In this issue of *Infection Control in Practice* emphasizes *sharps safety* to limit the spread of contamination and promote compliance to help the Infection Control Coordinator (ICC) communicate the importance of *the safest dental visit™*.

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**TEAM HUDDLE: Understanding the Responsibility of Infection Prevention and Control**

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 from the treatment environment and support areas. 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 an approach to reduce risks of exposure to patients’ blood or saliva in dental facilities.
- describe considerations for safely removing a contaminated bur from a dental handpiece.
- describe a before and after approach to the management of occupational exposures to bloodborne pathogens.
SCENARIO: The Incident

Amby graduated from an accredited dental assisting program and had just started her new job as a dental assistant in Dr. Loggins’s new general dentistry practice. Dr. L completed a General Practice Residency program and had been working for three months setting up his new practice. Their first patient was a young man (Tony) with a clear medical history. When the treatment plan was completed, and after the informed consent had been discussed, Dr. L discovered he still had time to perform the most urgent restoration. The appointment did not go well as the patient would not accept the rubber dam. One of the restorations was slightly subgingival and the gingival tissues bled.

Potential Consequences and Prevention

(See further details under “Strategies” on page 4)

The “simple” task of removing a contaminated bur from a handpiece can be risky, and there are several infection control procedures that must be considered to reduce these risks.

1. She grabbed the bur tightly and finally pulled it out of the handpiece ... afterwards she noticed her exam glove over her forefinger was cut.

This breach violates the infection control principle to:

Take action to stay healthy!

WHAT: Recognize tasks that may involve exposure to blood and other potentially infectious materials (OPIM). Use appropriate personal protective equipment (PPE).

WHY: One type of PPE may not provide the best protection for all tasks.

HOW: The Occupational Safety and Health Administration (OSHA) requires employee training to include “an explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.”

Consider the task to be performed and then determine what type of PPE, work practice control, or engineering control will provide the appropriate protection.

Wear heavy utility gloves during operatory clean-up. While utility gloves are not puncture- or cut-proof, they do provide better protection to the hands than exam gloves during operatory clean-up and instrument processing.
2. She grabbed the bur tightly and finally pulled it out of the handpiece.

This breach violates the infection control principle to:

Avoid contacting blood/body fluids

WHAT: Handle sharps safely.

WHY: It’s important to reduce the risk of exposure to contamination so the transmission of potential pathogens will not occur.

HOW: Use proper work practice controls and engineering controls to avoid direct contact with contaminated objects. Consider using hemostats to remove burs from handpieces. Have hemostats readily available in each operatory.

3. She dropped the bur onto the instrument tray for disposal later.

This breach violates the infection control principles to:

Limit the spread of contamination, and

Avoid contacting blood/body fluids

WHAT: Do not put others at risk for sharps injuries.

WHY: Placing the contaminated bur onto the instrument tray requires a second handling by someone to retrieve the bur and place it in a sharps container. Handling a contaminated sharp more than once increases the risk of exposure/injury.

HOW: Avoid unnecessary handling of sharps to reduce the risk of injury. If a contaminated sharp is to be discarded, it should be done as soon as possible (and safely) by the person initially handling the sharp.

4. After she dropped the bur onto the instrument tray for disposal later, she noticed her exam glove...

This breach violates the infection control principle to:

Limit the spread of contamination

WHAT: Properly dispose of regulated waste.

WHY: Regulated waste such as contaminated sharps can spread potential pathogens if not managed properly.

HOW: Place proper sharps containers at the point of use of the item and where the item may be found.

5. She noticed her exam glove over her forefinger was cut and her finger was bleeding. She asked Dr. L what she should do next.

This breach violates the infection control principle to:

Take action to stay healthy

WHAT: Establish a post-exposure management system (see “Strategies” on pg 4).

WHY: Exposure to blood, saliva, or OPIM may lead to bloodborne or other infections, and timely management of that exposure is important to prevent an infection.

HOW: Develop a written program for post-exposure management protocols that 1) describe the types of contact with blood, saliva, or OPIM that can place employees at risk for infection; 2) describe procedures for cleaning/flushing the exposure site and for promptly reporting and evaluating such exposures; and 3) identify a healthcare professional who is qualified* to provide counseling and perform all medical evaluations and procedures in accordance with current recommendations of the U.S. Public Health Service including post-exposure prophylaxis with chemotherapeutic agents when indicated. This program needs to be a part of the facility’s infection control and prevention training program.

*such as an Occupational Health Physician

Note: Fortunately the potential source patient (Tony) tested negative for bloodborne agents, and Amby only suffered a minor infection from the exposure that resolved in two days.
### Before an Exposure Incident Occurs

<table>
<thead>
<tr>
<th>Dental Worker</th>
<th>Employer/Infection Control Coordinator</th>
<th>Qualified Healthcare Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Receives training in risks of occupational exposures, immediate reporting of injuries/exposures, and reporting procedures within the practice setting</td>
<td>• 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</td>
<td>• 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</td>
</tr>
<tr>
<td>• Trains occupationally exposed employees in postexposure protocols</td>
<td>• Makes available and pays for hepatitis B vaccine for workers at occupational risk</td>
<td>• Keeps current on public health guidelines for managing occupational exposure incidents and is aware of evaluating healthcare provider’s responsibilities ethically and by law</td>
</tr>
</tbody>
</table>

### When an Exposure Incident Occurs

<table>
<thead>
<tr>
<th>Dental Worker</th>
<th>Employer/Infection Control Coordinator</th>
<th>Qualified Healthcare Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Performs first aid*</td>
<td>1. Documents events in the practice setting</td>
<td>1. Evaluates exposure incident, worker, and source patient for HBV, HCV, and HIV, maintaining confidentiality</td>
</tr>
<tr>
<td>2. Reports injury to employer</td>
<td>2. Immediately directs employee to evaluating healthcare professional</td>
<td>• Arranges for collection and testing (with consent) of exposed worker and source patient as soon as feasible (if serostatus is not already known)</td>
</tr>
<tr>
<td>3. Reports to the designated healthcare professional for medical evaluation and follow-up care as indicated</td>
<td>3. Sends to evaluating healthcare professional:</td>
<td>• 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)</td>
</tr>
<tr>
<td>4. Receives copy of Written Opinion</td>
<td>4. Arranges for source patient testing, if the source patient is known and has consented</td>
<td>• Arranges for additional collection and testing as recommended by the U.S. Public Health Service/ CDC</td>
</tr>
<tr>
<td></td>
<td>5. Pays for postexposure evaluation and, if indicated, prophylaxis</td>
<td>• Notifies worker of results of all testing and of the need for strict confidentiality with regard to source patient results</td>
</tr>
<tr>
<td></td>
<td>6. Receives Written Opinion from evaluating healthcare professional</td>
<td>• Provides counseling</td>
</tr>
<tr>
<td></td>
<td>• Files copy of Written Opinion in employee's confidential medical record (if maintained by the dentist employer)</td>
<td>• Provides postexposure prophylaxis, if medically indicated</td>
</tr>
<tr>
<td></td>
<td>• Provides copy of Written Opinion to exposed employee</td>
<td>2. Assesses reported illnesses/side effects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Within 15 days of evaluation, sends to the employer a Written Opinion, which contains (only):**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• documentation that the employee was informed of evaluation results and the need for any further follow-up</td>
</tr>
<tr>
<td></td>
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<td>• whether HBV vaccine was indicated and if it was received</td>
</tr>
</tbody>
</table>

*First Aid for Exposures*®

- Clean wounds and skin with soap and water. Flush mucous membranes (e.g., eyes) with cool water.
- Do not use caustic agents (e.g., bleach; hydrogen peroxide; disinfectant) on wounds.
- The use of an antiseptic is not contraindicated, but there is no evidence to suggest that using an antiseptic or squeezing the wound to express fluid reduces the risk of disease transmission.

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**From: OSAP, From Policy to Practice: OSAP’s Guide to the CDC Guidelines. OSAP, Atlanta, 2016; p. 16.**
What’s Wrong With This Picture?
Can you identify the breach(es) in infection prevention and safety in this photo of preparation during a dental treatment procedure?

Educational Spotlight

Feeling isolated in your infection control role?
Seize your opportunity to connect with other focused professionals at OSAP’s Annual Conference, the premier educational and networking event for infection control and patient safety in dentistry!

Hear the latest updates on evolving guidance and emerging infection prevention and safety issues. Customize your experience at OSAP 2019 through multiple topic tracks.

Who should attend? Educators; Infection Control Coordinators; Consultants and Lecturers; Compliance Officers of State Dental Boards; Risk Managers; Policy Makers; Sterilization Technicians; Hospitals and Federally Qualified Health Centers (FQHC) with Dental Clinics; Companies Engaged in Infection Control and Safety Products and Services.

Need help justifying why you should attend? Download our conference justification letter.

For details go to: www.osap.org/page/2019AnnualConf

Questions about the program, logistics, or registration?
Email: office@OSAP.org
or call: 1.410.571.0003 | US & Canada: 1.800.298.6727

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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 2019.

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OSAP appreciates the commitment of our sponsors in supporting the safestdentalvisit™
Take the Micro-Learning Silent Video Challenge!

Can you identify the actions in this short video that breach infection control or safety? Access the link below and challenge your knowledge.

https://www.osap.org/2019-02video

The Scenario:
Dental procedure (teeth scaling)

TEAM HUDDLE DISCUSSION GUIDE

1. Are you aware of tasks that could lead to your exposure to patients’ blood or saliva?
2. Have you been trained on what to do if you receive an exposure to blood or saliva?
3. Does your facility have a written post-exposure management protocol, and have all of your employees been trained on it?

Glossary

1. Engineering controls: Controls that isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles).
2. Sharps: Objects that can penetrate soft tissue (e.g., needles, burs, explorers, probes, broken anesthetic carpules, and orthodontic wires).
3. Work practice controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Links to Resources

5. OSAP. From Policy to Practice: OSAP’s Guide to the CDC Guidelines. OSAP, Atlanta, 2016; p.16.
QUESTIONS FOR ONLINE QUIZ

1. Who should provide medical evaluation to a dental assistant who received a contaminated needlestick?
   - a. The dentist employer
   - b. A co-worker in the facility with seniority
   - c. The infection control coordinator for the facility
   - d. A healthcare worker qualified in managing occupational exposures

2. What type of gloves should be used for operatory cleanup?
   - a. Heavy utility gloves
   - b. Latex exam gloves
   - c. Nitrile exam gloves
   - d. Food handler’s gloves

3. Who pays for the post-exposure evaluation of an assistant who received a contaminated needlestick?
   - a. The exposed assistant
   - b. The assistant’s employer
   - c. The evaluating physician
   - d. The assistant’s insurance company

4. The five items that need to be sent to the healthcare professional evaluating an occupational exposure incident are: 1) a copy of the standard job description of the exposed employee; 2) the employee’s hepatitis B status and other relevant medical information; 3) an exposure report; 4) the source patient’s identity and bloodborne infection status, if known; and 5):
   - a. the hepatitis B status of the employer.
   - b. a copy of OSHA’s Bloodborne Pathogens Standard.
   - c. the name and address of the exposed person’s insurance company.
   - d. the names, ages, and addresses of all patients seen in the practice that day.

5. A sharps container is an example of:
   - a. a work practice control
   - b. an exposure control
   - c. an engineering control
   - d. a safety control

6. In the event that an exposed dental worker does not give consent for HIV testing, how long should that worker’s blood sample be preserved to allow time for the exposed worker to consent to the testing?
   - a. 3 days
   - b. 15 days
   - c. 30 days
   - d. 90 days

7. The healthcare provider evaluating an employee’s exposure incident needs to provide a written opinion about the evaluation to the involved employer within:
   - a. 3 days
   - b. 15 days
   - c. 30 days
   - d. 90 days

8. OSHA’s Bloodborne Pathogens Standard indicates that sharp containers are to be placed:
   - a. near where the sharp is used.
   - b. away from the storage area for sterile instrument packages.
   - c. near where the sharp is used and where the sharp may be found.
   - d. near the main trash receptacle in the instrument processing area.

9. The written opinion received from the healthcare professional evaluating an occupational blood-exposure incident is to contain: 1) documentation that the employee was informed of evaluation results and the need for any further follow-up; and 2) if the employee:
   - a. needed the hepatitis B vaccine and if it was received.
   - b. was diagnosed with hepatitis B or hepatitis C.
   - c. had human immunodeficiency virus infection.
   - d. presented with a respiratory disease.

10. What governmental agency requires healthcare employee training to include an explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM?
    - a. US Public Health Service
    - b. Food and Drug Administration
    - c. Environmental Protection Agency
    - d. Occupational Safety and Health Administration

KEY TAKEWAYS

1. Be aware of tasks that could cause exposure to patients’ blood or saliva.
2. Understand how to reduce risks of exposure.
3. Know what to do after exposure to a patient’s blood or saliva.
Moving Forward! Updates on the Dental Infection Control Credentialing Program

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) are collaborating on a multi-year dental infection control education program and two certifications.

The initiative establishes three main elements:

- **OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program™** — A standardized dental infection control educational program

- **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

These collaborative initiatives advance the organizations’ missions of enhancing patient and practitioner safety. For more information, visit:

https://dentalinfectioncontrol.org

FROM THE Editor’s Desk

An article (“Burnout and Patient Safety” by Cindy Winfrey, MSN, RN, VA-BC, CIC, IP-BC, FACDONA) in OSAP’s new Journal of Dental Infection Control and Safety discusses the need for investment in creating healthy work environments that support individuals and healthcare teams in an effort to improve infection control compliance and patient safety.

See https://osapjdics.scholasticahq.com/article/5076-burnout-and-patient-safety

In Case You Missed This!

Below is a link to OSAP’s Frequently Asked Questions (FAQ) on post-exposure management. Check it out!

https://www.osap.org/page/FAQ_PostExp