

Dentistry's Newsletter for Infection Control and Safety

Special Series on Circumstances

Our series of topics for this year is designed to help you with infection control and safety by addressing some different circumstances that can occur in the office. The first issue is "So you just became the Office Safety Coordinator—What do you do now?" This will be followed by "When Stuff Happens", "Exceptional Patients", "Bringing the Outside In", "High Tech Infection Control" and "Frequently Asked Questions".

So you just became the Office Safety Coordinator — What do you do now?

The Office Safety Coordinator (OSC) is a person identified to coordinate various office activities that help protect patients and office staff from harmful situations and help ensure compliance with related regulations and recommendations.

You may be assigned to the position of OSC if the office decides to revamp its safety program, or if there is a related staff change, or if a new office is being set up. This position (often held by a dental assistant or office manager) is challenging and very important in regard to the safety of everyone in the office and relates to compliance with regulations and key recommendations. The duties may involve infection control, management of hazardous materials, fire prevention, radiation and electrical safety, and management of non-medical emergencies and office evacuation procedures.

General Duties of the OSC

The main categories of the OSC's duties are given here with details presented on page 3 "Putting It All Together" and page 4 "Communicate and Educate".

- Obtain/prepare/update required safety documents, plans and records
- Obtain/prepare other beneficial safety documents
- Ensure proper and timely training of new, regular, janitorial, and temporary staff
- Help establish a culture of safety in the office
- Ensure proper availability, functioning and maintenance of infection control, haz-com and other safety supplies, equipment and procedures

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Learning Objectives

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

- ▶ define the position of a dental Office Safety Coordinator.
- ▶ describe the types of training/knowledge beneficial to an Office Safety Coordinator.
- ▶ describe ways to disseminate information to the rest of the office staff.
- ▶ list the duties of an Office Safety Coordinator.

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So you just became the Office Safety Coordinator — What do you do now?

continued from front cover

Training

The OSC is frequently one who has the most training and/or experience with safety procedures. However, extra training may be needed or be beneficial at the time of appointment to the position. Helpful knowledge includes:

- an understanding of basic microbiology and general dental procedures.
- modes of infectious diseases spread in the office.
- infection control and other safety procedures.
- familiarity with OSHA's (Occupational Safety and Health Administration) Bloodborne Pathogens and Hazard Communication Standards,^{1,2} the CDC's infection control recommendations for dentistry,³ and other rules related to fire prevention and emergency evacuations⁴.
- communication and computer skills.
- organizational skills.



The OSC and OSAP

The OSC should be a member of OSAP which is the premier educational resource for dental office safety. See the "Roadmap to OSAP" on p.6 for further information.

The OSC can turn to OSAP for:

- current safety information, regulations and recommendations.
- educational materials (e.g., textbooks, workbooks, video tapes, posters, guidelines, charts, Web links, newsletters, on-line forum).
- information on suppliers and manufacturers of infection control and safety supplies and equipment.
- interaction with other OSCs and with infection control and safety experts.
- live infection control presentations and product displays at the annual symposium (June 11-14, 2009, Dallas).
- much more.

Infection Control In Practice is a resource prepared for clinicians by the Organization for Safety & Asepsis Procedures (OSAP) with the assistance and expertise of its members. OSAP is a nonprofit, independent organization providing information and education on infection control and occupational health and safety to dental care settings worldwide. *Infection Control In Practice* is published six times per year and is a trademark belonging to OSAP. OSAP assumes no liability for actions taken based on information herein.

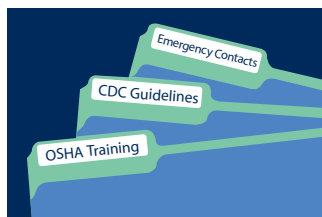
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Putting It All Together

Examples of the Office Safety Coordinator Duties.

1. Obtain/prepare/update OSHA-required safety documents, plans and records.

- Obtain a copy of OSHA's Bloodborne Pathogens¹ and Haz-Com² standards and OSHA's "Job Safety and Health, It's the Law" poster⁵.
- Prepare and update the OSHA-required written Exposure Control Plan, Hazard Communication Program, Material Safety Data Sheets, list of hazardous chemicals, Emergency Action Plan.
- Maintain records on OSHA training, spore-testing, regulated waste disposal; equipment maintenance.
- Ensure staff medical records are being kept.
- Maintain sterilization records for the length of time required in your jurisdiction.
- Ensure X-ray equipment certifications are up to date.
- Ensure all those taking X-rays are properly qualified/certified.



2. Obtain/prepare other beneficial documents.

- Obtain a copy of CDC's infection control guidelines for dentistry. Prepare a TB infection control plan.
- Ensure the maintenance of employee health records recommended by the CDC.
- Develop CDC-recommended evaluations of the office's infection control procedures.
- Prepare a list of emergency contacts to help manage staff injuries, sterilizer failures, supplies/instrument/utility problems or repairs.

3. Ensure proper and timely training of new, regular, janitorial, and temporary staff.

- Ensure cleaning crews and temps have received the proper blood-borne pathogens and hazardous chemicals training.
- Make sure temporary office help know where infection control supplies and important safety materials are located (e.g., MSDSs, eyewash stations).
- Ensure training records are updated.

4. Help establish and maintain a "culture of safety" in the office⁶.

- Monitor/evaluate safety procedures and compliance with regulations.
- Promote individual accountability for the safety of all in the office.
- Maintain a bulletin board for notices, posters, signs and other reminders to enhance office safety awareness and change the postings regularly.
- Manage/describe any evaluations of safety devices performed and place information in the OSHA Exposure Control Plan.
- Reinforce procedures for post-exposure medical evaluations and review of exposure incidents.
- Post signs in the sterilization area to prevent the intermingling of sterile and contaminated packages.
- Replace sharps containers when they are ¾ full and prepare regulated waste containers for disposal or pick-up by the medical waste hauler.
- Ensure proper handling of contaminated laundry.
- Ensure the decontamination of items received from the dental lab.
- Ensure proper labeling of hazardous waste containers and hazardous chemicals.
- Ensure proper maintenance of smoke alarms and fire extinguishers and periodically monitor the integrity of all electric cords.

- Ensure a mechanism for soliciting ideas from the staff for safety improvement and for reporting safety problems.
- Hold emergency fire/evacuation drills.
- Make sure exit signs/lights are posted.
- Ensure no hazardous chemicals are being stored in office refrigerators, and post appropriate signs.



5. Ensure proper availability, functioning and maintenance of infection control, haz-com and other safety supplies, equipment and procedures.

- Evaluate, select and maintain the stock of supplies and equipment needed to maintain office safety.
- Ensure routine maintenance/cleaning (as described by the manufacturer) on sterilizers, sonic cleaners, washers/disinfectors.
- Ensure proper functioning of eyewash stations and (if present) safety showers.
- Check reusable heavy utility gloves and heat resistant gloves for cracks, tears and worn places.
- Replace empty soap dispensers (wash reusable dispensers before refilling).
- Sterilize, or disinfect or at least clean equipment to be shipped for repair and ensure proper labeling of any contaminated parts.

Communicate and Educate

How do you develop a “culture of safety”?

Communication is important in any business, and in a dental office the OSC plays a key role in disseminating information to the boss, the rest of the staff and sometimes to patients.

One of the very important roles of the OSC is to keep the others in the office informed about changes in procedures, regulations and recommendations, products, equipment, safety techniques and new hazardous chemicals in the office. While this is commonly done in staff meetings, sometimes things come up that require immediate notification such as a detected sterilization failure or a “boil water” notice from the department of health. It’s also very important for all in the office to be continuously



mindful of office safety. While it’s good that infection control procedures become routine, the downside is the risk of developing complacency. For example one might say, “I don’t see why we have to keep placing these chemical indicators in every package day after day.” Well, it’s true that sterilization failures don’t occur very frequently, but when they do, it’s very important to detect them as quickly as possible, and chemical indicators can help with this. So, visual and verbal forms of communication about safety help fight complacency, and not only include the careful handling of sharps and hazardous chemicals, but also include reminders in other areas as described above to develop a “culture of safety” in the office. See “Bright Ideas” on page 8.

Around the World

We hear a lot about the common cold, strep throat, the flu, TB, and malaria, but there are numerous other more rare infectious diseases still occurring around the world. The following summarizes the epidemiology of some of these diseases that were reported to the World Health Organization during the first 9 months of 2008.

There have been thousands of cases of dengue and dengue hemorrhagic fever in Brazil. In Iraq, Guinea and Guinea-Bissau 507 cases of cholera were reported. Hand, foot and mouth disease, first recognized in 1970, occurred in about 3,000 people in China.



Forty cases of human avian influenza (H5N1) have occurred in Indonesia, Egypt, Bangladesh, Pakistan, Vietnam and China. The 49 cases of yellow fever reported from Guinea, Cote d’Ivoire, Central African Republic, Liberia, Paraguay and Brazil have prompted large scale vaccination programs. Rift Valley fever that emerged in Africa in the late 1980s has been reported this year in Madagascar and Sudan. In July a case of Marburg hemorrhagic fever was reported in a resident of The Netherlands who had just visited Uganda. The Marburg virus is a relative of the Ebola virus both of which are quite deadly.

Also in 2008 a newly described arenavirus was identified as the cause of 4 infections (with 3 deaths) in Zambia and South Africa. Arenaviruses are generally associated with rodent-transmitted disease causing hemorrhagic fevers. This new virus, along with other known arenaviruses like Lassa and Machupo viruses, has also been associated with person-to-person spread and nosocomial infections.

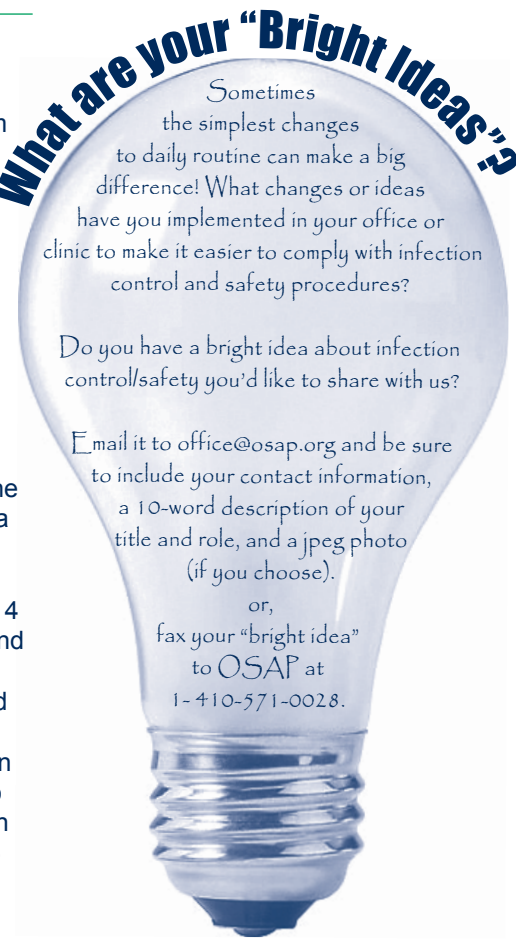
What are your “Bright Ideas”?

Sometimes the simplest changes to daily routine can make a big difference! What changes or ideas have you implemented in your office or clinic to make it easier to comply with infection control and safety procedures?

Do you have a bright idea about infection control/safety you’d like to share with us?

Email it to office@osap.org and be sure to include your contact information, a 10-word description of your title and role, and a jpeg photo (if you choose).

or,
fax your “bright idea”
to OSAP at
1-410-571-0028.



What's Wrong With This Picture?

Take this photo challenge and see if you can readily identify the breach in aseptic procedure and safety in this photo. Challenge your knowledge first before checking your answers below!



- ANSWERS:
- 1) Patient is not wearing safety glasses.
 - 2) Dental assistant is not wearing safety glasses with side shield.
 - 3) Dentist and dental assistant are not wearing face masks and their forearms are not covered.
 - 4) Dental assistant is wearing jewelry that is exposed.

Did You Know?

Did you know that OSHA advises each work site handling hazardous chemicals to designate a person (such as the OSC) to help manage the Hazard Communication Program? Appendix E of the Hazard Communication Standard (HCS)⁷ states: "In order to have a successful program, it will be necessary to assign responsibility for both the initial and ongoing activities that have to be undertaken to comply with the rule". Also, the Directive that OSHA inspectors use to determine compliance with the HCS⁸ states that citations be given if there is no designation of person(s) responsible for:

- ▶ ensuring the labeling of containers of hazardous chemicals;
- ▶ ensuring the labeling of containers used to ship hazardous chemicals;
- ▶ obtaining/maintaining Material Safety Data Sheets (MSDS);
- ▶ conducting the required HCS training.

This alone provides a pretty strong incentive for each office to have an OSC.

OSHA

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OSAP thanks the following companies that help to underwrite each issue of this special series of *Infection Control In Practice* in 2009.

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Septodont ▶ septodontusa.com

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SmartPractice ▶ smartpractice.com

Smarter Practices. Healthier Patients. Premium quality gloves and dental supplies with everyday low prices.

SPSmedical Supply Company ▶ spsmedical.com

Sterilization monitoring (spore tests), chemical indicators/integrators and packaging products (wrap and pouches).

Sultan Healthcare ▶ sultanhealthcare.com

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TotalCare ▶ kerrtotalcare.com

Offering high-quality infection prevention products to protect staff and patients in the dental operator.

Roadmap to OSAP

If you have received this newsletter from a friend or associate, you can access other helpful resources and timely information on infection control and safety by becoming a member of the OSAP community.

Member resources include:

- ▶ Infection Control Educator's Kit
- ▶ Surface disinfectants chart
- ▶ OSAP Q&A
- ▶ NEW online CDC Guidelines course
- ▶ Monthly news summary and weekly news flash
- ▶ Links to FDA patient safety news, traveler's guide to safe dental care, and much more!

Member registration is easy.

Online 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.

Current membership levels:

- ▶ Individual member (within the U.S.) \$110
- ▶ Individual member (outside the U.S.) \$160
- ▶ Web-only member (anywhere) \$100
- ▶ Student member \$25
- ▶ Corporate memberships are welcome; please contact OSAP for more information.



Links to Resources



1. OSHA. Bloodborne pathogens standard. Accessed January 2009 at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.
2. OSHA. Hazard communication. Accessed January 2009 at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099.
3. CDC. Guidelines for infection control in dental health-care settings – 2003. Accessed January 2009 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>.
4. OSHA. Evacuation plans and procedures. Accessed January 2009 at: <http://www.osha.gov/SLTC/etools/evacuation/eap.html>.
5. OSHA. New OSHA workplace poster Job Safety and Health: It's the Law (in English). Accessed January 2009 at: <http://www.osha.gov/Publications/poster.html>.
6. Institute for Healthcare Improvement. Patient safety: general. Accessed January 2009 at: <http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/>.
7. OSHA. Guidelines for Employer Compliance (Advisory) - 1910.1200 App E. Accessed January 2009 at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10104.
8. OSHA. CPL 02-02-038 - CPL 2-2.38D - Inspection Procedures for the Hazard Communication Standard. Accessed January 2009 at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=1551#inspection.

Glossary



Culture of Safety: An atmosphere of mutual trust in which all staff members can talk freely about safety problems and how to solve them, without fear of blame or punishment.

Exposure Control Plan: A written plan required by the Occupational Safety and Health Administration that describes how exposure to bloodborne disease agents will be controlled in a given work site.

Nosocomial: Nosocomial infections are harmful infections resulting from treatment in a hospital or other health-care unit, but secondary to the patient's original condition.

PPE: Personal protective equipment is a collective phrase for gloves, masks, eyewear, protective clothing and any other personal barriers that may be appropriate.

WHO: The World Health Organization is a specialized agency of the United Nations that acts as a coordinating authority on international public health. It was established in 1948 and is headquartered in Geneva, Switzerland.

Continuing Education



CE Unit 01/09

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 more information, call OSAP at 800-298-6727 (410-571-0003).

For each item, pick the best answer.

1. **A culture of safety is:**
 - a. a special bacterial strain (*Gopolis milleri*) that destroys bloodborne pathogens when added to contaminated blood spills.
 - b. the use of disinfectants to decontaminate full sharps containers before disposal.
 - c. the incubation of spore tests for 3 hours at 37°C then for 24 hours at 56°C.
 - d. an atmosphere of mutual trust in which all staff members can talk freely about safety problems and how to solve them, without fear of blame or punishment.

2. **Duties of an Office Safety Coordinator relate to all of the following except:**
 - a. infection control.
 - b. patient scheduling.
 - c. hazardous chemicals.
 - d. fire prevention.

3. **The 2009 annual OSAP symposium will be held June 11-14 in what city?**
 - a. San Francisco
 - b. Boston
 - c. Indianapolis
 - d. Dallas

4. **Which of the following can cause an OSHA inspector to give a citation when determining compliance with the Hazard Communications Standard?**
 - a. Not designating a person responsible for obtaining MSDSs
 - b. Not having a written Exposure Control Plan
 - c. Not having sterilizer spore-testing records for the previous 6 months
 - d. Not having employee medical records

5. **The OSHA-required Exposure Control Plan describes how to:**
 - a. limit staff exposure to X-rays.
 - b. protect employees from exposure to hazardous chemicals.
 - c. keep patients from being exposed to potentially infectious microbes.
 - d. control exposure of employees to bloodborne disease agents.

6. **When was hand, foot and mouth disease first recognized?**
 - a. 1952
 - b. 1970
 - c. 1991
 - d. 2008

7. **Which of the following was not listed as helpful knowledge for an Office Safety Coordinator?**
 - a. Communication and computer skills
 - b. Organizational skills
 - c. Basic chemistry course
 - d. Modes of infectious disease spread in the office

8. **The item from OSHA titled "Job Safety and Health, It's the Law" is a:**
 - a. poster.
 - b. DVD.
 - c. video tape.
 - d. workbook.

9. **Nosocomial infections:**
 - a. are viral infections of the nose.
 - b. result from treatment in a hospital or other healthcare unit, but are secondary to the patient's original condition.
 - c. are fungal infections transmitted to office staff by dental unit water.
 - d. no longer occur.

10. **When the soap dispenser needs more liquid hand soap, what should be done before refilling the dispenser?**
 - a. pour out any remaining liquid
 - b. dip it in warm water to help loosen the pump mechanism
 - c. thoroughly wash the inside
 - d. nothing – just fill it up with fresh soap

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Bright Ideas



The following safety-related signs and where they may be placed may be helpful to establish a “culture of safety” in the office. We’re sure you can think of more examples.

Sterilization Room, Laboratory, Laundry Room:

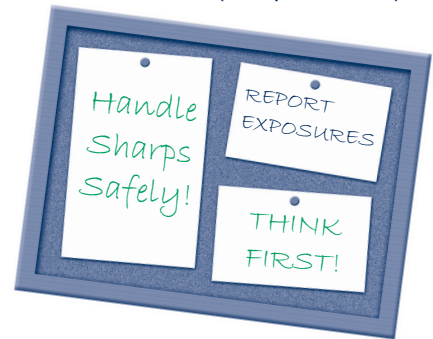
- Contaminated** (sterilization room)
- Sterile** (sterilization room)
- Disinfected** (sterilization room, lab)
- Clean** (sterilization room, laundry room, lab)
- Not clean** (sterilization room or laundry)
- Hot** (sterilization room, lab)
- Do Not Touch** (sterilization room)
- Ready** (sterilization room, lab)
- Not Ready** (sterilization room)
- Change on: __Date**
(sterilization room)
- Prepared on: __Date**
(sterilization room)
- Expiration Date: __Date**
(sterilization room)
- Ready to Ship** (lab prep room)

Staff Rooms:

- For Food Only** (refrigerator)
- Think First** (bulletin board)
- Look Before Reaching**
(bulletin board)
- Get Your Flu Shot** (bulletin board)
- Report Exposures** (bulletin board)
- Handle Sharps Safely**
(bulletin board)
- Be Careful** (bulletin board)
- Suggestions** (meeting room)
- Remove Gloves**
(daylight loader, darkroom)
- Remove PPE**
(lunch room, staff restroom)
- Wash Hands Before Leaving**
(staff restrooms)
- No PPE** (lunch room, staff restroom)

Patient Areas:

- Wash Hands Before Leaving**
(all restrooms)
- Decontaminate Hands**
(reception room)
- Alcohol Hand Rub** (reception room)
- Cover When Coughing** (reception room)
- Facial Tissue** (reception room)



*In the next issue... **When Stuff Happens***



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Please forward this issue of ICIP to other dental professionals involved in infection control and safety.