

## The Infection Control Coordinator's Role in Maintaining 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 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 2

### The Infection Control Coordinator

An infection control coordinator (ICC) can greatly assist in tackling the challenge of implementing and maintaining an effective, efficient, affordable and compliant office safety program. The ICC plays a key role in managing patient and provider safety and maintaining 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 of the ICC are presented in the April 2015 issue and in this and the next issue of *Infection Control in Practice*.

*continued on page 3*

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### LEARNING OBJECTIVES

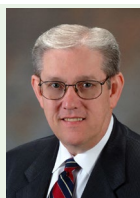
After reading this publication, the reader should be able to:

- list duties of the infection control coordinator.
- describe the regulatory documents and written safety plans that need to be on hand in a dental office.
- identify the safety regulations required for dentistry by OSHA.

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# The Incident

After 28 years in general practice Dr. Corner experienced some acute medical problems that forced her to abruptly give up dentistry. Dr. Landy (two years out of dental school) heard about the unfortunate situation, and became interested in purchasing the practice and maintaining the current employees (two dental assistants – Nell, employed for 15 years and Mae, employed for one year; a dental hygienist – Tina, 6 years in the office; and a receptionist – Sheedy employed there for 21 years). As part of her due-diligence Dr. Landy hired a safety consultant (Star, a dental hygienist) to meet with the employees and assess the practice's culture of safety<sup>1</sup> and compliance with the Occupational Safety and Health Administration (OSHA) regulations.

At their first meeting Star asked who was the infection control coordinator (ICC) and wanted to see all the safety-related documents and records. Nell said they did not have an ICC, but she could provide Star with their exposure control plan (ECP) and a copy of the bloodborne pathogens standard from OSHA. Star then asked about other regulatory documents, such as the Hazard Communication Standard, as well as the Centers for Disease Control and Prevention (CDC) guidelines, OSHA training and medical records, sterilization monitoring results, and

emergency action plan. Mae said she kept spore testing records but didn't know about the other items mentioned. Much to Star's surprise the ECP was dated 1999, and Mae and Tina said that they hadn't seen that plan but that they were aware of the OSHA bloodborne pathogens standard. Tina said that everyone had confidential medical records stored in the locked file cabinet in Dr. Corner's office. When Star asked how those records were used Nell said: "We take them to our personal physician if we go to have any needlestick or cut looked at". Star said: "Do you take anything else to the physician"? Nell said: "No".

Star wanted to know what they talked about in their staff meetings. Nell said every morning they huddle up and discuss the patients to be seen that day. When Star asked about their hazard communication program and where the safety data sheets (SDS) are kept, Tina said she didn't know where SDSs were, but Nell and Mae said they are stored in a drawer in the sterilizing room. At that point Star reported back to Dr. Landy saying: "You'll have a lot of work to do to update your OSHA recordkeeping and establish a culture of safety in your new practice".

PS: Dr. Landy did purchase the practice and hired Star to assist with helping Nell to become the ICC and promote The Safest Dental Visit™.



## SAFETY TIP

Each week charge one staff person to prepare a sign that promotes safety for posting in the lunchroom or conference room.

**THINK  
SAFETY  
FIRST**



### Potential Consequences

It was obvious that there was no substantial culture of safety in Dr. Corner's practice, and there was poor coordination of safety efforts with little monitoring of compliance with regulations. Complacency had set in. Some of the staff knew about some safety items and others did not. Certain safety procedures, products, or equipment had changed over the years but were not noted in the 16 year-old ECP.

For example, since the Needlestick Safety and Prevention Act (as part of OSHA's Bloodborne Pathogens Standard) was established in 2001<sup>2</sup>, there was likely no on-going consideration and evaluation of safety devices, which should be reflected in the ECP. A specific post-exposure evaluation program was only partially organized and not given the important priority needed. Delays in the evaluation jeopardize the success of the time-critical post-exposure testing and prophylaxis when indicated. Also, not providing the evaluating physician with necessary information about the exposure can jeopardize the evaluation and treatment. The absence or unavailability of OSHA-required SDSs<sup>3</sup> may prolong necessary actions needed to control or lessen potential damage from exposure to hazardous chemicals.

It is clear that this office was not aware of many of the safety regulations and recommendations for dentistry, so compliance was indeed at risk.

### Prevention, Recommendations, and Regulations

Designation of an ICC who manages the safety program for this office will challenge complacency about infection prevention procedures and provide support for monitoring compliance with regulations and recommendations and maintaining a culture of safety for the practice. OSHA requires that the ECP be updated at least annually and made available to all employees with a potential to be exposed to blood or saliva.<sup>4</sup> The procedures described in this plan must coincide with what is actually done in the office, so it can be used for training new employees and serve as a checklist for monitoring compliance. The office's ECP will be used as a guide by an OSHA inspector should one ever be in your office monitoring compliance with the bloodborne pathogens standard. So, its contents certainly must match current office activity.

Having personal physicians evaluate employee's exposure incidents is fine, if everything is prearranged, the physicians are qualified for such counseling and evaluations, are readily available, and are provided with critical information about the exposed person, the source patient, and circumstances surrounding the incident. A better choice would be an occupational injury medical facility located close to the practice. The practice's workers' compensation insurance provider can supply a list of occupational injury medical facilities which provide testing for employees and source patients if needed.

OSHA indicates that a post-exposure evaluation needs to be prompt.<sup>5</sup>

OSHA also requires that each dental facility have a written hazard communication program, maintain a list of all hazardous chemicals in the office, and have an SDS for each of these chemicals.<sup>3</sup>

Since there were several breaches in safety regulations in Dr. C's practice, there is concern about patient safety as well. Steps to patient safety include:

- building a safety culture;
- having the ICC lead and support the practice team;
- involving and communicating with patients;
- learning and sharing safety lessons;
- implementing solutions to prevent harm.<sup>6</sup>

See *Success Strategies for the Infection Control Coordinator* on page 4 for additional safety requirements.

## Defining the Role of the Infection Control Coordinator: Part 2

*Continued from page 1*

A designated ICC ensures that everyone is aware of safety procedures for the office that provide both patient and provider safety with infection control, chemical safety, fire safety and evacuation processes, and compliance with regulations and recommendations. Don't let complacency about disease prevention set in. Patient and employee safety are critically important to every office. Processes and protocols need to be established initially, reviewed periodically, and monitored continually.

See *Success Strategies for the Infection Control Coordinator* on page 4 for a checklist of some key duties of the Infection Control Coordinator.



## Some Duties of the Infection Control Coordinator

### Maintain Appropriate Regulatory and Guidance Documents

- ☐ OSHA 29 CFR Standards:
  - \*Bloodborne Pathogens (1910.1030);<sup>6</sup>
  - \*Hazard Communication;<sup>3</sup>
  - \*Electrical (1910 Subpart S);<sup>7,8</sup>
  - \*First Aid (1910.151);<sup>8</sup>
  - \*Emergency Action Plans (1910.38);<sup>7,8</sup>
  - \*Sanitation (1910.141);<sup>8</sup>
  - \*Design and Construction Requirements for Exit Routes (1910.36);<sup>7,8</sup>
  - \*Compressed Gas (general requirements) (1910.101);<sup>7</sup>
  - \*Fire Prevention Plans and Fire Safety (1910.39 and Subpart L);<sup>7,8</sup>
  - Eye and Face Protection (1910.133);<sup>7</sup>
  - Personal Protective Equipment (general requirements)(1910.132);<sup>7</sup>
  - Walking-Working (1910 Subpart D);<sup>7</sup>
  - Ionizing Radiation (1910.1096);<sup>7,8</sup>
  - Maintenance, Safeguards, and Operational Features for Exit Routes (1910.37);<sup>7,8</sup>
  - Compliance with Alternate Exit Routes (1910.35);<sup>7,8</sup>
- ☐ OSHA's "Job Safety and Health, It's the Law" poster #3165 (required to be posted in the facility);<sup>7</sup>
- ☐ CDC's Guidelines for Infection Control in Dental Healthcare Settings – 2003;<sup>9</sup>
- ☐ State and Local Safety Regulations.

*\*Some standards cited by federal OSHA for dental offices from October 2013 through September 2014. Accessed March 2015 at: [https://www.oshamanual.com/osha\\_inspection.html](https://www.oshamanual.com/osha_inspection.html)*

### Prepare and Maintain Written Plans and Documents

- ☐ OSHA-required
  - exposure control plan that is updated at least annually and to reflect any new policies or procedures<sup>4,10</sup>
  - hazard communication program that is updated with each new hazardous chemical<sup>3,10</sup>
  - list of all hazardous chemicals present in the practice<sup>3</sup>
  - an SDS for each hazardous chemical in the practice<sup>3</sup>
  - emergency action and fire prevention plan<sup>8</sup>
- ☐ CDC's written tuberculosis infection control plan.<sup>11,12</sup>
- ☐ Develop the CDC-recommended written personnel health program for the office staff that includes: policies, procedures, and guidelines for education and training; immunizations; exposure prevention and post-exposure management; medical conditions, work-related illness, and associated work restrictions; contact dermatitis and latex hypersensitivity; and maintenance of records, data management, and confidentiality.<sup>9</sup>
- ☐ Establish referral arrangements with qualified health-care professionals to ensure prompt and appropriate provision of preventive services, occupationally related medical conditions, and post-exposure management with medical follow-up.<sup>9</sup>
- ☐ Prepare a list of emergency contact information to help manage staff injuries, sterilizer failures, supplies/equipment/instrument/utility problems.

### Generate/Update/Maintain Logs of Safety-Related Records

- ☐ OSHA-required medical records for each employee with the potential for occupational exposure.<sup>4</sup>  
(Records are to contain the social security number; hepatitis B immunization status and related medical records including the dates of vaccinations and the healthcare professional's written opinion; all records related to previous post-exposure evaluations including all the information provided to the evaluating professional and the evaluating professional's written opinion. These records are confidential, but the ICC can work with the employer to make sure they have been kept, are current, and their location is known. They need to be maintained at least for the duration of employment plus 30 years and be readily available if an occupational exposure occurs.)<sup>4</sup>
  - ☐ OSHA bloodborne pathogens training records.<sup>4</sup> (To include the name and job title of the trained person; the date of the training; the content/summary of the training; the name and qualifications of the trainer. To be maintained for 3 years.)
  - ☐ Manifests from any medical waste haulers.\*
  - ☐ Verification of any on-site sterilization of regulated medical waste prior to disposal.\*
  - ☐ Radiographic equipment certifications.\*
  - ☐ Fire extinguisher certifications.\*
  - ☐ Sterilization monitoring records (for mechanical, chemical, and biological monitoring).\*
  - ☐ Equipment maintenance logs.
- \*check your state and local regulations

# What's Wrong With This Picture?

Can you identify the breach(s) in infection prevention and safety procedures in this photo taken in the middle of a restorative procedure? Check your answer below.



**ANSWER:** The provider should handle the tablet only with clean hands or fresh uncontaminated gloves. He also is not wearing protective eyewear, and his forearms are exposed. Scrub tops with their short sleeves and low necklines do not serve as good protective clothing. Also, the patient is not wearing protective eyewear.

## Educational Spotlight



### Safe delivery of dental care outside the dental office.

Non-traditional dental settings often operate in the only space available for dental screenings or treatment such as hallways, gymnasiums, or locations where resources needed to comply with recommended infection control practices are often limited. Did you know that OSAP offers several helpful resources for implementing CDC recommendations in these environments?

#### ARE YOU INITIATING A PROGRAM IN A NEW LOCATION?

Save time and help reduce your risk of safety errors by conducting a simple Site Analysis using the [Site Assessment Worksheet](#).

#### WHAT ARE THE ELEMENTS NEEDED FOR AN INFECTION CONTROL PROGRAM IN A NON-TRADITIONAL DENTAL SETTING?

Access the [OSAP Infection Control Checklist for Dental Programs Using Mobile Vans or Portable Dental Equipment](#).

**LEARN MORE** and access these checklists, fact sheets and links to other resources at <http://www.osap.org/?page=PortableMobile>

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## KEY TAKEAWAYS

1. Infection control coordinators can enhance the culture of safety in the office.
2. There are several regulatory and guidance documents that relate to office safety.
3. Each dental facility needs to prepare certain safety documents unique to each office.

## Glossary

**CFR:** Code of the Federal Register. The Federal Register is the official journal of the federal government of the United States that contains government agency rules, proposed and final rules (e.g., OSHA standards), Presidential papers and public notices. It is published daily, except on Federal holidays.

**Exposure control plan:** A written document required by OSHA's bloodborne pathogens standard for all healthcare facilities. It is to contain the exposure determination required by the standard; the schedule and method of implementation for procedures used to control exposure to bloodborne disease agents; procedures for hepatitis B vaccination and post-exposure evaluation and follow-up; how hazards are communicated to employees; mechanisms for recordkeeping required by the standard; and the procedure for the evaluation of circumstances surrounding exposure incidents as required by the standard.<sup>4</sup>

**SDS:** Safety Data Sheet. Written or printed material concerning the procedures for handling or working with a hazardous chemical that includes physical data, toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill/leak procedures. An SDS is required for each hazardous chemical listed within a facility. Formerly known as Material Safety Data Sheet but changed in 2012 to coincide with the Globally Harmonized System of Classification and Labeling of Chemicals. This system is the international approach to hazard communication and involved some additional changes in OSHA's Hazard Communication Standard.<sup>3</sup>

## Links to Resources

1. **OSAP.** Team Huddle: Who is Managing Your Safety Culture? *Infect Contrl in Pract* 2014: 13(No. 1): 1, 3-4.
2. **OSHA.** Quick reference guide to the bloodborne pathogens standard. Accessed March 2015 at: [https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne\\_quickref.html](https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quickref.html)
3. **OSHA.** Hazard Communication. Accessed March 2015 at: [https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10099](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099)
4. **OSHA.** Bloodborne Pathogens Standard. Accessed March 2015 at: [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
5. **OSHA.** Bloodborne pathogens and needlestick prevention. Accessed March 2015 at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.
6. **Stewart, D.** Patient Safety. Accessed April 2015 at: [http://www.adea.org/uploadedFiles/ADEA/Content\\_Conversion/events/past\\_events/BFACA/2013\\_BFACA/2013\\_BFACA\\_STEWART.pdf](http://www.adea.org/uploadedFiles/ADEA/Content_Conversion/events/past_events/BFACA/2013_BFACA/2013_BFACA_STEWART.pdf)
7. **OSHA.** OSHA Laws and Regulations. Accessed March 2015 at: <https://www.osha.gov/law-regs.html>
8. **OSHA.** A guide for compliance with OSHA standards for medical and dental offices. Accessed March 2015 at: <https://www.osha.gov/publication/osh3137.pdf>
9. **CDC.** Guidelines for infection control in dental health-care facilities – 2003. Accessed March 2015 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>
10. **OSHA.** Model Plans and Programs for the OSHA Bloodborne and Hazard Communication Standards. Accessed March 2015 at: <https://www.osha.gov/Publications/osh3186.pdf>
11. **Miller, CH.** CDC's Guidelines for Prevention of Tuberculosis in Dental Settings. In *Infection Control and Management of Hazardous Materials for the Dental Team*. Elsevier, St. Louis, 5th ed, 2014, Appendix C, pp. 285-287.
12. **CDC.** Tuberculosis: Infection control and prevention. Accessed March 2015 at: [http://www.cdc.gov/tb/topic/infection\\_control/default.htm](http://www.cdc.gov/tb/topic/infection_control/default.htm)

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

**Step 1:** Go to [http://bit.ly/OSAP\\_ICIP\\_JUNE\\_2015](http://bit.ly/OSAP_ICIP_JUNE_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. When does the OSHA-required exposure control plan need to be updated?
  - a. Every month
  - b. At least annually or more often if there is a change
  - c. Only when a new safety procedure is used
  - d. When instructed by the dentist employer
2. OSHA-required medical records for employees with potential for exposure to body fluids include: hepatitis B immunization status; records related to post-exposure evaluations; written opinions from healthcare professionals; and
  - a. social security number.
  - b. a list of all past surgeries.
  - c. length of time employed in that facility.
  - d. name and address of the nearest relative.
3. OSHA-required medical records are to be maintained for the duration of employment plus:
  - a. 1 year.
  - b. 3 years.
  - c. 10 years.
  - d. 30 years.
4. What agency requires the posting of the "Job Safety and Health, It's the Law" poster?
  - a. Food and Drug Administration
  - b. Environmental Protection Agency
  - c. Centers for Disease Control and Prevention
  - d. Occupational Safety and Health Administration
5. OSHA-required bloodborne pathogens training records need to consist of: the name of the person trained; the date of the training; the content of the training; the name and qualification of the trainer and the:
  - a. job title of the person trained.
  - b. number of hours of training provided.
  - c. age and nationality of the person trained.
  - d. educational background of the employer.
6. What OSHA standard requires the presence of SDSs for chemicals present in the office?
  - a. First Aid
  - b. Emergency Action Plan
  - c. Bloodborne Pathogens
  - d. Hazard Communication
7. Where are the official OSHA standards published?
  - a. Journal of the American Dental Association
  - b. Morbidity and Mortality Weekly Report
  - c. Infection Control in Practice
  - d. Federal Register
8. OSHA requires that each dental facility have a written hazard communication program, an SDS for each hazardous chemical in the office, and:
  - a. a list of all hazardous chemicals in the office.
  - b. the expiration date of each hazardous chemical in the office.
  - c. the date of purchase of each hazardous chemical in the office.
  - d. the name of the manufacturer and distributor of each hazardous chemical in the office.
9. The written personnel health program recommended for office staff by the CDC should contain information on: policies, procedures, and guidelines for education and training; immunizations; exposure prevention; medical conditions, work-related illness, and associated work restrictions; contact dermatitis and latex hypersensitivity; maintenance of records, data management, and confidentiality; and:
  - a. name of health insurance company.
  - b. dates of birth and death of parents.
  - c. post-exposure management.
  - d. list of previous employers.
10. Some CFR standards that have been cited by federal OSHA for dental offices in 2013-2014 include: Bloodborne Pathogens, Hazard Communications, First Aid, Sanitation, and:
  - a. ionizing radiation.
  - b. emergency action plan.
  - c. eye and face protection.
  - d. personal protective equipment.

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## TEAM HUDDLE DISCUSSION GUIDE

1. What are three things Dr. Landy and Star should do to enhance the culture of safety in his new practice?
2. What are three things that can be done in your office to help fight complacency about office safety?
3. When was your exposure control plan last updated?

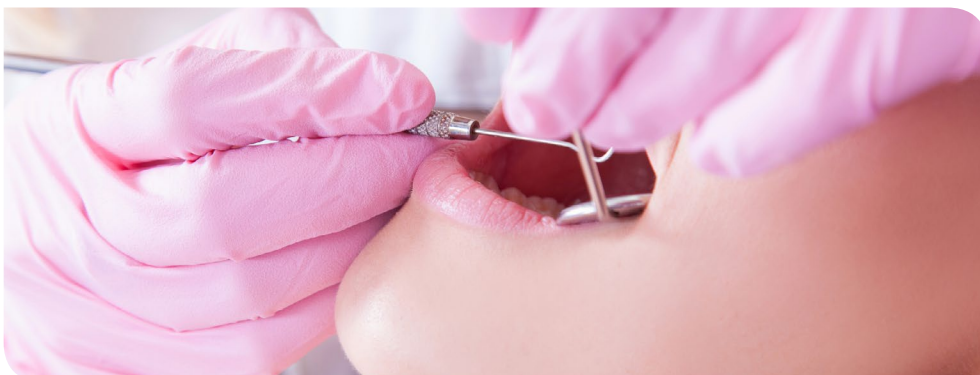




## TEAM HUDDLE HIGHLIGHTS

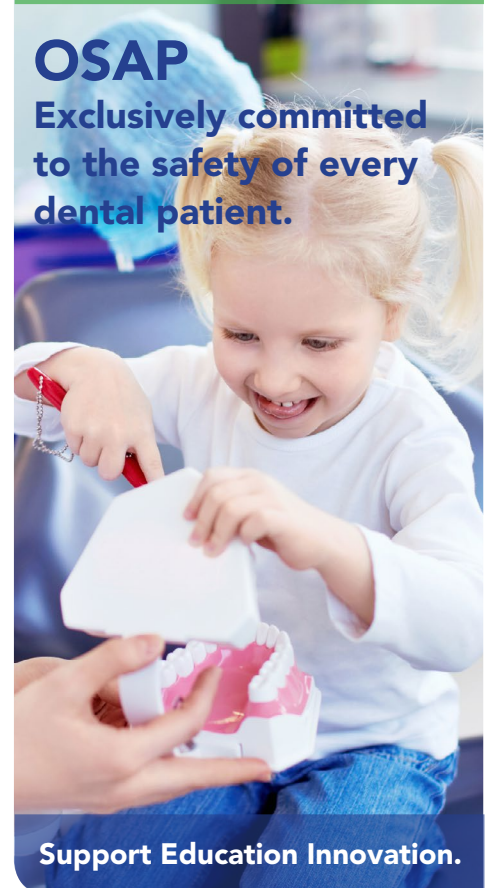
1. Does your facility have a designated infection control coordinator?
2. Are you aware of the safety regulations and guidelines for dentistry?
3. Have you written and updated safety plans and programs for your office?

*Read on!*



The Safest Dental Visit™

**OSAP**  
Exclusively committed  
to the safety of every  
dental patient.



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