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) 321-OSHA 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 3185-66N 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.
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.
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]
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

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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
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


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

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

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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. When should we monitor? How and check our
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?

http://www.osap.org/default.asp?page=issues_duwl_1#fifteen
STATE MEDICAL WASTE PROGRAMS AND REGULATIONS

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.
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?

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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!
OSAP’s Guide to the CDC Guidelines
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/ncidod/dnpa/mmv/mm21/01.htm


   Bloodborne pathogens - 1910.1030 Occupational Safety and Health...

7. CDC Summary of Infection Prevention Practices in Dental Settings
   https://www.cdc.gov/ncidod/dnpa/mmv/mm21/01.htm

8. OSHA Standards: “General Duty Clause”, Bloodborne Pathogens, and Hazard Communication
   https://www.osha.gov/SLTC/dentistry/standards.html

9. Dental Practice Act Locator
   https://www.dash.org/The-Dental_Dental-LInk/Dental-Practice-Act

10. Links to Hazards Waste Programs and U.S. State Environmental Agencies

Organization for Safety, Asepsis and Prevention (OSAP)
www.osap.org - office@osap.org - 800-295-OSAP

©2017 Organization for Safety, Asepsis and Prevention (OSAP)
Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings

Suggested Citation


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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.

<table>
<thead>
<tr>
<th>What the Summary and Checklist Are:</th>
<th>What They Are Not:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic infection control expectations for providing safe dental care.</td>
<td>Replacement for the current CDC Guidelines contained in Guidelines for Infection Control in Dental Health-Care Settings–2003</td>
</tr>
<tr>
<td>Based on the principles of Standard Precautions and CDC’s Guidelines for Infection Control in Dental Health-Care Settings–2003</td>
<td>Summary of regulations. CDC is not a regulatory agency and does not develop any rules or regulations.</td>
</tr>
<tr>
<td>Companion to CDC’s Guidelines for Infection Control in Dental Health-Care Settings–2003</td>
<td>Comprehensive document that includes the background, scientific evidence, and rationale for each recommendation</td>
</tr>
</tbody>
</table>
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.
- 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](http://www.osap.org) to learn more.
• 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.
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!!!