Infection Control – Back to Basics!

Infection prevention is not simply a list of tasks, provision of appropriate equipment, and policies and procedures. We will review the most important elements of a strong infection control program and while all are necessary, there must be a culture within the organization of patient safety. From leadership to volunteers each must be committed to improved patient outcomes and also a safe environment for employees, protecting them from transfer of infection.

Every dental practice should have on site and be familiar with *Guidelines for Infection Control in Dental Health Care Settings.* This document which was published by the CDC in 2003 provides a very clearly outlined set of infection control standards. While the needs of practices may differ somewhat the following are what would be considered the basics of a strong infection control training program.

Basic Principle #1 – Clearly Defined Administrative Controls

* Policies and procedures must be developed supporting the types of services delivered in your practice. Having formal policies and procedures will set the standard of care in the offices and serve as an educational tool for all existing and new employees. Areas of need may include: hand hygiene, employee immunization status, appropriate use of PPE, surface disinfection, sterilization, and last but not least post exposure management.
* Practices should be aware of the immune status of all clinical employees as recommended by the CDC. While the only vaccine required by law to be offered to employees at risk of exposure to blood and/or body fluids is the hepatitis B vaccination, it is prudent to establish immune status for employees involved in clinical care for illnesses such as chicken pox, measles, which although rare has occurred in recent years, and pertussis. As always it is recommended that all employees receive an annual influenza vaccine. The CDC recommendations on vaccinations for healthcare workers can be reviewed at <http://www.immunize.org/catg.d/p2017.pdf>.
* Availability of supplies including hand-hygiene products, PPE, surface disinfection products, safety needles/devices, and sterilization supplies (wraps, pouches, chemical indicators, spore test).
* Each practice should assign an individual to monitor infection control compliance. The ideal candidate would have training in infection control principles and work consistently in the practice location. The site specific infection control coordinator who has received infection control training is a requirement in the State of North Carolina. State law 10A. NCAC 41A.0206 requires each practice performing invasive procedures to have one person on-site who has attended a state approved training on infection control often referred to as SPICE training, the training offers instruction on basic infection control concepts as well as a review of concepts which position your practice to provide care safely to all patients. Examples of processes reviewed include: correctly performed surface disinfection and the steps in the decontamination/sterilization process of instruments.

Basic Principle #2 – Education and Training

* All staff members should be reminded frequently of the need for stellar infection control procedures. This can be handled through monthly employee staff meetings, informational posters placed in prominent areas as reminders, and on an annual basis with other compliance training. TMC newsletters are a great source of infection control information and are provided as a complimentary item to all NCDS members. You register to receive the newsletter simply go to [www.totalmedicalcompliance.com](http://www.totalmedicalcompliance.com).
* Task specific training for employed as well as contract labor. Areas of focus should include the correct process for cleaning the operatory, cleaning and packaging instrumentation for sterilization and monitoring the sterilization process. For instance, does every clinical employee the correct process for cleaning the dental unit and do they know the contact time for the EPA approved hospital level disinfectant being utilized? The surface must stay damp for this period of time to ensure the clinical contact surface has been adequately disinfected.

Basic Principle #3 – Enforce the Appropriate Use of Personal Protective Equipment (PPE)

* PPE must be accessible to all employees. Appropriate PPE which includes gloves, face protection protective gowns should be worn for all procedures in which the potential for splash or splatter occur.
* All employees, including the dentist, must understand the importance of the appropriate utilization of PPE. Face protection, gowns either disposable or reusable, which provide protection of the arms, and the use of gloves is indicated for ALL procedures where there is the potential for splash or splatter to occur. Masks should always cover the nose and be removed between each patient and when visibly soiled. Remember the goal is to protect the mucous membranes of the eyes/nose/mouth from exposure to potential pathogens. Be certain to remind employees of the need to wear heavy duty utility gloves when handling contaminated sharps during the cleaning/decontamination process.
* Employee training on the appropriate use is not only important from an infection control standpoint it is required in the Bloodborne Pathogen standard on an annual basis (1910.1030(2)(vii)F).

Basic Principle #4 – Focus on Injection Safety

* For practices providing IV sedation always utilize aseptic technique when preparing and administering medications. Diaphragms of medication vials/IV access ports must be cleansed prior to access with a sterile alcohol pad prior to access.
* When using multi-dose vials, ensure a sterile needle/syringe is utilized each time the vial is accessed.
* Never administer medication from a single syringe to multiple patients.
* Fluid infusion and administration sets should be utilized for one patient only.

Basic Principle #5 – Appropriately Utilize Single Use Devices

* Any item which is received from the manufacturer and labeled as a single use device must be used for one patient/one procedure. Once the device has been placed on the field or in the patient’s mouth the item should be considered as “used” and should be disposed. It is not appropriate to sterilize, place these items in a high level disinfectant, or surface disinfect and reuse. Examples include single use impression trays, sterile saline/water for irrigation, and Toomey syringes utilized for irrigation.
* Gloves should be disposed of after use, never turned in-side out and worn again, or washed and reused.

Evaluation of your infection control program is indicated in order to improve overall functioning of the practice and to ensure patient and employee safety. There are a few questions you might want to consider:

* How do you track and follow-up on infections which may occur in the practice?
* Are you performing spore testing on a weekly basis?
* Do you perform maintenance as recommended by the manufacturer on such items as the autoclave, ultrasonic cleaner and other equipment?
* Do you monitor compliance with hand hygiene recommendations?
* Do you perform a medical screening each time you see patients in your practice to identify any changes which may impact the patient’s ability to fight infection. This includes change in medication, new diagnosis of illness, and especially for children, proof of current immunizations?

Infection control is critical to the success of your organization and to the safety of patients. The resources outlined here will help you create a safe environment for employees and patients if you will go back to basics!

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