TEAM HUDDLE: Understanding the Responsibility of Infection Prevention and Control: The Importance of Written Documents

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 the major components of the employee medical records required by the Occupational Safety and Health Administration (OSHA).
- describe the major components of the OSHA-required Hazard Communication Program.
- describe the records needed to document bloodborne pathogens training.
- give examples of the Centers for Disease Control and Prevention (CDC)-recommended written infection control and safety policies and procedures that need to be on hand in dental facilities.
SCENARIO: The Incident

One of Dr. Strum’s dentist colleagues was recently visited by an OSHA inspector to follow up on alleged violations of the Bloodborne Pathogens Standard. So, Dr. Strum hired a consultant (Jillian) to review his own office’s infection control policies and procedures pursuant to OSHA regulations and CDC recommendations.

Jillian found some issues with operatory clean-up and with donning and doffing personal protective equipment (PPE), but most of the problems related to not having all the appropriate written documents.

There were several written Standard Operating Procedures (SOPs) and an emergency action plan. There was a complete Exposure Control Plan (ECP), but it hadn’t been updated in four years.

Jillian did not find any training records, written instrument reprocessing procedures, a hazardous chemicals list, regulated waste documents, written Hazard Communication Program or evidence of employee health records.

Potential Consequences and Prevention

Dr. Strum is fortunate he hired a consultant to evaluate his infection control and safety program. His office was lacking several required and recommended documents and records that benefit the dental team and patients.

For example, having an outdated ECP would be of detriment to new employees reviewing the document and trying to learn current policies and procedures.

Not having medical records would be a detriment to the health care professional trying to evaluate an exposed employee. Jillian did not find any training records, but it hadn’t been updated in four years.

Employee Health Records

WHAT:
1. OSHA requires employers to maintain medical records for each employee who is at risk for occupational exposure. These records are to contain:

- the name and social security number of the employee;
- a copy of the hepatitis B vaccination status including the dates of all the vaccinations and any medical records relative to the employee’s ability to receive the vaccination;
- a copy of all results of examinations, medical testing, follow-up procedures and the written opinions related to any post-exposure incidents; and
- a copy of the information provided to the health care professional providing post-exposure evaluation and follow-up. This information is to include a copy of the Bloodborne Pathogens Standard, a description of the exposed employee’s duties.
as they relate to the exposure incident; documentation of the route of exposure and the circumstances under which the exposure occurred; results of the source individual’s tests, if available; and all medical records relevant to the incident [including vaccination status] which are the employer’s responsibility to maintain.

2. The CDC recommends developing a written health program for dental health care personnel (DHCP) that includes policies, procedures and guidelines for:

• education and training;
• immunizations (for hepatitis B, measles, mumps, rubella, chicken pox, tetanus, diphtheria, pertussis, and influenza);
• medical conditions;
• work-related illness and work restrictions;
• allergic reactions;
• maintenance of records;
• data management; and
• confidentiality.²

WHY:
The OSHA medical records will help the health care professional evaluating a post-exposure incident to give the best care to the exposed person. The CDC’s recommended written health program gives the DHCP specific work-related information to help them maintain their personal health and safety.

HOW:
Employee medical records can be maintained by the employer or designated physician or other health care professional. Regardless of who retains these medical records, the employer is responsible for assuring compliance with the OSHA rule³ on access to these records.

A copy of the facility’s written health program recommended by the CDC can be discussed with DHCP at the initial hiring and made available any time for review and updating. The employer is to maintain medical records for the duration of employment plus 30 years.

TRAINING RECORDS

The OSHA Bloodborne Pathogens standard requires that employers ensure that employees with occupational exposure risks participate in a training program related to bloodborne diseases in general and specific procedures used at their place of work to prevent occupational exposure to those diseases.⁴ The CDC recommends infection control and prevention training related to DHCP safety (e.g., OSHA’s bloodborne pathogens training) and, in addition, training related to patient safety.⁵ The CDC also recommends educating all DHCP regarding the recognition of signs, symptoms and transmission of tuberculosis.⁶,⁷

Records of these training regulations and recommendations must be kept and are to include:

• dates of the training;
• the contents or a summary of the training;
• the names and qualifications of the person(s) conducting the training; and
• the names and job classifications of each person trained.

These records are to be maintained for 3 years from the date of each training session.

WRITTEN HAZARD COMMUNICATION PROGRAM

OSHA requires employers to develop a written Hazard Communication Program describing how the facility will comply with the components of the Hazard Communication Standard. It is to include management of hazardous chemical labels and other forms of warnings, safety data sheets, providing a list of all hazardous chemicals in the workplace, and employee information and training.⁸
CDC RECOMMENDED WRITTEN POLICIES AND PROCEDURES

The CDC recommends that written policies and procedures for infection prevention and control in dentistry be readily available as indicated in their 2016 Infection Prevention Checklist.9

**How would you score?**

Use this checklist to see if you have these written CDC infection prevention and safety documents/records on hand.

- Written infection prevention policies and procedures specific for the dental setting are available, current and based on evidence-based guidelines, regulations or standards, and these should extend beyond the OSHA Bloodborne Pathogens Standard.
- Policies and procedures are available for routine monitoring and evaluation of the infection prevention and control program.
- Policies, procedures and guidelines for exposure prevention and post-exposure management are available.
- Policies, procedures and guidelines outlining safe injection practices are available.
- Policies and procedures are available for routine cleaning and disinfection of environmental surfaces.
- Policies are in place for decontamination of spills of blood and other potentially infectious materials (OPIM).
- Policies and procedures have been implemented to contain respiratory secretions in people who have signs and symptoms of a respiratory infection, beginning at point of entry to the dental setting.
- Policies and procedures are available that ensure patient care instruments and devices are cleaned and reprocessed per manufacturer instructions before reuse.
- Manufacturer instructions for reprocessing reusable dental instruments and equipment are readily available, ideally in or near the reprocessing area.
- Records are kept on the routine maintenance of sterilization equipment performed according to manufacturer instructions.
- Sterilization monitoring logs from each sterilizer cycle are current and include results for each load (i.e., mechanical, chemical, biological monitoring) and comply with state and local regulations. While the CDC has no recommendation for the time these records are to be kept, a minimum of three years seems reasonable (unless state or local regulations differ).
- Policies and procedures are in place outlining the dental setting response in the event of an instrument reprocessing error/failure.
- Policies and procedures are in place for maintaining dental water quality that meets Environmental Protection Agency (EPA) regulatory standards for drinking water.
- Policies and procedures are in place for using sterile water as a coolant/irrigant when performing surgical procedures.
- Policies and procedures are in place outlining the response to a community boil-water advisory.
- A medical waste management program has been developed that complies with federal, state and local regulations.

**HELPFUL FORMS**

Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards
osha.gov/Publications/osh3186.html

Screening and evaluating safer dental devices (as required by OSHA)
- Sample screening form for dental safety syringes and needles cdc.gov/oralhealth/infectioncontrol/pdf/screening-update.pdf
- Sample safety device evaluation form cdc.gov/oralhealth/infectioncontrol/pdf/device-update.pdf
What’s Wrong With This Picture?
Can you identify the breach(es) in safety and infection prevention in this photo of dental health-care personnel gathered outside of the treatment room, following completion of patient care?

Answer: The DHCP are contributing to cross contamination by handling patient records with contaminated gloves. If OSHA regulations, all personal protective equipment shall be removed prior to leaving the work area. The contaminated face masks which have been pulled under the chin will not be reused.

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Can you identify the actions in this short video that breach infection control before or after a dental procedure?

www.osap.org/2019-10video

Challenge your knowledge and compare to the lesson below.

The Scenario: Cross-contamination

TEAM HUDDLE DISCUSSION GUIDE

1. When was your ECP last updated?
2. Are your medical records current?
3. Do you have all the required and recommended documents?

Avoid the crisis.

Links to Resources

QUESTIONS FOR ONLINE QUIZ

1. OSHA-required employee medical records are to contain
   a. family medical history.
   b. hepatitis B vaccination status.
   c. highest educational level reached.
   d. previous work experience.

2. What infection control training does the CDC recommend in addition to that required by OSHA?
   a. Basic bookkeeping
   b. Bloodborne pathogens
   c. Communication skills
   d. Patient safety

3. Which of the following is a component of the written health program for DHCP recommended by the CDC?
   a. Diet planning while at work
   b. Eye examination results
   c. Routine exercise program
   d. Work-related illness and work restrictions

4. Who recommends training of DHCP on tuberculosis?
   a. CDC
   b. EPA
   c. FDA
   d. OSHA

5. What is a component of the training records required by OSHA to be kept for each person trained?
   a. Education level
   b. Name and job description
   c. Year of graduation from school
   d. Years of work-related experience

6. What is one component of the written Hazard Communication Program required by OSHA?
   a. Development of an Exposure Control Plan
   b. Epidemiology and symptoms of bloodborne diseases
   c. Explanation of safety data sheets
   d. Modes of transmission of tuberculosis

7. Who is responsible for assuring compliance with the OSHA rule on access to employee medical records?
   a. An OSHA administrator
   b. The employee
   c. The employer
   d. The health care professional providing care to the employees

8. According to the Bloodborne Pathogens Standard employee medical records must be kept for the term of employment plus
   a. 1 year.
   b. 3 years.
   c. 7 years.
   d. 30 years.

9. The CDC recommends which of the following be written and available in each dental treatment facility?
   a. An explanation of safety data sheets
   b. A list of all hazardous chemicals in the facility
   c. Past infectious diseases experienced by each employee
   d. Records on the maintenance of sterilization equipment

10. How long must OSHA-required records describing employee blood-borne pathogens training be kept?
    a. 1 year
    b. 3 years
    c. 7 years
    d. 30 years

KEY TAKEAWAYS

1. Current employee medical records help the evaluating health care professional provide the best care during post-exposure evaluations.
2. The Hazard Communication Program allows the dental team to safely handle hazardous chemicals and protect themselves from exposure.
3. Written policies and procedures form the basis for site specific infection control and safety performance and training.
Moving Forward!
Updates on the New Dental Infection Control Education and Certification Programs

Discover how an educational certificate program and/or a professional certification can help you elevate your professional value in dentistry and lead the next generation of dental infection preventionists.

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 prevention and control education program and two professional 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.

Find out more at: dentalinfectioncontrol.org

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Take the “Micro-Learning Challenge” at: youtube.com/user/safedentistry/videos

FROM THE
Editor’s Desk

Training from CDC: Basic Expectations for Safe Care.

This training series covers the principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings.

Check it out!

cdc.gov/oralhealth/infection-control/safe-care-modules.htm

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