Reminders Regarding Unique and Overlooked Risks in Dental Services
(Based on findings from 2009 surveys of BPHC-supported Health Centers)

ENVIRONMENT OF CARE

The organization manages risks related to hazardous material and waste.
(Standard EC 02.02.01/EPs 3, 4, 5, 7)

Instrument Cleaning:
- Maintain sharps containers in a manner that reduces risk of exposure
- Label basins containing instrument cleaning solution
- Include the expiration date or information related to the diluted cleaning solution

Radiation Concern:
- Follow organization’s policy on the wearing of dosimeters and testing/inspecting of lead aprons

Eye Wash Station:
- Ensure accurate labeling of faucets and water temperature

The organization inspects, tests, and maintains medical equipment
(Standard EC 02.04.03/EPs 1, 3, 4)

Before Initial Use of Equipment:
- Test and document safety and function of dental equipment
- Educate/train staff on the use of dental sterilizers per guidelines

Inspect Equipment Identified on Inventory:
- Tag all equipment (e.g. curing light, amalgamator)
- Tag and document equipment for annual maintenance inspection
- Document evidence of preventive maintenance

Conducts Performance Tests on Sterilizers (general performance testing):
- Establish sterilizer policy that follows the recommendations of the manufacture or state and review with staff
- Perform correct use of biological testing media, fully document all details on dental sterilizers’ spore tests, and validate the accuracy of tests using controls
- Educate/train dental staff on how to perform, read, and retest biological testing
- Record all information and avoid gaps in spore testing logs
- Ensure any outside laboratory’s spore tests reports are timely and accurate
- Provide appropriate in-use/non-expired supply levels needed for sterilizer tests
HUMAN RESOURCES

The organization verifies staff qualifications. (Standard HR 01.02.05/EP 1)

- For care providers required to be licensed, certified, or registered that do not practice independently (e.g. dental hygienists, dental assistants), primary source verify their license, registration, or certification at time of hire and renewal.
- Verify evidence of education (e.g. dental hygiene school)
  - NOTE: does not require primary source verification

The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently (licensed independent practitioners - LIPs). (Standard HR 02.01.03/EPs 3, 5, 10, 16, 21)

Primary Source Verification:
- Before granting initial, renewed, or revised privileges, and at the time of licensure expiration, primary source verify licensed independent practitioners (e.g. dentist) for:
  - training
  - licensure

Privileges Requirements for LIPs:
- Ensure there is a written statement that no health problems exist that could affect a LIP’s ability to perform their requested privileges
- Query the National Practitioner Data Bank
- Renew privileges every 2 years

INFECTION PREVENTION AND CONTROL

The organization reduces the risk of infections associated with medical equipment, devices, and supplies. (Standard IC 02.02.01/EPs 1, 2, 4)

Cleaning and Disinfecting:
- Follow manufacturer’s recommended frequency when cleaning and performing low-level disinfection of dental supplies and devices
- Follow manufacturer’s recommended contact time for surface disinfection of operatories between patients

Requirements for sterilizing dental equipment, devices, and supplies (also see Environment of Care above):
- Include dental areas in an organization’s sterilization policy
- Establish methods by which patients can be identified in cases of sterilization failure, and instruments can be retested if there is a previous failed test
- Pack sterile instruments to avoid perforations
• Use different personal protective equipment (PPE) for patient care versus sterilization areas

**Storing dental equipment, devices, and supplies:**
• Establish and follow a monitoring protocol for separating expired instruments/supplies from sterilized instruments/supplies (e.g. sutures, composite tip, fluoride, copalite, restorative materials, indicator strips, disinfection cleaners)

---

**LEADERSHIP**

The organization has policies and procedures that guide and support patient care, treatment, or services. (Standard LD 04.01.07/EP 2)

Manages the implementation of policies and procedures:
• Ensure that policies and procedure used for dental services are consistent with the organization’s policy and procedures (e.g. patient health history requirements for oral surgery procedures), and are communicated to all staff
• Ensure that patient consent forms used for dental services are part of an organization’s policies and procedures

---

**MEDICATION MANAGEMENT**

The organization safely stores medications. (Standard MM 03.01.01/EP 6, 8)

Medication Security:
• Prevent unauthorized individuals from obtaining medications, consistent with law and regulation recommendations, including mobile dental carts
• Include dental in the periodic inspection of dental medication storage areas

Expired, damaged, and/or contaminated medications storage:
• Separate common expired dental medications (e.g. local and topical anesthetics, temporary bonding adhesive, items in emergency cart/kit)

---

**PROVISION OF CARE, TREATMENT, AND SERVICES**

The organization assesses and manages the patient’s pain. (Standard PC 01.02.07/EP 1)

Comprehensive Pain Assessment:
• Ensure pain assessment for dental patients is consistent with organization’s policy
• When indicated, refer or conduct a comprehensive pain assessment and document in the patient’s record
• Educate/train dental staff on pain policy (e.g. scale to use)
RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUALS

The organization honors the patient’s rights to give or withhold informed consent. (Standard RI 01.03.01/EP 13)

Informed Consent Policy and Procedures:
- Ensure the patient dental consent form:
  - documents that the patient was informed of benefits, risks, or alternatives
  - includes minors
  - covers both the procedure and any sedation required
  - is used with each new dated procedure
  - is complete with organization required information (e.g. tooth number)
- Document that the patient dental consent form was completed

UNIVERSAL PROTOCOL

A time-out is performed before the invasive procedure. (NPSG UP 01.03.01/EP 1, 6)

Conduct and Document a Time-Out:
- Educate/train dental staff on the organization’s policy assuring that all components of the time-out are conducted
- Document that the time-out was conducted prior to procedure
- Perform a time-out when conducting invasive procedures (e.g. extractions)