TEAM HUDDLE: Understanding the Responsibility of Infection Prevention and Control

Dental infection control (infection prevention) is the adherence to a system of policies and procedures designed to kill or reduce the level of potentially dangerous microbes from the treatment environment and supportive areas. An effective infection control program hinges on the understanding of the WHAT, the WHY, and the HOW of the preventive policies, procedures, and best practices.

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

- describe a culture of safety.
- describe the safety documents to be available in a dental facility.
- describe the importance of knowing the what, why and how of infection control procedures.
- describe the importance of an infection control coordinator to office compliance with infection control regulations and recommendations.
SCENARIO: The Incident

Dr. Aster’s second dental assistant needed June and July off for medical reasons. Fortunately Dr. A’s niece (Lockley) had just graduated from the local dental assisting program, so he hired her to work for him for the summer. Dr. A instructed Thelma, his Infection Control Coordinator (ICC) to bring Lockley up to speed on office procedures and make sure she knows how to comply with infection control and prevention regulations and recommendations.

Potential Consequences

How can one be in compliance if the regulations and recommendations are not known? If the importance of a recommendation is not understood (e.g., why it should be performed), then compliance may also not be considered important. If one knows what to do but doesn’t know how to do it or doesn’t do it routinely, then compliance will be compromised.

Prevention – General Concepts

(For details see “Strategies” on page 4)

Providing the safest dental visit involves complying with current CDC guidelines, having an Infection Control Coordinator and fostering a culture of infection prevention and safety. To become a part of the office’s safety culture Lockley needs to understand the WHAT, WHY, and HOW of essential CDC recommendations for infection control and prevention procedures and policies. Lockley was not familiar with or did not understand some of these CDC recommendations.

Thelma met with her several times. It became clear that Lockley knew all the instruments and chairside techniques, but she did not remember all of the Centers for Disease Control and Prevention (CDC) recommendations and was not sure of the importance of some of the recommendations that she did remember.

For example, she had never heard about a culture of safety; didn’t understand why hand hygiene was so important since you’re supposed to cover up your hands with gloves for all patient treatments; didn’t know why you have to let instrument packages dry inside the sterilizer rather than in the sterilizing room; why heavy gloves should be worn during operatory cleanup; how to safely remove contaminated personal protective equipment (PPE).
1. Hand hygiene is performed:
   • when hands are visibly soiled.
   • before and after patient treatment.
   • before gloving.
   • immediately after removing gloves.
   • after using the restroom.

   **WHY:** There are two groups of bacteria on the hands, the resident flora (permanent colonizers of the skin) and the transient flora (acquired by touching contaminated surfaces). The resident flora is not easily spread to others, but the transient flora is very important in spreading potential disease agents. While hand hygiene cannot sterilize the hands, it’s fortunate that most of disease-causing transient flora is removed/killed by proper hand hygiene. This is why hand hygiene is so important in preventing disease from spreading. Hand hygiene before gloving reduces the number of skin microbes so there will be fewer to multiply beneath the glove and possibly cause irritation. It will also reduce the chances of contaminating the patient if the glove has an undetected defect or is torn/punctured during use.

2. Allow packages to completely dry inside the sterilizer before they are handled.

   **WHY:** When microbes in the air and on dust particles land on wet paper they are drawn through (wicking) to the instruments inside. Wet paper also tears more easily breaching sterility.

3. All sharps are disposed of in puncture-resistant sharps containers located as close as possible to the area in which the items are used.

   **WHY:** Contaminated sharps should be handled as few times as possible to reduce the risk of a sharps injury. If an anesthetic needle is placed on the instrument tray and taken to the sterilizing room, the needle must be retrieved and handled again for disposal.

4. Wear puncture- and chemical-resistant gloves when cleaning instruments and performing housekeeping tasks involving contact with blood or other potentially infectious material.

   **WHY:** The heavier gloves give better protection to the hands than do the thinner latex or nitrile gloves against sharps injury or chemical contact.

5. CDC’s general guidelines for routine donning and removing PPE have the following sequences.

   **WHY:** The sequences are designed to limit further spread of contaminants. In donning PPE, gloves are donned last so as not to contaminate them before contact with the patient. In removing PPE it’s important to remember that the gloves are highly contaminated, so they are removed first. The eyewear, gown, and mask also are contaminated, so care must be taken using bare hands in their removal. Hand hygiene is performed immediately after removing PPE.

   - **Sequence for Putting on:**
     - Protective clothing
     - Mask
     - Protective eyewear
     - Gloves
   - **Sequence for Removing – example 1**
     - Gloves
     - Protective eyewear
     - Gown
     - Mask
   - **Sequence for Removing – example 2**
     - Gloves and gown
     - Protective eyewear
     - Mask
Three Strategies for Promoting Compliance

1. Management and team commitment to a safety culture
The overall goal of infection control and prevention is to reduce the dose of microbes that is shared between individuals or between contaminated surfaces and individuals. This, along with proper immunizations and developing a culture of safety presents a formidable approach to disease prevention.

A culture of safety refers to the overall factors that influence attitudes and behavior about safety in the office. It reflects the shared commitment of the employer and employees toward ensuring the safety of work practices and the work environment.

A safety culture permeates all aspects of the work environment and is reflected in a level of awareness and accountability for safety on the part of every individual in an organization. Working together to achieve and maintain a safe environment for patients and staff can be a great team-building activity and a stimulus for compliance.

The actions of management are very important in how employees perceive the presence of a safety culture in the facility.5

Such actions include:
- Openly supporting a safety culture through supply of resources (e.g., appropriate PPE, sharps containers, safety data sheets, updated exposure control plan)
- Engaging worker participation in safety planning
- Having written safety guidelines and policies
- Making available appropriate safety devices and protective equipment
- Influencing work-group norms regarding acceptable safety practices
- Introducing workers to a safety culture when first hired

Strategies include:6
- Ensuring that there is a commitment to safety at all levels of the organization, beginning with management.
- Involving employees in planning and implementing activities that promote a safe health care environment.
- Identifying and removing injury hazards in the work environment (e.g., proper placement of sharps containers, wearing heavy utility gloves during operatory cleanup and instrument processing, eliminating two-handed recapping of used anesthetic needles).
- Developing communication and feedback links to increase safety awareness (e.g., have front line staff give their opinions about new sharps safety devices).
- Promoting individual accountability.

2. Knowing the WHAT, WHY, and HOW of infection control
OSHA and the CDC have developed evidence-based regulations and recommendations to achieve the goal of infection control and prevention. However to comply with these regulations and recommendations one has to know WHAT they are. Compliance is surely enhanced if one knows WHY a particular procedure is performed, and certainly one has to know HOW to perform a procedure correctly to achieve the desired goal.

WHAT:
The following are examples of office safety documents that need to be available to the staff:
- OSHA Bloodborne Pathogens standard4
- OSHA-required exposure control plan6
- OSHA-required hazard communication program and safety data sheets2
- CDC guidelines for infection prevention practices2,3
- CDC personal health program2,3
- CDC recommendations for immunizations2,3
- Standard operating procedures specific to each office2,3
- Manufacturer instructions for reprocessing reusable dental equipment2

WHY:
One approach to understanding the importance of a given regulation or recommendation is to be positive and explain the benefit of compliance rather than being negative and explaining the consequences of non-compliance. For example:
- The negative approach – “If you don’t wear gloves you may get a serious skin infection or you can contaminate patients with microbes from your hands.”
- The positive approach – “Compliance with proper gloving protects patients from contacting potentially pathogenic microbes on your hands and it also protects you from contact with potentially pathogenic microbes in the mouths of patients.”

HOW:
It’s not only important to know how to correctly perform a given infection control procedure but also to perform it correctly the same way every time. Evaluation of the “HOWs” of infection control best involves direct observation of performance. The CDC’s Infection Prevention Checklist – Section II: Direct Observation of Personnel and Patient-Care Practices2 is a valuable tool to assist with evaluation.

3. Recognizing the Infection Control Coordinator (ICC) as a compliance coach
Identifying an ICC in a dental facility is arguably the best way to help ensure compliance. About every duty of the ICC ultimately relates to enhancing compliance with infection control regulations and recommendations. A few examples follow:8
- Be a positive role model and cultivate a positive work environment.
- Continually promote a culture of safety.
- Ensure that the staff is up to date on infection control and prevention policies, issues, products, and equipment.
- Make sure office safety documents are up to date and available.
- Conduct routine evaluations of the infection control program (including an annual review of available safety devices as required by OSHA).
- Monitor compliance by direct observation.
- Foster compliance using “soft skills” (“people skills”) which will be discussed in the next issue of Infection Control in Practice.
What’s Wrong With This Picture?
Can you identify the breach(es) in infection prevention and safety procedures in this photo of a dental health-care personnel (DHCP) donning personal protective equipment?

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Answer: Gloves should be the last item to be put on. The DHCP has contaminated the gloves by putting them on before donning all other PPE. The correct sequence for donning PPE is protective clothing, mask, protective eyewear and lastly gloves.
**Links to Resources**


KEY TAKEAWAYS

1. An effective infection control program hinges on the understanding of the WHAT, the WHY, and the HOW of the preventive policies and procedures.

2. A culture of safety benefits dental personnel and patients.

3. Having an Infection Control Coordinator for the facility is important in maintaining compliance with infection control regulations and recommendations.
TEAM HUDDLE HIGHLIGHTS

1. Is there a culture of safety in your facility?

2. Is your facility in compliance with infection control regulations and recommendations?

3. Does everyone in your facility understand why each infection control procedure or policy is required or recommended?

Read on!