Empower Through Connections

Empowerment is the development of confidence in one’s own abilities. Last year, we looked at empowerment through effective communication, leadership, motivation of others and proactive attitudes. This year we continue this series by discussing empowerment through connections with people, places and things. We’ll explore various incidents (scenarios) of improper infection prevention and safety that could occur in a dental facility. Then we’ll describe how empowerment through connections can help prevent such incidents and include a listing of related regulations and recommendations. The first four issues were titled “Connect with Policies and Training”, “Empower by Connecting with Places”, “Empower by Connecting with Compliance” and “Empower by Connecting with Products”. Following the current issue will be “Empower by Connecting with Research”.

Empower by Connecting with People

The Scenario

The Incident

Dr. Sandia’s practice consists of herself, an associate DDS, two dental assistants (Postal and Sammi), one hygienist and one front office person. Postal and Sammi interact with both doctors sharing chairside, radiographic, sterilizing room and lab activities. Tapen was a third assistant who had responsibilities for waste management, sporere-testing, some lab work, and maintaining supplies inventory, but she was abruptly fired for poor performance. So Postal was given Tapen’s responsibilities in addition to her regular work but soon became overwhelmed. Postal had questions about spore testing, waste management and about changing surface disinfectants requested by the staff. Since she didn’t have time to pursue the answers to her questions, she did what she thought was correct in these areas, but was uncomfortable with her decisions. Due to her increased workload, several problems occurred. She didn’t know if she was conducting the spore-testing correctly. She also didn’t know the best way to select a new surface disinfectant. The backlog of work included not being able to routinely check eyewash stations and not being able to file Material Safety Data Sheets (MSDS) – which are now called Safety Data Sheets (SDS). In addition, Postal’s friend Opsy, who works for Dr. Foggy, a dentist down the street, told Postal that the Occupational Safety and Health Administration (OSHA) had recently updated one of their standards. Well, Postal got upset because she didn’t have time to research this new information and was afraid Dr. Sandia could get in trouble for non-compliance.

Learning Objectives

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

► describe how infection prevention consultants can empower dental practices.
► describe the major changes in OSHA’s 2012 updated Hazard Communication Standard.¹
► give examples of what might happen when infection prevention is not given the proper priority.

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Empower by Connecting with People

Potential Consequences

Of course working with patients is a key responsibility for dental assistants, but many important things can fall by the wayside when the assistants aren’t given adequate time and training for their professional safety responsibilities. Not conducting spore-testing properly could jeopardize patient safety. Employee safety can be impacted by not having reliable eyewash stations and not having the proper information about chemicals, which is included in the SDSs. An outdated exposure control plan and not knowing about the recent update of the Hazard Communications Standard could cause serious problems with compliance. Not having time to review new products or finding replacements for old products can be costly and risky, in addition to preventing the office from being on the “cutting edge” of things.

Prevention and Empowerment

This office needs to empower itself by connecting with people who can help get them back on track and up to speed in several areas. Such a person would be an infection prevention consultant because they are up-to-date on regulations and new products and have the resources and experience to provide time-saving and money-saving tips for patient and staff safety and compliance. This issue features comments from a few of these “real life” consultants who describe how they can empower dental offices. (see “Why Connect with Infection Prevention Consultants,” page 3)

One example of how a consultant would have empowered Postal is by providing information on OSHA’s 2012 update of the Hazard Communication Standard. The consultant would have described the major changes in the new standard which involve:

- Hazard classification – it provides specific criteria for classification of health and physical hazards, as well as classification of mixtures;
- Labels - chemical manufacturers and importers are required to provide a label that includes a harmonized signal word, pictogram and hazard statement for each hazard class and category, and precautionary statements must also be provided; (see pictograms page 3)
- Safety Data Sheets (SDS) - formerly known as Material Safety Data Sheets, have a specified 16-section format;
- Information and training - employers are required to train employees on the new label elements and safety data sheets format to facilitate recognition and understanding.

The consultant also could have reassured Postal that Dr. Sandia is currently in compliance, because the effective dates for implementation of the updated standard have not yet occurred. They are as follows.

1. (1) Employers shall train employees regarding the new label elements and safety data sheets format by December 1, 2013.
2. (2) Chemical manufacturers, importers, distributors, and employers shall be in...
compliance with all modified provisions of this section no later than June 1, 2015, except:
(i) After December 1, 2015, the distributor shall not ship containers labeled by the chemical manufacturer or importer unless the label has been modified to comply with the standard.
(ii) All employers shall, as necessary, update any alternative workplace labeling, update the hazard communication program, and provide any additional employee training for newly identified physical or health hazards no later than June 1, 2016.¹

(3) Chemical manufacturers, importers, distributors, and employers may comply with either the old or the current version of this standard, or both during the transition period.

Some Other Related Regulations and Recommendations
• The Hazard Communication Standard indicates that employers shall have a Safety Data Sheet in the workplace for each hazardous chemical which is used. (OSHA)¹
• The Bloodborne Pathogens Standard indicates that the written Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks or procedures. (OSHA)²
• The Centers for Disease Control and Prevention recommends monitoring sterilizers at least weekly using a biologic indicator with a matching control (i.e., biologic indicator and control from same lot number). (CDC)³

Why Connect with Infection Prevention Consultants*  

Note from OSAP: The discipline of infection prevention is very fortunate to have a cadre of consultants dedicated to empower dental professionals with the means to provide safe dental care. OSAP is proud of this group and thanks them for their commitment to disease prevention.

Busy dental team workers typically do not have adequate time to research lengthy documents and surf the Internet for the information they need. It is a challenge for the clinical dental team to know what is the best product, technique, or equipment to use and which is the most cost effective. One of the important roles of a professional consultant is to sort through the maze of information and locate the resources the dental team needs to find answers quickly. Additional roles of the consultant include serving as educators, trainers, mentors, facilitators, evaluators, coaches, change agents, innovators and product experts.

Consultants can synthesize the latest information then personalize it with tips, strategies and insights for each office. So a major benefit of working with a consultant is that dental team members end up with more quality patient time because consultants can ‘lighten their load’. No more frustration from wondering if you have the right information or product because an answer is just a telephone call, email or text away. Patients can sense your confidence and dedication to their health and well-being. A second benefit is that a dedicated expert is looking out for the dental team and ultimately supports the team by looking out for the well-being of the patient as well. A healthier, safer workplace benefits everyone. A third benefit addresses the sometime difficult task of the safety coordinator in getting the staff to change. An outside consultant can help facilitate that process by documenting their recommendations with the evidence. In the end, consultants save the team valuable time and make the dental team’s workday more enjoyable knowing they are well cared for and practicing as safely as possible.

continued on page 4
Consultants can play a major role in training. They can make valuable training tools available such as OSAP’s publication, *From Policy to Practice* and *If Saliva Were Red* video. Training combined with systems empowers the dental team members, especially the Safety Coordinator, to fulfill their job duties in assuring compliance with regulatory bodies, job safety and patient safety. Safety management thus becomes a “yes-we-can-do-this” project rather than a daunting, never completed, burdensome task. Safety Coordinators armed with the right information and tools have the confidence they need to fulfill their assignment and enjoy the satisfaction of a job well done.

One approach to training is to start each consultation with a half day of observation during patient care that includes observing the routine clinical flow, asking questions, identifying challenges and taking photographs/videos. The photographs/video can be inserted into a PowerPoint (PPT) training session, and since it is important that everyone - the doctor, administrative team and clinical team - understand and embrace infection prevention (IP) protocols, the entire dental team should attend the training. This customized training (unique to each dental practice) is used to inspire the team – while not pointing fingers or assigning blame. Together, the dental team is inspired to move the practice to the next level of excellence and be empowered for continuous improvement.

Another approach to training can involve contaminating an operatory with a demonstration product such as Glo Germ™ powder and lotion. The invisible Glo Germ™ powder and lotion is “revealed” with a black light. When the dental team observes the revealed Glo Germ™ the proper use of disinfectants and barriers are discussed. The clinical team provides their solution for each contamination challenge. Everyone learns during this demonstration. Often the doctor learns not only the importance of proper cleaning and disinfection, but how much time and money is spent during each operatory turn-over. The administrative team learns just how much infection prevention is done for each patient visit, the time required for infection prevention and how to respond to patient questions on safety. The clinical team learns proper technique and products for infection prevention and now procedures are “standardized” which ensures effective infection prevention.

Consultants can empower staff to comply with infection prevention recommendations by:

- Sharing various infection control breaches that are publicized on listservs or in the news and use those incidents as learning opportunities; presenting scenarios and case studies to facilitate learning; asking staff to think about their clinic and determine if any of these same concerns exist.
- Asking staff to identify infection control breaches in various scenarios (such as using the case studies in the OSAP newsletter); asking them to identify the breaches and where they would find information to determine what the infection prevention guideline is for that specific issue.
- Helping the staff:
  - complete self-assessments of infection prevention in their setting.
  - develop comprehensive policies and procedures to outline standard operating procedures (SOP’s) for the practice or clinic.
  - set aside a short time at each staff meeting to discuss a section of the CDC Guidelines, OSHA Bloodborne Pathogens Standard and Hazard Communication Standard and any new infection prevention documents or just discuss questions or concerns on infection prevention and safety. Encourage the infection prevention coordinator to facilitate this continuous learning and review for the staff rather than holding a training session only once a year.
  - develop or use OSAP checklists for the various procedures to insure infection prevention compliance. This is especially helpful in assisting new/temporary staff joining the team.
- Suggesting to management that:
  - clinical staff have infection prevention indicators in their performance standards. (What gets measured gets done.)
  - infection prevention measures are included in the Quality Assurance and Quality Improvement documents.

Glo Germ is a trademark of Glo Germ Company, Moab, Utah

*OSAP thanks Jackie Dorst, RDH, Linda Harvey, RDH, MS, LHRM, Kathy Mangskau RDH, MPA and Olivia Wann, RDA, BS, JD for contributing their thoughts on the value of infection prevention consultants.

A list of consultants who are members of OSAP can be accessed at: [http://www.osap.org/?page=OSAP_Consultant_List](http://www.osap.org/?page=OSAP_Consultant_List)
What's Wrong with this Picture?

Can you identify any breach in infection prevention and safety procedures in this photo? Check your answers below.

ANSWERS

The operator and the patient are not wearing blue light protective eyewear during use of the curing light.

Around the World

Mexico's National Oral Health Committee (created in September 1995) is updating Mexican Official Norm 013 (NOM-013) on Prevention and Control of Oral Diseases. The Committee is looking at Patient Safety as a key issue to be systematically addressed from dental education to clinical practice. The revised NOM-013 will be published for public comment before it becomes mandatory in all public and private dental clinics in Mexico, including teaching clinics at schools of dentistry. The Committee, led by the Secretary of Health, brings together organized dentistry, dental schools, and public health institutions.

Enrique Acosta Gio, DDS, PhD
National University of Mexico

Explore and Learn at OSAP.org

Are you seeking some expert help with in-office training or consulting? Look no further. You can easily connect with professionals who provide in-office training or consulting on OSHA compliance, infection control, HIPAA, sterilization center design and ergonomics.

Click on the following link to access OSAP members listed by state who provide infection prevention and safety consulting services to dental practices at: http://www.osap.org/?page=OSAP_Consultant_List. Please note that inclusion in this listing does not imply endorsement by OSAP; it is a listing of OSAP members who have indicated they provide these types of services.

Connect with Others! If you're a blogger or tweeter check out the bottom left-hand menu on OSAP’s home page http://www.osap.org.
Join OSAP

If you have received this newsletter from a friend or associate, you can access other helpful resources and timely information on infection prevention and safety by becoming a member of the OSAP community. EVERYONE has a role to play in ensuring safe, infection-free access to oral healthcare.

Now you can select the specific category of membership that fits your needs the best. Learn more about the benefits of OSAP membership at www.osap.org and discover how OSAP offers more ways to stay current, informed and connected with these membership categories:

► **Professional Practice:** Includes up to 10 individual email address log-ins $150

► **Academic I:** Includes up to 10 individual email address log-ins $150

► **Academic II:** Includes up to 25 individual email address log-ins $250

► **Associate:** Nonprofit or consulting organizations serving dental or healthcare professions $250. Includes up to 25 individual email address log-ins.

► **Individual:** Anyone interested in or involved with infection prevention in oral healthcare $115

► **Web-only:** Anyone who wishes to receive member benefits electronically $100

► **Student:** Must provide proof of full-time enrollment $25

► **Corporate** memberships are welcome; please contact OSAP for information.

Contact us at www.osap.org, or by phone: 1-800-298-OSAP (6727) within the U.S., or 1-410-571-0003 outside the U.S.

Glossary

**Safety Data Sheet (SDS):** means written or printed material concerning a hazardous chemical that contains the following information: identification; hazard(s) identification; composition/information on ingredients; first-aid measures; fire-fighting measures; accidental release measures; handling and storage; exposure controls/personal protection; physical and chemical properties; stability and reactivity; toxicological information; ecological information; disposal considerations; transport information; regulatory information; and any other information.

Links to Resources


3. CDC. Guidelines for Infection Control in Dental Health-Care Settings – 2003. Accessed June 2012 at:
   http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm.
If you wish to obtain one (1) hour of continuing education (CE) credit, complete the following test by selecting the best answer and fax or mail it to the OSAP Central Office for grading. Please include a check or credit card to cover the handling charges. Pending satisfactory results (at least seven out of ten), you will be issued a letter for one (1) CE credit hour. OSAP is recognized by the American Dental Association as a CERP Provider.*

For each item, pick the best answer.

1. What’s the new name for Material Safety Data Sheets?
   a. Material Description Sheets   b. Hazardous Chemical Sheets
   c. Safety Data Sheets   d. Chemical Safety Data Sheets

2. When was the most recent update of OSHA’s Hazard Communication Standard?

3. Chemical manufacturers and importers are now required to provide a label that includes a precautionary statement, a global harmonized signal word, a hazard statement and a __________ for their chemicals.
   a. pictogram   b. biohazard symbol
   c. diagram of the chemical structure   d. picture of the crystalline structure

4. Employers shall train employees regarding the new label elements of the updated Hazard Communication Standard by:

5. OSHA’s Bloodborne Pathogens Standard indicates that the written Exposure Control Plan must be reviewed and updated at least every:
   a. 6 months.   b. year.
   c. 18 months.   d. 2 years.

6. During the transition period before the updated Hazard Communication Standard becomes effective, what version should employers use to comply?
   a. The old version   b. The new version
   c. Either the old version or the new version   d. Either the old version or the new version or both

7. What can be used to help educate the dental team on operatory contamination?
   a. Liquid sterilants   b. High-level disinfectants
   c. Demonstration products   d. Spore tests

8. According to the updated Hazard Communication Standard, one of the pictograms to be used on labels of appropriate hazardous chemicals is:
   a. “Safe to use”.   b. “Sterile”.

9. One of the key roles of infection prevention consultants is to:
   a. sort through the maze of information and locate the resources the dental team needs to find answers quickly.
   b. serve as a temporary staff person when a regular member of the dental team is off work.
   c. review patient records to assure they have received proper dental care.
   d. to review office activities and report noncompliance with infection prevention standards to the local State Health Departments.

10. According to the updated Hazard Communication Standard, all employers shall, as necessary, update any alternative workplace labeling and update the hazard communication program no later than:

*ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the CE provider or to ADA CERP at ADA.org/goto/cerp. Please email the OSAP central office at office@osap.org or call 410-571-0003 if you wish to be in contact with the course author/creator(s) with any questions or for clarification of course concepts. All participants assume individual responsibility for providing evidence of contact hours of continuing education to the appropriate authorities and for the maintenance of their individual records. Publication date: October 2012. Expiry date: October 2015.

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After completing the information above: mail to: OSAP CE, P.O. Box 6297, Annapolis, MD 21401, USA or fax to: 1-410-571-0028
What’s It All About?

This issue presents a scenario describing various breaches of infection prevention and safety protocol in the dental setting that may lead to the spread of infectious agents to patients. Connecting with an infection prevention consultant can empower the dental team with confidence on how to safely deliver oral healthcare.

Do you know how infection prevention consultants can empower dental offices?

Do you know the major changes in OSHA’s 2012 updated Hazard Communication Standard?

Read On!

In the next issue: Empower by Connecting with Research