
Dental infection prevention and control is a system of policies and procedures designed to ensure the use of best practices to enhance safety and reduce the risk of transmitting potentially dangerous microbes. An effective infection prevention and control program hinges on assuring the quality of the preventive policies and procedures. This issue provides one approach to performing routine quality assurance related to the reception and front desk areas. Other office and patient treatment areas will be discussed in future issues.

LEARNING OBJECTIVES

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

• describe a general approach to performing Quality Assurance of an infection control procedure.
• describe the specific role of standard operating procedures in quality assurance efforts.
• describe the infection control and safety measures to be used in patient reception areas.
SCENARIO: The Incident

Dr. Strum, a general practice dentist, just agreed to accept a fourth-year dental student into his practice to complete his required practicum before graduation. Dr. S decided now would be a good time to assess office procedures before the student arrived. He was confident with the patient treatment aspect of the practice but wasn’t sure if all the infection control and prevention procedures were up to date. So, he hired an infection control and prevention consultant (Letty), recommended by a dentist friend, to review procedures.

Letty was trained as a hygienist and a long-time member of the Organization for Safety, Asepsis and Prevention (OSAP). She found that not all contaminated clinical surfaces were cleaned before being disinfected; that anesthetic syringes with uncapped needles were being passed to the assistant; that the exposure control plan had not been updated for almost five years; and that chemical indicators were only present on the outside of sterile instrument packages.

In addition, she found several problems in the reception room area. Dr. S had done nothing about the recommendations from the Centers for Disease Control and Prevention (CDC) on respiratory hygiene and cough etiquette. After learning of these deficiencies, Dr. S said to Letty, “Tell us what to do, and we’ll just do it”.

Letty agreed but encouraged Dr. S and his team to take a quality assurance approach to ensure proper long-term compliance and patient and staff safety. Letty outlined a quality assurance program and assisted the team with its execution.

POTENTIAL CONSEQUENCES:

1. Not all contaminated clinical surfaces were cleaned before being disinfected.

WHAT: The CDC recommends to “clean and disinfect clinical contact surfaces that are not barrier-protected”. ²

WHY: Cleaning helps remove inorganics (e.g., salts), organic matter and soil, all of which may interfere with microbial inactivation. It also removes some of the microbes on the surface. Thus, cleaning gives the subsequent disinfection step the best chance to work. Disinfectants that are both cleaners and disinfectants also start killing microbes in the cleaning step providing some degree of protection to the worker during the process.

HOW: With a spray disinfectant use the spray-wipe-spray technique.³ Spray the surface, wipe with a towel (this cleans the surface), respray the surface for disinfection and let it remain wet for the recommended contact time. Wipe again if necessary. With disinfectant towelettes use the wipe-discard-wipe technique.⁴ Wipe the surface with a towelette (this cleans the surface), discard that towelette, use a fresh towelette to re-wipe the surface for disinfection and let it remain wet for the prescribed time. Dry the surface if necessary.

(continued on page 3)
2. Anesthetic syringes with uncapped needles were being passed to the assistant.

WHAT: The CDC indicates that passing a syringe with an unsheathed needle should be avoided because of the potential for injury.5
WHY: Sharps injuries are arguably the most efficient way to cause occupational infections in dentistry. Controls must be used whenever possible to avoid sharps injuries. Also, one must not put others at risk for injury.
HOW: Whoever is handling a sharp, needs to use work practice or engineering controls to reduce the chance for a sharps injury to themselves and others. Contaminated needles on reusable syringes should be safely recapped before the syringe is put down or passed. This avoids someone else having to handle the exposed needle and risking injury.

3. The exposure control plan had not been updated for almost five years.
WHAT: The Occupational Safety and Health Administration (OSHA) requires that the written Exposure Control Plan (ECP) must be updated at least annually.6
WHY: The ECP is the guide for preventing the spread of bloodborne diseases in the facility. Changes periodically occur in knowledge, products, equipment, techniques, personnel or regulations that may affect the procedures used for disease prevention. So, regular review and updating of the ECP is necessary to provide the best protection and to remain in OSHA compliance.
HOW: Reviewing and updating the ECP should be a specific responsibility of the Infection Control Coordinator (ICC), and its completion should be documented at least during the ICC’s annual employee review.

4. Chemical indicators were only present on the outside of sterile instrument packages.
WHAT: The CDC indicates that a chemical indicator should be placed on the inside of each package to be sterilized.7
WHY: The internal indicator shows that the sterilizing agent actually penetrated the packaging material and reached the instruments. If the indicator is only on the outside of the package, there is always some doubt if the sterilizing agent actually penetrated the packaging and reached the instruments inside. When an instrument package is opened at chairside a changed internal indicator shows the clinician that the instruments have been exposed to the sterilizing agent and that they are safe to use assuming that the mechanical and biological monitoring so indicate. If the internal indicator has not changed, those instruments are not to be used until reprocessed.
HOW: Place an indicator inside each package to be sterilized. Some packaging materials are manufactured with an indicator already on the inside. Note that if the internal indicator can’t be seen from the outside, another chemical indicator needs to be placed on the outside of the package.7 This ensures the identification of processed packages before they are opened.

5. She found several problems in the reception room.
An example of Letty’s approach to quality assurance for reception room disease prevention and safety is described in STRATEGIES (see page 4).
ROUTINE QUALITY ASSURANCE FOR DISEASE PREVENTION AND SAFETY: RECEPTION ROOM AND FRONT DESK AREA

1. Identify what regulations/recommendations apply.
   For example:
   • Verify that the facility has a system (policies and protocols) for early detection and management of potentially infectious persons at initial points of encounter.¹
   • Provide training of personnel on the principles of patient safety.¹
   • Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of entry to the facility and continuing throughout the visit.¹
   • Post signs at entrances with instructions to patients with respiratory symptoms to:
     • cover their mouths/noses when coughing or sneezing;
     • use and dispose of tissues;
     • perform hand hygiene after hands have contact with respiratory secretions.
   • Provide tissues and no-touch receptacles for tissue disposal.
   • Provide resources (e.g., alcohol hand rubs) for performing hand hygiene in or near waiting areas.
   • Offer masks to coughing patients and other symptomatic persons when they enter the dental setting.
   • Provide space and encourage persons with respiratory symptoms to sit as far away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care.
   • Educate personnel on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.¹

2. Assure all related supplies are available to comply with the CDC recommendations (e.g., signs, facial tissues, alcohol rubs, masks, no-touch waste receptacles, cleaning-disinfecting materials and equipment).

3. Confirm that dental personnel and any cleaning crew responsible for maintaining the waiting area understand the goal and what the procedures involved are supposed to accomplish.

4. Identify/prepare related Standard Operating Procedures (SOP).¹⁰
   For example:
   • The waiting area is arranged so the front desk dental personnel have a straight line of sight to all entering and waiting patients and visitors. Install mirrors if necessary to achieve this goal.
   • Identify personnel who will perform the SOP and determine when the SOP should be performed.
   • Front desk personnel are trained to recognize symptoms that may suggest a medical emergency or infectious disease (e.g., runny nose, cough, sneezing, watery eyes, itching, labored breathing, perspiring).
   • The dentist employer is summoned if a patient with any medical emergency is detected. Patients with respiratory symptoms are directed to the hand hygiene/mask station and asked to sit in identified areas.
   • Appropriate disease prevention and safety signs are posted.
   • Alcohol hand rubs, facial tissues, masks and no-touch tissue receptacles are provided.
   • Specific surfaces* to be kept visibly clean are identified. Cleaning personnel are identified and appropriately trained. Cleaning solutions are identified and prepared fresh at least daily and reusable mops and cloths are cleaned after each use and dried before reuse.
   • Vacuum cleaners equipped with high-efficiency particulate air (HEPA) filters are used.
   • Ensure there are no tripping/falling hazards (e.g., loose carpet seams, wet floors).
   • The reception area and restrooms are inspected throughout each day to ensure cleanliness and safety.

* e.g., floors, table tops, chair arms, door knobs, sliding glass windows, writing surfaces, toys

(continued on page 5)
ROUTINE QUALITY ASSURANCE FOR DISEASE PREVENTION AND SAFETY: RECEPTION ROOM AND FRONT DESK AREA

**PDCA Model**

**Plan**

1. Define the SOP

**Do** (Measure)

1. Perform the SOP.
2. Observe the performance by direct observation.
3. Document in writing or video tape each step, in detail, by describing/showing what is done, what supplies/equipment are used, who is performing the SOP and when it is being performed.

**Check** (Analyze)

1. Receive feedback from those performing the SOP.
2. Compare the observations/measurements with the written SOP.
3. Have the office staff review the measurements and comments from the performing staff.
4. Determine any differences between the performance and the written SOP.
5. Identify problems detected.

**Act** (Improve)

1. Brainstorm with the team to find solutions to the detected problems.
2. Make any necessary changes in the SOP and confirm that the SOP still provides compliance with the related regulations and recommendations.

**Act** (Control)

1. Institute the new SOP.
2. Observe the first performance of the new SOP to achieve Quality Assurance.
3. Periodically monitor performance and reassess the quality of the procedures, if changes occur, such as different employees or cleaning crews involved, changes in the products/equipment used or related renovations.

(continued from page 4)
The OSAP 2020 Annual Conference has been rescheduled.

The OSAP 2020 Annual Conference will now take place at the Hyatt Regency Minneapolis in Minneapolis, MN during the dates below:

Pre-Conference Course: 2020 Basic Training – Dental Infection Prevention and Safety Course NEW DATES: August 30 – August 31, 2020

2020 OSAP Annual Conference NEW DATES: August 31 – September 2, 2020

- If you have already registered for the Annual Conference and/or the Basic Training – Dental Infection Prevention and Safety Course, your registration has been automatically maintained for the new dates. If the dates no longer work for you, we will provide a full refund. To request a refund, please contact office@osap.org or call (410) 571-0003.

- If you have already made a hotel reservation with Hyatt Regency Minneapolis, the hotel will cancel your reservation for you. A new reservation link will be coming soon, please check the website for updates.

- If you have already booked your flight, please contact your travel agency or flight company as soon as possible to modify your booking.

- If you have not already registered, you can register now by clicking the button below.

REGISTER TODAY

Educational Spotlight

Coronavirus Disease (COVID-19) Updates

To help you navigate the many challenges as a result of the COVID-19 pandemic, caused by the SARS-CoV-2 virus, OSAP has assembled an informative webpage with the latest information from the following sources:

- Centers for Disease Control and Prevention
- World Health Organization
- Occupational Safety and Health Administration
- Environmental Protection Agency
- American Dental Association
- Infectious Disease Society of America
- National Institutes of Health
- International Association for Dental Research

The page is updated regularly and includes information on related best practices, interim guidelines, educational resources, and patient resources.

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OSAP thanks the following companies that help to underwrite each issue of this special series of Infection Control in Practice: Team Huddle™ in 2020.

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Educational Spotlight

Coronavirus Disease (COVID-19) Updates

Stay informed with the COVID-19 Toolkit at osap.org/page/COVID-19

osap.org/COVID-19

The page is updated regularly and includes information on related best practices, interim guidelines, educational resources, and patient resources.
What’s Wrong With This Picture?
Can you identify the breach(es) in infection prevention in this photo of a clinician about to perform a dental procedure?

Answer: The clinician is not wearing protective eyewear and the patient has not been given protective eyewear for a procedure that can cause spatter. The clinician’s face mask may not be securely fitted. The clinician’s forearms are exposed during a procedure that can cause spatter. There is no visible use of high or low suction to help reduce airborne spatter.

Glossary

Quality assurance:
A voluntary program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

Standard operating procedures (SOP):
Established methods to be followed routinely for the performance of designated tasks.

TEAM HUDDLE DISCUSSION GUIDE

1. Do you understand how to perform a quality assurance program on one or more of your infection control procedures?
2. Is your reception area and front office staff in compliance with the CDC recommendations?

Links to Resources


8. Partially based on a personal communication from Douglas Risk, DDS.


GET YOUR CE CREDIT ONLINE
OSAP is recognized by the American Dental Association as a CERP provider.*
Follow the instructions below to complete the quiz to receive 1 hour of CE credit FREE to OSAP members

Step 1: Go to http://bit.ly/OSAPICIPAPR2020CE and obtain access to the CE exam through the OSAP Store.
OSAP members, 1 CE credit FREE! Non-members, 1 CE credit $20.

Step 2: OSAP will send you a registration 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. The role of SOPs in a quality assurance program is part of what step?
   a. Plan (Define)
   b. Do (Measure)
   c. Act (Improve)
   d. None of the above

2. Quality assurance is a program:
   a. to determine the quickest way to perform a project or service and still maintain quality.
   b. to measure the lowest cost of performing a task or set of tasks that meet the standards of quality.
   c. for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.
   d. that is required to be performed annually by the CDC and OSHA.

3. What is the best way to check the performance of an SOP?
   a. Interview the person who performed the SOP
   b. The person who performed the SOP needs to write out each step used
   c. View the results after the SOP has been performed
   d. Directly observe the SOP as it is being performed

4. In a quality assurance program what should be done after measuring the performance of the task under review?
   a. Write a new SOP
   b. Receive feedback from the person performing the task
   c. Identify what regulations and recommendations apply
   d. Make sure all the supplies needed are available

5. Which wording on signs to be posted is not related to CDC’s respiratory hygiene and cough etiquette recommendations?
   a. Cover your mouth/nose when coughing or sneezing
   b. If you’re coughing, please reschedule your appointment today and see your physician
   c. Perform hand hygiene after hands have contact with respiratory secretions
   d. Use and dispose of tissues

6. According to the CDC what should be done if a patient enters the office showing a runny nose, watery eye and a slight cough?
   a. Reschedule their appointment
   b. Cancel their appointment and ask them to call back for another appointment after their physician has determined they are no longer infectious
   c. Direct them to the hand hygiene/mask station and ask them to sit in the identified area
   d. Inform the clinical staff that the patient may be infectious

7. OSHA requires that the written exposure control plan must be updated at least:
   a. annually.
   b. every six months.
   c. every three months.
   d. monthly.

8. The CDC indicates that a chemical indicator is to be placed:
   a. on the outside of one package located in the center of each load.
   b. on the inside of one package located in the center of each load.
   c. on the inside and outside of one package located in the center of each load.
   d. on the inside of each package in each load.

9. How should a contaminated clinical contact surface be managed?
   a. Cleaned
   b. Disinfected
   c. Cleaned and disinfected
   d. Covered for use with the next patient

10. Which of the following is one of the supply items needed to comply with the CDC’s respiratory hygiene/cough etiquette recommendations?
    a. Facial tissues
    b. Mop with a disposable mop head
    c. Vacuum cleaner
    d. Clear plastic surface barriers

KEY TAKEAWAYS

1. A quality assurance program helps provide the Safest Dental Visit™.
2. Written standard operating procedures are key to performing quality infection control.
3. Providing patient and staff safety begins in the reception room.
Infection Control Education is Critical

Access to comprehensive, CDC-vetted infection control education is critical at this time and OSAP, DANB, and the DALE Foundation are working together to make a difference.

From April 1 – 30, we’re offering a 50% discount – use code SAVE50 at checkout – on the products that comprise the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program™:

Step 1: Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings – 2 CDE credits ($30 $15)

Step 2: OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™ - 10 CDE credits ($225 $112.50)

Step 3: OSAP-DALE Foundation eHandbook Assessment™ - ($50 $25)

Note: Those who complete steps 1 and 2 will receive an email with instructions on how to access the eHandbook Assessment.

For the latest information visit: dentalinfectioncontrol.org

Take the Micro-Learning Silent Video Challenge!

Can you identify the actions in this short video that breach infection control during preparation for an examination procedure? osap.org/2020-04video

The Scenario: Cross-contamination

The Lesson:
The clinician causes cross-contamination by not following the proper sequence for donning PPE. By donning examination gloves first, and then pulling the surgical mask up from under the chin, the gloves become contaminated when the clinician touches face and mask to adjust the mask. The face mask has been contaminated by resting under the clinician’s chin; the face mask is not properly worn, and the clinician and patient are not wearing protective eyewear. The clinician’s street clothes are exposed at the neck.

FROM THE Editor’s Desk

If you have not posted OSHA’s “Job Safety and Health, It’s The Law” Poster, you are in violation.

Get a free poster from OSHA at: osha.gov/Publications/poster.html.

In Case You Missed This!

Check out the official OSAP Podcast with Michelle Lee, executive director of OSAP who will be bringing you infection control tips and information with subject matter experts.

OSAP’s podcast is on the Dental Podcast Network, Channel One.
dentalpodcastnetworkchannelone