

2018 I'm Glad You Asked That

Frequently Asked Infection Control and Regulatory Compliance Questions

1. Have there been changes for dealing with exposure to HIV, HBV, HCV, and TB?

- a) **Standard Precautions apply to ALL blood and body fluids [including saliva]**
- b) Delay dental treatment for patients with treatable infectious disease [see CDC work restriction]
- c) Blood-borne Transmission: puncture wound, mucous membrane contact
 - i. Via contaminated needles, instruments, hand-pieces, burs, injectables
- d) Disease Updates:
 - I. Human Immunodeficiency Disease [HIV]
 - 1. “A chronic disease that is medically managed”
 - 2. PEP if source patient is HIV+
 - 1. 4-week course using 3 or more PEP drugs at one time
 - 2. Initiate ASAP
 - 3. Estimated 15% of Maryland HIV+ patients do not know their status
[Current Strategy is to Test and Treat]
 - 4. USPHS recommends annual testing for high risk groups
 - 5. DELAY DENTAL TREATMENT until medical consult for patients not taking appropriate medication**
 - II. Hepatitis C [HCV]
 - 1. HCV is now a treatable disease
 - 2. Screening recommended if born 1945-1965 or have risk behavior
 - 3. Sofosbovir higher cure rate with fewer side effects (Dec 2013)
 - III. 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

IV. Human Papilloma Virus [HPV]

1. <http://www.oralcancerfoundation.org>

Intra & extra-oral exam; Look for soft tissue changes; Ask about change in swallowing

2. 120 forms; 9 known oncogenic versions [16, 18, 31, 45 most common]
3. HPV 16: causative agent in >70% of US oropharyngeal cancer
4. Ask about HPV vaccinations for males and females

2. What's the difference between 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 trains at initial hire and annually thereafter at no cost to employee
 - c) employees may not abdicate right to protection
 - d) it's the law to prevent disease transmission
 1. OSHA/MOSH-BBP [protects employees]
 2. MSBDE-CDC Guidelines [protects patients]
 - e) Must meet or exceed the regulation/standard of care
 - f) Employee training is NOT required to be a recognized CE course

Continuing Education is required to renew licenses and certifications

- a) Employees are responsible for earning CE for licenses and certifications

[see COMAR10.44.22.08 for all approved sponsors of dental CE]

- b) Maryland License Renewal Dentists and Dental Hygienists
 1. CPR certificate always current [does NOT count towards CE credits]
 2. 30 hours minimum mandatory

- a) Up to 17 hours may be online/self-study

- b) Up to 8 hours may be MSBDE approved donated services

3. 3 MSBDE mandated areas of study [ALL count to total CE credits]
 1. 2 CEU infection control [EVERY renewal cycle]
 2. 2 CEU pharmacy starting with June 2015 renewal

- a) Mandatory for Dentists every 4 years

- b) Optional for Dental Hygienists

- c) Free Online

4. 2 CEU in Maryland specific course of abuse and neglect

- a) Counts toward total CE credits

b) Mandated for Dentists and Dental Hygienists at least every other renewal [4 years]

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

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

5. Time Frame: 2 year period from January 1 through December 31 of the next year

6. Records maintained 5 years [3 license cycles]; expect random audits

c) Dental Radiation Certification as of 2009 [as of 2017 renew on both even and odd years]

I. 2 CEU in infection control to renew certification

II. Time frame: 2 year March 1 of one even or odd year to March 1 next even or odd year

d) Records maintained 5 years [3 license cycles]; expect random audits

3. Is it a regulation or just a recommendation that dental assistants wear PPE when assisting?

a) Change career if you don't want to wear mandatory Personal Protective Equipment [PPE]

b) PPE is required when exposure to body fluids is reasonably anticipated

c) DO NOT MODIFY [cut straps, puncture gloves, etc]

d) Selection is situation dependent [direct contact, splatter, spray aerosol]

e) Wash hands and don gloves for direct contact

f) Wear mask, eye protection and jacket for splatter, spray, aerosol

g) Dispose of or launder all PPE as appropriate

h) Remember eye protection for BOTH staff and patients

i) Hand-washing is essential

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 with 62% or greater alcohol for routine hand sanitation

5. Nails <2mm for all clinical personnel

6. Limit or eliminate hand jewelry

4. If only the doctor recaps needles, is it OK to use two hands?

a) Bloodborne Pathogen Standard mandates

b) Employ engineering and work practice controls to reduce and/or eliminate exposure risk

1. Re-capping device

2. Use PPE
3. Disinfect with product that kills TB
4. Use barriers in areas difficult to disinfect and for faster room turnover
5. Verify instrument sterilization
6. Use single use items ONCE
7. Proper disposal of Medical Waste
8. Clean and sanitary facility

5. What must go in regulated waste?

- a) Beware of companies requiring contracts or special purchases
- b) What's mandated:
 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, cotton rolls, disposal irrigation and evacuation tips. Essentially disposable items used intra orally.
 3. All sharps in single use sharps containers. Do NOT overfill

6. Is Hepatitis B vaccination the only mandated vaccination employers must provide?

- a) Documentation of vaccinations offered to DHCP (Hepatitis B, influenza, MMR, varicella, tetanus, meningococcal)
- b) Employer must offer and pay for Hepatitis B vaccine with indicated
- c) Employee health records include vaccination records
- d) Employee health records maintained for duration of employment +30 years
- e) Boosters are offered ONLY for low titer counts as part of PEP

7. My temporary hygienist just stuck herself on a scaler. Where should she go for PEP?

- a) All at risk employees [full-time, part-time and temporary] must be offered PEP at facility convenient to dental practice during office hours
- b) Patient testing is VOLUNTARY
- c) Personal Health information is protected under HIPPA
- d) Healthcare Providers PEP Help Line: 1-888-448-4911
- e) Exposure incident involves contact with blood or OPIM [includes saliva]
 1. By way of skin lacerations or punctures
 2. Contact with mucous membranes

f) Four Critical Steps for Post-exposure Management

3. Stop the procedure and isolate the contaminated instrument
4. First-Aide
5. Document: Incident and confidential employee medical records
6. Seek testing and counseling at your designated location

g) Post Exposure Protocol [PEP] includes:

7. Employer pays expenses; may designate provider
8. Workman's Compensation may apply
9. Employee may refuse test/tx; must sign release

8. I only have front desk staff, so I'm exempt from record-keeping, right?

- a) Written policy manual required for all offices
- b) Exposure Control Plan includes: Asepsis, PPE, instrument sterilization, equipment
- c) 3 year records include: Annual evaluation, exposure determination, staff training, spore testing, DUWL testing, equipment maintenance [DUWL, radio-graphic calibration, autoclave], emergency evacuation
- d) 30 year records: Vaccinations and exposure incidents for testing and counseling
- e) Equipment maintenance records for DUWLs, autoclave, and radiographic machines

9. If we use independent reservoirs, may we skip testing DUWLs?

1. a) Annual testing recommended PLUS at least one of the following:
 - i. Maintain independent reservoirs per manufacturer's instructions
 - ii. Chemical purges
 - iii. Waterline filters
 - iv. Periodic testing
 - v. Sterile irrigation for surgeries and pulpotomies

10. Do we have to date each pack of instruments?

- a) CDC recommends dating packs to assist in retrieving instruments after failed spore tests
- b) Spore test each heat source of sterilization weekly and keep 3 years of records
- c) Verifiably sterilize all reusable intra-oral instruments and hand-pieces
- d) Divide sterilization area into dirty receiving and cleaning areas
- e) Event related use: verify intact pack and activated process monitor at time of use
- f) Multiple heat sources of sterilization? Identify on individual packs

11. Does the Hazard Communication Standard require that we buy pictogram labels for our disinfectants?

- a) Hazard Communications: SDS, labels, chemical list, right to know
- b) Manufacturer labels original container; not necessary to buy 9 rolls of pictograms
- c) Relabel if user creates secondary container

12. Is my license in jeopardy if my employer expects us to use expired emergency drugs?

- a) Professional code of conduct required of each licensee
- b) “See something; say something”
- c) Ongoing safety check to confirm safety and compliance
- d) Insure each product is within safe use date
- e) Dental offices basic emergency kit: Basic first aid products and equipment available (recommend including nitroglycerin, Benadryl, epi-pen, oxygen, aspirin, albuteral, glucose, glucagon)
- f) Check all products for expiration dates

13. Parting thoughts:

- a) HIPPA
- b) Amalgam separator regulations: www.ADA.org/RecycleAmalgam
- c) Employee posters [sharps injury, equal pay for equal work, etc]
- d) Patient posters [We Take Precautions and MDE Radiation Registration]

“Knowing is not enough, we must apply. Willing is not enough, we must do.”

Thanks for listening!

For Questions or Additional Information, Contact:

Lori Serna-Pate BSDH, RDH, M.Ed.

410-440-1924

dentaltrainingsolution@gmail.com