

**2014 I'm Glad You Asked That  
Frequently Asked Infection Control and Regulatory Compliance Questions**

**Part One: Infectious Disease Update**

**1) Bloodborne Transmission**

- a) Transmission: puncture wound, mucous membrane contact
  - i) Via contaminated needles, instruments, handpieces, burs, injectables

b) Disease Updates:

**ii) Hepatitis C [HCV]**

- (1) HCV screening if born 1945-1965 (June 2012) or risk behavior
- (2) 6 genotypes complicate vaccine development
  
- (3) Sofosbuvir higher cure rate w/ fewer side effects (Dec 2013)

**iii) Human Immunodeficiency Virus [HIV]**

- (1) Aug 2013 PEP for Occupational Exposure change
  - i. 4-week course using 3 or more PEP drugs at one time
  - ii. Initiate ASAP
- (2) Only 28% of US HIV patients tx under control  
[Current strategy: Test and Treat]
- (3) USPHS recommends annual testing for high risk groups
- (4) DELAY DENTAL TREATMENT until medical consult for patients not taking appropriate medication

**iv) Hepatitis B [HBV]**

- [1] Must offer vaccination to "at risk" employees and pay for initial series  
{Identify eligible by Exposure determination}
- [2] Non-responder if no antibodies develop after taking series twice
- [3] If refuse vaccination, sign declination: Keep records 30 years
- [4] No booster required if vaccination was properly administered and antibodies checked after first completing the series.
- [5] If antibodies <10mu/ml after exposure incident, booster may be given

**v) Human Papilloma Virus [HPV]**

- [1] <http://www.oralcancerfoundation.org>
- [2] 120 forms; 9 known oncogenic versions [16, 18, 31, 45]
- [3] HPV 16: causative agent in 50% of US oral cancer
- [4] HPV vaccinations for males and females
  - Gardasil vaccination protects against HPV 6, 11, 16, and 18
  - Cervarix vaccination only for HPV 16 and 18

## 2) Airborne and Droplet

### a) Transmission

- i) Via inhalation and mucous membrane contact

### b) Disease Update

#### i) Flu

- (1) Seasonal Flu 2013-2014 protects against four viruses

- i. H1N1 influenza A [California]
- ii. H3N2 influenza A [Victoria]
- iii. Influenza B [Victoria/Brisbane]
- iv. Yamagata [Flub/Florida]

[Dose: single except children 6mo to 8 yrs get 2 doses if first flu vaccination]

- (2) High risk Groups:

Infants and children, Chronic pulmonary, cardiac, metabolic disorders, ASA therapy, Immuno-suppression, Pregnancy, <age 19

- (3) Period of Infectivity flu viruses 24 hours prior to onset of symptoms

- a. Isolation for 24 hours after fever free w/o medication

- (4) Dental Setting

- a. Defer routine treatment
- b. Emergency treatment: N95 surgical mask for staff

- (5) To Stay Healthy

- [1] Cover cough and sneeze
- [2] WASH hands often
- [3] Avoid touching eyes, nose & mouth
- [4] Avoid Sick People
- [5] If you get the flu, STAY HOME!

#### ii) TB

- (1) US TB rate about 3/100,000 [total of 10,528 in 2011]

- (2) US born rate 1.5/100,000

- (3) Foreign born living in US rate 17.2/100,000

- (4) Since 1992 the number of US cases has decreased annually

- (5) Transmission breathing in expelled droplet nuclei over 6 to 8 hours

- (6) Defer dental treatment for suspected TB patients

- a. Confirm non-infectious prior to routine dental tx.

## 3) Standard Precautions and Medical History

- a). Standard precautions apply regardless of medical history responses.

- b) A thorough medical history supports comprehensive dental treatment.

- (1) Ask about infectious diseases and vaccinations

HIV, HBV, HCV, HPV, STDs, TB, Flu

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- (2) Ask about medical procedures with increased risk of infection  
Transfusions, Dialysis, Transplants
- (3) Ask about higher risk social choices  
Tattoos, Body Piercing, Substance Abuse

4) **Post Exposure Protocol**

a.) **Help line: 1 888 448-4911**

b.) Exposure incident involves contact with blood or OPIM

- (1) By way of skin lacerations or punctures
- (2) Contact with mucous membranes

c.) **Four Critical Steps** for Post-exposure Management

- (1) *Stop the Procedure and Isolate the contaminated instrument*
- (2) *First Aide*
- (3) Document: Incident and Confidential Employee Medical records
- (4) Seek testing and counseling at your designated location
  - I Employer pays expenses; may designate provider
  - II Workman's Compensation may apply
  - III Employee may refuse test/tx; must sign release

**Part 2: Office Tour**

1) **Entrance and Reception**

- a) How does my reception area impact patient care?
  - i. Clean and Sanitary facility
  - ii. Hazard Free
  - iii. Be the Patient in your office
- b) Patient Posters
  - i. We take Precautions for You
    - 1. Free download at MSBDE web site
  - ii. Radiation Facility Registration

2) **Compliance Documentation**

- a) Exposure Control plan
  - [1] Exposure Determination—"Who handles blood and body fluids?"
  - [2] Written Safety Protocols [PPE, vaccination policy, instrument sterilization, equipment disinfection, post exposure management]
- b) Compliance Documentation Records
  - [1]. Establish a pattern of compliance by maintaining 8 record types.
  - [2]. Law Requires: Maintain at least 3 years of these 6 records
    - Annual program evaluation (see SAMPLE checklist)
    - Exposure determination
    - Employee Training

- Radiation Equipment Calibration Receipt
- Sterilizer monitoring [WEEKLY]
- Regulated waste disposal manifests
- [3] Law Requires: Maintain these 2 for term of employment + 30 years
  - Accidents and confidential medical record
  - HBV vaccination [Acceptances and Declinations]
- c) Employee Posters: MOSH employee safety, equal pay, employment of minors, use of lie detectors, workman's compensation, radiation safety

**Treatment Room**

- [1] Appears clean and organized to patients.
- [2]

**Equipment Disinfection**

- [1] Any item secondarily contaminated must be disinfected with an approved disinfectant or barrier protected.
- [2] Consider use of barriers for computers to limit cross contamination

**Single Use Disposable Items**

- [1] Use ONCE
- [2] Store aseptically
- [3] Dispose of after use as required by law

**Handwashing**

- [1] Should be visible to patients
- [2] Before and after gloving
- [3] Soap and water for sterile procedures or when hands visibly soiled
- [4] Hand sanitizer w/ 62% or greater alcohol for routine hand sanitation
- [5] Nails < 2mm for all clinical personnel
- [6] Limit or eliminate hand jewelry

**Personal Protective Equipment [PPE]**

- [1] PPE is required when exposure to body fluids is reasonably anticipated
- [2] Selection is situation dependent
- [3] Wash hands and don gloves for direct contact
- [4] Wear mask, eye protection and jacket for splatter
- [5] Dispose of or launder as appropriate

**Instrument Sterilization [includes reusable burs and ALL handpieces]**

- [1] Any re-usable device that contacts mucous membrane or penetrates tissue needs to be debrided and verifiably sterilized or disposed of in medical waste.

- [2] Event related: check sterilization packs dry, intact, and activated process monitor, in and outside the pack, prior to opening for patient use.
- [3] Store Instrument in sealed verified packs until point of use.
- [4] **Weekly spore test results** recorded for every heat source of sterilization in the office. Maintain 3 years of records
- [5] Sterilization area separated into dirty/receiving and clean/processed

### **Medical Waste Disposal**

- [1] BBP definition: “Any liquid or semi-liquid blood or other potential infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps”
- [2] MSDBE enforces as to reasonably expect to be contaminated: used gloves, gauze, and cotton rolls. Essentially disposable items used intra orally.
- [3] All sharps in single use sharps containers. Regular Disposal.

### **Radiation Safety**

Must register with MDE; inspection essentials:

- a. Maryland Department of the Environment web site prior to inspection:  
[www.mde.state.md.us/programs/airprograms/radiological\\_health/xrays-applications.asp](http://www.mde.state.md.us/programs/airprograms/radiological_health/xrays-applications.asp)
- b. Have at least six months of negative dosimetry tests on file
- d. Post the Machine Facility Registration where patients can see it
- e. Post MDE- Notice to Employees [download from MDE web site]
- f. Maintain equipment according to manufacture’s instruction and keep all service records and log of office maintenance.
- g. All exposure buttons must be fixed [no stretch cords]
- h. Have equipment calibrated annually and send receipt to MDE

### **Emergency Response.**

- a. First Aid basics for employees
  - [1] Antiseptic, bandages, eyewash station, poison control tel number.
  - [2] Location known to employees
- b. Patient issues dependent on office procedures.
  - [1] IV and sedation offices require crash carts and register with MSBDE
  - [2] Routine dental procedures require basic emergency response. Such as:  
(CPR, O2, epi pens, diphenhydramine, albuterol, glucose, ASA)
- c. Check supplies and **expiration dates** at least monthly

### **Part 3: This and That**

#### **1) Dental Unit Waterlines tested and pass for drinking water [500cfu/ml],**

- [1] Establish baseline water quality test [< 500cfu/ml]
- [2] Daily: drain and purge lines after each patient use
- [3] Maintenance (do at least one of the following)
  - a) Use independent reservoirs and maintain per manufacturers instruction
  - b) Chemical treatment regimens
  - c) Filters
  - b) Periodic testing to meet drinking water quality; in office tests available

#### **2)Hazard Communication Update** (see supplemental handout)

- [1] Right to know means training and access to information
- [2] Safety Data Sheets: Paper copies or internet access in office acceptable
- [3] Chemical list and labels in all offices with hazardous chemicals
  - a)Update chemical list for Maryland Dept. of Environment
  - b) Create labels for secondary containers only.
  - c) Nine pictorial warning update training by Dec 1, 2013
  - d)Employers must comply with new labels by June 1, 2016
  - e) Manufacturers must use new pictorial labels by December 1, 2015
  - f) Free information: [www.osha.gov/dsg/hazcom/index.html](http://www.osha.gov/dsg/hazcom/index.html)

#### **3)HIPAA Basics**

- a) HIPAA addresses privacy and security in electronic transmissions.
- b) To avoid conflict, include release on patient information forms.
- c) Sample: “Please list the persons/entities with whom we may share your health information. With your permission, we electronically transmit health information to insurance companies and consulting/co-treating doctors ”
- d) Have employees sign confidentiality agreement
- e) Current virus protection and Password access for office computers
- f) Encryption devices are NOT mandated

#### **4) Mandated Dental Continuing Education and Employer provided Employee Training**

**Annual Employee Training** is required to meet OSHA mandate

- a)“condition for employment that **SAFETY** protocols are followed”
- b) employer provides initial hire and annually thereafter at no cost
- c) employees may not abdicate right to protection
- d) It’s the Law to prevent disease transmission
  - [a] OSHA/MOSH—BBP [protects employees]
  - [b] MSBDE--CDC Guidelines [protects patients]
- e) Must meet or exceed the regulation/standard of care

**Continuing education** is required to renew licenses and certifications.

a. Employees are responsible for earning ce for licenses and certifications

**b. Maryland License Renewal Dentists and Dental Hygienists**

(a) CPR certificate always current [does NOT count toward ce credits]

(b) 30 hours Minimum mandatory

[1] Up to 17 hours may be online/self study

[2] Up to 8 hours may be MSBDE approved donated services

(c) 3 MSBDE mandated areas of study [ALL count to total ce credits]

a. 2 ceu infection control

b. 2 ceu Pharmacy starting with June 2015 Renewal

i. Mandatory for Dentists

ii. Optional for Dental Hygienists

iii. Free online

(d) 2 ceu in Maryland specific course of abuse and neglect

[1] Does count toward total ce credits

[2] Completed by Dentists and Dental Hygienists every other renewal cycle;  
may be done every license cycle

[Volunteer group: Mid-Atlantic P.A.N.D.A. free online course:

<http://sonicare.com/professional/dp/EducationResources/Webinars.aspx> ]

(e) Time frame: 2-year period from January 1 one year through December 31 of  
the next year

(f) records maintained 5 years; expect random audits

**c. Dental Radiation Certification as of 2009**

(a) 2 ceu in infection control to renew certification

(b) Time frame 2-year March 1 of odd year to March 1 next odd year

(c) Records maintained 5 years; expect random audits

**Thank you for Listening!**

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## **10 Essential Documents For Regulatory Compliance In A Board Inspection**

[Note: In addition to providing copies of the following documents, an evaluation of the written Exposure Control Plan and inspection of the facility would be conducted]

1. Copies of **licenses and certifications** of doctors and staff treating patients and/or exposing radiographs.
2. **Continuing education certificates** for infection control for the last 5 years.
3. Documentation of **annual review** of the written office health and safety program.
4. Staff sign in sheets and **Staff training** information for annual health and safety programs for the past 3 years
5. **Hepatitis B Vaccination forms** for at risk employees from the present back to 1993 or when the practice was established, whichever is more current.
6. **Post exposure protocol** for at risk employees, including a copy of the form used to record employee informed consent or refusal to post exposure testing, counseling and treatment. Maintain copies from the present back to 1993 or when the practice was established, whichever is more current.
7. **Weekly spore test results** for every heat source of sterilization in the office performed for the past three years.
8. **Biohazardous waste manifests** for the past 3 years.
9. **Radiation Facility Registration** with at least six months of negative dosimetry tests and three years of maintenance receipts.
10. A copy of the **medical history form**, which all patients complete.

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