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This issue of *Infection Control in Practice* emphasizes the need for **routine evaluation of infection prevention policies and procedures** to help establish a safe work environment, limit the spread of contamination and promote compliance. This will help the Infection Control Coordinator (ICC) communicate the importance of **the safestdentalvisit™**.

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**TEAM HUDDLE:** Understanding the Responsibility of Infection Prevention and Control: The Importance of Routine Evaluation of Infection Prevention Policies and Procedures

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 control program hinges on the understanding of the WHAT, the WHY, and the HOW of the preventive policies and procedures as well as techniques that enhance compliance.

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

- describe recent changes in governmental regulations and recommendations.
- describe an approach to evaluating infection control policies and procedures.
SCENARIO: The Incident

Dr. W and his brother Dr. M owned a large and well-established general dentistry practice. They helped their nephew (Mac) and nephew’s wife (Vera) through dental school with the plan that they would purchase their uncles’ practice when they retired. Their retirement was coordinated with the graduation, and Drs. M and V bought the practice. To make the transition as smooth as possible, all of the office staff were retained (two hygienists, three dental assistants, an office manager and a receptionist).

During the staff interviews Drs. M and V indicated that the office’s infection control program should be evaluated since they learned that it had not been recently updated. The staff had several questions including:
- Who should do it?
- What should be evaluated?
- How should it be done?
- How should we manage any problems detected?

So, the doctors appointed the senior dental assistant (Audrey) as the Infection Control Coordinator (ICC). They sent her to the OSAP Dental Infection Control Boot Camp™ presented annually by the Organization for Safety, Asepsis and Prevention (OSAP) for current infection control and safety training.* Upon her return she was charged with evaluating the office’s infection control and safety program.

*OSAP’s 2020 Boot Camp (“Safety Strong”) is being offered January 27-29, 2020 in Chicago. See page 5 for details or visit: osap.org/bootcamp
An outdated infection control and prevention program can be dangerous for patients and the dental healthcare personnel (DHCP). You may not know if components of the program are outdated if it is not routinely evaluated.

One important consequence of not routinely evaluating the program is being ignorant of alerts and changes in government regulations and recommendations. They do occur!

1. In 2012 the Occupational Safety and Health Administration (OSHA) made important changes to the original Hazard Communication Standard. These included:
   - adding pictograms to the labels of hazardous chemicals showing the specific hazards;
   - expanding the information on safety data sheets (SDS);
   - providing training to employees by December 2013 about the new pictograms and SDSs; and

2. In 2015 the U.S. Food and Drug Administration (FDA) recommended to manufacturers of medical devices (e.g., dental handpieces) to formulate and validate reprocessing procedures for their devices. In 2015 the Centers for Disease Control and Prevention (CDC) and the FDA issued a Health Advisory statement reemphasizing their recommendation to reprocess dental handpieces (high speeds, low speeds and motors) according to manufacturer instructions. The statement indicates that if DHCP are concerned about the validity of the manufacturer’s instructions for reprocessing or believe that the instructions are not consistent with basic infection prevention and control principles, they should contact the manufacturer to request documentation of FDA clearance.

3. As a follow-up to the 2015 Health Advisory statement, the CDC published a statement in 2018 reemphasizing their recommendation to reprocess dental handpieces (high speeds, low speeds and motors) according to manufacturer instructions.

4. The CDC updated their dental infection prevention recommendations in 2016. This included new important dental recommendations in the areas of:
   - administrative measures;
   - education and training;
   - respiratory hygiene and cough etiquette;
   - safe injection practices; and
   - sterilization and disinfection of patient-care items and devices.

5. The FDA banned the sale of powdered surgeon’s and patient examination gloves (effective in 2017) because the powder may cause inflammation, granulomas, and respiratory allergic reactions.

6. Also effective in 2017, the FDA issued a final rule establishing that certain active ingredients used in over-the-counter antiseptics (e.g., handwashing agents) intended for use by healthcare professionals are NOT generally recognized as safe and effective. These ingredients included:
   - chlorhexidine gluconate;
   - hexachlorophene;
   - iodospers;
   - triclosan;
   - several others.

7. The following is a statement from the CDC that was last reviewed in 2018 titled, “Are burs and endodontic files single use items?”

   “Some devices—such as burs, endodontic files, and broaches—may be practical to consider single-use because the way they are constructed makes them hard to clean. In addition, cleaning and heat sterilization can lead to deterioration on the cutting surfaces and raise the potential for breakage during patient treatment. The FDA considers all diamond-coated burs and scaler tips single-use unless their manufacturers have submitted a 510(k) for reprocessing. FDA maintains a searchable database for 510(k) premarket notifications.”

Other information that may have been missed without routine evaluation/updating include an alert by FDA not to be misled by “latex-free” statements on gloves’ boxes and OSHA’s addition of needlestick prevention procedures added to the Bloodborne Pathogens Standard.
STRATEGIES: STEPS TO EVALUATE YOUR INFECTION PREVENTION PROGRAM

WHAT: The CDC recommends to establish routine evaluation of the infection prevention program, including evaluation of dental healthcare personnel adherence to infection prevention practices.⁵

WHY: If the infection control and prevention program is not compliant with current regulations and evidenced based procedures, patients and DHCP may be at increased risk of acquiring infectious diseases.

HOW: An approach to perform infection control evaluations follows.

- The evaluation is performed by the ICC.
- Develop written policies and procedures for routine evaluation.
- Keep up-to-date on infection control and prevention regulations and recommendations. (Join OSAP; attend OSAP Dental Infection Control Boot Camp™ and/or annual conference; attend appropriate continuing education courses.)
- Follow the CDC’s 2016 infection prevention checklist.⁵
  [ This is divided into 1) a checklist for administrative measures of policies and practices and 2) a checklist for direct observation of personnel performance of procedures. ]
- Develop standard operating procedures (SOPs) based upon current regulations and recommendations. See the CDC DentalCheck mobile evaluation app. cdc.gov/features/dental-check-app/index.html
- Use direct observations to determine if the SOPs are being performed correctly.
- Involve the office staff seeking their input on how to improve the program.
- Provide feedback, corrective action for problems detected, and training when needed to eliminate the problems.

Check out Module 10 (Program Evaluation) of CDC’s “Training: Basic Expectations for Safe Care”. (cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm

Use direct observations to determine if the SOPs are being performed correctly.

What actions do you observe that breach standard operating procedures for infection control in this photo? (see answers below).

Observations: The dentist and patient are not wearing protective eyewear. The clinician’s shirt is exposed to pathogens and there is a gap between the dentist’s glove and protective jacket.
What’s Wrong With This Picture?
Can you identify the breach(es) in safety and infection prevention in this photo of a dental clinician while providing patient treatment?

Answer: The clinician is not wearing a facemask, protective eyewear and protective outerwear during patient treatment. The patient has not been given protective eyewear during a procedure that causes spatter. It’s also hoped that the scaler connector and hose will be cleaned and disinfected, since they are not barrier protected.

Educational Spotlight

SAFETY STRONG
2020
OSAP Dental Infection Control Boot Camp™
Chicago, IL | January 27-29

Start the New Year Safety Strong
The OSAP Dental Infection Control Boot Camp™ is a 3-day core educational course covering all the basics (and more!) in infection prevention and safety. January 27-29, 2020.

We look forward to seeing you in Chicago!

1. View the 2020 Boot Camp Agenda and Speaker List
   Explore the Agenda HERE

2. Popular Pre-conference workshop returns! TeamSTEPPS
   “Team Strategies & Tools to Enhance Performance & Patient Safety” workshop on Sunday, January 26th from 2-5pm. Find out how to clarify team roles and responsibilities, resolve conflicts, and sustain a culture of safety within your organization. Discover more at osap.org/page/teamstepps

3. Check out all the details and register today at: osap.org/bootcamp.

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 2019.

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TEAM HUDDLE DISCUSSION GUIDE

1. Has your infection control program been kept up-to-date through routine evaluations?
2. Are written SOPs kept in areas where the procedures are performed?
3. How often do you test staff competency with the SOPs?
4. Do you actually observe the employee performing the task?
5. Do you know where to access SDSs and are they well organized?
6. Are front-line staff providing feedback on sharps safety devices?
7. Do you have a feedback mechanism to correct problems detected by the evaluations?

Links to Resources

2. FDA. Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling Guidance for Industry and Food and Drug Administration Staff. Accessed September 2019 at: fda.gov/media/80265/download
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 bit.ly/OSAPICIPDEC2019 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. Standard operating procedures for infection control should be based on:
   a. a consensus of the office staff
   b. current regulations and recommendations
   c. information gathered from local dental facilities
   d. what the employer indicates

2. According to the FDA what active ingredient of health care hand washes is not generally recognized as safe and effective?
   a. Benzalkonium chloride
   b. Chloroxylenol
   c. Isopropyl alcohol
   d. Triclosan

3. What is one change that OSHA made to the original Hazard Communication Standard?
   a. Adding pictograms to product labels
   b. Elimination of safety data sheets
   c. Having all health care personnel report their hepatitis B status to OSHA
   d. Requiring sharps containers to be red with yellow stripes

4. What is one of the elements of the Health Advisory issued in 2015 by the CDC and FDA?
   a. All health care personnel should inform their patients of their hepatitis B status
   b. Every sterilizer load is to be biologically monitored with appropriate spore tests
   c. Health care personnel who lack the current flu shot are not to care for patients
   d. Records are to be kept on sterilization monitoring and on the maintenance of instrument reprocessing equipment

5. What instruments/equipment did the CDC reemphasize in 2018 must be cleaned and heat sterilized according to the manufacturer’s directions?
   a. Blood pressure cuffs
   b. Facebows
   c. High-speed and low-speed handpieces
   d. Radiograph head/cone

6. What does the FDA indicate should be done with a dental handpiece that cannot be sterilized and does not have FDA clearance with validated instructions for reprocessing?
   a. Do not use it
   b. Process it in an ultrasonic cleaner containing a hospital level disinfectant
   c. Soak it overnight in an intermediate-level disinfectant
   d. Wipe it with a glutaraldehyde sterilant and rinse with sterile water

7. The CDC’s 2016 Infection Prevention checklist is divided into two major sections; I) administrative measures for policies and practices; and II):
   a. direct observation of personnel performance of procedures.
   b. OSHA’s rules from the Hazard Communication Standard.
   c. OSHA’s rules from the Bloodborne Pathogens Standard.
   d. patient interviews on their perception of infection control in the practice.

8. What was one of the new recommendations in the CDC’s 2016 Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care?
   a. Do not use an alcohol hand rub more than twice a day
   b. Practice respiratory hygiene and cough etiquette
   c. Sterilize dental high-speed and low-speed handpieces in a dry heat sterilizer
   d. Use only powdered patient examination gloves for a dental prophylaxis

9. What health care hand antiseptic agent was not part of the FDA’s 2017 rule indicating that certain health care hand washing agents were not generally recognized as safe and effective?
   a. Alcohol
   b. Chlorhexidine gluconate
   c. Hexachlorophene
   d. Iodophors

10. Why did the FDA ban the sale on powdered medical/dental gloves?
    a. The powder is too expensive
    b. The powder causes excessive hand sweating
    c. The powder can cause allergic reactions
    d. The powder cannot be easily removed from the hands with handwashing

KEY TAKEAWAYS

1. Not routinely evaluating your infection control program could be dangerous for your patients and dental workers.
2. You need to be vigilant for changes in government infection control regulations and recommendations.
3. The CDC has provided excellent tools to help you evaluate your infection control and prevention program.

INFECTION CONTROL IN PRACTICE Team Huddle™

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Education and Credentialing Updates

The Organization for Safety, Asepsis and Prevention (OSAP), Dental Assisting National Board, Inc. (DANB) and the Dental Auxiliary Learning and Education Foundation (the DALE Foundation) announced two major updates.

STREAMLINING THE EDUCATION PROGRAM FROM 4 TO 3 STEPS

Earn the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate in only 3 steps:

1. Complete the OSAP-DALE Foundation online CDEA® module: Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings ($30)
2. Complete the OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™ ($225)
3. Pass the OSAP-DALE Foundation eHandbook Assessment™ ($50)

NOTE: Steps 1 and 2 can be completed in any order.

CERTIFICATION PROGRAM PATHWAYS NOW AVAILABLE

Determine the type of certification program best suited to elevate your career path. Click below to learn about the new eligibility pathways:

• Certified in Dental Infection Prevention and Control™ (CDIPC™) — A clinically-focused professional certification
• Dental Industry Specialist in Infection Prevention and Control™ (DISIPC™) — An industry (dental trade)-focused professional certification

FROM THE Editor’s Desk

Earning educational certificates and professional certifications demonstrate commitment to public safety and can elevate one’s career.

Consider a New Year’s resolution to invest in your future by earning the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™, a comprehensive educational program that validates your infection control knowledge.

The Certificate is one of the pathways toward earning one or both dental infection prevention certifications.

In Case You Missed This!

There is an excellent review by CDC of the emerging yeast pathogen Candida auris at:
cdc.gov/fungal/candida-auris/candida-auris-qanda.html

Take the Micro-Learning Silent Video Challenge!

Can you identify the actions in this short video that breach infection control before a dental procedure?
osap.org/2019-12video

Challenge your knowledge and compare to the lesson below.

The Scenario: Cross-contamination

The Lesson: The patient and the clinician are not wearing protective eyewear. The clinician causes cross-contamination by holding the mouth mirror in gloved hand while searching uniform pockets and then opening a cabinet drawer and touching other uncovered surfaces. The drawer is left open, risking cross contamination of items inside the drawer when treatment procedures are begun that can cause splatter. The clinician is not wearing a facemask. Also, the clinician’s bare forearms have, or will become, contaminated depending on the procedure performed.