

In Practice

Vol. 15, No. 3

June 2016

Helping the Infection Control Coordinator Build a Framework for 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 the infection control coordinator with a framework to establish a high quality infection control program and 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.



IN THIS ISSUE

TEAM HUDDLE: The Plan for Establishing a High Quality Infection Control Program 1
Learning Objectives

SCENARIO: The Incident 2

Setting Your Infection Control Goals . 3

Measurable Strategies for the ICC;
The Annual Plan to Build a Framework
for the Safest Dental Visit™. 4

What's Wrong With This Picture?. . . 5

Product Spotlight
Thanks to Our Sponsors

Team Huddle Discussion Guide 6

Evaluate Your Progress
Links to Resources

Continuing Education 7

Key Takeaways

Team Huddle Highlights. 8

TEAM HUDDLE: The Plan for Establishing a High Quality Infection Control Program - Building a Framework for the Safest Dental Visit™

Set Goals to Manage Infection Control Problems

Persons desiring to become an infection control coordinator (ICC) may need to propose such a position to their employer. The infection control coordinator needs to take ownership of the coordinator responsibilities, assess the current status of the infection control program, set some measurable goals for the coming year and develop a plan to achieve those goals, and will need to evaluate the effectiveness of the program. This issue of ICIP will concentrate on setting goals to address any problems with your infection control program.

LEARNING OBJECTIVES

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

- describe how checklists and standard operating procedures can be used to determine compliance with infection control and safety rules and regulations.
- describe how to develop meaningful goals to address infection control and safety issues.
- give examples of some changes in infection control regulations and recommendations within the last 15 years.

EDITOR-IN-CHIEF

Chris H. Miller PhD

Dr. Miller is Professor Emeritus of Microbiology, Executive Associate Dean Emeritus and Associate Dean Emeritus for Academic Affairs and for Graduate Education at Indiana University School of Dentistry. He is past Chair and a Founding Member of OSAP. email: cmiller005@indy.rr.com



EDITORIAL STAFF

Denise Sabol RDH MED

Managing Editor

Alison Hird

Layout Editor

Therese Long MBA CAE

OSAP Executive Director

EDITORIAL REVIEW BOARD

Enrique Acosta-Gio DDS PhD

National University of Mexico

Sarah Cabral RDH

Registered Dental Hygienist in Private Practice

Jennifer Cleveland DDS MPH

Centers for Disease Control and Prevention

Jackie Dorst RDH BS

Safe Practices

J. Hudson Garrett Jr. PhD MSN MPH

FNP-BS CSRN PLNC VA-BC

Professional Disposables International

Karen Gregory RN

Total Medical Compliance

Michael Joseph DDS MSD

Periodontics

Leann Keefer RDH MSM

Crosstex International

Noel Brandon Kelsch RDHAP

Registered Dental Hygienist in Alternative Practice

Jonathan Lawoyin DDS MSc

Nigeria College of Medicine

Theresa Mayfield DMD

University of Louisville

Nita Mazurat MSc DDS

University of Manitoba

Jackie Sanders RDH MBA

Sunstar Americas

Lakshman Samaranayake BDS DDS

University of Queensland

Sheila Strock DMD MPH

Delta Dental of Minnesota

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.

Printing and mailing of ICIP Team Huddle™ is made possible through a generous support grant from Patterson Dental. The contents of the issue are copyrighted ©2016 by OSAP. All rights reserved under international and Pan-American copyright conventions. Printed in USA. Reproduction in whole or part is forbidden without prior written permission. Back issues are available for a small fee. Send requests for permissions, purchases of back issues and address changes to OSAP, P.O. Box 6297, Annapolis, MD 21401 or office@osap.org.

The Incident

Dr. Mark Thaw's 28-year-old pediatric dental practice consisted of four dental assistants, (Maddie, June, Page, and Louise), one hygienist (Sharin), and front office staff. Maddie is the main dental assistant who just returned from attending her first Organization for Safety, Asepsis and Prevention's (OSAP) Dental Infection Control Annual Conference.

She was "all fired up" about the importance of being in compliance with rules and recommendations and was intrigued about the position of infection control coordinator (ICC). She mentioned to Dr. T that they really should review the current rules and regulations to make sure they haven't missed any changes. She also prepared an ICC job description¹ and presented it to Dr. T. After reviewing her proposed responsibilities, he recognized the importance of the position and gave her that appointment.

Maddie scanned the regulations and recommendations and then began to pay close attention to some activities of the staff and Dr. T. She discovered what she considered as some discrepancies in the use of personal barriers, hand hygiene, and managing chemicals. She noticed that June didn't always wash her hands or use a hand-rub after removing her gloves. Sharin's prescription glasses did not have protective side shields. Page used alcohol hand-rub all day long and never washed her hands. Louise wore short-sleeved scrubs one day last week, and on two occasions she saw that Dr. T didn't change his mask between patients. Also she found their collection of safety data sheets but didn't find a list of hazardous chemicals used in the office.

Maddie informed Dr. T of these discrepancies, and he said: "Are all these requirements? If these things are occurring what else may be happening?" So Dr. T gave Maddie the goal of establishing and maintaining compliance with Centers for Disease Control and Prevention (CDC) recommendations and Occupational Safety and Health Administration (OSHA) rules.



Consequences and Regulations, Recommendations and Prevention

Periodically reviewing infection control and safety rules and recommendations can prevent oversights in important prevention procedures. For example in 2001, in response to the Needlestick Safety and Prevention Act passed by the United States congress, OSHA revised the Bloodborne Pathogens Standard.¹ In 2012 OSHA made significant changes in the Hazard Communication Standard.² In March 2016 the CDC published a summary of their dental infection control guidelines that contained some recommendations newly emphasized for dentistry.³ And on June 1, 2016 OSHA requires that all employers that use, handle, or store hazardous chemicals must update alternative workplace labeling and hazard communication programs, as necessary, and provide additional employee training for newly identified physical or health hazards (https://www.osha.gov/dsg/hazcom/HCSFactsheet.html). Periodic review of the rules also may help fight that "out of sight out of mind" situation that could contribute to complacency about the importance of infection prevention procedures.

Washing one's hands after removing gloves is an OSHA requirement and a CDC recommendation. Thorough handwashing removes microorganisms that may have multiplied beneath the gloves or penetrated through small tears or punctures. Washing also removes perspiration, debris from non-powder-free gloves, and any glove chemicals on the skin. The CDC indicates that using an alcohol-based hand-rub is an effective hand hygiene procedure, but only if the hands are not soiled. The CDC also recommends the use of long-sleeved protective clothing. Both CDC and OSHA indicate that protective eyewear is to have solid side shields and that new masks are to be used for each patient and changed when wet. OSHA's Hazard Communication Standard requires that the facility have a list of hazardous chemicals present in addition to the collection of safety data sheets.

Dental workers like Maddie wishing to evaluate their facility for compliance with regulations and recommendations can find information in Table 2, page 4, and in the April 2016 issue of *Infection Control in Practice*.⁴

SETTING GOALS BASED UPON IDENTIFIED ISSUES

The first endeavor in building a framework for **the Safest Dental Visit™** is to “Understand and Take Ownership of the ICC Role”,⁵ followed by action steps to “Assess your Current Infection Control Program” and identify issues that need correction,⁴ (as described in Table 2, page 4).

Your next action steps are to “Set Two Infection Control Goals” based on the issues previously identified by your program evaluation (see Table 2, page 4). The issues you identify need to be prioritized using criteria reflecting your facility’s program. For example you may wish to rank the issues according to how they affect patient and/or employee safety.

The goals you set will be unique to your facility. You may use a Team Huddle or dedicate time in a staff meeting to identify the goals giving everyone a chance to participate.



BEST PRACTICES FOR SETTING GOALS

There are several references relating to goal setting.^{6,7}

Summarizing this information reveals that one common approach involves the following:

- Set a goal that motivates (e.g., clearly establish its importance)
- Set a SMART goal (see Table 1, below)
- Put the goal in writing (state the goal in a positive manner)
- Make an action plan (describe steps to achieve the goal)
- Pursue the goal to the end (set a date for completion)

Table 1: USING S.M.A.R.T. CRITERIA FOR GOAL SETTING

Criterion*	Explanation
1. Make the goal Specific	Can the goal be completely defined?
2. Make the goal Measurable	What progress indicator can be used?
3. Make the goal Attainable	Can the goal be accomplished?
4. Make the goal Relevant	Is the goal important?
5. Make the goal Time-related	What is the date for completion?

*Morrison, M. History of SMART objectives. Accessed March 2016 at: <https://rapidbi.com/history-of-smart-objectives/>

SAMPLE GOALS

For discussion purposes we’ve identified two sample goals as shown in Table 2 (page 4) in the June-December section. They are:

- 1) Establish/maintain compliance with CDC recommendations and OSHA rules. (discussed below)
- 2) Confirm and maintain proper instrument processing. (to be discussed in our August and October issues)

SAMPLE GOAL #1

Be Specific: Establish and maintain compliance with OSHA’s Bloodborne Pathogens and Hazard Communication Standards and the CDC’s recommendations for infection control in dental settings. Thus specific rules and recommendations will be assessed.

Be Measurable: Checklists containing each regulation and recommendation will be used every six months to document those elements not being met so that progress can be determined. The written OSHA standards themselves^{1,2} can be used as checklists, and the checklist that’s part of the CDC’s newly published “Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care”³ can be used. In addition to checklists, observing the performance of accepted Standard Operating Procedures (SOPs)⁸ that are based upon the OSHA regulations and CDC recommendations will determine if procedures are being performed correctly. Thus progress towards accomplishing the goal is measurable.

Be Attainable: There will be mechanisms to identify the specific rules and/or recommendations not being met and procedures not being performed correctly. This sets the stage for determining the reason(s) for non-compliance so that each problem can be addressed and the goal can be attained.

Be Relevant: Complying with rules and recommendations designed to prevent the spread of disease agents among patients and dental personnel is certainly important and relevant.

Be Time-related: Development of SOPs and attainment of checklists will be completed in one month. Identification of non-compliance using the checklists and the SOP performance observations will be completed within an additional two months. Addressing non-compliance problems will be completed within an additional six months.

“Discipline Is The Bridge
Between Goals And
Accomplishment”

- Jim Rohn

Table 2: MEASURABLE STRATEGIES FOR THE INFECTION CONTROL COORDINATOR
 The Annual Plan to Build a Framework for **the Safest Dental Visit™**

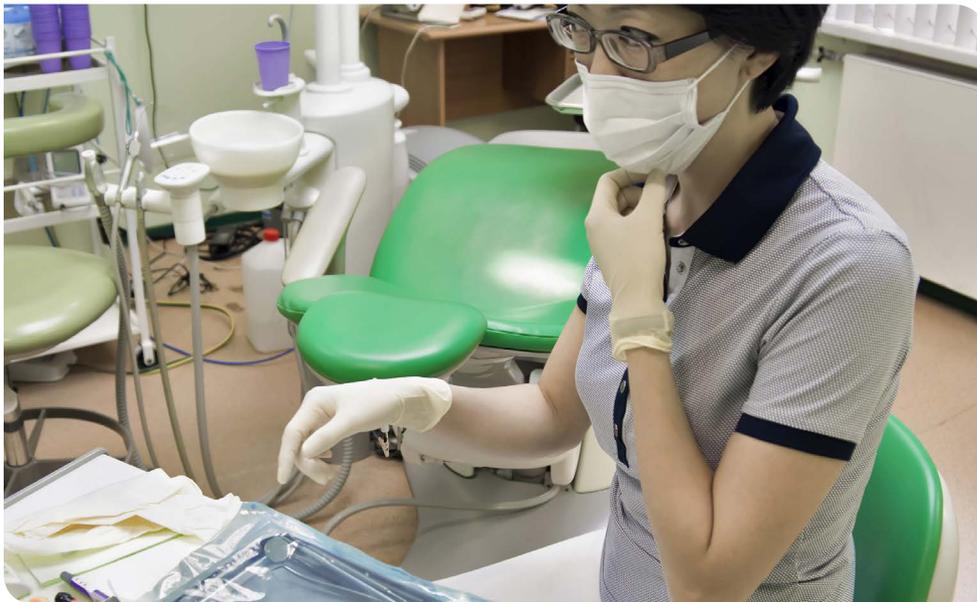
STEPS (and suggested timing)	EXAMPLES OF TOOLS TO USE
<p>FEBRUARY - MARCH</p> <p>Understand and take ownership of the ICC role</p> <ul style="list-style-type: none"> • Prepare a job description unique to your employment • Confirm your ICC position with your employer • Seek any necessary training • Inform OSAP of your ICC title/position: receive a free 12-month planning guide 	<ol style="list-style-type: none"> 1. Defining the role of the ICC – part 1. <i>Infect Contrl in Pract</i> 2015; 14 (No 2 – April). 2. Defining the role of the ICC – part 2. <i>Infect Contrl in Pract</i> 2015; 14 (No 3 – June). 3. Defining the role of the ICC – part 3. <i>Infect Contrl in Pract</i> 2015; 14 (No 4 – August). 4. Tools and resources for the ICC. <i>Infect Contrl in Pract</i> 2015; 14 (No 5 – October).
<p>APRIL - MAY</p> <ul style="list-style-type: none"> • Assess current infection control program • Identify issues • Prioritize the issues • Have everyone participate 	<ol style="list-style-type: none"> 1. Tools and resources for evaluating an infection control program. <i>Infect Contrl in Pract</i> 2015; 14 (No 6 - December). 2. Set the stage for maintaining the Safest Dental Visit™. <i>Infect Contrl in Pract</i> 2015; 14 (No 1- February). 3. CDC. Infection control guidelines in dental healthcare settings – 2003. http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm
<p>JUNE - DECEMBER</p> <ul style="list-style-type: none"> • Set two infection control goals and dates for completion based upon issues identified <p>SAMPLE GOALS</p> <ul style="list-style-type: none"> - Review new CDC Summary and Compliance checklist information on the OSAP website to understand what they are and how to apply them to your dental practice - Ensure the practice is in compliance with the GHS* deadline - Confirm and maintain proper instrument processing - Motivate all to participate in a culture of safety and to achieve goals - Use the Team Huddle to be positive with a “can-do” attitude, be a motivational role model, use positive reinforcement, and use periodic reminders of the goals <ul style="list-style-type: none"> • Evaluate progress (See progress log on page 6 -Table 3) 	<ol style="list-style-type: none"> 1. Safety Culture. <i>Infect Contrl in Pract</i> 2014; 13 (No 1 - March). 2. http://www.osap.org/page/NewCDCSummary 3. https://www.osha.gov/dsg/hazcom/HCSFact sheet.html 4. Identify special celebratory activity for everyone’s participation (e.g., luncheon) 5. Recognize specific improvements with a fun award
<p>DECEMBER</p> <ul style="list-style-type: none"> • Review achievements • Celebrate success 	

*GHS - Globally Harmonized System of Classification and Labeling of Chemicals is now a part of OSHA’s Hazard Communication Standard.

- ❑ Review the current status of Safety Data Sheets (SDS).
- ❑ Review the current inventory, consider elimination of any products no longer used.
- ❑ Educate supply personnel to retain any SDS received. (Note: Manufacturers are only required to provide the SDS with the first shipment or if there are changes to the document).
- ❑ Review new SDS for any change in hazards associated with the use of the product and educate staff.
- ❑ Update any alternative workplace labeling used, update the Hazard Communication Program, provide any additional training on newly identified physical or health hazards no later than June 1, 2016.

What's Wrong With This Picture?

Can you identify the breach(s) in infection prevention and safety procedures in this photo taken during a treatment procedure? Check your answer below.



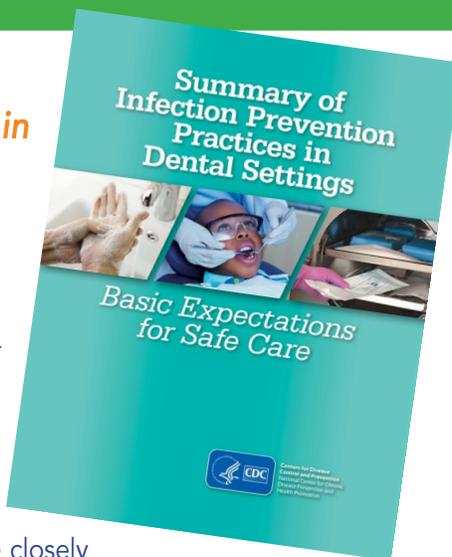
Answer: In this scenario it is assumed the clinician (or dental assistant) is preparing to perform an intraoral procedure. Personal protective equipment (PPE) of overgown with long sleeves and protective eyewear with appropriate side shields is missing. Face mask adjustment should be made before donning gloves. In general the sequence for putting on PPE (overgown first, followed by mask, protective eyewear and lastly gloves) was not followed.

Product Spotlight

CDC's 2016 Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

What are the relevant CDC recommendations since 2003?

Since the release of the Guidelines for Infection Control in Dental Health-Care Settings—2003 the CDC has developed additional recommendations that impact dental health care. Several of these recommendations already exist as, or are closely aligned with the 2003 CDC dental infection control recommendations, but were later designated as formal elements of standard precautions. These are presented in the 2016 Summary to emphasize the basic expectations for safe care, present key recommendations and to provide new information released by CDC since publication of the 2003 Guidelines.



To easily identify each new recommendation, OSAP has highlighted them at: <http://www.osap.org/?page=FollowCDCGuidelines>

The full version of CDC's 2016 summary and checklists can be accessed at: <http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>

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 2016.

Super Sponsors

Air Techniques

www.airtechniques.com

Clorox Healthcare

www.clorox.com

Coltene

www.coltene.com

Crosstex

www.crosstex.com

Dentsply Sirona

www.dentsplysirona.com

Henry Schein

www.henryscheindental.com

Hu-Friedy

www.hu-friedy.com

Kerr TotalCare

www.kerrtotalcare.com

Midmark

www.midmark.com

Patterson Dental

www.pattersondental.com

SciCan

www.scican.com

Young

www.youngdental.com

TEAM HUDDLE DISCUSSION GUIDE

1. Are there any infection control and safety issues in your facility that need to be addressed?
2. How would you prioritize these issues?
3. Based on the prioritized issues, what two infection control and safety goals need to be set for your facility?



Table 3: EVALUATE YOUR PROGRESS BASED ON THE PLAN Check Yes/No in each box to indicate if item has been completed.

FEB - MAR	APR - MAY	JUNE - JULY	AUG - SEPT	OCT - NOV	DEC
Plan Has Been Developed <input type="checkbox"/> Yes <input type="checkbox"/> No*	Assessment Made <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 1 Met <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 1 Met <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 1 Met <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 1 Met <input type="checkbox"/> Yes <input type="checkbox"/> No*
ICC Ownership Established <input type="checkbox"/> Yes <input type="checkbox"/> No*	Issues Identified <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 2 Met <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 2 Met <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 2 Met <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 2 Met <input type="checkbox"/> Yes <input type="checkbox"/> No*
Identified ICC Training Needed <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 1 Identified <input type="checkbox"/> Yes <input type="checkbox"/> No*	Culture of Safety Started <input type="checkbox"/> Yes <input type="checkbox"/> No*	Culture of Safety Achieved <input type="checkbox"/> Yes <input type="checkbox"/> No*	Culture of Safety Achieved <input type="checkbox"/> Yes <input type="checkbox"/> No*	Culture of Safety Achieved <input type="checkbox"/> Yes <input type="checkbox"/> No*
OSAP Informed <input type="checkbox"/> Yes <input type="checkbox"/> No*	Goal 2 Identified <input type="checkbox"/> Yes <input type="checkbox"/> No*				Success Celebrated <input type="checkbox"/> Yes <input type="checkbox"/> No*
* If no, describe how to achieve: _____					

Links to Resources

1. **OSHA**. Bloodborne Pathogens Standard. Accessed March 2016 at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.
2. **OSHA**. Hazard Communication Standard. Accessed March 2016 at: <https://www.osha.gov/dsg/hazcom/index.html>.
3. **CDC**. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; March 2016. Accessed April, 2016 at: <http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>
4. **Miller CH**, OSAP. TEAM HUDDLE: The plan for establishing a high quality infection control program – building a framework for the Safest Dental Visit™: Assess your current infection control program. *Infection Control in Practice* 2016; 15 (No 2, April):1-8.
5. **Miller CH**, OSAP. TEAM HUDDLE: The plan for establishing a high quality infection control program – building a framework for the Safest Dental Visit™: Understand and take ownership of the infection control coordinator position. *Infection Control in Practice* 2016; 15 (No 1, February):1-8.
6. **Cornerstone**. Smart goal setting worksheet with guidance notes. Accessed March 2016 at: <https://www.ndi.org/files/Handout%203%20-%20SMART%20Goal%20Setting%20Worksheet.pdf>.
7. **Top Achievement**. Goal Setting – Powerful Written Goals in 7 Easy Steps. Accessed March 2016 at: <http://topachievement.com/goalsetting.html>.
8. **Miller, CH**. Management of the office safety program. In *Infection Control and Management of Hazardous Materials for the Dental Team*. Elsevier, St. Louis, 5th ed, 2014, Chapter 25, pp 241-244.

GET YOUR CE CREDIT ONLINE OSAP is recognized by the American Dental Association as a CERP provider.*

Follow the instructions below to purchase and complete the quiz to receive 1 hour of CE credit.

Step 1: Go to <http://bit.ly/OSAPICIPJUNE2016> 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. What property of protective eyeglasses is required by OSHA?

- a. Disposable
- b. Sterilizable
- c. Tinted lenses
- d. Solid side shields

2. According to the CDC, when should an alcohol-based hand-rub be used?

- a. Only on unsoiled hands
- b. Only before donning exam gloves
- c. Only before washing hands with an antimicrobial soap
- d. Only before washing hands with a non-antimicrobial soap

3. What type of document does the OSHA Hazard Communication Standard require besides safety data sheets?

- a. Exposure control plan
- b. Emergency action plan
- c. Record of disposal of disinfecting chemicals
- d. List of hazardous chemicals present in the facility

4. According to the CDC, when should a face mask be changed?

- a. Between each patient
- b. After every 10 minutes of use
- c. After every five minutes of use
- d. At the end of each ½ day clinic session

5. What does the S stand for in S.M.A.R.T. goal?

- a. Stable
- b. Specific
- c. Suitable
- d. Systematic

6. When are all employers that use, handle, or store hazardous chemicals required by OSHA's Hazard Communication Standard to update alternative workplace labeling and hazard communication programs, as necessary, and provide additional employee training for newly identified physical or health hazards?

- a. September 1, 2017
- b. December 31, 2016
- c. October 1, 2016
- d. June 1, 2016

7. What is least important in goal setting?

- a. Put the goal in writing

- b. Set a goal that motivates
- c. State the goal in a positive manner
- d. Make sure the goal can be completed in one month

8. What property of protective clothing is recommended by the CDC?

- a. Zippered
- b. White color
- c. Long sleeves
- d. Cotton material

9. What's the least important reason to wash your hands after removing gloves?

- a. To moisten the skin
- b. To wash off perspiration
- c. To remove glove chemicals from the skin
- d. To decrease the number of microorganisms that multiplied beneath the gloves

10. When did the Needlestick Safety and Prevention Act become a part of OSHA's Bloodborne Pathogens Standard?

- a. 2001
- b. 2005
- c. 2012
- d. 2016

ADA CERP® | Continuing Education Recognition Program

*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 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: June, 2016. Expiry date: June, 2019.

KEY TAKEAWAYS

1. Compliance with all the infection control rules and recommendations is important.
2. Using checklists and SOPs can help determine compliance.
3. Set S.M.A.R.T. goals to address any concerns with your infection control and safety program.

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
PATTERSON
DENTAL

TEAM HUDDLE HIGHLIGHTS

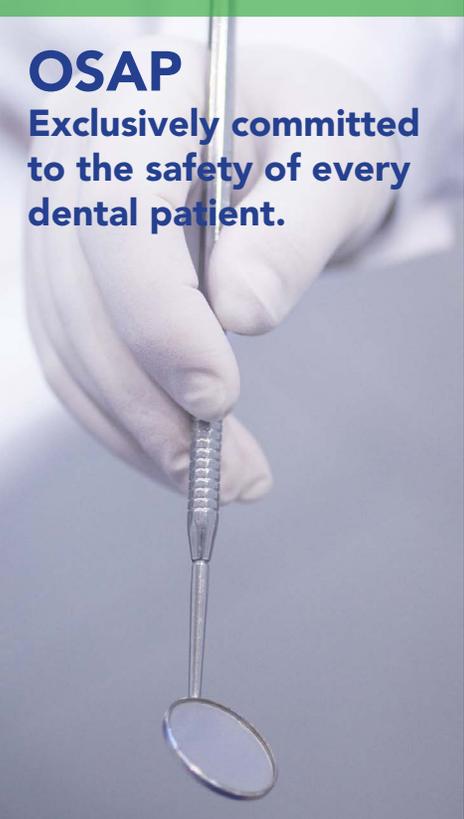
1. Are you building a framework for the Safest Dental Visit™?
2. Is your facility in compliance with all the infection control rules and recommendations?
3. Do you need to set goals to address any deficiencies in your infection control program?

Read on!



The Safest Dental Visit™

OSAP
Exclusively committed
to the safety of every
dental patient.



Support Education Innovation.