

In Practice

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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.

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TEAM HUDDLE: Tools and Resources for the Infection Control Coordinator

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. Tools and resources are available to the ICC, and some are suggested in this issue of *Infection Control in Practice*.

LEARNING OBJECTIVES

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

- describe some benefits of having an infection control coordinator in a dental facility;
- describe recent major changes in the Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard;
- identify several tools and resources for infection prevention and safety training.

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The Incident

Dr. Bondy, a general dentist, has been in practice for 21 years in a small town in southern Indiana. His main dental assistant (Flo) has been with him since 1999, and a hygienist (Tabby) since 2000. His second assistant, who was responsible for instrument processing, gave her two weeks' notice because she and her husband were moving upstate to be closer to her aging mom. Luck would have it that Dr. B's daughter (Nan) had just graduated from a dental assisting program, so he hired her.

After Nan was on board for a couple of weeks Dr. B asked her how things were going. She hesitated a bit but then said that she really liked Flo and Tabby and they all got along very well, but she felt that both were a little "behind the times". Nan said that they were aware of the OSHA Bloodborne Pathogens Standard and the exposure control plan. They also knew about the OSHA Hazard Communication Standard but didn't know about its recent update, and, surprisingly they knew little about the 2003 dental infection control guidelines from the Centers for Disease Control and Prevention (CDC). Also they didn't know that disinfectant wipes and nitrile gloves were available for healthcare facilities and knew little about contaminated waterlines.

Nan also told her dad that there wasn't any organized system for regular spore testing of the sterilizer and that chemical indicators were only used with surgical instruments. She was also unaware of how the office managed needlesticks and instrument punctures. She convinced her dad that everyone (including him) in the office needed updates about infection control, and that after the training an infection control coordinator should be appointed to organize a complete safety program. Nan also suggested that someone in the office join OSAP.

Potential Consequences

Since Dr. B's office was a little behind the times about safety procedures and products, it's obvious that regular training of the office

staff in disease prevention did not occur. It's also obvious that few, if any, in the office attended National or local dental meetings where continuing education and information on infection control or new products and techniques are available. Some of the important duties of an ICC are to keep updated, to share new information with the office staff, and help ensure compliance with regulations and recommendations.

If Dr. B had previously appointed an ICC, it's likely that the staff would have received the required periodic training and would not have been so "behind the times". New infection control products and equipment become available all the time to make infection prevention and safety procedures more efficient and sometimes more cost effective.



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 and 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.

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TEAM HUDDLE DISCUSSION GUIDE

1. Give examples of tools and resources used by your office staff to keep updated about infection prevention and safety.
2. How has your office staff taken advantage of the educational opportunities offered by OSAP?

If no one monitors the function, appearance and use of these items like an ICC would, productivity may stagnate and opportunities lost.

While the office staff apparently knew about the Bloodborne Pathogens Standard, they certainly didn't comply with all of the rules. Their lack of annual training on infection control procedures and bloodborne diseases was obvious to Nan. Not having clear procedures to handle sharps injuries, as required by OSHA, can delay medical attention and create confusion, which can interfere with time-sensitive HIV-prophylaxis, if deemed necessary.

The fact that the office knew little about the CDC infection control guidelines¹ can cause serious problems for patients. These guidelines relate to the protection of both office personnel and patients. If they were only following some of the rules in OSHA's Bloodborne Pathogens Standard (which relates only to the office workers), some approaches to patient protection recommended by CDC may have been neglected.

Not knowing about the 2012 Hazard Communication Standard updates can result in a misunderstanding of the hazard and health aspects of chemicals and confusion about the new name and format of Safety Data Sheets (SDS).



Related Recommendations, Regulations and Prevention

OSHA's Bloodborne Pathogens Standard² requires healthcare employers to provide initial and annual update training on bloodborne diseases and occupational exposures (as well as the hepatitis B vaccination series) to all potentially exposed employees. Additional training also is required when changes in tasks or procedures occur that may put employees at risk for exposure to disease agents. This standard also requires healthcare employers to provide a medical evaluation and follow-up of an occupational exposure incident.

Information about the updated Hazard Communication Standard³ is available at <https://www.osha.gov/dsg/hazcom/HCSFactsheet.html>.

Major changes to the Hazard Communication Standard³ updated in 2012 are:

- Manufacturers and distributors now need to add specific criteria to address physical and health hazards as well as classification of chemical mixtures;
- Chemical manufacturers and importers must now provide a label that includes a single word, pictogram, hazard statement and precautionary statement for each hazard class and category;
- Safety Data Sheets (previously called Material Safety Data Sheets) now have a new format which show 16 sections ensuring consistency in presentation of the information; and
- The update requires employers to have trained employees on new chemical label and SDS formats by December 1, 2013. Chemical manufacturers, importers, distributors, and employers must be in compliance with all modified conditions by June 1, 2015 except that distributors can ship containers having the old labeling system up until December 1, 2015. Employers have until June 1, 2016 to update alternative workplace labeling and hazard communication programs, as necessary, and provide additional employee training for newly identified physical or health hazards of chemicals in the office.

Dr. Bondy's office was not following the CDC's recommendation for sterilization monitoring by using mechanical and chemical indicators with every sterilizer load and a biological indicator at least weekly.¹ Without a complete sterilization monitoring system (biological, chemical, and mechanical) the prepared instruments are not considered safe for use on patients. The office also ignored the CDC's recommendation of using dental unit water that meets the Environmental Protection Agency's (EPA) regulatory standard for drinking water which is equal to or less than 500 colony-forming units of heterotrophic bacteria per milliliter of output water (≤ 500 CFU/mL).¹

Some Tools and Resources for the Infection Control Coordinator

Vaccination Reminder

- ❑ Flu season is upon us. It's very important for all healthcare providers to be vaccinated annually against influenza. Vaccination is the best way to prevent the flu, and if you're not infected, you won't spread it to your patients and loved ones. The CDC offers information about the influenza vaccine at <http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm>. OSAP members can log-in at www.OSAP.org and find talking points on the flu vaccine at the 'OSAP Knowledge Center' under 'National Dental Infection Control Awareness Month', 'Patient Talking Points'.

Guidelines and Regulations

- ❑ Safest Dental Visit™ Kit for Dental Practices: <http://www.osap.org/?page=SDVKitDtlPractice>
- ❑ Patient Safety Toolkit: http://www.osap.org/?page=Issues_PatientSafety
- ❑ CDC and the National Institute for Occupational Safety and Health (NIOSH): <http://www.osap.org/?page=GuideCDCandNIOSH>
- ❑ CDC's infection control recommendations for dentistry: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>
- ❑ EPA: <http://www.osap.org/?page=GuideEPA>
- ❑ Food and Drug Administration (FDA): <http://www.osap.org/?page=GuideFDA>
- ❑ OSHA: <http://www.osap.org/?page=GuideOSHA>
- ❑ Bloodborne Pathogens Standard: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.
- ❑ Hazard Communication Standard: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099.
- ❑ Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communication Standards: <https://www.osha.gov/Publications/osh3186.pdf>.

Education and Training

- ❑ From Policy to Practice: OSAP's Interactive Guide to the CDC Guidelines: <http://www.osap.org/?CDCGuidelinesCourse>
- ❑ If Saliva Were Red – a cross contamination video: <http://www.osap.org/?page=ISWR1>
- ❑ CDC Guidelines: From Policy to Practice by OSAP (workbook): http://www.osap.org/?page=CDCGLPTP_Intro
- ❑ OSHA and CDC Guidelines: Interactive Training System: <http://www.osap.org/?page=InteractProgram>
- ❑ CDC's on-line training on the Guidelines for Infection Control in Dental Health-care Settings–2003: <http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/slides/001.htm>
- ❑ OSAP tool kits. Over 50 documents to help understand various aspects of infection control and safety. (Free for OSAP members): <http://www.osap.org/?page=2016BootCamp>
- ❑ OSAP Boot Camp January 11-13, 2016 in Atlanta GA: www.osap.org/?page=2016BootCamp#Program.
- ❑ OSAP Annual Symposium, June 2-4 2016, San Diego, CA: <http://www.osap.org/?page=KnowledgeCenter>
- ❑ Information about various infectious diseases: <http://www.cdc.gov/DiseasesConditions/az/a.html>
- ❑ OSHA's training on the Bloodborne Pathogens Standard: https://www.osha.gov/dte/library/materials_library.html

Infection Control/Safety Publications

- ❑ Miller, CH. *Infection Control and Management of Hazardous Materials for the Dental Team*. 5th ed, 2014. Elsevier, St Louis.
- ❑ Molinari, JA and Harte, JA. *Cottone's Practical Infection Control in Dentistry*. 3rd ed, 2010. Lippincott Williams & Wilkins, Baltimore.
- ❑ OSAP. *Infection Control In Practice*. Over 100 issues discussing virtually all aspects of dental infection control and safety. (Free for members)

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 clinician and the assistant's facemask and protective eyewear should be put on properly before donning gloves. The dentist's and dental assistant's gloves risk cross-contamination by grasping the dental chair. The dentist's exam gloves have become contaminated by the handshake with the patient. The assistant has exposed forearms and neck and the patient needs protective eyewear. The dental chair headrest is not barrier protected and it is hoped that it was properly sanitized before the patient was seated.

Educational Spotlight

Three Good Reasons to Attend OSAP CORE Infection Control Boot Camp™ 2016

LEARN

Receive OSAP's core infection control curriculum. Be inspired with new ideas. Discover trends that can impact your work practices. Be active in managing your career growth.

COLLABORATE

Everyday work routines can be isolating. Approach networking as a means to collaborate with peers about issues and trends. Develop new connections.

SHARE

What will you bring back? Return to your work setting and leadership role with information and updated content to share with others so they can benefit from your attendance.

DATES:

Mon. through Wed.
January 11-13, 2016

LOCATION:

The Westin Atlanta Perimeter
North, Atlanta, GA

(Situated on a private lake located less than 2 miles from the Perimeter Mall and 30 minutes away from the city's major destinations.)



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

Cut-off date to obtain reduced program registration rates is December 7, 2015.

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

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.

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SAFETY TIP

In addition to the resources listed under “Success Strategies for the Infection Control Coordinator” on page 4, here is some other information of value to healthcare employers.

- ◆ CDC, NIOSH, OSHA. Information for Employers Complying with OSHA’s Bloodborne Pathogens Standard: <http://www.cdc.gov/niosh/docs/2009-111/>
- ◆ Other OSHA standards related to dentistry: <https://www.osha.gov/SLTC/dentistry/standards.html>
- ◆ OSHA. Medical & Dental Offices: A Guide to Compliance with OSHA Standards (2003) OSHA Publication No. 3187: www.osha.gov/Publications/osh3187.pdf
- ◆ Dental practices should consider sending their infection control coordinator at least one time to OSAP’s annual “Core Infection Control Boot Camp” that presents a curriculum on infection prevention and patient safety by National and International experts. The next “Boot Camp” is scheduled for January 11-13, 2016, in Atlanta, GA: www.osap.org/?page=2016BootCamp#.
- ◆ Another important opportunity for practices that want to be on the cutting edge of dental safety is for at least one member of their team to experience OSAP’s annual emerging issues symposium. This event includes the participation of manufacturers and distributors who display, demonstrate, and explain their infection control products and equipment. The symposium also provides numerous educational sessions providing the latest information on infection prevention and safety. The next symposium is scheduled for June 2-4, 2016, in San Diego, CA.

Glossary

Biological sterilization monitoring: using a standardized population of specific bacterial spores that grow (sterilization failure) or do not grow (sterilization success) after being processed in a sterilizer and compared to unprocessed control spores - also referred to as spore-testing

Chemical sterilization monitoring: using a device (e.g., a paper strip, special tape) that changes color or form when exposed to one or more sterilizing conditions (e.g., temperature, steam)

Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material

Heterotrophic bacteria: bacteria that use organic substances for energy production and as a source of carbon – (these are in contrast to autotrophs that use sunlight or inorganic compounds for energy and CO₂ as a carbon source) – most disease-producing bacteria are heterotrophs

Mechanical sterilization monitoring: observing/recording the physical parameters of the sterilization process (e.g., time, temperature, pressure)

Pictogram on a chemical label: a picture/drawing that describes the type of hazard related to the chemical (e.g., this picture of a flame on the label of a flammable chemical ⁴)

Safety Data Sheet (SDS): OSHA’s newer phrase for material safety data sheet. It’s written or printed information describing procedures for handling a hazardous chemical that includes physical data, toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill/leak procedures. A safety data sheet is required for each hazardous chemical in the facility.

Links to Resources

1. **CDC.** Guidelines for infection control in dental health-care settings– 2003. Accessed July 2015 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>.
2. **OSHA.** Bloodborne Pathogens Standard. Accessed July 2015 at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.
3. **OSHA.** Hazard Communication. Accessed July 2015 at: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099.
4. **OSHA.** Hazard Communication Standard Pictogram. Accessed July 2015 at: https://www.osha.gov/Publications/HazComm_QuickCard_Pictogram.html.

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_OCTOBER2015 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. OSHA's Bloodborne Pathogens Standard mainly provides protection to:
a. manufacturers.
b. employees.
c. the public.
d. patients.
2. When was OSHA's Hazard Communication Standard last updated?
a. 1991
b. 2000
c. 2012
d. 2015
3. What was the deadline for dentist employers to train their employees on the recent changes in OSHA's Hazard Communication Standard?
a. June 1, 1992
b. April 30, 2000
c. December 1, 2013
d. January 1, 2016
4. OSHA requires _____ Bloodborne Pathogens training of those employees with a potential for occupational exposure.
a. Weekly
b. Monthly
c. Bimonthly
d. Annual
5. The CDC based its recommendation for the microbial content of dental unit water on which governmental agency's standard?
a. NIOSH
b. OSHA
c. FDA
d. EPA
6. The CDC's recommended maximum microbial content of output dental unit water per mL is:
a. 5,000
b. 500
c. 50
d. 5
7. According to the CDC, how often should mechanical sterilization monitoring be performed in the dental facility?
a. Once a week
b. Once a month
c. With every load
d. With every other load
8. According to the CDC, how often should chemical sterilization monitoring be performed in the dental facility?
a. Once a week
b. Once a month
c. With every load
d. With every other load
9. According to the CDC, how often should biological sterilization monitoring be performed in the dental facility?
a. Once a week
b. Once a month
c. With every load
d. With every other load
10. What is one of the major changes in the updated Hazard Communication Standard?
a. Patients must now be informed of the hazards of each chemical used in their dental treatment
b. Labels on chemicals must now contain a picture that describes the type of hazard related to the chemical
c. Healthcare facilities no longer have to collect safety data sheets for the chemicals they use
d. Manufacturers or distributors of chemicals must now provide the training to healthcare employees about the major changes in the Hazard Communication Standard

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KEY TAKEAWAYS

1. The ICC can help ensure that the office staff members keep updated in various aspects of infection prevention and safety.
2. A variety of infection prevention educational tools and resources are available to dental workers from OSAP and elsewhere.

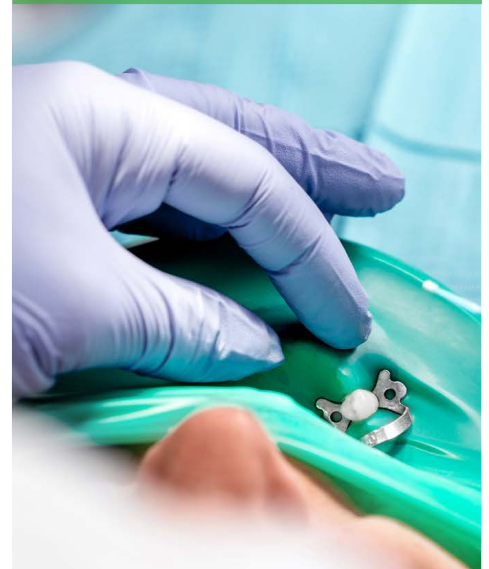


TEAM HUDDLE HIGHLIGHTS

1. Does your facility have a designated infection control coordinator?
2. Is everyone in your facility who has a potential for occupational exposure up-to-date on the bloodborne pathogens training and vaccination against hepatitis B?
3. Has your entire office staff received this year's influenza vaccine?
4. Are you aware of the recent changes in OSHA's Hazard Communication Standard?

Read on!

The Safest Dental Visit™



OSAP
Exclusively committed
to the safety of every
dental patient.

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