The VA's New Compliance Initiative – Lessons Learned
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Disclosure

Neither I nor members of my immediate family have any financial relationships with commercial entities that may be relevant to this presentation.

Outline

1. Reprocessing problems - 10 different types of equipment
2. National VA infection control polices
3. Top 10 list of best practices for driving compliance
VHA Directive 2009-004
February 9, 2009

- All RME must be accompanied by reprocessing instructions provided by the manufacturer.
- Initial training of personnel, proper setup, use, and reprocessing for each occurrence; an annual validation of the competency of the staff involved; and quality oversight.

Understanding the nuances

- Discrepancies between manufacturer’s instructions and everyday dentistry.

Autoclave cycles

Pre-vac: 270°F for 4 minutes

Gravity displacement: 250°F for 30 minutes.
**Posts/pins**
- Waiting for clear sterilization instructions
- Some manufacturers consider an implant

**Matrix bands**
- “Doctor,
  We don't provide sterilization techniques for dental offices or I would be happy to send the information. I have told another office at the VA that the matrix bands can be sterilized in a hot autoclave unit.”

**Handpiece sterilization**
- “Prior to bagging the handpiece for sterilization, the interior of the head should be cleaned.”
Evacuation instruments

- Evacuation instruments = sterilize after each patient.

Air/water syringes

- Some manufacturers provide both disinfection instructions and sterilization instructions

Impression gun

- Disinfection = 6% reduction in bacteria
- Pre-sterilized guns + plastic = 60% ↓
- Pre-sterilized guns + plastic + disinfection = 95% ↓
- Steam sterilization successfully sterilized guns
Digital x-ray sensors
- Intermediate or high level disinfection?
- Problems when submerged

Electrocautery
- “Mr. Joseph,
  Regarding your phone call of earlier today, I am sorry we cannot provide you with a manual. We stopped production on that unit back in early 2005.”

Dental implant discrepancies
- Clamoring for clarification from manufacturers on DFU for:
  - impression posts
  - final abutments
  - analogs
  - healing abutments
  - “try-in” screws
  - nylon cap attachments
Summary

- Wide discrepancy currently between various dental stakeholders
- Advocate that dental manufacturers sign off on pre-vac cycles of 270°F for 4 minutes.

Compliance challenges
DENTAL CLINIC INSPECTION TEMPLATE

• Written SOPs readily accessible near each operatory
  • Competencies current and appropriate

• IC Policy readily accessible to staff
  • Ask employee to produce it

DENTAL CLINIC INSPECTION TEMPLATE

• Observe hand hygiene pre/post treatment

• Needle recapping process
  • Observe device or single-handed scoop

DENTAL CLINIC INSPECTION TEMPLATE

• Used intra-oral burs always discarded into sharps container
  • Check with assistant

• Medicaments, syringes, etc. on tray are labeled

• Dental employee on local IC Committee
**DENTAL CLINIC INSPECTION TEMPLATE**

- Packaged instruments rust & debris free
  
- OPPE (Ongoing Professional Provider Evaluation)
  - Observe the documentation

- Supplies rotated/outdates
  - Check shelves

- MSDS complete
  - Select product, employee produce MSDS

**Sterile, single patient use burs**

- CDC acknowledged that cleaning of burs can be difficult

**Surgical procedures**

- CDC recommends only sterile irrigant be used for surgical procedures.

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**CDC**

CDC (Centers for Disease Control and Prevention) guidelines for infection control in dental health-care settings.
Humidity and Temperature monitors

- Monitor all areas sterile items are stored
- Range 65-78 degrees, 20-60% humidity

Atomizers

- Problems with potential backflow
- Use disposable tips
- Spray onto disinfected or clean surfaces
- Do not spray directly into oral cavity

Timeout procedure

- Great safety and infection control practice
- Need patient, dentist, and assistant involvement
Water lines

- Test quarterly
- Wipe end of waterline with alcohol
- Do not touch edge of container

Water line Maintenance Log

According to CDC guidelines if lab result is over 500 cfu/ml, then the lines must be "shocked" for three straight nights and the dental unit may not be used until acceptable lab result is obtained.

<table>
<thead>
<tr>
<th>Date Collected</th>
<th>Results (CFU/ML)</th>
<th>Date Collected</th>
<th>Results (CFU/ML)</th>
<th>Date Collected</th>
<th>Results (CFU/ML)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airwater Syringe - Dentist Side Handpiece Hose #1 closest to A/W syringe on dentist side</td>
<td>10/3/2011</td>
<td>no growth</td>
<td>10/3/2011</td>
<td>no growth</td>
<td></td>
</tr>
<tr>
<td>Airwater Syringe - Dental Assistant Side</td>
<td>10/3/2011</td>
<td>no growth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cleaning Aids

- Keep soiled instruments moist (Humipak)
- No contagious waste spills if dropped

Courtesy - Dr. Hew McElroy
Changing habits

Driving compliance with IC Guidelines

“The devil is in the details”
#1 - Minimum PPE

- Table or list in IC guidelines listing the minimum PPE by procedure
- List which personnel are at risk of occupational exposure to blood and saliva

#1 - Six categories of dental procedures

1. No reasonable expectation of spatter or aerosol (routine exam)
2. Minimal chance of spatter or aerosol or when rubber dam is utilized along with high velocity evacuation (denture adjustment)
3. Likely to involve splash, aerosolization or spattering of blood (S&RP)
4. Most likely to involve exposure to blood (i.e., oral surgery)
5. Instrument preparation and disinfection, operatory clean-up
6. Laboratory procedures

#2 - Sharps Engineering Controls Eval Form

- Need staff participation
- Evaluate products as they become available
- Keep signed form with IC Guidelines
- Include narrative
#3 - HAI Surveillance

- HAI = Health Care Associated Infections \(^1\)
- Define Conditions not considered HAI
- Define what is considered HAI
- How do you monitor?


#3 - HAI monitoring

- Self-reporting
- Medical charting and clinical quality reviews
- Unscheduled post-op visits?
- Invasive procedure report
  * > 5% infection rate then focused review

#4 - Checklist for Implants

- Implant Definition:
  - Dental implants
  - Collaplug
  - Collagen membranes
  - Bone graft materials

- Storage:
  - Tissue = Blood Bank
  - NBID = Dental Service
#4 Checklist for Implants

- NBID must have a designation on the package
- Dental implant log

#5 - Sterilization indicators
#6 - Dental IC Guideline review

- MANDATORY FOR ENTIRE CLINICAL STAFF
- 50 question comprehensive quiz

#7 – Dental assistant checklist

- Checklist for each patient
- Adopted from flight crew management
- Easy to forget a step w/o checklist


#7 Dental assistant checklist

**Prior to seating patient**
- Visual inspection for cleanliness

**After seating patient**
- Set timer to zero
- History of TB?
- Taken antibiotic premedication?
#7 - Dental assistant checklist

Before starting procedure
• Set up high volume evac, and A/W tip
• Initial rotary instrument check

After procedure
• Disinfect operatory, set timer
• Abnormality tracking – C&S, biopsy, labs, CT or MRI imaging

#8 – Environment of care checklist

- Environment of Care Reviews
  (Drs. Jung/Bestgen)
- Try to get all staff involved
- Check monthly
#8 – Environment of care

Daily Maintenance
- Clean environmental surfaces
- Flush evacuation lines
- Change traps

#9 - Master maintenance schedule
#9 - Master maintenance schedule

- Daily Maintenance
  - Clean lab

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Daily maintenance log

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#9 – Weekly maintenance

- Disinfect water bottles
- Check eye wash station
- Check oxygen tank and tubing
#9 – Monthly maintenance

- Check for expired items
- Check refrigerator
- Disinfect water lines
- Straightening and flushing evacuation lines

#10 – SOP: Transport of lab items

- SOP with competency (Dr. James Shaughnessy – Louisville VAMC)
- Included PPE requirements when entering or leaving lab

#10 - CD Training Module: Sx Set-up

Courtesy: Dr. Douglas Richardson, Oral and Maxillofacial Surgeon, Sarah Spencer, Oral Surgery assistant, Monistine Neal Dental Assistant, Dr. Byron Wade, Dental Chief Dayton
Thank you

- Dr. Pat Arola - Assistant Under Secretary for Health for Dentistry
- Dr. Susan Bestgen – Director of Operations VACO of Dentistry
- Dr. Brad Kasson – VA Infection Control Consultant

QUESTIONS

References

  2011;142(11):1269-74.
- Slide 13. High level disinfection. Cidex OPA. Advanced Sterilization Products. Division of Ethicon Inc., a
  Johnson and Johnson Company. www.aspjj.com
  Tip. www.shippertmedical.com
- Slide 20. One-hand recapping device. ProTector Needle Sheath Prop. Disposable. One-handed
References

1. Archie Morrison, DDS, MS, FRCD(C); Susan Conrod, DDS. www.cda-adc.ca/jcda/vol-75/issue-1/39.html


5. JOEL M. HAUPTMAN, BA, DDS* MARVIN B. GOLBERG, BS PHARM., DDS†CARRIE ANN REWKOWSKI, DMD‡ J Esthet Restor Dent 18:268–272, 2006)


Slide 24. Surgical procedures, sterile irrigation.


5. Sterile gauze. Select Med Products. 4x4 gauze.

Slide 27. Timeout procedure. “Pause” immediately prior to starting procedure. On OSAP Website.


Slide 34. Attachment A Minimum PPE Recommendations. On OSAP Website.


2. Attachment B Sharps Engineering Controls Evaluation Form. On OSAP Website


Slide 43. Attachment Dental Infection Control Guideline Review. On OSAP Website.

Slide 44. Attachment Dental Assistant Checklist. On OSAP Website

Slide 46 Attachment Abnormality Spreadsheet. On OSAP Website

Slide 47 Attachment Environment of Care Checklist. On OSAP Website

Slide 56 Attachment SOP: Transport of Dental lab items. On OSAP Website

Slide 57 Attachment CD Training Module. Sterile Surgery Set-up Modified for Dental Clinic Aseptic Technique Sarah Spencer Oral Surgery Assistant, Dr. Douglas Richardson DDS FACD Oral and Maxillofacial Surgery.

On OSAP Website