



Infection Control Compliance Essentials For Dental Professionals

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DISCLOSURES

- Former OSAP Chair and Director
- Images are used for instructional purposes only and not as an endorsement of any product or company.
- No Other Conflicts

Why Practice Infection Control?

Prevent Disease Transmission From:

- Patient to Patient
- Staff to Patient
- Patient to Staff

....Patient and provider safety is paramount.

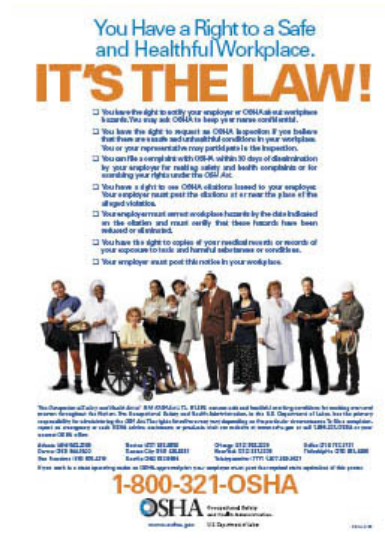
Why Else Practice Infection Control?

CDC recommends:

- Every practice should have an Infection Control/Prevention Coordinator – ICPC/ICC
- Every practice should have an Exposure Control Plan

OSHA Poster

Every workplace must display the OSHA poster (OSHA Publication 3165), or the state plan equivalent. The poster explains worker rights to a safe workplace and how to file a complaint. The poster must be placed where employees will see it. You can download a copy or order one free copy from OSHA's web site at www.osha.gov or by calling (800) 321-OSHA.



Reporting Occupational Injuries and Illnesses (29 CFR 1904)

Medical and dental offices are currently exempt from maintaining an official log of reportable injuries and illnesses (OSHA Form 300) under the federal OSHA recordkeeping rule, although they may be required to maintain records in some state plan states. If you are in a state plan state, contact your state plan directly for more information. All employers, including medical and dental offices, must report any work-related fatality or the hospitalization of three or more employees in a single incident to the nearest OSHA office. Call (800) 321OSHA or your state plan for assistance.

Helpful Resources

OSHA makes every effort to make information about its regulatory requirements readily available to the public. The full text for each standard in this brochure is available on the OSHA website at www.osha.gov. You can search for a specific subject by using the alphabetic index near the top of the home page or by clicking on Laws and Regulations under Compliance Assistance, then clicking on OSHA Regulations (Standards-29CFR).

A new OSHA publication, Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards, contains models of these two important documents that can be tailored to your business or office. Request Publication 3186-06N to receive this helpful resource. Information on other areas of interest or concern, such as compressed gases, may be obtained by calling OSHA.

The OSHA toll-free number is (800) 321-OSHA. Operators will direct the caller to the appropriate federal or state plan office to request a consultation, file a complaint, report a fatality, provide telephone numbers to OSHA offices and the OSHA-approved state plan programs. They also take orders for OSHA publications.



Title 10 MARYLAND DEPARTMENT OF HEALTH

Subtitle 44 BOARD OF DENTAL EXAMINERS

Chapter 22 Continuing Education

Authority: Health Occupations Article, §4-205, Annotated Code of Maryland

10.44.22.04

.04 Requirements.

A. A licensee shall maintain cardiopulmonary resuscitation certification from one of the following programs:

- (1) The American Heart Association's Basic Life Support for Healthcare Providers;
- (2) The American Red Cross's Cardiopulmonary Resuscitation for Professional Rescuers; or
- (3) An equivalent program approved by the Board.

B. A licensee seeking renewal shall complete not less than 30 full hours of continuing education, including 2 hours of infection control.



4206 CONTINUING EDUCATION REQUIREMENTS

- 4206.1 This section shall apply to applicants for the renewal, reactivation, or reinstatement of a license, subject to section 4206.2, beginning with the renewal period ending December 31, 2007, and for subsequent terms.
- 4206.2 This section shall not apply to applicants for an initial license by examination or endorsement, nor does it apply to applicants for the first renewal of a license granted by examination.
- 4206.3 A continuing education credit shall be valid only if it is part of a program or activity approved by the Board in accordance with § 4207.
- 4206.4 An applicant for renewal of a license shall submit proof pursuant to § 4206.9 of having completed twenty-five (25) hours of credit, which shall include current cardiopulmonary resuscitation certification for health care providers ("CPR certification") and four (4) hours of infection control in approved continuing education programs within the two-year (2) period preceding the date the license expires



DENTAL PRACTICE ACT

TEXAS OCCUPATIONS CODE AND
STATUTES REGULATING THE
PRACTICE OF DENTISTRY
As Amended September 2013

DENTAL PRACTICE ACT TEXAS OCCUPATIONS CODE AND STATUTES REGULATING THE PRACTICE OF DENTISTRY As Amended September 2013

Sec. 254.003. RULES REGARDING INFECTION CONTROL. The board shall investigate infection control in the dental profession and may adopt and enforce rules to control the spread of infection in the practice of dentistry as necessary to protect the public health and safety. [Acts 1999, 76th Leg., ch. 388, Sec. I, eff. Sept. 1, 1999.]

Sec. 257.005. CONTINUING EDUCATION FOR DENTIST AND DENTAL HYGIENIST. (a) The board shall develop a mandatory continuing education program for licensed dentists and dental hygienists. The board by rule shall require a license holder to complete at least

Acts of the 83rd Legislature Regular Session - 2013 Page 66

12 hours of continuing education for each annual registration period to renew the license for a subsequent annual period. (b) The board may: (1) assess the continuing education needs of license holders; and (2) require license holders to attend continuing education courses specified by the board. (c) The board by rule shall: (1) identify the key factors required for competent performance of professional duties under this subtitle; (2) develop a process to evaluate and approve continuing education courses; and (3) develop a process to assess a license holder's participation and performance in continuing education courses to evaluate the overall effectiveness of the program. [Acts 1999, 76th Leg., ch. 388, Sec. I, eff. Sept. 1, 1999, Amended by Acts 2001, 77th Leg., ch. 1420, Sec. 14.079(d), eff. Sept. 1, 2001]



NORTH CAROLINA

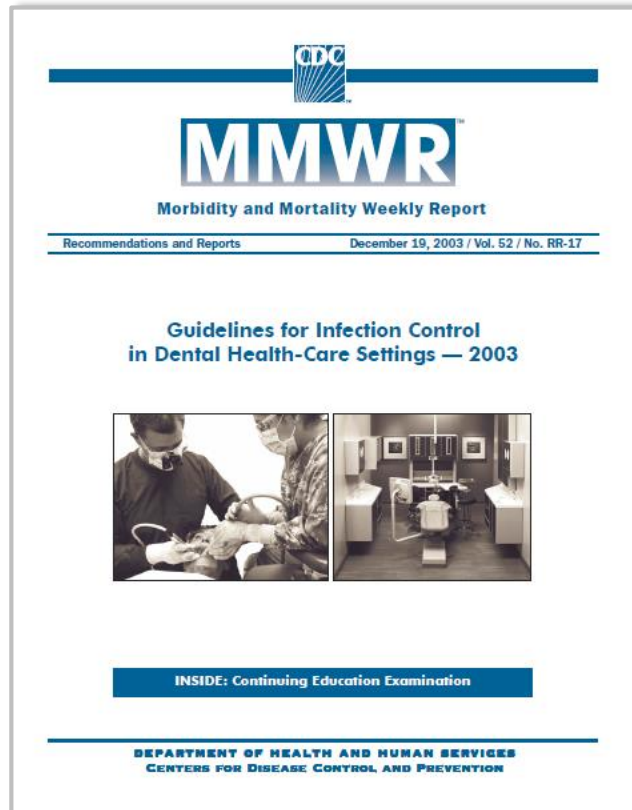
§ 90-31.1. Continuing education courses required.

All dentists licensed under G.S. 90-30 shall be required to attend Board-approved courses of study in subjects relating to dentistry. The Board shall have authority to consider and approve courses, or providers of courses, to the end that those attending will gain (i) information on existing and new methods and procedures used by dentists, (ii) information leading to increased safety and competence in their dealings with patients and staff, and (iii) information on other matters, as they develop, that are of continuing importance to the practice of dentistry. The Board shall determine the number of hours of study within a particular period and the nature of course work required. The Board may provide exemptions or waivers from continuing education requirements where dentists are receiving alternate learning experiences or where they have limited practices. The Board shall by regulation define circumstances for exemptions or waivers for dentists who are involved in dental education or training pursuits where they gain experiences equivalent to formal continuing education courses, for those who have reached an advanced age and are semiretired or have otherwise voluntarily restricted their practices in volume and scope, and for such other situations as the Board in its discretion may determine meet the purposes of this section. (1993, c. 307, s. 1.)

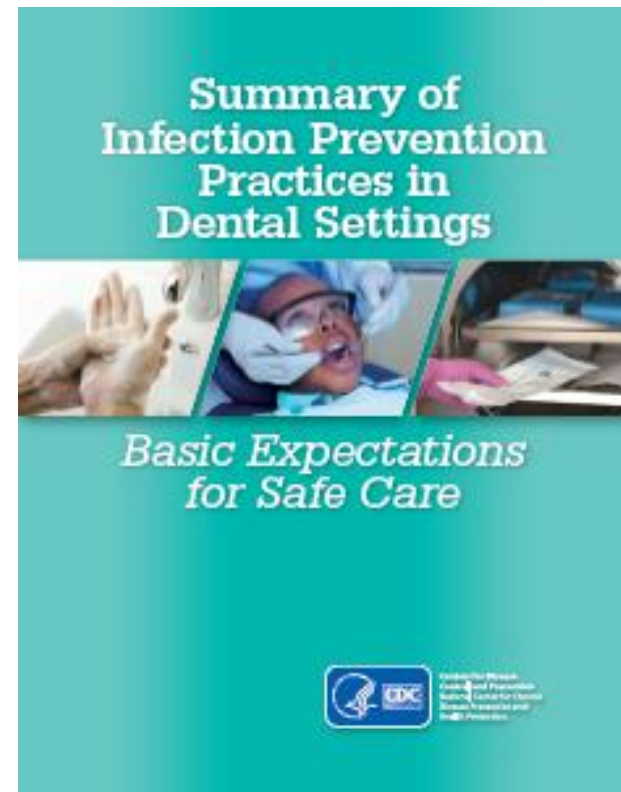
Continuing education became mandatory January 1, 1995. Every year, dentists must complete 15 hours and hygienists must complete 6 hours. The one-year period spans one calendar year

Courses must be directly related to patient care. Courses stressing practice management, for example, could not count, while courses in sterilization and infection control, pharmacology, dental materials and dental procedures are acceptable.

Guidelines for Infection Control in Dental Health-Care Settings - 2003



cdc.gov/mmwr/PDF/rr/rr5217.pdf



<https://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>

Infection Control: The Cost of Noncompliance

Louis G. DePaola, DDS, MS

June 2014 Issue - Expires June 30th, 2017

Inside Dentistry

Abstract

Although most dentists follow infection-control protocols carefully, a very small percentage either does not or has momentary lapses. The costs of not following guidelines and recommendations can be high, leading to substantial loss of income, causing long-lasting damage to a provider's professional reputation, and having a long-term impact on the health and well being of patients. Patients depend on dentists to exercise their ethical, moral, and legal responsibilities. This article explores recent and documented breaches in infection control and discusses the financial impact of losing a license due to such situations.

- See more at: <http://cdeworld.com/courses/4769->

[Infection_Control:The_Cost_of_Noncompliance#sthash.y8SNY3YC.dpuf](http://cdeworld.com/courses/4769-Infection_Control:The_Cost_of_Noncompliance#sthash.y8SNY3YC.dpuf)

About the Standards Program

The AAMI standards program consists of over 100 technical committees and working groups that produce Standards, Recommended Practices, and Technical Information Reports for medical devices.

Standards and Recommended Practices represent a national consensus and many have been approved by the American National Standards Institute (ANSI) as American National Standards. AAMI also administers a number of international technical committees of the International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC), as well as U.S. Technical Advisory Groups (TAGs).



In the News

Five to Be Honored for Contributions to Standards Development *AAMI News* June 2017

IEC Standards Committee Mourns Loss of Leader *AAMI News* June 2017

Spotlight on Standards: FDA Touts AAMI Resource on 'Wireless Coexistence' *AAMI News* June 2017

<http://www.aami.org/standards/index.aspx>

About ANSI



As the voice of the U.S. standards and conformity assessment system, the American National Standards Institute (ANSI) empowers its members and constituents to strengthen the U.S. marketplace position in the global economy while helping to assure the safety and health of consumers and the protection of the environment.

The Institute oversees the creation, promulgation and use of thousands of norms and guidelines that directly impact businesses in nearly every sector: from acoustical devices to construction equipment, from dairy and livestock production to energy distribution, and many more. ANSI is

also actively engaged in accreditation - assessing the competence of organizations determining conformance to standards.

Mission

To enhance both the global competitiveness of U.S. business and the U.S. quality of life by promoting and facilitating voluntary consensus standards and conformity assessment systems, and safeguarding their integrity.

<https://www.ansi.org/>

THE BASICS:

- ADMINISTRATIVE PROTOCOLS/TRAINING
- EXPOSURE PREVENTION STRATEGIES AND POST-EXPOSURE MANAGEMENT
- HAND HYGIENE
- PPE
- ENVIRONMENTAL DISINFECTION
- INSTRUMENT PROCESSING
- STERILIZATION
- DUWL
- EVALUATION/SELF-AUDIT



SEARCH

Enter search criteria...

Go

Frequently Asked Questions (FAQs) on Dental Infection Control

|Handwashing

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2 hours ago
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15 hours ago
First reported case of
multidrug-resistant
Candida auris in Canada

16 hours ago
Stewardship / Resistance
Scan for Jul 11, 2017

Frequently Asked Questions for Handwashing

Q I need some information on handwashing agents in dentistry.

Q I need some information on handwashing agents in dentistry.

A The Centers for Disease Control and Prevention (CDC) issued a new Guideline for Hand Hygiene in Health-Care Settings in October 2002. This document provides guidelines for selecting and using hand cleaning agents such as plain soap, alcohols, chlorhexidine (CHG), chloroxylenol (PCMX), hexachlorophene, iodine and iodophors, quaternary ammonium compounds, and triclosan. Becoming familiar with each of these product classifications will help you make informed choices for your practice setting.

Some of the issues to consider in selecting a handwashing agent:

- the type of procedure performed (i.e. surgical v. nonsurgical),
- how to make the agent readily available to all users,
- persistent antimicrobial activity (particularly for surgical hand asepsis),
- inhibition of the active ingredient in the presence of organic material such as blood, and
- user preferences.

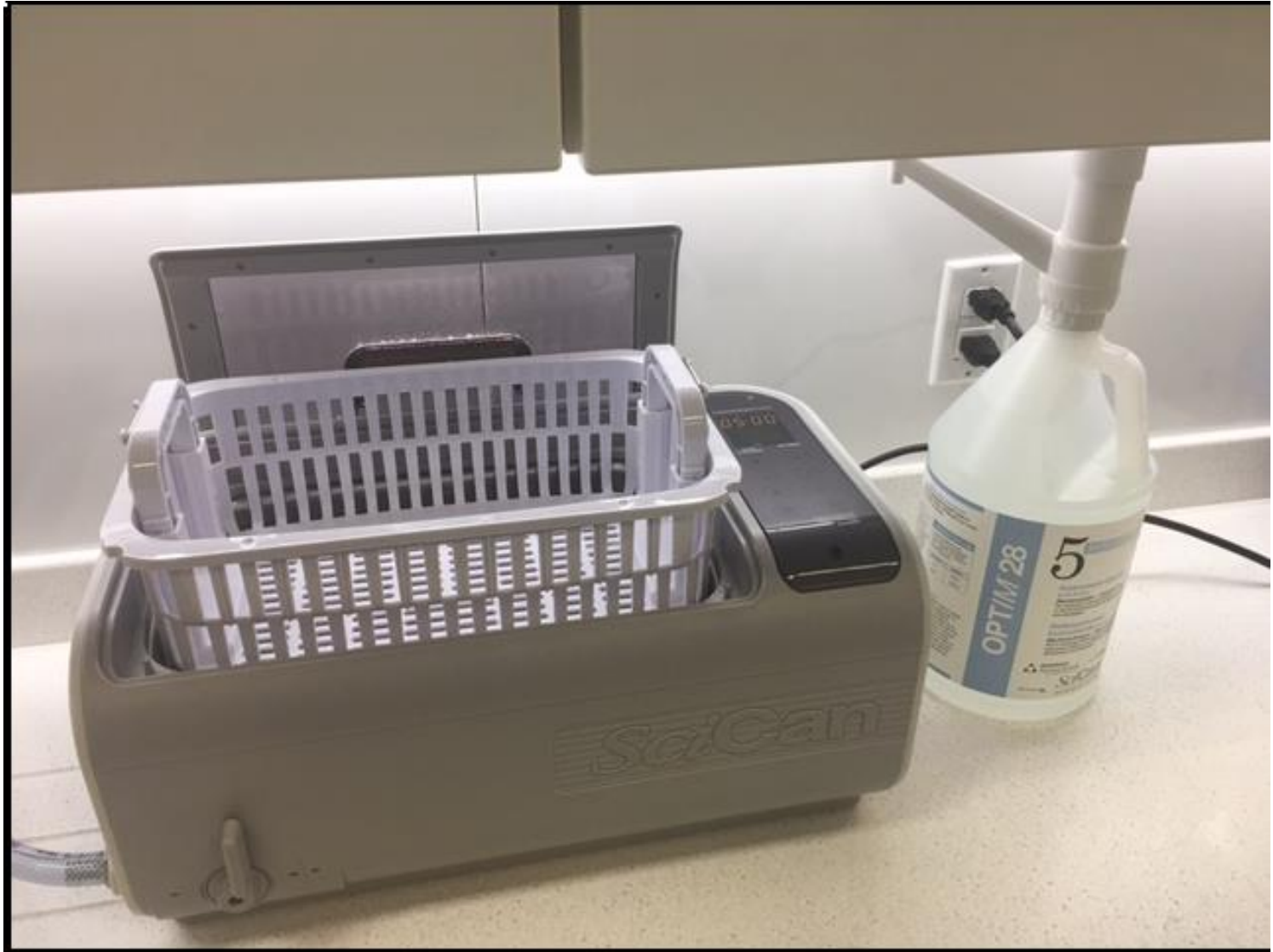
For most routine procedures, washing with plain soap/detergent appears adequate. Use antimicrobial soap/agents/products for more invasive procedures, such as surgery. Conveniently placed sinks, towels, and soaps encourage their use. When possible, use alternative sink controls such as foot- or sensor-activated faucets. When you have to use your hands to turn off the water, use a paper towel to contact the faucet.

Vigorously rubbing lathered hands together under a stream of water for a minimum of ten seconds is adequate for routine handwashing. Always follow the handwashing agent's label instructions for contact time. Follow with thorough rinsing under a stream of water, then dry hands well.

For more handwashing info, check out CDC's Hand Hygiene FAQs.

[Top](#)

http://www.osap.org/?FAQ_Handwashing











Morbidity and Mortality Weekly Report (MMWR)

[CDC](#) > [MMWR](#)

Notes from the Field: Mycobacterium abscessus Infections Among Patients of a Pediatric Dentistry Practice — Georgia, 2015

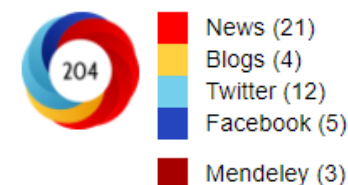
Weekly / April 8, 2016 / 65(13):355–356



Format: ▾

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[View suggested citation](#)





Dental Unit Waterlines: Questions and Answers

SEARCH

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Sign In securely

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Breaking News [more](#)

4 hours ago
NIH launches prospective study of Zika and HIV co-infection during pregnancy

7/8/2017
Stewardship / Resistance Scan for Jul 07, 2017

7/8/2017
Antibiotic-Resistant Gonorrhea on the Rise, New Drugs Needed

Dental Unit Waterlines: Questions and Answers

To assist dentists and staff in understanding and addressing the issues surrounding dental unit waterline contamination, OSAP has prepared a series of questions and answers.

1. What is biofilm?
2. What are the health implications of waterline biofilm?
3. How do we know if our waterlines are contaminated? Should we check our water quality?
4. We've just implemented a waterline treatment device or protocol. How and when should we monitor?
5. What is "acceptable quality" for treatment water?
6. What can we do to improve the quality of treatment water in our practice?
7. Does flushing lower microbial counts in dental unit water?
8. What are the advantages of self-contained water systems?
9. What about chemical agents? Should we disinfect our waterlines?
10. Are filters effective in controlling water quality?

OSAP InfoBites

Sign up for one free month of infection prevention updates.

[Sign Up Today](#)

Member Benefits

Understand which membership is right for you and enjoy complete access to our educational content. [Learn More](#)

Tool Kits

OSAP toolkits are one of our most valued member resources. [View a sample toolkit](#)

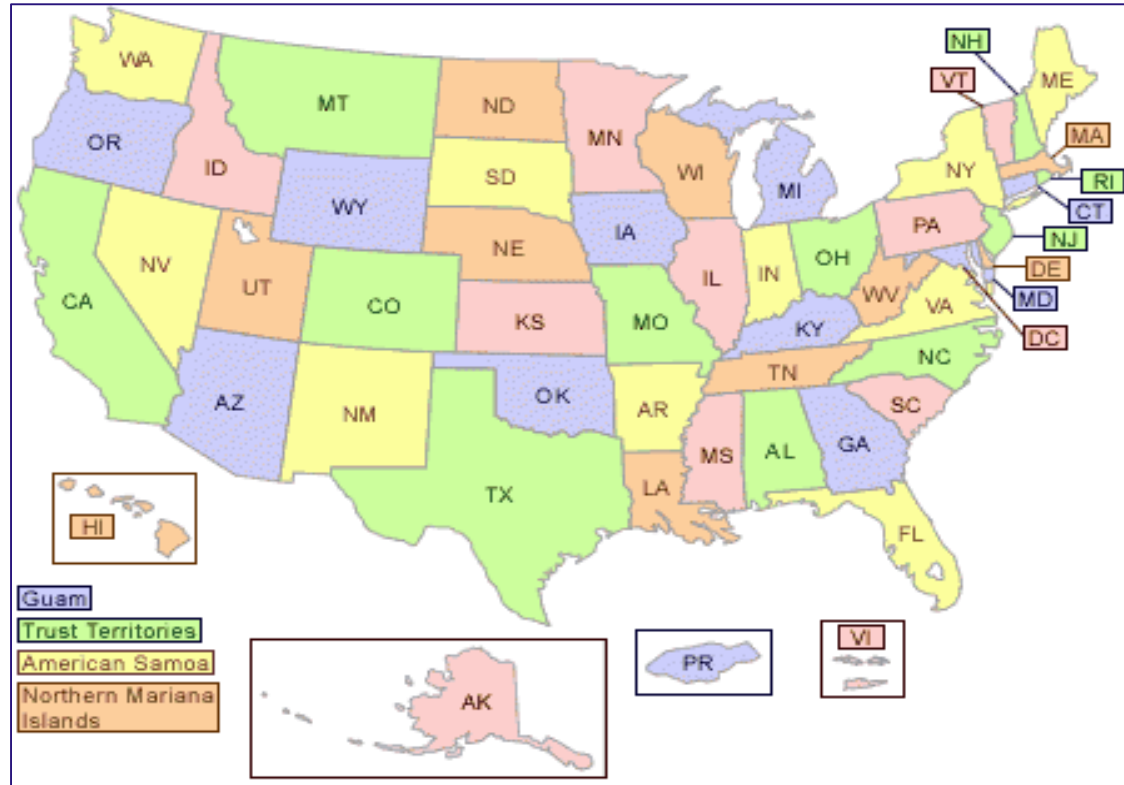
Calendar

Check out all the infection prevention events for the upcoming months. [View Calendar](#)

http://www.osap.org/default.asp?page=issues_duwl_1#fifteen



STATE MEDICAL WASTE PROGRAMS AND REGULATIONS



<https://www.epa.gov/hwgenerators/links-hazardous-waste-programs-and-us-state-environmental-agencies>

ALMALGAM SEPARATOR FINAL RULE



Image Credit: U.S. EPA

The U.S. Environmental Protection Agency (EPA) has promulgated pretreatment standards to reduce discharges of mercury from dental offices into publicly owned treatment works (POTWs). This final rule requires dental offices to use amalgam separators and two best management practices recommended by the American Dental Association (ADA). The effective date of the rule is July 14, 2017

<https://www.federalregister.gov/documents/2017/06/14/2017-12338/effluent-limitations-guidelines-and-standards-for-the-dental-category>

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Good Faith Effort vs. Perfection

Does your office have:

1. Written Records and Protocols;
2. Response planned for Post-Exposure Prophylaxis;
3. Personal protective equipment and use it properly;
4. Verifiable instrument sterilization and equipment disinfection;
5. Waterline maintenance and monitoring;
6. Engineering controls to prevent cross-contamination;
7. Proper disposal of Biohazardous waste?

TAKE A CLOSER LOOK

- Photograph your office and examine closely
- Sit in the patient chair, look up and around
- Confer with colleagues
- Stay current and informed
- Engage and educate staff
- Allow time and tools for ICC to do their job
- Ask OSAP!

Summary of Infection Prevention Practices in Dental Settings

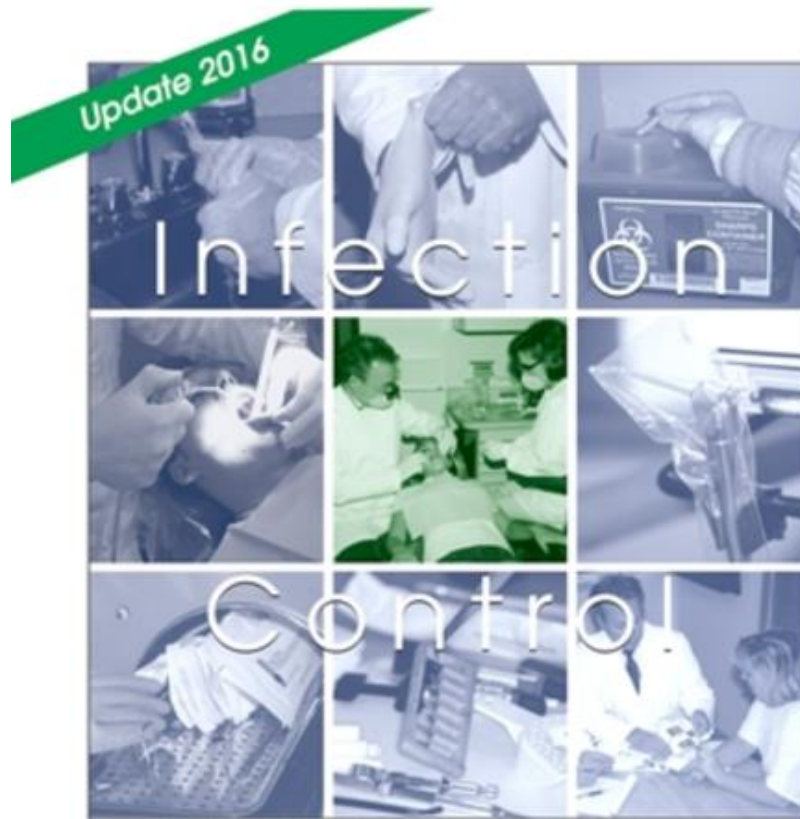


Basic Expectations for Safe Care



Centers for Disease
Control and Prevention
National Center for Infection
Control, Prevention and
Health Promotion

OSAP's Guide to the CDC Guidelines



**From Policy to Practice:
OSAP's Guide to the CDC Guidelines**

A Step-By-Step Implementation Workbook



Electronic Resource Developed for NDA Attendees



INFECTION CONTROL RESOURCES FOR DENTAL PROFESSIONALS

1. Organization for Safety, Asepsis and Prevention
www.OSAP.org
2. Centers for Disease Control and Prevention (CDC), *Guidelines for Infection Control in Dental Health-Care Settings* (2003),
<http://www.cdc.gov/mmwr/preview/mmwrhtml/wr5217a1.htm>
3. Centers for Disease Control and Prevention (CDC), *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* (2007),
<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
4. Centers for Disease Control and Prevention (CDC), *Guidelines for Disinfection and Sterilization in Healthcare Facilities* (2008),
http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf
5. Centers for Disease Control and Prevention (CDC), *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* (2011),
<http://www.cdc.gov/HAI/pdfs/guidelines/Outpatient-Care-Guide-withChecklist.pdf>
6. OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030)
[Bloodborne pathogens - 1910.1030 | Occupational Safety and Health ...](#)
7. CDC Summary of Infection Prevention Practices in Dental Settings
<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf>
8. OSHA Standards: "General Duty Clause", Bloodborne Pathogens, and Hazard Communications
<https://www.osha.gov/SLTC/dentistry/standards.html>
9. Dental Practice Act Locator
<https://www.danb.org/The-Dental.../State-Dental-Practice-Acts>
10. Links to Hazardous Waste Programs and U.S. State Environmental Agencies
<https://www.epa.gov/hwgenerators/links-hazardous-waste-programs-and-us-state-environmental-agencies>

Organization for Safety, Asepsis and Prevention (OSAP)
www.osap.org • office@osap.org • 800-298-OSAP

Understanding CDC's Summary of Infection Prevention Practices in Dental Settings

The image is a screenshot of a webpage. At the top, there is a purple header bar with the DAIE Foundation logo and the title 'Understanding CDC's Summary of Infection Prevention Practices in Dental Settings'. Below the title are several icons for social media and a search bar. The main content area is divided into two columns. The left column contains a 'Suggested Citation' section with text about the CDC document. The right column shows the cover of the document, which features a teal background and three images: hands being washed, a dentist wearing a mask and cap, and a dental procedure. The title on the cover is 'Summary of Infection Prevention Practices in Dental Settings' and the subtitle is 'Basic Expectations for Safe Care'. At the bottom of the cover is the CDC logo. In the bottom left corner of the screenshot, there are logos for 'Dental Assisting National Board, Inc.' and 'OSAP.org'. The bottom right corner of the screenshot shows the 'OSAP.org' logo with the tagline 'The Safest Dental Visit™'.

Suggested Citation
Centers for Disease Control and Prevention. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; October 2016.

Adapted from: *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* http://www.cdc.gov/healthsettings/outpatient/outpatient_care_guidelines.html

Summary of Infection Prevention Practices in Dental Settings
Basic Expectations for Safe Care

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New CDC Summary, Checklist and Mobile App


OVERVIEW | WHAT YOU WILL GET | HOW YOU CAN USE | TOOLKITS | MOBILE APP

The Centers for Disease Control and Prevention's (CDC) Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care and Companion Checklist is a new (March 2016) document that includes several new recommendations and provides an assessment checklist to evaluate staff compliance.

What the Summary and Checklist Are:	What They Are Not:
Basic infection control expectations for providing safe dental care.	Replacement for the current <i>CDC Guidelines contained in Guidelines for Infection Control in Dental Health-Care Settings–2003</i>
Based on the principles of Standard Precautions and CDC's Guidelines for Infection Control in Dental Health-Care Settings–2003	Summary of regulations. CDC is not a regulatory agency and does not develop any rules or regulations.
Companion to CDC's <i>Guidelines for Infection Control in Dental Health-Care Settings–2003</i>	Comprehensive document that includes the background, scientific evidence, and rationale for each recommendation

CDC DentalCheck: Infection Prevention & Control Checklist Application



CDC's DentalCheck app is developed directly from the [Infection Prevention Checklist for Dental Settings](#)  [PDF-884 KB]. Dental health care personnel can use this app to periodically assess practices in their facility and ensure they are meeting the minimum expectations for safe care. The infection prevention coordinator and other staff trained in infection prevention are encouraged to use this app at least annually to assess the status of their administrative policies and practices, and also engage in direct observation of personnel and patient-care practices.



Key Features

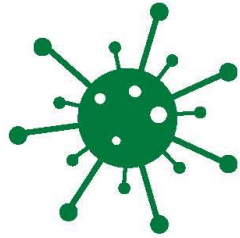
- Check Yes/No to acknowledge compliance with a list of administrative policies or observed practices.
- Summary of basic infection prevention principles and recommendations for dental health care settings.
- Ability to export results for records management.
- Provides links to full guidelines and source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

the safest dental visit™

INFECTION CONTROL EDUCATIONAL PROGRAM

- Collaborative effort for increased commitment to infection control
 - CDC/OSHA compliance resources
 - Role of infection control coordinator
 - Culture of safety
 - Patient engagement
 - Alerts on emerging threats/new information

Go to www.osap.org to learn more.



DENTAL INFECTION CONTROL
AWARENESS MONTH | **SEPTEMBER**

- Month-long campaign (September) to focus positive light on infection control in dentistry
 - Demonstrate commitment to infection control
 - Increase staff knowledge/skills
 - Engage patients
 - Build practice with outreach
 - Leverage social media #DICAM17
 - Use downloadable poster and talking points

Go to www.osap.org to learn more.

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OSAP DENTAL INFECTION CONTROL BOOT CAMP™

January 8-11, 2018 in Baltimore, MD

24 hours of CE

"Boot Camp" covers all the basics in infection prevention and safety. The course is a crucial building block for every dental professional with infection control responsibilities.

Attendees receive a comprehensive resource binder, checklists, tools and much more.

Go to www.osap.org to learn more.

Thank You!
...Because Safety Matters!!!