



# Strategy

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## Can You Pass These 10 Safety Challenges?

Compare your progress and set new goals

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In my role as a consultant, I have the opportunity to audit dental practices and provide recommendations for job safety and compliance with the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC). We see common challenges being faced in today's practice, whether it's general or specialty. Based on the information compiled from our firm's site audits last year, we prepared the top 10 safety and infection prevention challenges. You may find it helpful to compare how well your office is overcoming these difficulties and set new goals for 2017.

### #1. Work Exposure Control Plan

According to the Bloodborne Pathogens Standard 1910.1030(c)(1)(iv)(A), the Work Exposure Control Plan shall be reviewed

and updated annually. During site visits, we note that either the Work Exposure Control is outdated, incomplete, or missing entirely. Merely purchasing an OSHA compliance manual does not suffice for customizing the Work Exposure Control Plan to reflect the needs of your practice.

### #2. Infection Prevention Plan

When we audit a practice's documentation, we rarely find written infection prevention policies and procedures. According to the CDC's Summary of Infection Prevention Practices in Dental Settings, offices must "develop and maintain written infection prevention policies and procedures to be reassessed at least annually and assign at least one trained individual the responsibility of coordinating the program."

Unfortunately, some practices opine that if the area we are assessing is a "guideline"

or a "recommendation" and not a state or federal requirement, the topic's importance is discredited. However, if the state dental board adopts the CDC recommendations, it becomes regulatory in that state. We emphasize to the dental groups we serve that a lack of compliance may lead to a breach in infection prevention. A breach may result in compromising a patient or a team member's safety, adversely affecting the practice's reputation, and triggering negative and/or damaging news coverage and potential litigation.

### #3. Medical Device Evaluations

The Bloodborne Pathogens Standard indicates that we must document annual consideration and implementation of safer medical devices. In doing so, we allow the clinical personnel to provide input. Our experience in auditing dental practices is that such documentation is never in

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place unless the practice has worked with a consultant. On the other hand, we note that safer devices may very well be in use. The practice simply must get into the routine of documenting such evaluations and the devices selected.

### #4. Personal Protective Equipment (PPE)

We have not been in a dental office that did not provide PPE. However, we often note that clinical team members do not wear utility gloves to handle loose contaminated instruments.

According to the Organization for Safety and Asepsis Prevention, utility gloves are put on before removing instruments from the treatment room. After removing the instruments, wash the gloves and proceed to clean and disinfect with the gloves on. After completion, wash the hands and don exam gloves. In the average setting, we see assistants and hygienists wearing exam gloves during operatory and instrument processing. We also note that sterile surgical gloves are not used for surgical procedures, which are defined by the CDC to include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions. Masks are also a common infraction. Masks are single use and are changed between patients. We often find masks worn for an entire morning, stored in pockets, on counter tops or worn under the chin.

### #5. Transport Containers

The use of transport containers is rarely noted during a site visit. According to the CDC, loose contaminated instruments must be transported in a covered container.

We observe greater efficiency and safety among practices using an instrument management system. All instruments necessary for each type of procedure are held securely in each cassette. This minimizes how often team members handle the loose, contaminated instruments as a work practice control. The cassette lid is closed and locked, keeping the instruments secure in place for transportation. In the sterilization area, the cassette and instruments are then cleaned, dried, wrapped/pouched, sterilized, and stored.

### #6. Sterilization Monitoring

Most dental team members are aware that the sterilizers must be monitored weekly with a biological monitor. However, we often see interruptions in the monitoring logs. We suggest maintaining a quality control system to allow

either the practice owner(s) or clinical management personnel to easily review task logs.

We also suggest utilizing class 5 integrators at least daily to assess all parameters for sterilization. Rather than risk failure and having to notify patients of their potential risk of infection, tighten the quality control system internally and detect system failure before someone's safety is compromised.

### #7. Instrument Storage

Our follow-up reports often contain information regarding compromised instrument packs. Damp or torn packaging and packs with instruments poking through are not considered sterile. Never use compromised packs for patient care. Packs should remain wrapped until point of use. To prevent damp packaging, the instruments/cassettes must be completely dry prior to placing into a pouch or wrapping. Additionally, the sterilizer should never be open prior to the drying cycle being complete.

### #8. Hazard Communication Plan

OSHA requires a written plan. We find that a practice may have a plan from years ago but never updated the program to include appropriate training, labels, signage, Safety Data Sheets, a list of chemicals in use known as a Chemical Inventory, and the most recent updates.

OSHA's adoption of the Globally Harmonized System of Classification and Labeling System known as GHS requires dental practices to update this area of compliance. Replace outdated 12-section Material Data Sheets with the new 16-section format Safety Data Sheet (SDS). GHS standardized signal words, pictograms, and hazard statements.

Label any secondary containers with the appropriate warning listed on the SDS. Examples include high-level disinfectant bins, surface disinfectant bottles, alcohol containers, tray cleaner containers, etc.

### #9. Waste Disposal

Create a medical waste program and properly segregate biohazardous waste in the appropriately labeled containers. We cannot overlook the other types of waste generated such as hazardous and pharmaceutical waste.

According to the Environmental Protection Agency, waste generators must ensure that hazardous waste is appropriately identified and handled safely for the protection of humans and the environment.

Pharmaceutical waste and hazardous chemicals must be disposed of properly and in accordance with federal, state, and local regulations. Consult the SDS for disposal instructions and partner with a vendor that can help you manage and dispose of waste properly. Discarding expired medications, anesthetic carpules, and toxic chemicals inappropriately has been observed in numerous dental office settings.

### #10. Dental Unit Water Quality

Unless properly treated, poor water line quality can compromise the health of both the patient and the dental worker.

All dental units must meet the safe drinking water standard (ie, less than 500 CFU/mL of heterotrophic water bacteria). Simply installing a water bottle system is not sufficient in itself. The water lines must be both cleaned and maintained. If you are using a waterline product, consult the manufacturer's instructions for maintenance, cleaning, and monitoring procedures. We often find that the water has never been tested and once performed, the results may be alarming.

## Conclusion

Compare how your office measures up to these areas of compliance. We encourage you to download the CDC's Infection Prevention Checklist at <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf>. Taking the time to compare your practice's compliance with the guidelines promotes safety for your patients and your entire dental team.

### Disclosure

The author received an honorarium from Hu-Friedy for writing this article.

### Suggested Reading

1. CDC. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Accessed February 3, 2017 at: <http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf>
2. OSHA. Bloodborne Pathogens Standard. Accessed February 3, 2017 at: [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
3. OSHA. Hazard Communication Guidelines for Compliance. Accessed February 3, 2017 at: <https://www.osha.gov/Publications/osh3111.html>

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