



OSAP Dental Infection
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The Role of the Infection Control Coordinator

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Disclosures

- Kathy Eklund is an employee of the Forsyth Institute, a member of the Board of Directors of OSAP, and an author of the Interact Training System.
- Other than work with the Interact Training System, Ms. Eklund, nor any member of her immediate family have any commercial interests relevant to this presentation.
- Photos and images of products and devices are for example purposes only and are not intended as endorsement.

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National Center for Chronic Disease Prevention and Health Promotion



About the Basic Expectations for Safe Care (BESC) Training Series

This training series covers the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It complements CDC's Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care and was developed to increase adherence to established infection prevention practices.

The slide series is divided into 10 modules including an introduction, seven elements of standard precautions, as well as dental unit water quality and program evaluation. Each module includes a slide set and speaker notes that can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel. These materials may be found at <http://www.cdc.gov/oralhealth/infectioncontrol>.

All CDC materials, including the BESC training modules, are available for public use. Users may download and present the modules as-is, or may adapt the material into another format under the following conditions:

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Division of Oral Health (DOH)

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Learning Objectives



1. Describe key roles and responsibilities of the infection control coordinator.
2. Describe education and training indicated for an infection control coordinator.
3. Identify tools and resources to facilitate program planning, implementation and evaluation.

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Introduction to Topic

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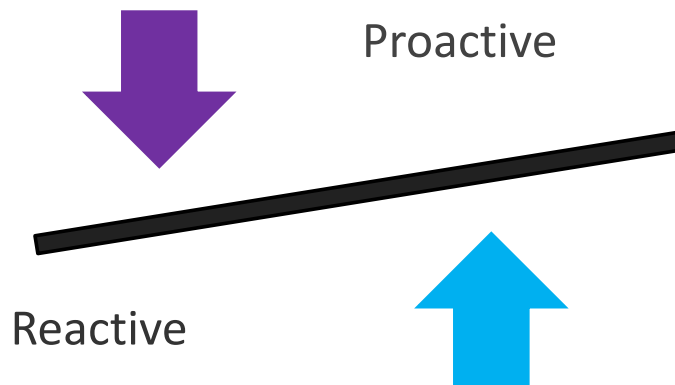
An infection control coordinator plays a critical role in ensuring compliance with current infection prevention and safety guidelines and regulations. The responsibilities may vary from one setting to another depending upon the size of the practice or institution.

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Continuous Quality Improvement

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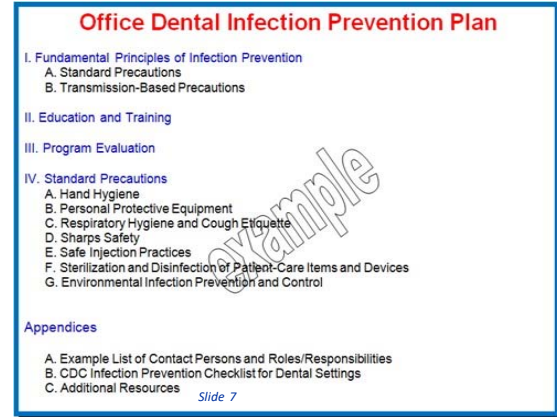
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Administrative Measures

- Make infection prevention a priority in all dental settings.
- Assign at least one person as the infection control coordinator.
- Tailor policies to each dental setting.
- Reassess on a regular basis (e.g., annually).



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CDC: The Infection Control Coordinator

- “Assign at least one person as the infection control coordinator.” CDC, 2016
- “An infection-control coordinator, knowledgeable or willing to be trained, should be assigned responsibility for coordinating the program.” CDC, 2003



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www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/administrative-measures.html

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IC Coordinator – Small vs. Large Settings

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- Large institutions
 - May have a committee **charged with overseeing implementation of infection prevention and control protocols**, with designated roles for each member
- Small settings may have one individual educated and trained to function as the infection control coordinator
 - Small settings may also have a designated person who works with an outside consultant

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Responsibilities

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- Develop written infection prevention policies and procedures based on evidence-based guidelines, regulations, and standards.
- Ensure that equipment and supplies (e.g., hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment) are available
- Maintain communication with all staff members to address specific issues or concerns related to infection prevention.
- Develop policies and protocols for early detection and management of potentially infectious persons at initial points of patient encounter.

www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/administrative-measures.html

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Infection Prevention Policies and Procedures

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- *Should be supported by an authoritative source.*



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Other Relevant

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- Relevant State Regulations (e.g., Boards of Registration, Departments of Public Health, etc.)
- Relevant Accrediting Agencies (e.g., Joint Commission, CODA, etc.)
- Relevant Standards (e.g., AAMI, ANSI, etc.)
- Other



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Program Evaluation

- Ongoing monitoring and evaluation.



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The IC Coordinator *Must Haves*

- Adequate time to complete responsibilities
 - Responsibilities may be within a larger job position, e.g.: Safety director, dental assistant, office manager, etc.
- Access to relevant:
 - Publications (guidelines, regulations, standards professional journals, etc.)
 - Continuing professional education
 - Topic specific workshops and seminars
 - Professional memberships (**OSAP**, ADA, ADAA, ADHA, etc.)
 - Support of top management/administration
- Opportunities to network with other professionals responsible for infection control

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Policy Development, Implementation and Monitoring

THE INFECTION CONTROL COORDINATOR RESOURCES

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Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™



Oral Health

CDC > Oral Health home

 Oral Health home

Oral Health Basics

+

Community Water Fluoridation

+

Dental Sealants

+

Infection Prevention & Control in Dental Settings

—

Summary of Infection Prevention Practices in Dental Settings

+

CDC DentalCheck Mobile App

+

Frequently Asked Questions

+

Basic Expectations for Safe Care Training Modules

+

Selected References for Infection Prevention & Control by Topic Area

+

Screening and Evaluating Safer Dental Devices

+

Infection Prevention & Control in Dental Settings

CDC develops evidence-based recommendations to guide infection prevention and control practices in all settings in which dental treatment is provided.

This site includes guidelines and recommendations, frequently asked questions, resources to support the evaluation of and adherence to guidelines, and a glossary of terms.

Infection Control Spotlight

CDC's Division of Oral Health is proud to release a new resource for the infection prevention and control community! The [Basic Expectations for Safe Care Training Modules](#) is a training series that covers the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings.

Summary of Infection Prevention Practices in Dental Settings

Published guidelines and summaries of recommendations.

CDC DentalCheck Mobile Application

Checklist to assess facility practices and ensure they meet the minimum expectations for safe care



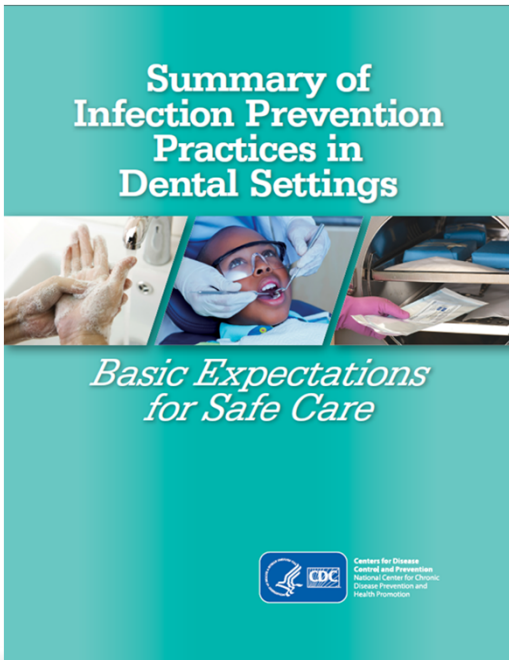


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www.cdc.gov/oralhealth/infectioncontrol/index.html

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- ❑ Summary of basic infection prevention expectations for safe care in all dental settings
- ❑ Based on Standard Precautions
- ❑ Supplements existing CDC recommendations (not a replacement)
- ❑ Links to references & additional resources

cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html

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Infection Prevention 2-Part Fillable Checklist for Dental Settings

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Infection Prevention Checklist
Section II: Direct Observation of Personnel and Patient-Care Practices
II.1 Hand Hygiene is Performed Correctly

Elements to Be Assessed	Assessment	Notes/Areas for Improvement
A. When hands are visibly soiled	Y N NA	
B. After standardized brushing of instruments, equipment, surfaces and other objects likely to be contaminated by blood, saliva, or respiratory secretions	Y N NA	
C. Before and after treating each patient	Y N NA	
D. Before putting on gloves	Y N NA	
E. Immediately after removing gloves	Y N NA	
F. Surgical hand rub or a permanent rubber glove on sterile surgical glove for all surgical procedures	Y N NA	

Note: Surgical and glove procedures should always be performed in a sterile field.

II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements to Be Assessed	Assessment	Notes/Areas for Improvement
A. If a contaminated surface (e.g., dental unit control, instrument processing or laboratory area)	Y N NA	
B. If a spillage is performed immediately after removal of PPE	Y N NA	
C. Masks, Protective Goggles, and Eye Shields	Y N NA	
D. If a PPE was used during procedures that are likely to generate splashes or sprays of blood or other fluids	Y N NA	
E. If a PPE was used with a risk of splash or spray during procedures for an active or suspected infection or other condition	Y N NA	
F. If a PPE change made between patients and after patient treatment if the mask becomes wet	Y N NA	

Infection Prevention Checklist
Section I: Policies and Practices
I.1 Administrative Measures

Elements to Be Assessed	Assessment	Notes/Areas for Improvement
A. Written infection prevention policies and procedures specific to the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC Guidelines for Infection Control Practice Advisory Committee (PAC) 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)	Y N NA	
B. Written infection prevention policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate	Y N NA	
C. If a staff member is trained in infection prevention, a signed responsibility for completing the training	Y N NA	
D. Written responsibility for adherence to training. Procedures are readily available	Y N NA	
E. Written policy for use of personal protective equipment (PPE)	Y N NA	
F. Written policy for the safe disposal and management of potentially infectious material at the dental practice	Y N NA	

Checklist to evaluate compliance with infection prevention practices

- Administrative policies
- Observation of personnel and patient-care

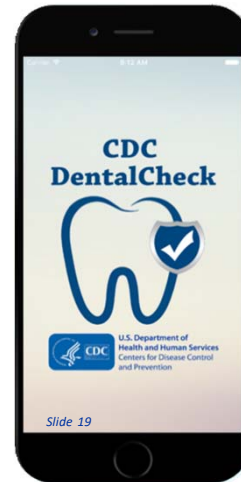


www.cdc.gov/oralhealth/infectioncontrol/dentalcheck.html

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CDC DentalCheck—Mobile App

- Interactive version of the Infection Prevention Checklist for Dental Settings.
- Available for all mobile iOS and Android compatible devices.
- Free download at the iTunes App and Google Play Stores.



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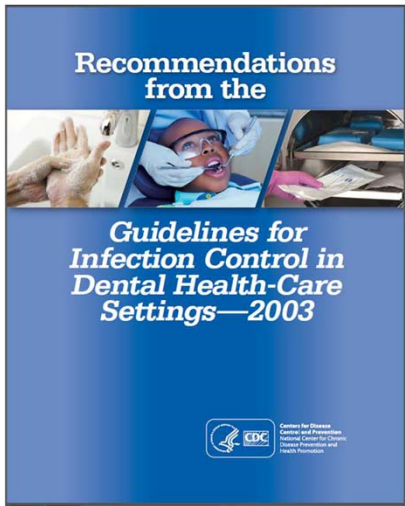
CDC DentalCheck Key Features

- Allows users to check Yes or No to acknowledge adherence with a list of administrative policies or observed practices.
- Provides basic infection prevention principles and recommendations for dental health care settings.
- Allows users ability to export results for records management.
- Provides links to full guidelines and source documents that users can reference for more detailed background and recommendations.



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Compendium Document



Recommendations

Each recommendation is categorized on the basis of existing scientific data, theoretical rationale, and applicability. Rankings are based on the system used by CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) to categorize recommendations.

Categories	
Category IA	Strongly recommended for implementation. Strongly supported by well-designed experimental, clinical, or epidemiologic studies.
Category IB	Strongly recommended for implementation. Supported by experimental, clinical, or epidemiologic studies and a strong theoretical rationale.
Category IC	Required for implementation as mandated by federal or state regulation or standard. When C is used, a second rating can be included to provide the basis of existing scientific data, theoretical rationale, and applicability. Because of case differences, the reader should not assume that the absence of a C implies the absence of case requirements.
Category II	Supported for implementation. Supported by suggestive clinical or epidemiologic studies or a theoretical rationale.
Unclassified Issue	No recommendation. Insufficient evidence or no consensus regarding efficacy exists.

I. Personnel Health Elements of an Infection Control Program

- A. General Recommendations**
1. Develop a written health program for dental health-care personnel (DHCP) that includes policies, procedures, and guidelines for education and training, immunizations, exposure prevention and postexposure management, medical conditions, work-related fitness, and associated work restrictions, contact dermatitis and latex hypersensitivity, and maintenance of records, data management, and confidentiality (B) (5, 16–18, 22).
 2. Establish referral arrangements with qualified health-care professionals to ensure prompt and appropriate provision of preventive services, occupationally related medical services, and postexposure management with medical follow-up (B, K) (5, 13, 16, 22).
- B. Education and Training**
1. Provide DHCP (1) on initial employment, (2) when new tasks or procedures affect the employee's occupational exposure, and (3) at a minimum, annually, with education and training regarding occupational exposure to potentially infectious agents, and infection control procedures protocols appropriate for and specific to their assigned duties (B, K) (5, 13, 14, 16, 19, 22).
 2. Provide educational information appropriate in content and modality to the educational level, literacy, and language of DHCP (B, K) (5, 13).

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Source: Infection Prevention & Control Guidelines & Recommendations

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ALL PROGRAMS SHOULD MEET THE MINIMUM REQUIREMENTS BASED ON THE
CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) GUIDING PRINCIPLES OF INFECTION CONTROL

Level I	Level II	Level III	INFECTION CONTROL PRACTICE	Yes	No	Comments
X	X	X	Infection Control Program Operating Procedures			
			Is there a written infection control program?			
			Is there a designated person(s) responsible for program oversight?			
			Are there methods for monitoring and evaluating the program?			
			Is there a training program for dental health-care personnel (DHCP) (initial and ongoing) in infection control policies and practices?			
X	X	X	Immunizations			
			Are DHCP adequately immunized against vaccine-preventable diseases? Immunizations should meet or exceed federal, state and local guidelines. (May not be necessary for screenings)			
			Hepatitis B			
			Annual Influenza			
			Additional immunizations needed for program:			
X	X	X	Hand Hygiene			
			Are sinks available close to the area where care is provided?			
			If not, are alcohol-based hand sanitizers available?			
			Is staff properly trained in the use of alcohol handrub products?			
X	X		Personal Protective Equipment (PPE) (e.g., gloves, masks, protective eyewear, protective clothing)			
			Is there a protocol that outlines what PPE are worn for which procedures?			
			Is PPE storage available and close to care?			
			Are facilities available to disinfect PPE (DHCP eyewear, patient eyewear, heavy duty utility gloves)?			



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OSAP's Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Equipment


www.osap.org/page/PortableMobile

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Checklists for Repeatable Processes

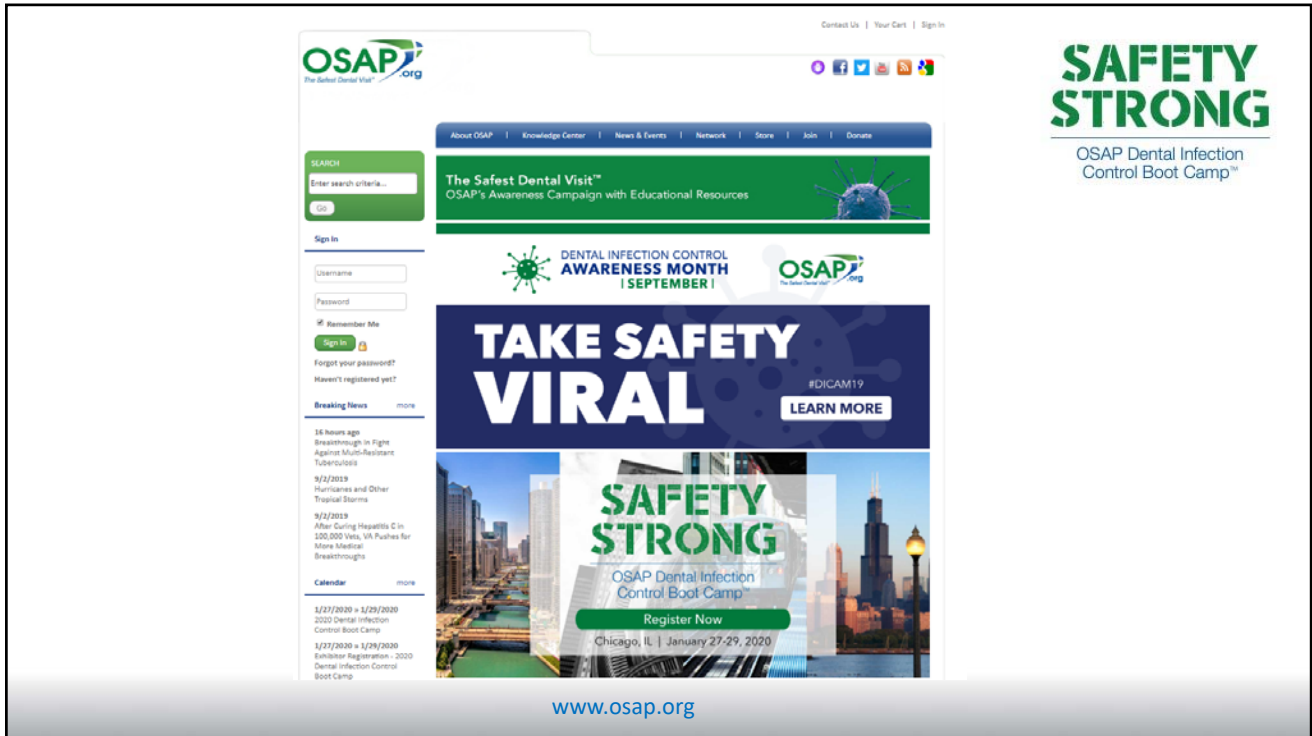
- Remind individuals of critical steps to complete each time
- Provide verification that the steps have been completed
- Create a history that can be reconstructed if there is an adverse event





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Certification Programs

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- Certification Board of Infection Control and Epidemiology (CBIC)'s Certification in Infection Prevention and Control (CIC) certification
- International Association of Healthcare Central Service Materiel Management (IAHCSMM)'s Certified Registered Central Services Technician (CRCST) certification
- Certification Board for Sterile Processing and Distribution (CBSPD)'s Certified Sterile Processing and Distribution Technician (CSPDT) certification

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OSHA

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- Does OSHA certify? Can someone be “OSHA-certified”?
 - The short answer to these two questions is No and No.
 - Contrary to popular belief, OSHA does not actually certify workers and you cannot get “OSHA certified.”
 - OSHA Training Institute (OTI) Education Centers
 - Courses and trainers are considered “OSHA authorized” and students who complete courses in construction from an OSHA OTI receive course completion cards (issued by the Department of Labor/OSHA).
 - Anyone claiming to be OSHA certified is mistaken.”



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Journal of Dental Infection Control and Safety

ADVANCING PATIENT SAFETY THROUGH A NEW EDUCATION AND CREDENTIALING INITIATIVE IN DENTISTRY

Cynthia Durlay, MEd, MBA
J. Hudson Garrett Jr., PhD, MSN, MPH, FNP-BC, PLNC, IP-BC, VA-BC, FACDONA
Theresa Long, MBA, CAE

ABSTRACT
Certification is an essential part of professional advancement without medicine. Certification helps the certified clinician, the healthcare facility, and also the public by demonstrating a core commitment to a specified body of knowledge that is created by a formal certification exam job analysis. OSAP has embarked on a comprehensive journey to create professional certification pathways for both clinicians and industry professionals with the goal of advancing evidence-based practice across throughout the oral healthcare continuum of care. Certification is one pillar of OSAP's strategic goals, and is done in partnership with DANB and The Dale Foundation.

INTRODUCTION TO CERTIFICATION
To many healthcare professionals, earning and then maintaining a professional certification are daunting tasks. However, certification can offer tremendous benefits for the person authorized to hold the certification ("the certificant"), the employer (e.g., dental practice, ambulatory surgery center, dental support organization [DSO], academic institution, industry partner), and the public (dental patients). The public is served by certification as it creates a standard for professionals and provides assurance that the certificant has met rigorous requirements in areas of practice. Certification can benefit the certificant by validating knowledge, identifying professional achievement and elevating professional credibility. It also can increase the potential for higher wages for certificants and may offer an employment advantage over non-certified job applicants (see Table 1. Benefits of a Professional Certification).
In healthcare settings around the world, infection control breaches are of continued concern and should be priorities for both providers and patients. When breaches occur, patients and healthcare professionals can experience significant consequences such as permanent disability and even death. Providers may also face legal liability and loss of reputation, should federal or state infection control standards, guidelines and related protocols fail to be appropriately and consistently implemented.




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WHAT HAVE WE LEARNED, from this and other research?

- **Inconsistency Among States**
 - Adoption of CDC Infection Control Guidelines
 - Dental setting inspections for OSHA/CDC compliance
 - Dental infection control-related Continuing Education (CE) Requirements
- **Key Issues with Current Educational Content**
 - Inconsistent information and misinformation
 - Increasingly vast amount of content available in the public domain from multiple, disparate sources, varying in quality, accuracy, focus, organization, and relevance
- **Need for Educational Standardization & Requirements**
 - Minimum infection control curriculum
 - Demonstration of Knowledge-Based Competence
- **Need for minimum dental infection control-related CE requirements in each state**

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Dental Infection Control Education and Certification

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- 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 and certification initiative.

dentalinfectioncontrol.org



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OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™

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1. Complete the OSAP-DALE Foundation online CDEA® module: [Understanding CDC's Summary of Infection Prevention Practices in Dental Settings](#) (\$30)
2. Complete the [OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™](#) (\$225)
3. Pass the OSAP-DALE Foundation eHandbook Assessment™ (\$50)

dentalinfectioncontrol.org/education/



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OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™

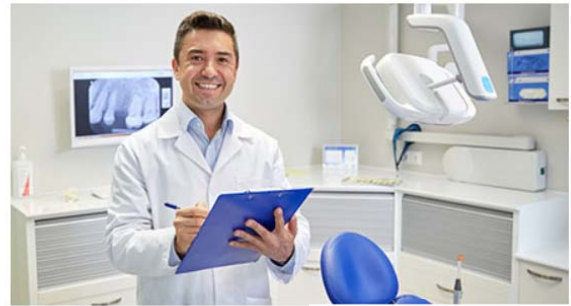
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UNIT 1: Infection Control and Infectious Diseases
in Dental Healthcare Settings

UNIT 2: Elements of Infection Control in
Everyday Practice

UNIT 3: Infection Control Policies and
Procedures at the Facility Level



dentalinfectioncontrol.org/ehandbook/



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Certification(s)

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- OSAP-DANB Certified in Dental Infection Prevention and Control™ (CDIPC™) - Clinically Focused Professional Certification
- OSAP-DANB Dental Industry Specialist in Infection Prevention and Control™ (DISIPC™) - Dental Industry Focused Professional Certification

dentalinfectioncontrol.org/certification/



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Summary/Takeaways

- The Infection Control Coordinator plays a vital role in
 - Patient and personnel safety
 - Compliance with relevant guidelines, regulations, standards
 - Efficient use of resources
- Administrative support is vital to the success of the Infection Control Coordinator and the site-specific infection control program.
- OSAP, DANB and the DALE Foundation are collaborating to develop vetted professional education in dental infection control and two professional certification programs.

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Infection Prevention and Safety A Public Trust & Expectation

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Division of Oral Health (DOH)

MODULE 1 — Introduction

Resources

- CDC. [Guidelines for Infection Control in Dental Health-Care Settings—2003](#)
- [CDC. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care](#)
- [Organization for Safety, Asepsis and Prevention. Interactive Online Article – Understanding CDC's Summary of Infection Prevention Practices in Dental Settings](#)
- Organization for Safety, Asepsis and Prevention. [New CDC Tool for Dentistry webinar](#)

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