist employer required to document compliance with the Needlestick Safety and Prevention part of the Bloodborne Pathogens Standard?
   a. Every 12 months
   b. Every 6 months

8. The four main areas assessed by OSHA’s Safety and Health Assessment Worksheet are management leadership and employee involvement; hazard prevention and control; safety and health training; and:
   a. worksite analysis
   b. practice mortgage indebtedness
   c. age, race, and gender of the employees
   d. percent of patient fees paid by insurance

9. How does the CDC suggest to evaluate hand hygiene in a dental practice?
   a. Measure the amount of hand soap used weekly
   b. Observe and document circumstances of appropriate and inappropriate hand hygiene
   c. Determine bacterial colony-forming units on employee’s hands once a month
   d. Interview employees about the frequency of their handwashing

10. Which of the following is the least likely to be valuable in evaluating an infection control program?
    a. Observational assessments
    b. Checklists to document that procedures are in place
    c. Average number of patient appointment cancellations per month
    d. Routine review of the circumstances surrounding occupational exposures

KEY TAKEAWAYS

1. Routinely evaluating your infection control program fights complacency and continuing errors in techniques and procedures.

2. Procedural checklists can assist with evaluating the infection control program.

3. An out-of-date exposure control plan is detrimental to a successful infection control program.
TEAM HUDDLE HIGHLIGHTS

1. How can an ICC benefit your office’s infection prevention and safety program?

2. Would an OSHA inspection identify any problems with your infection prevention and safety program?

3. When was your office’s infection prevention and safety program last evaluated?

Read on!