Several “behind the scenes” systems are necessary to establish and maintain the infection prevention program in all dental facilities. These systems relate to occupational health and include written policies/documents; employee recordkeeping; work restrictions; education and training; immunization and hepatitis B antibody testing; post-exposure management; managing adverse reactions/allergies; keeping up-to-date with regulations, products, and procedures; and maintaining a culture of safety. Properly trained, healthy and immunized personnel using appropriate products and equipment are very important in providing safe dental visits for all patients. See “Behind the Scenes” Implementation Guide on page 3.

TEAM HUDDLE: Dental Health Care Personnel – The Backbone of Infection Prevention

Several “behind the scenes” systems are necessary to establish and maintain the infection prevention program in all dental facilities. These systems relate to occupational health and include written policies/documents; employee recordkeeping; work restrictions; education and training; immunization and hepatitis B antibody testing; post-exposure management; managing adverse reactions/allergies; keeping up-to-date with regulations, products, and procedures; and maintaining a culture of safety. Properly trained, healthy and immunized personnel using appropriate products and equipment are very important in providing safe dental visits for all patients. See “Behind the Scenes” Implementation Guide on page 3.

IN THIS ISSUE
TEAM HUDDLE: Dental Health Care Personnel – The Backbone of Infection Prevention ............................................. 1
SCENARIO: The Incident .......................... 2
Infection Control Tip
SCENARIO: The Incident continued .... 3
Implementation Guide
Implementation Guide continued ........ 4
Team Huddle Discussion Guide
What’s Wrong With This Picture ........ 5
Product Spotlight
Thanks to our Sponsors
Glossary ......................................... 6
Links to Resources
Key Takeaways
Continuing Education ...................... 7

LEARNING OBJECTIVES
After reading this publication, the reader should be able to:
• describe the importance of having work restrictions for dental health care personnel (DHCP) with infectious diseases.
• describe procedures for managing occupational exposures in the office.
• describe other “behind the scenes systems” that are important to patient and occupational health.
Monett has worked for 12 years as a hygienist in Dr. Vert’s office but only recently developed dermatitis on her hands. Since she claimed that her skin problems were due to the exam gloves used, she tried several different brands and types of gloves. The vinyl gloves seemed to help a little, but the dermatitis persisted. Monett’s mother (Margo) just returned on Sunday from a ski trip in Colorado celebrating her 10th wedding anniversary with her second husband. Margo felt she needed a good “teeth cleaning” before departing Monday for an extended European trip to continue the celebration. So Monett brought her mother in before office hours on Monday for a prophylaxis.

Monett's hands were particularly painful that morning so she decided not to wear gloves especially since she knew her mother did not have any serious diseases. Monett did wash her hands before and after the prophylaxis which, by the way, went fine. Since Margo had to get to the airport, she left without being checked by Dr. V. After Margo left, Monett felt that her hands were still somewhat sore so she decided to selectively wear gloves until her hands healed.

About a week later Monett developed several vesicles on her hands and went to her physician. He gave her some cream and told her not to treat any more patients until her hands healed. Well, Monett had some bills coming due so she decided to continue working but started wearing the vinyl gloves for all of her patients.

Over the next two days 20 patients called Dr. Vert’s office and reported the development of “bumps” in their mouths. These “bumps” turned out to be intraoral herpes lesions. As Dr. V reviewed the situation he discovered that Monett had treated all 20 of these patients starting a week and a half ago. He checked the patients’ records but didn’t notice anything unusual. He asked Monett if she remembered anything unusual about her patients seen that week. She said no but did admit to treating her mother at the beginning of the week and thought she had a small lesion on her lower lip.

INFECTION CONTROL TIP

The 5s Signal Time for a Booster: You should have a tetanus booster every 10 years. Our first childhood tetanus vaccination was due at age 5, so if your age ends in 5 this year and you haven’t had your booster, you’re probably due. Speak to your Infection Control Coordinator or personal physician about getting up to date today. (Source: CDC Guidelines: From Policy to Practice by OSAP, a Step-by-Step Implementation Workbook, page 8.)
But since it was not painful she thought it to be inconsequential. She also told Dr. V that she did not routinely wear gloves that week but started wearing them with all patients after she noticed “bumps” on her fingers. Dr. V also discovered that none of Monett’s patients treated after she started routinely wearing gloves reported any problems.

**Potential Consequences**

Not wearing gloves for intra-oral treatments is dangerous for the patient, the dental team member and for subsequent patients. Hands can become contaminated and serve as a means of microbial spread by indirect contact to other patients in the absence of effective hand hygiene. Dermatitis on the hands provides extra areas where microbes can hide, and it can make hand hygiene painful. This can result in less vigorous handwashing action and ineffective removal of transient microbes.

**Prevention and Related Recommendations**

Margo had a history of recurrent herpes labialis, and those lesions shed live viruses usually until they crust over. Office policies need to be established related to the care of non-emergency patients with possible active oral/perioral herpes lesions. This scenario was based upon real events and involves three modes of disease spread: 1) from patient to dental team member (Margo to Monett); 2) from dental team member to patients (Monett to subsequent patients); 3) from patient to patient (Margo to other patients).

All of these herpes transmissions could have been prevented by the routine use of fresh exam gloves with ALL patients. Note that the transmission ceased after Monett started wearing gloves. This scenario also relates to work restrictions. The Centers for Disease Control and Prevention (CDC) recommends no contact with patients or their environments by those who have active herpes lesions on the hands until the lesions heal. Monett had a dermatitis that can persist until contact with the causative agent is eliminated. Dental personnel with chronic dermatitis on their hands need to seek medical help for proper diagnosis and management.

---

**Use these categorized checklists to help establish and maintain the “behind the scenes” systems of the infection prevention program in your dental facility.**

**Written policies/documents** — These define what procedures are to be used by the DHCP and what policies are to be followed.

- Provide regulatory documents: (Occupational Safety and Health Administration [OSHA] Bloodborne Pathogens and Hazard Communication Standards; local and/or state documents related to infection prevention and safety).
- Provide recommendations from the Centers for Disease Control and Prevention (CDC) on infection prevention guidelines.
- Have a written OSHA exposure control plan and hazard communication program.
- Post the OSHA-required “Job Safety and Health” poster.
- Have written personnel health and tuberculosis infection control programs as recommended by the CDC.

**Work restrictions** — These help to reduce the risks of disease transmission.

- Inform personnel of conditions/diseases for which work restrictions apply.

**Education and training** — These help ensure that DHCP understand the office policies and how to perform infection prevention and safety procedures.

- Ensure that infection control education and training:
  - Is provided by a qualified person, during working hours, at the appropriate educational level, and at no cost to the DHCP.
  - Is provided at the time of initial appointment and at least annually.
  - Is provided before new tasks with occupational risks are performed.
  - Includes information on bloodborne diseases, tuberculosis, influenza and hepatitis B and other immunizations.
  - Includes descriptions of exposure risks and prevention procedures.
  - Includes descriptions of biohazard and hazardous chemical labeling.
  - Reviews OSHA-required exposure control plan and hazard communication program.
  - Reviews personnel health program including work restrictions, immunizations and post-exposure management procedures.
  - Is compliant with OSHA-required training.

**Keeping up-to-date with recommendations, regulations, products and procedures**

- Conduct team huddles and include information from OSAP on any new recommendations, regulations, products, and procedures.
TEAM HUDDLE DISCUSSION GUIDE

1. What problems developed by having Margo come in before the office opened?

2. What should Monett have done when she noticed the small lesion on Margo’s lip?

3. What should Monett have done about her dermatitis?

4. What are the adverse outcomes for not routinely wearing gloves?

5. Should Monett have informed Dr. V about the “bumps” on her hands?

“Behind the Scenes” IMPLEMENTATION GUIDE  continued from page 3

Recordkeeping — This documents the maintenance of required employee medical data and compliance with regulations and recommendations.

- Maintain OSHA-required personnel medical records (referred to by some as vaccination/injury records) including written opinions regarding hepatitis B vaccination and post-exposure medical evaluations and any vaccination declination statements.
- Maintain OSHA Training records.
- Maintain sterilization monitoring records in compliance with state and local regulations.
- Maintain list of hazardous chemicals and safety data sheets as required by OSHA’s Hazard Communication Standard.

Immunizations and testing — These help protect the DHCP and ultimately patients from appropriate vaccine-preventable diseases.

- Inform personnel of currently required and recommended immunizations and post-immunization testing.
- Offer personnel the hepatitis B vaccination series.
- Recommend the influenza vaccine to all DHCP.
- Ensure immunized personnel are tested for antibody response 1-2 months after the hepatitis B vaccination series is completed.
- Obtain the written opinions from the medical professional responsible for the employee vaccination. The opinions describe if the vaccination was indicated and if it was administered to personnel.
- Maintain written opinions with confidentiality in the employee medical records file.
- Ensure that personnel who refuse hepatitis B vaccination sign the OSHA vaccination declination form for their medical record file.
- Provide baseline tuberculosis skin testing of personnel.

Post-exposure management — This provides prompt reporting, evaluation, counseling, treatment and medical follow-up of all occupational exposures.

- Train personnel on the procedures to follow after an exposure incident.
- Ensure that exposed personnel know who to notify after the incident.
- Make arrangements with a medical facility for the post-exposure medical evaluation.
- Ask source patients (if identifiable) about their bloodborne pathogen status or ask them to be evaluated for such.
- Send the following with the exposed person to the evaluating medical professional: a copy of OSHA’s Bloodborne Pathogens Standard; an incident report; employee’s job description; past written opinions about the employee’s vaccination record and any past exposure incidents; results of the source individual’s blood testing, if available.
- Maintain written opinions from the evaluating medical professional with confidentiality in the employee medical records file.

Managing adverse reactions/allergies

- Encourage personnel with possible occupationally-related irritant contact dermatitis or allergies to seek help from their personal physician or an allergist for proper diagnosis and management recommendations.
- Provide alternative equipment and/or supplies to personnel with adverse reactions or allergies.
- Screen all patients for latex allergy, provide latex-free environment for allergic practice personnel and patients, and have emergency kits available with latex-free products.

Culture of safety

- Encourage, support and maintain a culture of safety in the facility.
What’s Wrong With This Picture?
Can you identify any breach(es) in infection prevention and safety procedures in this photo? Check your answer(s) below.

ANSWER: The operator is not wearing examination gloves. The patient has not been provided with protective eyewear. It is hoped that the headrest was properly cleaned and disinfected between patients.

Product Spotlight

Infection Control Educational Package - Basic
This product configuration combines two popular OSAP training tools and offers a 30th anniversary discount of 30%. ‘If Saliva Were Red’ is a memorable and motivating 8-minute DVD featuring real dental professionals in a clinical setting to highlight the cross-contamination dental workers would see if saliva was visible. A trainer’s guide is also included.

The package also discounts the grading fee for the CDC Guidelines Online Interactive Course test. Participants must complete the free online program and then take the online test for 10 hours of CE credit.

To access this product go to:

To order: call 1-410-571-0003 or go to OSAP’s online store.

Infection Control in Practice Team Huddle™
Glossary

**Infectious disease work restrictions:** Infections or disease exposures that exclude the person from contact with patients or the patient’s environment.

**Safety data sheet:** OSHA’s newer phrase for material safety data sheet. Information prepared by the manufacturer of the hazardous chemical that includes: handling procedures, physical data, toxicity, health effects, first aid needed, reactivity, storage, disposal, protective equipment and spill/leak procedures.

Links to Resources


KEY TAKEAWAYS

- Review other “behind the scenes” systems: written policies/documents, employee recordkeeping, education and training, immunization and testing, controlling adverse reactions/allergies, keeping up-to-date with recommendations, regulations, products and procedures, and maintaining a culture of safety.
- Review/develop/adhere to infectious disease work restrictions.
- Make sure the DHCP understand all the procedures for management of exposure incidents.
1. What poster is required by OSHA to be present in the office?
   a. “Suppress your Cough”
   b. “Job Safety and Health”
   c. “Get your Flu Shot Today”
   d. “Patient Care Information Here”

2. What agency recommends infectious disease work restrictions for DHCP?
   a. Occupational Safety and Health Administration
   b. Food and Drug Administration
   c. Centers for Disease Control and Prevention
   d. Environmental Protection Agency

3. OSHA-required personnel medical records include written opinions regarding hepatitis B vaccination and post-exposure medical evaluations and:
   a. vaccination declination statements.
   b. history of all past infectious diseases.
   c. list of allergies.
   d. types of medications taken in the last five years.

4. Lesions of oral/perioral herpes usually shed live virus:
   a. just before pain is noticed.
   b. after the lesions completely disappear.
   c. only when pain is present.
   d. before the lesions crust over.

5. What does the CDC recommend for DHCP who have herpes lesions on their hands?
   a. Double glove for all patient contacts until the lesions heal
   b. Use an antimicrobial handwash followed by an alcohol hand-rub before donning exam gloves for all patient contacts
   c. Use sterile gloves for all patient contacts
   d. Avoid patient contact until the lesions heal

6. OSHA’s Hazard Communication Standard requires the office to maintain a list of hazardous chemicals in the office and:
   a. an exposure control plan.
   b. a vaccination declination statement for each employee.
   c. safety data sheets.
   d. all written opinions from healthcare professionals.

7. Post-exposure management requires the following items to be sent to the healthcare professional evaluating the exposed person: an incident report; employee’s job description; past written opinions about the employee’s vaccination record and any past exposure incidents; results of the source individual’s blood testing, if available, and:
   a. a copy of OSHA’s Bloodborne Pathogens Standard.
   b. the office’s exposure control plan.
   c. related safety data sheets.
   d. a list of hazardous chemicals used in the office.

8. How long after a hepatitis B vaccination series should immunized personnel be tested for the antibody response?
   a. 1-2 days  b. 1-2 weeks
   c. 1-2 months  d. 1-2 years

9. The CDC recommends baseline skin testing of DHCP to determine exposure to what disease?
   a. Influenza  b. Tuberculosis
   c. Polio  d. Measles

10. How can dermatitis on the hands be cured?
    a. Do not use alcohol hand-rubs
    b. Always wear gloves when treating patients
    c. Never wear gloves when treating patients
    d. Eliminate contact with the causative agent
TEAM HUDDE HIGHLIGHTS

1. Does your office have a policy on infectious disease work restrictions?

2. Is your post-exposure management system clearly understood by all DHCP?

3. Have you received the proper required training for preventing disease spread in your office?

4. Are you aware of the current regulations and recommendations from OSHA and the CDC on preventing the transmission of infectious diseases?

Read on!