Helping the Infection Control Coordinator Build a Framework for the safestdentalvisit™

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 the infection control coordinator with a framework to establish a high quality infection control program and 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.

IN THIS ISSUE
TEAM HUDDLE: The Plan for Establishing a High Quality Infection Control Program - Building a Framework for the Safest Dental Visit™

Set Goals to Manage Infection Control Problems
Persons desiring to become an infection control coordinator (ICC) may need to propose such a position to their employer. The ICC needs to take ownership of the coordinator responsibilities, assess the current status of the infection control program, set some measurable goals for the coming year and develop a plan to achieve those goals, and will need to evaluate the effectiveness of the program. This issue of Infection Control in Practice will concentrate on setting a sample goal to confirm and maintain proper instrument processing.

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

• describe how checklists and standard operating procedures can be used to determine compliance with infection control and safety rules and regulations.
• describe how to develop meaningful goals to address infection control and safety issues.
• give examples of instrument processing recommendations from the Centers for Disease Control and Prevention (CDC).
The Incident

Teal is the infection control coordinator in Dr. Betal’s prosthodontics practice. Story was recently hired as a chairside dental assistant with operatory cleanup and instrument processing responsibilities. One afternoon Teal mentioned to Dr. Betal that Story didn’t seem interested in performing proper infection control measures and asked Dr. Betal for a quick meeting to describe some recent occurrences to him.

Teal explained to Dr. Betal, “Story has good knowledge of the CDC infection control recommendations, which she demonstrated during her training. However, even though she has reviewed our standard operating procedures (SOP), I have observed that she doesn’t always follow them. Dr. Betal said that Story has been an excellent chairside assistant and was surprised to hear of her short-comings with infection control procedures.

Teal explained to Dr. Betal how she wished to handle this situation to elevate the importance of complying with the SOPs of the dental practice. Teal said, “I have made a copy of the infection control checklist included in the new CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care and I would like to share the checklist with our dental team. At our staff meeting this week I can explain how it will be used for direct observation of infection control procedures. The checklist will help all of us achieve our goal of the Safest Dental Visit and remind us of the importance of uniform infection control compliance.” Dr. Betal agreed and thought the checklist was a good way to objectively assess infection control compliance and stress the importance of the practice’s commitment to the Safest Dental Visit.

While using the CDC checklist, Teal observed that when Story processed the first batch of instruments one day she didn’t begin with fresh solution to the ultrasonic cleaner, she cleaned them for only about thirty seconds, and she didn’t rinse them. Also, Teal noticed that some dental assistants removed all the packages from the autoclave without letting them dry first. On another occasion, Story did not follow manufacturer’s instructions when using the surface disinfectant.

Teal was able to address these issues with her team members, retrain, and use the checklist as a means to reinforce the importance of compliance with SOPs. By using the infection control checklist as a means to identify infection control problems, appropriate goals could be set to remedy the problems. Additionally, Story became acutely aware of the importance of the culture of safety that was practiced in her newest place of employ.

Potential Consequences

The goal of infection prevention and control is to reduce the dose of microorganisms that may be shared between individuals or between individuals and contaminated surfaces, which includes instruments. Infection prevention is a precise science, and if not performed correctly, it will not prevent the spread of pathogenic microbes, and this may result in the spread of disease. The logic for routinely practicing infection control is that the procedures involved interfere with the steps in development of infectious diseases, also referred to as the chain of infection. All patient treatment can lead to the transmission of infectious disease if meticulous infection control protocols are not followed. It only takes one breach that could cause a serious outcome (e.g., one dirty instrument; one reused needle; one injury with a contaminated sharp; one sterilization failure).

It’s not enough to know the CDC recommendations for reprocessing contaminated instruments. Application of the recommendations, including following manufacturer’s instructions for use (IFU), must be mastered to ensure the Safest Dental Visit.
Prevention

It’s not always possible to measure immediate success of an infection prevention procedure. Thus, the procedure must be an approved/accepted SOP, and the procedure must be performed as described in the SOP the same way every time.

For example, it’s very difficult and time consuming to measure actual microbial kill or removal after disinfecting a surface. This can be done in the laboratory but is not practical for a dental office. Thus, it’s very important to perform a procedure in a way that has been shown to be successful in killing or removing or preventing contact with pathogenic microbes. Only use low-level and intermediate-level disinfectants that have been registered by the Environmental Protection Agency (EPA) and follow the IFU.

In the case of sterilizers and high-level disinfectants/sterilants, manufacturers must demonstrate to the Food and Drug Administration (FDA) that their product is safe and effective and lives up to its label claims for microbial kill. So, these manufacturers must show the killing of microbes under standardized test conditions of use. These conditions are presented on the product’s labeling as manufacturer’s IFU describing how the product needs to be used. If it is not used as instructed (referred to as off-label use), its performance will be jeopardized.

Instrument and device manufacturers also must provide instructions for use and the manufacturer’s instructions must also be followed. So an SOP for sterilization is prepared based on the manufacturer’s IFU and is followed routinely to achieve safe use of the device. The effectiveness of heat sterilization processes is determined by the use of mechanical, chemical, and biological monitors. (See page 4 for an example of how the CDC infection prevention checklist can assist in maintaining SOP protocols.)

Some Related CDC Recommendations1:

“Develop and maintain written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards.”

“Assign responsibilities for reprocessing of dental equipment to dental healthcare personnel with appropriate training.”

“Clean and reprocess (disinfect or sterilize) reusable dental equipment according to manufacturer’s IFU before use on another patient.”

“Have manufacturer instructions for reprocessing reusable dental instruments/equipment readily available, ideally in or near the reprocessing area.”

“A successful infection prevention program depends upon developing standard operating procedures and evaluating practices with feedback to dental healthcare personnel.”

“Establish routine evaluation of the infection prevention program, including evaluation of dental healthcare personnel adherence to infection prevention practices.”

“Strategies and tools to evaluate the infection prevention program can include periodic observational assessments, checklists to document procedures, and routine review of occupational exposures to bloodborne pathogens.”

“Ensure routine maintenance for sterilization equipment is performed according to manufacturer instructions and maintenance records are kept.”

As described in earlier issues of this year’s Infection Control in Practice (ICIP) newsletter, the suggested action steps for June to December are to assess infection control procedures and “set two infection control goals” based upon previously identified infection control issues.

The first sample goal described in the June 2016 issue of ICIP was to “establish/maintain compliance with CDC recommendations and OSHA rules”. This included the need to review the new CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care and the accompanying checklist; and ensure the practice is in compliance with the Globally Harmonized System of Classification and Labeling of Chemicals that is now a part of OSHA’s Hazard Communication Standard.

A second sample goal presented in this August 2016 ICIP issue is to “confirm and maintain proper instrument processing”, and is described below.

SAMPLE GOAL #2:
Confirm and Maintain Proper Instrument Processing

Use S.M.A.R.T. Criteria for setting your goals
Specific • Measurable • Attainable • Relevant • Time-related

Be Specific: Establish and maintain compliance with the CDC’s guidelines for instrument processing and review and confirm the accuracy of related SOPs.

Be Measurable: Checklists containing each recommendation will be used every six months to document proper instrument processing so that progress can be determined. The checklist that’s part of the CDC’s newly published Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care2,3 can be used. (See page 4 for ideas on how to use the CDC checklist.) In addition to checklists, observing the performance of team members as they apply accepted SOPs4,5 that are based upon the CDC recommendations will determine if procedures are being performed correctly.

Be Attainable: Direct observation of employee instrument processing will determine compliance with SOPs and CDC recommendations. This sets the stage for analyzing the reason(s) for non-compliance so that education can be provided to address each problem.

Be Relevant: Complying with recommendations designed to prevent the spread of disease agents among patients and dental personnel is critically important and relevant.

Be Time-related: Confirmation of the instrument processing SOPs and attainment of checklists will be completed in one month. Identification of non-compliance using the checklists and observing the performance of team members as they apply SOPs will initially be completed within an additional two months. Addressing non-compliance problems will be completed within an additional six months.

Coming soon: Another sample goal “to motivate employees to participate in a culture of safety” will be presented in an upcoming 2016 issue of ICIP.

Tip: To help you evaluate progress on your annual plan to build a framework for the Safest Dental Visit, see the chart on Page 6, Table 1.
Use the New CDC Infection Prevention Checklist

Below is a sample page from the Infection Prevention Checklist for Dental Settings (Appendix A, section 11.6) excerpted from Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. There are multiple categories within the full version of the CDC infection prevention checklist and the excerpt here is a portion of the section on ‘Sterilization and Disinfection of Patient-Care Items and Devices’. Access the full checklist at: http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm.

The CDC checklist can be used ‘as is’ or customized by adding additional elements to suit the needs of your dental facility and the infection control processes that already exist. Additional elements can be stated in the ‘Notes’ section or added on a separate page specific to the dental practice.

A few suggestions on how this infection control checklist may be customized are highlighted in the blue arrows below.

### II.6 Sterilization and Disinfection of Patient-Care Items and Devices

<table>
<thead>
<tr>
<th>Elements To Be Assessed</th>
<th>Assessment</th>
<th>Notes/Areas For Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Single-use devices are discarded after one use and not used for more than one patient</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>B. Reusable critical and semicritical dental items and devices are cleaned and heat-sterilized according to manufacturer instructions between patient use</td>
<td>☐ Yes ☐ No</td>
<td><strong>Note:</strong> If the manufacturer does not provide reprocessing instructions, the item or device may not be suitable for multi-patient use.</td>
</tr>
<tr>
<td>C. Items are thoroughly cleaned according to manufacturer instructions and visually inspected for residual contamination before sterilization</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>D. Food and Drug Administration (FDA)-cleared automated cleaning equipment (e.g., ultrasonic cleaner, instrument washer, washer-disinfector) is used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>E. Work-practice controls that minimize contact with sharp instruments (e.g., long-handled brush) are used and appropriate PPE is worn (e.g., puncture- and chemical-resistant utility gloves) if manual cleaning is necessary</td>
<td>☐ Yes ☐ No</td>
<td><strong>Item E:</strong> Specify the location for manual cleaning of sharp instruments. If color-coding is used to identify steps in cleaning and disinfection, the sequence could be listed here.</td>
</tr>
<tr>
<td>F. After cleaning and drying, instruments are appropriately wrapped packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, instruments are disassembled if indicated by the manufacturer)</td>
<td>☐ Yes ☐ No</td>
<td><strong>Item F:</strong> Include the specific location where wrapped/ packaged instruments are to be placed prior to sterilization.</td>
</tr>
<tr>
<td>G. A chemical indicator is used inside each package. If the internal indicator is not visible from the outside, an exterior chemical indicator is also used on the package</td>
<td>☐ Yes ☐ No</td>
<td><strong>Note:</strong> The chemical indicators may be integrated into the package design.</td>
</tr>
<tr>
<td>H. Sterile packs are labeled at a minimum with the sterilizer used, the cycle or load number, the date of sterilization, and if applicable an expiration date</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>
What’s Wrong With This Picture?
Can you identify the breach(s) in infection prevention and safety procedures in this photo taken during a treatment procedure? Check your answer below.

Answer: The operator and assistant are not wearing protective eyewear during a clinical procedure that will create airborne microbial spatter. The patient has not been given protective eyewear. The operator’s overgown is not completely closed to protect skin from microbial splatter. The assistant has not been given protective eyewear. The assistant’s mask may not be covering her nose and may not be covering her nose.

Educational Spotlight

Do your patients know you are serious about their safety?
OSAP has designated September as Dental Infection Control Awareness Month (DICAM). Here are some ways to let your patients know what you are doing (often behind the scenes) to prevent the spread of disease and protect them.

OSAP members can download all DICAM resources at: http://www.osap.org/?page=NDICAM

Display the DICAM poster in your reception area (free download). http://bit.ly/2aFzAym

Start a conversation.
OSAP has developed seven Q&A patient talking points or ‘scripts’ to engage your patients in a positive conversation about what you do to keep them safe.

Access online social media tools for the practice: a sample Facebook post; a DICAM website button; useful tweet hashtags for short timely posts.

September is Dental Infection Control Awareness Month.
Let your patients know you are spreading the word and not the germs!

Thanks to our sponsors

OSAP thanks the following companies that help to underwrite each issue of this special series of Infection Control in Practice Team Huddle™ in 2016.

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REGISTRATION IS OPEN! OSAP DENTAL INFECTION CONTROL BOOT CAMP™ 2017

The annual OSAP Boot Camp is a popular core educational course covering all the basics in infection prevention and safety. This course is a crucial building block for every dental professional with infection control responsibilities. Attendees include infection control coordinators in dental practices, educators, compliance officers, federal service personnel, consultants and sales representatives. Space is limited for this event. Register early and save!

**Dates:** Monday through Wednesday, January 9-11*, 2017  
**Location:** Atlanta, GA at the Hyatt Regency Atlanta  
**Details at:** http://www.osap.org/page/2017BootCamp

*Federal Services attendees will have additional training sessions on Thurs. morning.

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**TEAM HUDDLE DISCUSSION GUIDE**

1. Are your SOPs for instrument processing based on manufacturer’s IFU and are they being followed?
2. Have you used the CDC’s Infection Prevention Checklist?

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**Links to Resources**


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**Table 1: EVALUATE YOUR PROGRESS BASED ON THE PLAN**

Check Yes/No in each box to indicate if item has been completed.

<table>
<thead>
<tr>
<th>FEB - MAR</th>
<th>APR - MAY</th>
<th>JUNE - JULY</th>
<th>AUG - SEPT</th>
<th>OCT - NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Has Been Developed</td>
<td>Yes □ No* □</td>
<td>Assessment Made</td>
<td>Yes □ No* □</td>
<td>Goal 1 Met</td>
<td>Yes □ No* □</td>
</tr>
<tr>
<td>ICC Ownership Established</td>
<td>Yes □ No* □</td>
<td>Issues Identified</td>
<td>Yes □ No* □</td>
<td>Goal 2 Met</td>
<td>Yes □ No* □</td>
</tr>
<tr>
<td>Identified ICC Training Needed</td>
<td>Yes □ No* □</td>
<td>Goal 1 Identified</td>
<td>Yes □ No* □</td>
<td>Culture of Safety Started</td>
<td>Yes □ No* □</td>
</tr>
<tr>
<td>OSAP Informed</td>
<td>Yes □ No* □</td>
<td>Goal 2 Identified</td>
<td>Yes □ No* □</td>
<td>Culture of Safety Achieved</td>
<td>Yes □ No* □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Success Celebrated</td>
<td>Yes □ No* □</td>
</tr>
</tbody>
</table>

* If no, describe how to achieve: _______________________________
KEY TAKEAWAYS

1. The details of the actual procedures (SOPs) used to meet the CDC recommendation must be mastered to ensure the Safest Dental Visit™.

2. Set S.M.A.R.T. goals to address any concerns with your infection control and safety program.

3. Use the CDC’s Infection Prevention Checklist to confirm and monitor procedures.

QUESTIONS FOR ONLINE QUIZ

1. The CDC recommends that personnel responsible for dental instrument reprocessing must:
   a. have at least 3 years of dental office experience.
   b. be a Certified Dental Assistant.
   c. be at least 21 years of age.
   d. have appropriate training.

2. According to the CDC, manufacturers’ instructions for reprocessing reusable dental instruments/equipment ideally should be placed:
   a. in or near the reprocessing area.
   b. with all of the safety data sheets.
   c. in the reception area for patients to view.
   d. as an appendix to the exposure control plan.

3. What types of sterilization records should be kept besides sterilization monitoring records?
   a. Date(s) of purchase for the sterilizer(s) and cleaning equipment
   b. Brand name(s) of the sterilizer(s) and place(s) of purchase
   c. Sterilizer maintenance records
   d. Number of cycles ran

4. The CDC recommends to ________________ and reprocess (disinfect or sterilize) reusable dental equipment appropriately before use on another patient.
   a. gather
   b. clean
   c. sharpen
   d. wipe off

5. The T in goal-setting S.M.A.R.T. criteria stands for:
   a. Time-related.
   b. Teaching.
   c. Team.
   d. Test.

6. The CDC states to clean and reprocess reusable dental equipment according to __________________.
   a. currently accepted procedures
   b. manufacturers’ directions
   c. OSHA standards
   d. best practices

7. Sterilizer manufacturers must demonstrate to the __________________ that their product is safe and effective and lives up to its label claims.
   a. Occupational Safety and Health Administration

8. The use of mechanical, chemical, and biological monitors determines the effectiveness of:
   a. heat sterilization.
   b. ultrasonic cleaning.
   c. dental water treatment.
   d. hand-scrubbing instruments.

9. The Globally Harmonized System of Classification and Labeling of Chemicals is now a part of OSHA’s:
   c. Ionizing Radiation Standard.
   d. Fire Safety Standard.

10. The CDC recommends that dental offices develop and maintain written infection prevention policies and procedures appropriate for the services provided by the facility and based upon __________________ guidelines, regulations, or standards.
    a. accepted
    b. published
    c. time-tested
    d. evidence-based

GET YOUR CE CREDIT ONLINE

Follow the instructions below to purchase and complete the quiz to receive 1 hour of CE credit.

Step 1: Go to http://bit.ly/OSAPICIPAUG2016 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.

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TEAM HUDDLE HIGHLIGHTS

1. Are you building a framework for the Safest Dental Visit™?

2. Does your facility have detailed standard operating procedures to ensure accurate compliance with CDC infection prevention recommendations?

3. Do you need to set goals to address any deficiencies in your instrument processing program?

Read on!