Empower Through Connections

Empowerment is the development of confidence in one’s own abilities. Last year we looked at empowerment through effective communication, leadership, motivation of others and proactive attitudes. This year we’ll continue this series by discussing empowerment through connections with people, places and things. We’ll explore various incidents (scenarios) of improper infection prevention and safety that could occur in a dental facility. Then we’ll describe how empowerment through connections can help prevent such incidents and include a listing of related regulations and recommendations. The first issue will be titled “Connect with Policies and Training”. To follow will be “Empower by Connecting with Places”, “Empower by Connecting with Compliance”, “Empower by Connecting with Products and Equipment”, “Empower by Connection with People”, and “Empower by Connecting with Research.”

CONNECT with Policies and Training

Scenario 1

The incident:
Mayola, who graduated from dental assisting school in December 2011, was hired the first week of January 2012 as a dental assistant by Dr. Ludlow Orgo. During her first few days in the office Airiella, the head dental assistant, provided the training of this new employee.

She gave Mayola the office’s written Exposure Control Plan (ECP); sterilization, disinfection and waste disposal protocols; list of hazardous chemicals used in the office; and the binder of material safety data sheets (MSDS). Mayola read everything very carefully and watched Airiella perform sterilization and disinfection procedures, waste management and chairside asepsis.

After two weeks Airiella told Dr. O that Mayola was completely trained and ready to go with both chairside and instrument processing activities. Much to Mayola’s surprise she saw Airiella use some equipment in the instrument processing room that was not described in the protocols or ECP. She also was surprised to see Airiella sterilizing open sharps containers, closing them, labeling them with the office address and marking them as sterilized, and placing them in the regular trash. The protocols Airiella gave Mayola to read described the use of a medical waste hauler. Mayola also noted unfamiliar dental materials being used at chairside, so she later tried to look for the related MSDSs but couldn’t find them.

Potential Consequences:
Each new employee in a dental office needs to undergo some orientation as well as specific training as required by the Occupational Safety and Health Administration (OSHA)\(^4\) and recommended by the Centers for Disease Control and Prevention (CDC).\(^2\) Even if a new employee has recently graduated from a dental assisting or hygiene program or has been in the business for a while, there are still several safety-related areas that are unique to each dental facility that require explanations. Reviewing protocols and other infection prevention documents normally is an important Continued on page 2

Learning Objectives

After reading this publication, the reader should be able to:

- describe the training required by the OSHA bloodborne pathogens standard.
- describe the training recommended by the CDC for tuberculosis prevention in dental healthcare facilities.
- describe the training required by the OSHA hazard communication standard.

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part of this training, if these items are up to date. Dr. Orgo’s office was obviously not up to date in this area.

About 18 months ago they added dry heat sterilization and an instrument washer to their instrument processing system. This required changes in very important procedures as well as the use of new supplies (e.g., sterilization packaging materials and detergents). However, Airiella forgot to add new protocols using higher temperatures and longer exposure times to their procedures manual or ECP.

Up until about a year ago Dr. O insisted that a medical waste hauler be used to pick up and dispose of the full sharps containers. However, Airiella convinced him that in their state it was legal to heat sterilize, label and discard their sharps containers in their regular trash, and she showed him it would be less expensive.

Unfortunately these new procedures were not documented in any office protocols, nor were there any records documenting the heat processing of the regulated medical waste as required by their state laws. Also, Airiella did not keep the MSDSs up to date, so there was no information on how to manage any of the new hazardous chemicals brought into the office.

Not keeping up to date with protocols and documents means that new employees would not be properly trained or protected as they perform certain procedures or use certain products or chemicals. Since Mayola did not receive any OSHA-training on bloodborne diseases, she may not clearly understand how to protect herself and her patients from these diseases. It also should be noted that annual update training required by OSHA for continuing employees is very important to assure knowledge of any changes in procedures, products or regulations that also should be updated in the ECP. This did not occur in Dr. O’s office. This regular training can serve to “reboot” infection prevention for the entire office and help to decrease complacency in this area.

Should an OSHA inspector come to the office as a result of an employee complaint, one of the first things reviewed would be the ECP, which is to include, among other areas, the methods used to comply with the Bloodborne Pathogens Standards as well as a list of all procedures in which occupational exposure may be involved. Then the inspector would determine if what is written in the ECP is actually performed in the office and vice versa.

Prevention and Empowerment:
Airiella needs to better connect current procedures with the practice’s written policies and carry that through to staff training. Consistency throughout the written, spoken and performed policies will help empower the entire team to better understand and comply with the regulations and recommendations.

Infection Control In Practice is a resource prepared for clinicians by the Organization for Safety, Asepsis and Prevention (OSAP) with the assistance and expertise of its members. OSAP is a nonprofit, independent organization providing information and education on infection control and protection and occupational health and safety to dental care settings worldwide. Infection Control In Practice is published six times per year and is a trademark belonging to OSAP. OSAP assumes no liability for actions taken based on information herein.

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**OSHA-Required Bloodborne Pathogens Training**

The OSHA-required bloodborne pathogens (BBP) training of appropriate office staff is to be provided on initial employment at no cost to the staff at a reasonable time and place by a person knowledgeable about the subjects and about the dental office environment and who is available to answer questions about the training. It is to include the following:

- Explanation of the BBP standard and access to a copy
- Explanation of the causes, symptoms, epidemiology, spread, and prevention of bloodborne diseases
- Explanation of the office’s written Exposure Control Plan and how to obtain a copy
- Information on the post-exposure and medical follow-up
- Explanation of what to do if there is an emergency involving injuries or direct exposure to a patient’s blood or saliva
- Explanation of what to do if an exposure incident occurs including the methods of reporting the incident and the medical follow-up that will be available
- Information on the post-exposure and medical follow-up
- Explanation of the hepatitis B vaccination, including efficacy, safety, method of administration, benefits and that it is paid for by the employer
- Explanation of the signs, labels and color coding used to identify biohazards

**Active tuberculosis training**

The CDC recommends that employees are trained on the signs and symptoms of active tuberculosis and the methods the practice will use to protect employees and patients from exposure.

**OSHA-required ANNUAL Bloodborne Pathogens Training**

OSHA also requires annual BBP standard training for all employees within one year of their previous training. The annual or refresher training does not have to be the same as the initial training, but should review the standard and emphasize any new office procedures. Employers also need to provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee’s occupational exposure. The additional training may be limited to addressing any new opportunities created for exposure.

**OSHA-required Hazardous Chemicals Training**

OSHA’s Hazard Communication Standard indicates that employers shall provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new physical or health hazard the employees have not previously been trained about is introduced into their work area. Information and training may be designed to cover categories of hazards (e.g., flammability, carcinogenicity) or specific chemicals. Chemical-specific information must always be available through labels and material safety data sheets.

**Employees shall be informed of:**

- The training requirements;
- Any operations in their work area where hazardous chemicals are present;
- The location and availability of the written hazard communication program, including the required list(s) of hazardous chemicals, and material safety data sheets;
- Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);
- The physical and health hazards of the chemicals in the work area;
- The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,
- The details of the hazard communication program developed by the employer, including an explanation of the labeling system and the material safety data sheet, and how employees can obtain and use the appropriate hazard information.

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**Some related regulations from OSHA:**

- Training of appropriate office staff to prevent exposure to bloodborne pathogens and hazardous chemicals is to be provided on initial employment and at least annually thereafter at no cost to the staff at a reasonable time and place by a person knowledgeable about the subjects and about the dental office environment.
- The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The review and update of such plan shall also:

-- reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
-- document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure;
-- ensure employees know how to access the ECP; and
-- be reviewed with employees when new or modified tasks are utilized.
Did You Know?

Did you know that the OSAP Guide to the CDC Guidelines Workbook offers a rich array of ways to help connect and empower the dental team to follow the guidelines?

See the hardcopy workbook “From Policy to Practice: OSAP’s Guide to the Guidelines” at:
http://www.osap.org/?page=CDCGLPTP_Intro

Or see the online interactive version at: http://www.osap.org/?page=CDCGuidelinesCourse

Explore and Learn at OSAP.org

Explore and Learn at OSAP.org

What’s Wrong With This Picture?

Can you identify any breach in infection prevention and safety procedures in this photo? Check your answers below.

Answer:
1) The dentist is not wearing a face mask.
2) Work clothing should be covered by the protective clothing.

Connect with others!
If you’re a blogger or tweeter check out the bottom left-hand menu on OSAP’s home page http://www.osap.org.

Around the World

The exciting news from Canada is that researchers at the University of Alberta Faculty of Medicine and Dentistry have developed a vaccine that has shown promise for being effective against several strains of the hepatitis C virus. Further information is given in the Web site below.

“Researchers move closer to discovering hepatitis C vaccine”
http://www.ctv.ca/CTVNews/Health/20120215/hepatitis-c-vaccine-canadian-team-prevention-120215/

Dr. Nita Mazurat
University of Manitoba, Canada
NO. 1 Connect with Policies and Training

SPECIAL SERIES ON Empowerment Through Connections

**Reader’s Poll Question**

Each *Infection Control in Practice* newsletter this year will pose a timely question or two about your opinions or practices concerning infection control topics or issues. You can participate by answering the question in the digital version of ICIP, which is delivered electronically to OSAP members. Survey answers will appear in each subsequent issue of ICIP.

*In the last 12 months have you ever used an outside consultant to help with OSHA-required training on bloodborne pathogens (BBP) or hazard communication compliance?*

Answer this month’s Reader’s Poll question by clicking on this link.  

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  henryscheindental.com  
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  midmark.com  
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  miele.com  
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  nbbs.com  

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  palmerohealth.com  
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  pattersondental.com  
  Dental’s most trusted partner for service, supplies, equipment and technology.

- **PDI, The healthcare division of Nice-Pak**  
  pdipdi.com  
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- **Septodont**  
  septodontusa.com  
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- **SmartPractice**  
  smartpractice.com  

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**Empower yourself by connecting with your peers and colleagues at the OSAP Symposium which will be held:**

**June 21-23, 2012 in Atlanta, GA.**

This 3-day conference is designed to present cutting-edge information, skill building sessions and numerous opportunities to learn, share and grow.

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Join OSAP

If you have received this newsletter from a friend or associate, you can access other helpful resources and timely information on infection prevention and safety by becoming a member of the OSAP community. EVERYONE has a role to play in ensuring safe, infection-free access to oral healthcare.

Now you can select the specific category of membership that fits your needs the best. Learn more about the benefits of OSAP membership at www.osap.org and discover how OSAP offers more ways to stay current, informed and connected with these membership categories:

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- **Academic I**: Includes up to 10 individual email address log-ins $150
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- **Associate**: Nonprofit or consulting organizations serving dental or healthcare professions $250
- **Individual**: Anyone interested in or involved with infection prevention in oral healthcare $115
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Contact us at [www.osap.org](http://www.osap.org), or by phone: **1-800-298-OSAP (6727)** within the U.S., or **1-410-571-0003** outside the U.S.

**Links to Resources**


**Glossary**

Material Safety Data sheets (MSDS): Written or printed material concerning the procedures for handling or working with a hazardous chemical that includes physical data, toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill/leak procedures. Material safety data sheets are required for each hazardous chemical listed within a facility and are to be readily accessible to employees.
If you wish to obtain one (1) hour of continuing education (CE) credit, complete the following test by selecting the best answer and fax or mail it to the OSAP Central Office for grading. Please include a check or credit card to cover the handling charges. Pending satisfactory results (at least seven out of ten), you will be issued a letter for one (1) CE credit hour. OSAP is recognized by the American Dental Association as a CERP Provider.*

For each item, pick the best answer.

1. OSHA requires __________ Bloodborne Pathogens Standard training for all employees in a healthcare facility.
   a. biweekly  b. monthly  c. annual  d. biannual

2. OSHA requires that the Exposure Control Plan be updated every:
   a. month.  b. year.  c. 2 years.  d. 3 years.

3. According to OSHA, who needs to pay for the OSHA-required training of employees in a healthcare facility?
   a. OSHA  b. The employee  c. The employer  d. A combination of the employee and the employer

4. Should an OSHA inspector come to the office as a result of an employee complaint about the availability of gloves, one of the first things reviewed by the inspector would be:
   a. patient appointment schedules.  b. staff training records.  c. completed laboratory cases.  d. the written exposure control plan.

5. The OSHA-required bloodborne pathogens training involves all of the following except:
   a. information on the post-exposure actions and medical follow-up.  
   b. how to recognize occupational exposures.  
   c. use and limitations of methods of preventing the spread of pathogens.  
   d. the physical and health hazards of the chemicals in the work area.

6. The OSHA-required hazard communication training involves all of the following except:
   a. an explanation of any operations in their work area where hazardous chemicals are present.  
   b. an explanation of the exposure control plan.  
   c. the location and availability of the material safety data sheets.  
   d. methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area.

7. Material safety data sheets:
   a. describe the procedures for handling and working with a hazardous chemical.  
   b. are required to be present in the office according to OSHA’s Bloodborne Pathogens Standard.  
   c. are invoices received from medical waste haulers after they dispose of your regulated office waste materials.  
   d. describe the manufacturing process used for gloves, masks and protective eyewear.

8. What governmental agency recommends that a healthcare employer educate, train and counsel the office staff regarding tuberculosis?
   a. Food and Drug Administration  b. Environmental Protection Agency  c. Centers for Disease Control and Prevention  d. Occupational Safety and Health Administration

9. What governmental agency issued guidelines for preventing the transmission of Mycobacterium tuberculosis in healthcare settings?
   a. Centers for Disease Control and Prevention  b. Environmental Protection Agency  c. Food and Drug Administration  d. Occupational Safety and Health Administration

10. After the required OSHA training on bloodborne pathogens is provided at the time of employment, update training is to be given at least every:
    a. 4 years.  b. 3 years.  c. 2 years.  d. year.

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After completing the information above:
mail to: OSAP CE, P.O. Box 6297, Annapolis, MD 21401, USA  or fax to: 1-410-571-0028
What's It All About?

This issue presents scenarios describing various breaches of infection prevention and safety protocol in the dental setting that may lead to the spread of infectious agents to patients. Always remember to connect with people, places and things to empower yourself and others with confidence on how to perform infection prevention.

- Do you know that all new employees (regardless of past work history and training) need to receive OSHA-related specific training at initial employment?

- Do you know what specific training is required by OSHA’s Bloodborne Pathogens and Hazard Communication Standards?

- Do you know how often update training should be given on OSHA-required Bloodborne Pathogens?

Read On!

In the next issue: Empower by Connecting with Places