

The Infection Control Coordinator's Role in Maintaining the Safest Dental Visit™

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: Defining the Role of the Infection Control Coordinator: Part 1

The Infection Control Coordinator

Dental facilities continue to face the challenge of implementing and maintaining an effective, efficient, affordable and compliant office safety program. A key to this challenge is the designation of an infection control coordinator (ICC) who manages patient and provider safety to maintain the Safest Dental Visit™. The specific duties of this coordinator may vary from one dental facility to the next, but similar responsibilities prevail throughout the dental field. Suggested duties will be presented in this and in the next two issues of *Infection Control in Practice*.

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LEARNING OBJECTIVES

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

- give examples of management-type duties for an infection control coordinator;
- describe what you should do if you experience an occupational exposure to saliva;
- describe what the employer/infection control coordinator should do after a worker experiences an occupational exposure to saliva.

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The Incident

Dr. Geebee recently graduated from a General Practice Residency program and was setting up his new three chair practice with Phil (a hygienist) who works unassisted; Spire (the main chairside dental assistant) who was responsible for training new and temporary staff and ensuring compliance with Centers for Disease Control and Prevention (CDC) Guidelines and Occupational Safety and Health Administration (OSHA)'s regulations; Jewel (a chairside dental assistant) who performs instrument processing and laboratory activities; and a receptionist.

One Tuesday morning, Phil was running behind and rushing to finish his fourth patient so he could meet a friend who was visiting from out of town for lunch. As he was hastily sharpening the scaler, his hand slipped and he sliced his index finger leaving a deep cut. He removed his glove, applied a band aid, replaced his glove and retrieved what he thought was a sterile scaler from a pile of individually wrapped ones sitting next to the sterilizer. After Phil's patient left, he called his physician's office to ask if he needed to worry about his injury. Since his doctor was on vacation, Phil made an appointment with the on-call physician for after work.

That evening the on-call physician asked Phil for information about the injury, how it occurred, the patient involved, and Phil's hepatitis B immune status. Phil was a little anxious about the exposure and could only give him sketchy descriptions. When Jewel started her instrument processing duties that afternoon she noticed she was one scal-

er short from the pile ready to be sterilized, but she assumed she miscounted.

Potential Consequences

Phil didn't use the proper procedures for post-exposure follow-up. Although his sharps injury healed without further problems, it could have led to an infection with bloodborne or other infectious agents. It is important for a dental practice to contract with a qualified healthcare provider (QHP) to provide medical evaluation, counseling, and follow-up care to dental employees exposed to blood or other potentially infectious materials. Timely follow-up after an exposure is critical, particularly if the administration of human immunodeficiency virus (HIV) prophylaxis is decided upon by the QHP. Also the QHP should have as much information as possible about the exposure incident, including source patient information, so the appropriate risk assessment and medical follow-up can be administered.



SAFETY TIP

Develop post-exposure medical evaluation packets that contain relevant information¹ to provide to the evaluating/qualified healthcare professional. Include a blank exposure incident report form to be completed (see Success Strategies on page 4); a copy of OSHA's Bloodborne Pathogens Standard; a copy of current CDC guidelines for post-exposure management, a blank form to describe the duties of the exposed person that relate to the exposure; a form to describe the source individual's blood testing results, if the source patient is known; a note that reminds one to include medical records of the exposed person relevant to the appropriate treatment of the employee including vaccination status. Also consider including contact information and directions to locate the QHP and the name, address, and phone number of the employing dentist to assist the evaluating physician in providing the written opinion about the post-exposure evaluation and follow-up.



Phil did not understand how to distinguish between sterilized and unsterilized instrument packages. The use of unsterilized instruments on patients could result in patient-to-patient transmission of potentially infectious microbes. Even though an instrument has been cleaned, it cannot be considered sterile until after being processed through a sterilizer with the appropriate sterilization monitoring systems (mechanical, chemical and biological) indicating success.

Prevention, Recommendations, and Regulations

The lack of staff coordination in this office could be addressed by designating an infection control coordinator (ICC) to make sure everyone is in compliance with patient and provider safety procedures. The CDC recommends the appointment of such a person to manage infection prevention.² Coordination can be greatly improved by establishing a daily Team Huddle to discuss the day's schedule and to allow the ICC to present relevant information about office safety. In Dr. G's office the ICC could (among other duties):

- organize a post-exposure management program;³ (see Success Strategies on page 4)
- ensure that everyone knows how to distinguish between sterilized and unsterilized packages in the sterilizing room, at chairside, and in the laboratory;⁴ (Chemical indicators placed inside each instrument package and outside of those where the indicator is not visible from the outside show if the item has been processed through a sterilizer.)
- ensure that everyone knows the correct flow of instruments in the sterilization area. Divide this area physically, or at a minimum, spatially, into distinct sites for 1) receiving, cleaning, and decontamination; 2) preparation and packaging; 3) sterilization; and 4) storage.⁴
- facilitate the appropriate on-site exposure response; (e.g., first aid; identification of the source patient and acquiring informed consent for source patient testing; access to timely medical follow-up for the exposed dental healthcare provider.)
- develop (along with the office staff) an infection prevention and safety manual that includes current CDC recommendations

and OSHA regulations. (This should include the written exposure control plan required by OSHA for all healthcare facilities.)

- promote the importance of adding mul-

iple scalers to instrument set-ups to eliminate the need for sharpening contaminated scalers at chairside.



The qualified healthcare provider should have as much information as possible about the exposure incident.

Defining the Role of the Infection Control Coordinator: Part 1 *Continued from page 1*

Although the ICC remains responsible for the overall management and coordination of the safety program, maintaining a safe environment for patients and staff requires the commitment and accountability of everyone in the practice. Some of the key overriding management-type duties for the ICC to consider are:

- serve as a positive role model for safety; (Setting a good example can inspire the entire team.)
- keep everyone involved and informed; (Clear and open lines of communication are key.)
- seek ideas, opinions and comments from all members of the dental team; (Those who have experience performing procedures may come up with new ideas on greater efficiency, effectiveness, lower costs, better acceptance.)
- allow all to take part in fact-finding efforts, identification of hazards, and decision-making processes; (This helps the whole team share in ownership of the safety program.)
- explain the purpose of tasks in attempts to facilitate understanding and promote performance; (Understanding why something is done can enhance the correct performance of procedures.)
- recognize compliance. (Recognition of efforts well done can facilitate continued safe practices and improvements.)

The ICC should not only plan, organize and coordinate safety but also be a leader and role model. This is particularly true when establishing and maintaining a culture of safety in the practice.⁵ Regardless of who is designated as the ICC (e.g., dental assistant, dental hygienist, or dentist), the person must have (or be given) sufficient time to perform the job duties in addition to whatever other responsibilities the person may have.

Flowchart for Management of Occupational Exposures to Bloodborne Pathogens⁶

Before an Exposure		
Dental Worker	Employer/Infection Control Coordinator	Qualified Healthcare Provider
<ul style="list-style-type: none"> Receives training in risks of occupational exposures, immediate reporting of injuries/exposures, and reporting procedures within the practice setting 	<ul style="list-style-type: none"> Establishes referral arrangements and protocol for employees to follow in the event of exposures to blood or saliva via puncture injury, mucous membrane, or non-intact skin Trains occupationally exposed employees in postexposure protocols Makes available and pays for hepatitis B vaccine for workers at occupational risk 	<ul style="list-style-type: none"> Contracts with dentist-employer to provide medical evaluation, counseling and follow-up care to dental office employees exposed to blood or other potentially infectious materials Keeps current on public health guidelines for managing occupational exposure incidents and is aware of evaluating healthcare provider's responsibilities ethically and by law

When an Exposure Incident Occurs		
Dental Worker	Employer/Infection Control Coordinator	Qualified Healthcare Provider
<ol style="list-style-type: none"> Performs first aid Reports injury to employer Reports to the designated healthcare professional for medical evaluation and follow-up care as indicated 	<ol style="list-style-type: none"> Documents events in the practice setting Immediately directs employee to evaluating healthcare professional Sends to evaluating healthcare professional: <ul style="list-style-type: none"> copy of standard job description of employee exposure report source patient's identity and blood-borne infection status (if known) employee's HBV status and other relevant medical information copy of OSHA's Bloodborne Pathogen Standard Arranges for source patient testing, if the source patient is known and has consented Pays for postexposure evaluation and, if indicated, prophylaxis Receives Written Opinion from evaluating healthcare professional <ul style="list-style-type: none"> Files copy of Written Opinion in employee's confidential medical record (if maintained by the dentist employer) Provides copy of Written Opinion to exposed employee 	<ol style="list-style-type: none"> Evaluates exposure incident, worker, and source patient for HBV, HCV, and HIV, maintaining confidentiality <ul style="list-style-type: none"> Arranges for collection and testing (with consent) of exposed worker and source patient as soon as feasible (if serostatus is not already known) In the event that consent is not obtained for HIV testing, arranges for blood sample to be preserved for up to 90 days (to allow time for the exposed worker to consent to HIV testing) Arranges for additional collection and testing as recommended by the U.S. Public Health Service/ CDC Notifies worker of results of all testing and of the need for strict confidentiality with regard to source patient results Provides counseling Provides postexposure prophylaxis, if medically indicated Assesses reported illnesses/side effects Within 15 days of evaluation, sends to the employer a Written Opinion, which contains (only):* <ul style="list-style-type: none"> documentation that the employee was informed of evaluation results and the need for any further follow-up whether HBV vaccine was indicated and if it was received
<ol style="list-style-type: none"> Receives copy of Written Opinion 		<p>* All other findings or diagnoses remain confidential and are not included in the written report</p>

What's Wrong With This Picture?

Can you identify the breach(s) in infection prevention and safety procedures in this photo? Check your answer below.



ANSWER: If this image depicts action before patient treatment, the clinician's and the assistant's facemask and protective eyewear should be put on before donning gloves. The dentist's exam gloves have become contaminated by the handshake with the patient. The dental assistant's gloves risk cross-contamination by grasping the dental chair. The assistant has exposed forearms and neck and the patient needs protective eyewear.

If this image depicts action after patient treatment, the used facemask pulled under the chin exposes the clinician and the assistant to microbes on their contaminated facemasks. The dentist's handshake while wearing contaminated exam gloves exposes the patient to microbes on the contaminated gloves.

Educational Spotlight

2015 Annual OSAP Symposium, May 28-30 in Baltimore

"Gain The Edge On Infection Control"

Stay on top of evidence-based guidance, emerging diseases, innovative problem solving and procedures that are imperative to increase compliance and effective results in these times.

Do you need to convince others in your organization of the OSAP Symposium value? Check out OSAP's Justification Toolkit to help you present your business case.

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- How to calculate the return on investment of the OSAP Symposium
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Access the 'Justification Toolkit' under the Symposium link in the Knowledge Center at www.osap.org.

See you at the Symposium!

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KEY TAKEAWAYS

1. An infection control coordinator facilitates patient and provider safety in the office and enhances compliance with safety regulations and recommendations.
2. Everyone in the office needs to take responsibility for safety.
3. Organize post-exposure management procedures to facilitate a rapid response.

Links to Resources

1. **OSHA.** Bloodborne Pathogens Standard. Accessed February 2015 at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051. [See sections (f)(4)(ii)(A-E)]
2. **CDC.** Guidelines for infection control in dental health-care settings – 2003. *Morb Mortal Wkly Rpts* 2003; 52(No RR-17):3. Accessed January 2015 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>
3. **Eklund, K.** Exposure incident management. OSAP Boot Camp. January 12-14, 2015. Atlanta, GA.
4. **CDC.** Guidelines for infection control in dental health-care settings – 2003. *Morb Mortal Wkly Rpts* 2003; 52(No RR-17):42 and 43. Accessed January 2015 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>. [See sections VI.B.1; and VI.F.3].
5. **OSAP.** Team Huddle: Who is managing your safety culture? *Infect Contrl in Pract* 2014; 13(No. 1): 1, 3-4.
6. **OSAP.** Preventing transmission of bloodborne pathogens, Flowchart for management of occupational exposures to bloodborne pathogens. In *From Policy to Practice: OSAP's Guide to the Guidelines*. OSAP, Annapolis, 2012, Chap 3, p 17.

Glossary

Exposure: An exposure that might place healthcare personnel at risk for the hepatitis B virus (HBV), hepatitis C virus (HBC) or human immunodeficiency virus (HIV) infection is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object) or contact of mucous membrane or nonintact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

Percutaneous: through the skin.

TEAM HUDDLE DISCUSSION GUIDE

1. Does everyone know what to do after an exposure incident in your office?
2. How good is the culture of safety in your office?
3. Is the stage set for The Safest Dental Visit™ in your office?



GET YOUR CE CREDIT ONLINE

Follow the instructions below to purchase and complete the quiz to receive one hour of CE credit. OSAP is recognized by the American Dental Association as a CERP provider.*

Step 1: http://bit.ly/OSAP_ICIP_APRIL_2015 and purchase the CE exam through the OSAP Store. OSAP members, 1 CE credit \$15. Non-members, 1 CE credit \$20.

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. Who pays for the hepatitis B vaccination of dental workers at occupational risk for exposure to blood or saliva?

- a. The worker
- b. The employer
- c. The patient involved
- d. Occupational Safety and Health Administration

2. The types of sterilization monitoring are chemical, biological, and:

- a. visual.
- b. mechanical.
- c. computerized.
- d. temperature dependent.

3. To whom should the healthcare provider evaluating an occupational exposure send the Written Opinion?

- a. The worker
- b. The employer
- c. The patient involved
- d. The Occupational Safety and Health Administration

4. How should chemical indicators be used?

- a. Place two indicators inside each package
- b. Place one indicator on the outside of each package

c. Place two indicators inside each package and one indicator on the outside of the package

d. Place one indicator inside each package and if it cannot be seen from the outside place another indicator on the outside of the package

5. Who pays for the postexposure evaluation and medical follow-up of a dental worker occupationally exposed to blood or saliva?

- a. The worker
- b. The employer
- c. The patient involved
- d. Occupational Safety and Health Administration

6. A healthcare professional evaluating an exposed employee needs to perform all medical evaluations and procedures in accordance with recommendations of the _____, including post-exposure prophylaxis with chemotherapeutic drugs when indicated.

- a. U.S. Public Health Service
- b. Food and Drug Administration
- c. Environmental Protection Agency
- d. Occupational Safety and Health Administration

7. What employee medical information would be most important to the physician evaluating a dental

assistant whose finger was punctured with a blood-contaminated explorer?

- a. If allergic to aspirin
- b. Hepatitis B immunity status
- c. Past history of herpes infection
- d. Date of the most recent flu shot

8. What does percutaneous mean?

- a. Inhaling microbes or chemical fumes
- b. Contamination of unbroken skin
- c. Swallowing a foreign object
- d. Through the skin

9. The infection control coordinator should not only plan, organize and coordinate safety but also:

- a. know accounting.
- b. be a good role model.
- c. should have no allergies.
- d. have computer programming experience.

10. Who requires dental offices to have a written exposure control plan?

- a. U.S. Public Health Service
- b. Food and Drug Administration
- c. Environmental Protection Agency
- d. Occupational Safety and Health Administration

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TEAM HUDDLE HIGHLIGHTS

1. Does your facility have a designated infection control coordinator?
2. Is your facility prepared for a rapid response after an occupational exposure to blood or blood-contaminated saliva?
3. Is your facility in compliance with OSHA's safety regulations and CDC's infection control recommendations?

Read on!



The Safest Dental Visit™

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to the safety of every
dental patient.

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