

INFECTION CONTROL In Practice

The Infection Control Coordinator's Role in Maintaining the safest dental visit™

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.

IN THIS ISSUE

TEAM HUDDLE: Defining the Role of the Infection Control Coordinator: Part 3 1

SCENARIO: The Incident 2
TEAM HUDDLE: Part 3 (cont.)

SCENARIO: The Incident (cont.) 3
Four Ways to Let Your Patients Know YOU Care About THEIR Safety!

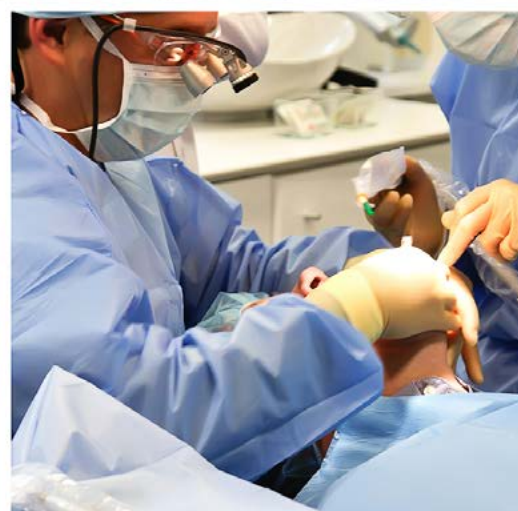
Success Strategies for the Infection Control Coordinator Chart. 4

What's Wrong With This Picture? . . . 5
Educational Spotlight
Thanks to Our Sponsors

Team Huddle Discussion Guide 6
Glossary
Links to Resources
Safety Tip

Continuing Education 7
Key Takeaways

Team Huddle Highlights. 8



TEAM HUDDLE: Defining the Role of The Infection Control Coordinator: Part 3

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 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 this issue and in the 2015 April and June issues of *Infection Control in Practice*.

continued on page 2

LEARNING OBJECTIVES

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

- list duties of the infection control coordinator.
- describe the type of safety training needed for dental healthcare personnel (DHCP).
- list safety topics that can be discussed in office meetings.

EDITOR-IN-CHIEF

Chris H. Miller PhD

Dr. Miller is Professor Emeritus of Microbiology, Executive Associate Dean Emeritus and Associate Dean Emeritus for Academic Affairs and for Graduate Education at Indiana University School of Dentistry. He is past Chair and a Founding Member of OSAP. email: cmiller005@indy.rr.com



EDITORIAL STAFF

Denise Sabol RDH MED

Managing Editor

Alison Hird

Layout Editor

Therese Long MBA CAE

OSAP Executive Director

EDITORIAL REVIEW BOARD

Enrique Acosta-Gio DDS PhD

National University of Mexico

Linda Basquill DDS

Basquill & Robnett

Sarah Cabral RDH

Registered Dental Hygienist in Private Practice

Jennifer Cleveland DDS MPH

Centers for Disease Control and Prevention

Jackie Dorst RDH BS

Safe Practices

J. Hudson Garrett Jr. PhD MSN MPH

FNP-BS CSRN PLNC VA-BC

Professional Disposables International

Karen Gregory RN

Total Medical Compliance

Michael Joseph DDS MSD

Periodontics

Leann Keefer RDH MSM

Crosstex International

Noel Brandon Kelsch RDHAP

Registered Dental Hygienist in Alternative Practice

Jonathan Lawoyin DDS MSc

Nigeria College of Medicine

Theresa Mayfield DMD

University of Louisville

Nita Mazurat MSc DDS

University of Manitoba

Jackie Sanders RDH BS

Sunstar Americas

Lakshman Samaranayake BDS DDS

University of Queensland

Sheila Strock DMD MPH

Delta Dental of Minnesota

Infection Control In Practice Team Huddle™ is a resource prepared for clinicians by the Organization for Safety, Asepsis and Prevention (OSAP) with the assistance and expertise of its members. OSAP is a nonprofit, independent organization providing information and education on infection control and prevention to patient and provider safety to dental care settings worldwide. ICIP Team Huddle™ is published six times per year and is a trademark belonging to OSAP. OSAP assumes no liability for actions taken based on information herein.

Printing and mailing of ICIP Team Huddle™ is made possible through a generous support grant from Patterson Dental. The contents of the issue are copyrighted ©2015 by OSAP. All rights reserved under international and Pan-American copyright conventions. Printed in USA. Reproduction in whole or part is forbidden without prior written permission. Back issues are available for a small fee. Send requests for permissions, purchases of back issues and address changes to OSAP, P.O. Box 6297, Annapolis, MD 21401 or office@osap.org.

The Incident

Dr. Hist opened his oral and maxillofacial surgery practice two months ago with a staff of four dental assistants (Beryl, Honor, Neil, and Burke) and two office staff. The assistants all had specific dental assisting training and varying degrees of work experience. A soon to retire oral surgeon referred all of his patients to Dr. Hist, so his new practice received a huge “kick-start.” He was pleased with the number of referrals he was receiving but with time a few “small” infection control breaches came to his attention.

He got a call from his handpiece technician who said: “It looked like there was dried blood on the handpiece you just sent to me. Don’t worry, we decontaminated it, but I thought you should know.” Honor told Dr. H that the medical waste pick-up service called and said they would be two-three days late in picking up any full sharps containers. Later, Beryl told Dr. H: “Yesterday, when I went to get my lunch out of the refrigerator, I saw a full sharps container on the bottom shelf. Presumably someone wanted to keep the smell down until the pick-up service came”. Also, Beryl told him she wasn’t sure if the other assistants knew how to properly dilute and refill the disinfectant sprayers, because the fluid in one of the bottles looked very weak and there wasn’t any expiration date on the label.

Dr. H was starting to get anxious, since he recalled that every now and then a few of the sterile instrument packages brought to him at chairside were not dated and may not have had any sterilization indicators. So, one Monday Dr. H went in early to check things out in the instrument processing room. He found that the solution in the ultrasonic cleaner looked really dirty and that there were three sterile instrument packages (the chemical indicators had changed) right next to the sink. When he asked Burke about instrument cleaning and sterilization indicators she said on some Mondays, when they are especially busy and usually run short on instruments, she has to rinse off the cleaned

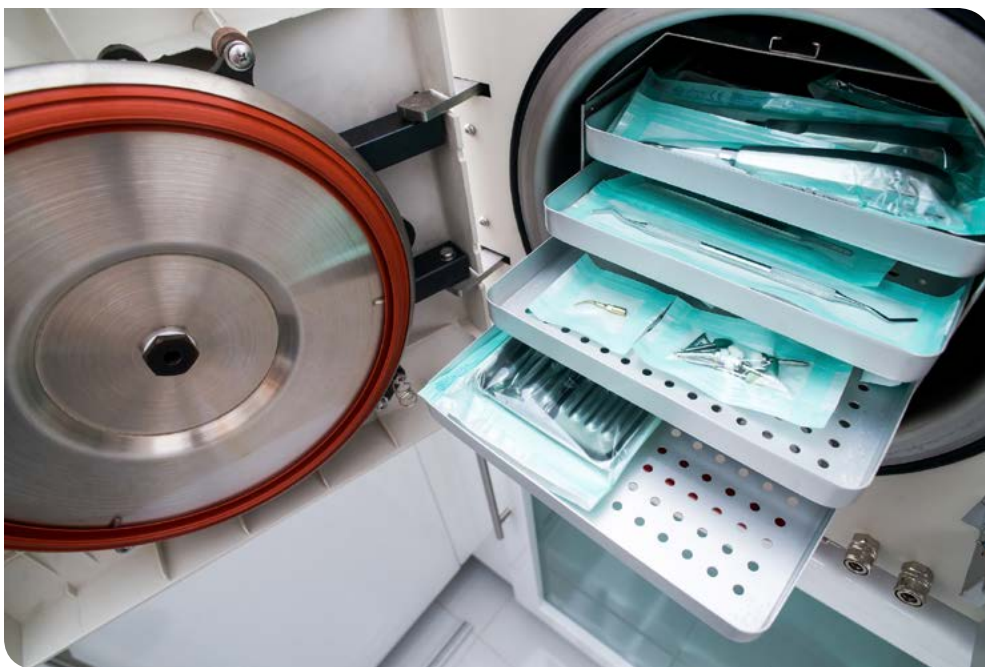
instruments, towel-dry, package and distribute them to chairside because there is really no reason to re-sterilize them after ultrasonic processing. She also said that she usually changes the ultrasonic cleaning solution every two to three days. Dr. H told Burke to change the ultrasonic solution and to follow the manufacturer’s directions. He also told her that only instruments that have been cleaned, dried, inspected, bagged, and sterilized be presented for patient use. He also told her they will purchase more instruments.

Dr. H was becoming increasingly frustrated because there just didn’t seem to be enough time to get everything organized and to ensure behind the scenes duties were being



Defining the Role of the Infection Control Coordinator: Part 3 *Continued from page 1*

A key role of the ICC is to enhance and maintain interactions among all office workers with open lines of communication about safety. Being allowed to voice opinions and ask questions about procedures or products can help identify problems and facilitate change when appropriate. Being allowed to admit errors without penalty can facilitate correction of errors and ensure that procedures will be performed correctly and that products and equipment are being used properly. See *Success Strategies* on page 4.



properly executed. After talking with some of his established colleagues, he decided to appoint Beryl as an ICC and charged her with managing safety for the office.

Potential Consequences, Related Recommendations, Regulations and Prevention

In Dr. Hist's office there was little safety coordination among the office staff and not enough attention being paid to infection control. Considerable infection control re-training of everyone in the office will have to be included in Beryl's approach to safety management.

While dental repair professionals are usually well-trained to decontaminate clinical equipment before starting the repair, this may not always happen and dental office staff should not be shipping contaminated items. The Bloodborne Pathogens Standard from the Occupational Safety and Health Administration (OSHA) states that equipment needs to be examined prior to servicing or shipping and, when necessary, decontaminated. Also if some part of the equipment cannot be decontaminated it must be labeled as such.¹

Placing contaminated/hazardous materials in refrigerators, freezers, shelves, or cabinets where food or drink also may be present increases the potential for cross-contamination of harmful materials and is an OSHA violation.¹

All intermediate and low-level disinfectants must be registered (licensed as pesticides) by the Environmental Protection Agency (EPA) according to the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA).²

The objective of FIFRA is to provide federal control of pesticide distribution, sale, and use. Registration assures that pesticides will be properly labeled and that, if used in accordance with specifications, they will not cause unreasonable harm to the environment. Use of each registered pesticide must be consistent with use directions on the label. Registration is based in part upon microbiological performance of properly prepared and stored product. Improperly prepared disinfectant solutions cannot be expected to meet label claims. So the risk of viable microbes remaining on surfaces "disinfected" with such solutions may be increased. The best source for information on how to prepare and use a disinfectant is the product label or labeling. If you don't adhere to these manufacturer's directions, you accept liability for the off-label usage.

Even though event-related storage of processed instrument packages is commonly used, having the date of sterilization on packages can help to identify/track down non-sterile packages in the event of detected sterilization failures. Marking packages with the date of sterilization is a specific recommendation from the Centers for Disease Control and Prevention (CDC).³

Instrument processing areas need to be organized in a way that sterile packages cannot be intermingled with non-sterile packages.³ Sterilized packages placed near a sink may become wet which negates sterility through wicking. Such instruments would need to be re-cleaned, re-packaged and re-sterilized. Sterilized items need to be stored in closed or covered cabinets.³

Used non-antimicrobial ultrasonic cleaning detergents can contain large numbers of live microbes.⁴ These solutions should be changed at least daily or much sooner if they become visibly soiled, and ultrasonically cleaned instruments need to be thoroughly rinsed to remove the contaminated residual solution. If needed, a rust-inhibitor can be applied after rinsing. Ultrasonic cleaning is not a sterilization process. Cleaned instruments that are not subsequently packaged and sterilized (e.g., steam, dry heat, unsaturated chemical vapor) are not safe for use on patients.

The chemical sterilization indicator system was not being used correctly. An internal chemical indicator should be used in each sterilization package. If the internal indicator cannot be seen from outside the package, also use an external indicator. Instruments in packages without internal chemical indicators or with unchanged indicators are not to be used on patients.³

See *Success Strategies* on page 4 for a checklist of some duties of the Infection Control Coordinator that support safety training.

Four Ways To Let Your Patients Know YOU Care About THEIR Safety!

OSAP has designated September as National Dental Infection Control Awareness Month (NDICAM) to help dental practitioners communicate to patients the critical role infection control in dentistry plays in preventing the spread of disease. Here are four resources OSAP members will be able to access to educate patients about what practitioners are doing (often behind the scenes) to protect them.

1. Downloadable NDICAM poster
2. Sample Facebook posts, tweets, and tweetable links
3. "Did you know" nuggets to use on social media during September
4. #NDICAM hashtag to provide additional content and visibility

Coming in September!

Visit www.osap.org for more details.

Some Additional Duties of the Infection Control Coordinator

Provide/Support Safety Training

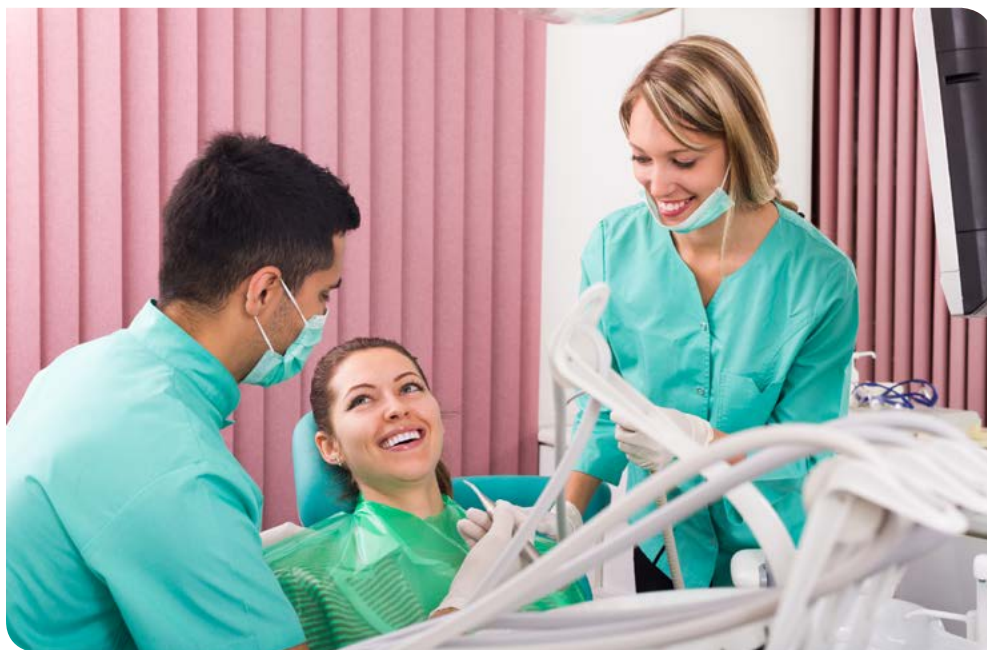
- ☐ Ensure that a written Exposure Control Plan exists in the office and that it is reviewed and updated at least annually and used in training sessions.
- ☐ Provide or arrange for safety training of new employees (e.g., bloodborne pathogens; hazard communication; emergency evacuation plans and routes; location of eyewash stations and of important documents [e.g., OSHA standards, safety data sheets (SDS), exposure control plan, hazard communication program]).
- ☐ Confirm that temporary staff have received the OSHA-required bloodborne pathogens training from their primary employer.
- ☐ Provide additional special training (unique to the facility) to temporary staff (e.g., emergency evacuation plans and routes; location of eyewash stations and personal protective equipment; location of important documents [e.g., OSHA standards, SDSs, exposure control plan, hazard communication program]).
- ☐ Provide or arrange for at least annual update training related to OSHA's Bloodborne Pathogens Standard.¹
- ☐ Confirm that the cleaning crew is aware of potential hazards in the facility (e.g., sharps containers, medical waste containers, instruments and sterilizers in the instrument processing area). If sterilizers are operated after hours, place a "HOT" sign on them.
- ☐ Inform regular and temporary employees of new chemicals, procedures, products, and equipment in the facility; institute any related training required; and update office safety documents and records (e.g., exposure control plan, hazard communication program, SDSs, training records).
- ☐ Emphasize the importance of the facility's "culture of safety" during all safety training situations. The Department of Defense and the Department of Health and Human Services' Agency for Healthcare Research and Quality have developed a free training program designed to improve the quality, safety, and efficiency of health care. This resource is available at:
<http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/fundamentals/index.html>
- ☐ Post signs in the sterilizing room and posters on the bulletin board as reminders of safe practices.
- ☐ Make safety a routine part of team huddles and the more extensive staff meetings.

Other Duties

- ☐ Maintain products/equipment needed to accomplish office safety (e.g., PPE, disinfectants, cleaning and sterilization equipment, eyewash stations).
- ☐ Maintain logs for equipment repair and maintenance.
- ☐ Decontaminate/label equipment and dental laboratory items to be shipped/repaired.
- ☐ Ensure all those taking x-rays are properly certified.
- ☐ Maintain evacuation routes, smoke alarms, and exit signs.
- ☐ Periodically check electrical cords for signs of wear.
- ☐ Monitor general cleanliness of the office.
- ☐ Ensure proper handling of contaminated laundry.
- ☐ Ensure proper/safe storage of hazardous materials, compressed gases, and any food/drinks.
- ☐ Manage all of the SDSs and establish their location along with the required list of hazardous chemicals present in the facility.⁵
- ☐ Ensure waste management and disposal meet all local and federal regulations.
- ☐ Monitor/Evaluate infection control compliance as recommended by the CDC.¹

What's Wrong With This Picture?

Can you identify the breach(s) in infection prevention and safety procedures in this photo taken just before a treatment procedure is about to begin? Check your answer below.



ANSWER: The dentist and dental assistant are not wearing protective eyewear. The patient should be given protective eyewear. The dental assistant's facemask should have been adjusted to cover nose and mouth before the start of the procedure. The dentist's and dental assistant's forearms are exposed to microbial spatter. There is no visible headrest cover and it is hoped the headrest was previously sanitized.

Educational Spotlight

OSAP CORE Infection Control Boot Camp 2016

This annual educational opportunity is a crucial building block for every dental professional with infection control responsibilities. National and international experts in infection prevention and patient safety deliver a fast-paced, engaging and comprehensive curriculum.

Dates: Monday through Wednesday, January 11-13, 2016

Location: The Westin Atlanta Perimeter North, Atlanta, GA

Attendees include educators, compliance officers, consultants, federal service personnel, IC coordinators and sales representatives who may earn up to 24 hours of CE credit. Retain a comprehensive resource binder, checklists, tools and much more.

Space is limited for this event.
Register early and save!

For full details visit <http://www.osap.org/?page=2016BootCamp>



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 2015.

Super Sponsors

Air Techniques
www.airtechniques.com

Clorox Healthcare
www.clorox.com

Crosstex
www.crosstex.com

Henry Schein
www.henryscheindental.com

Hu-Friedy
www.hu-friedy.com

Kerr TotalCare
www.kerrtotalcare.com

Midmark
www.midmark.com

Patterson Dental
www.pattersondental.com

SciCan
www.scican.com

Sultan Healthcare
www.sultanhealthcare.com

Sponsors

Miele
www.miele.com

North Bay/Bioscience
www.nbbs.com

Palmero Health Care
www.palmerohealth.com

TEAM HUDDLE DISCUSSION GUIDE

1. What infection control re-training would you recommend for Dr. Hist and his office staff?
2. What's the best way to solve the instrument shortage problem that occurred on some Mondays in Dr. Hist's office?



Glossary

Event-related storage: A storage system recognizing that a sterilized instrument package remains sterile until some event (e.g., moisture, tearing, puncturing) causes the contents to become contaminated.

Wicking: The drawing of microbes or other particles through material that becomes wet.

Links to Resources

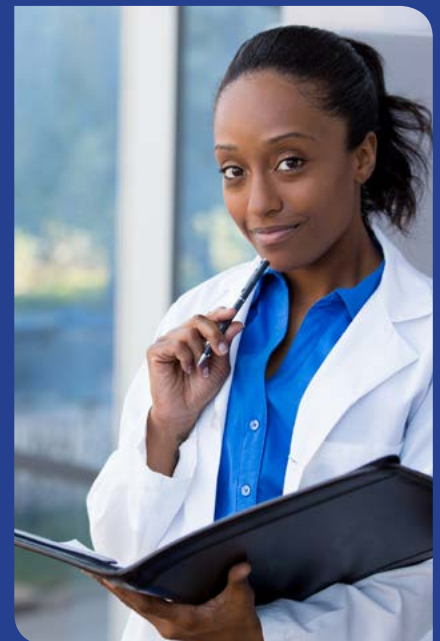
1. **OSHA.** Bloodborne Pathogens Standard. Accessed May 2015 at:
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051
2. **EPA.** Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). Accessed May 2015 at:
<http://www.epa.gov/agriculture/lfra.html>
3. **CDC.** Guidelines for infection control in dental health-care settings – 2003. Accessed May 2015 at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>
4. **Miller, C.H., Rigger, S.D., Sheldrake, M.A., and Neeb, J.M.:** The presence of microorganisms in used ultrasonic cleaning solutions. *Amer. J. Dent.* 1993; 6:27-31
5. **OSHA.** Hazard Communication. Accessed May 2015 at:
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099



SAFETY TIP

SAFETY TOPICS TO DISCUSS IN MEETINGS

- List the various ways occupational exposures may occur.
- Review the locations of eyewash stations.
- Ask for suggestions on how to prevent injuries.
- Remind everyone where the safety data sheets are located.
- Review steps to take if an occupational exposure occurs.
- Ask for post-it slogans about sharps safety or other safety topics.
- Ask for comments about the infection control products being used.
- Ask if anyone has heard of new infection control products or equipment.
- Review sections of OSHA's Bloodborne Pathogens Standard.
- Review sections of OSHA's Hazard Communication Standard.
- Review sections of the CDC's infection control guidelines for dental settings.
- Review recent articles on infection control in dentistry.



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_AUGUST_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. Placing a blood-contaminated item in a refrigerator also containing food is a violation of the:

- a. Food and Drug Administration (FDA) laws.
- b. American Dental Association (ADA) tenants.
- c. Occupational Safety and Health Administration (OSHA) rules.
- d. Environmental Protection Agency (EPA) regulations.

2. Intermediate- and low-level disinfectants are registered by the:

- a. EPA.
- b. ADA.
- c. OSHA.
- d. CDC.

3. Marking instrument packages with the date of sterilization is recommended by the:

- a. FDA.
- b. ADA.
- c. OSHA.
- d. CDC.

4. According to OSHA what needs to be done to a high-speed handpiece before shipping it out for repair?

- a. Decontaminate it

- b. Completely disassemble it
- c. Wrap it in aluminum foil
- d. Place it in distilled water in a sealed shipping container

5. Used ultrasonic cleaning solutions:

- a. are sterile.
- b. should be changed once a week.
- c. should be changed once a month.
- d. can contain large numbers of live microbes.

6. What should be done to hand instruments (e.g., mouth mirror, explorer, and periodontal probe) after they are ultrasonically cleaned, rinsed and dried?

- a. Placed in an instrument drawer at chairside ready for use
- b. Placed in sterilization packaging or wrapped cassette and heat sterilized
- c. Placed in sterilization packaging or wrapped cassette and distributed to chairside
- d. Soaked in a disinfectant, rinsed, placed in sterilization packaging or wrapped cassette, and distributed to chairside

7. A storage system recognizing that a sterilized instrument package remains sterile until some event (e.g., moisture, tearing, puncturing) causes the contents to become contaminated is called:

- a. event-related storage.

- b. first in first out storage.
- c. non-dated package storage.
- d. sterilization indicator storage.

8. Update training related to OSHA's Blood-borne Pathogens Standard needs to occur at least:

- a. monthly.
- b. every three months.
- c. every six months.
- d. annually.

9. What is the best source for information on how to prepare and use a disinfectant?

- a. The product label
- b. The safety data sheet
- c. The exposure control plan
- d. The hazard communication program

10. What should be done to sterilized instrument packages that have become wet?

- a. Re-package
- b. Re-clean and re-package
- c. Re-clean, re-package, and re-sterilize
- d. Re-clean, wipe with alcohol, and re-package

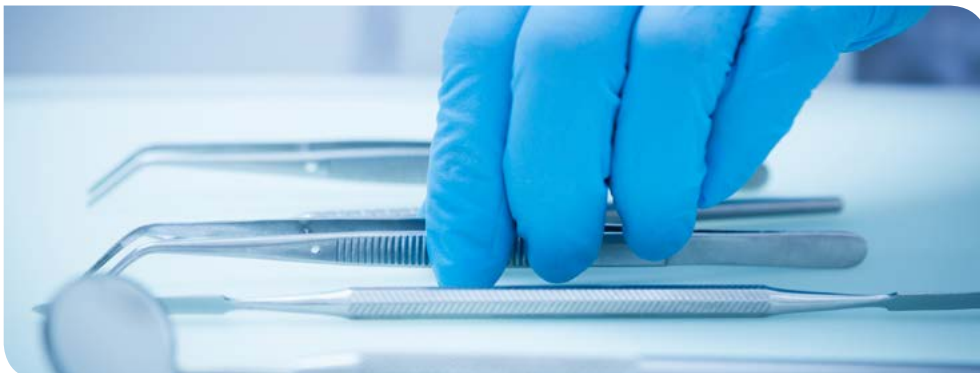
KEY TAKEAWAYS

1. It's important to completely understand how to correctly perform infection control procedures.
2. Initial and refresher training on infection control procedures keeps staff up-to-date and reinforces consistent infection control practices.
3. Infection control coordinators have a wide variety of responsibilities.

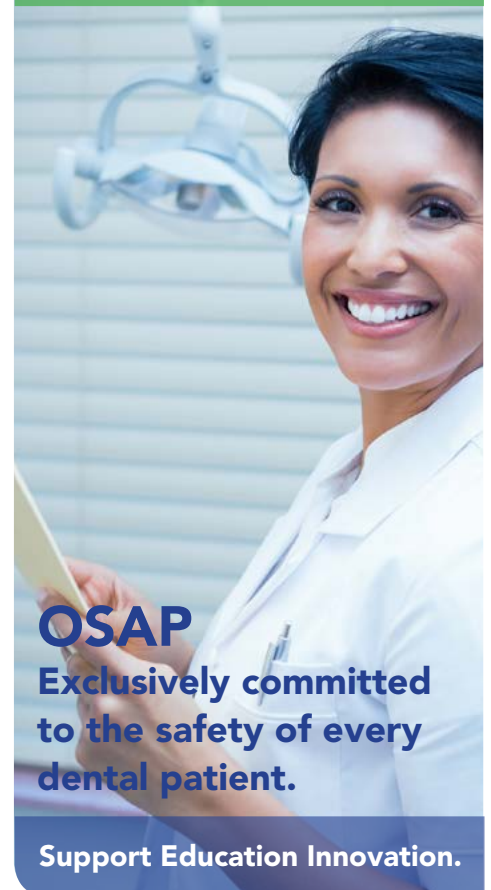
TEAM HUDDLE HIGHLIGHTS

1. Does your facility have a designated infection control coordinator?
2. Is your infection control coordinator aware of all the expected duties?
3. Has your infection control coordinator received the proper training for performing the expected duties?

Read on!



The Safest Dental Visit™



OSAP
Exclusively committed
to the safety of every
dental patient.

Support Education Innovation.