Joint Commission
In Dental Settings

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The Joint Commission
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Don’t Forget Dental

Dental Departments:
1. Perform invasive procedures
2. Utilize and store hazardous materials
3. Inject medication
4. Sterilize instruments
5. Obtain informed consent
6. Use PPE
7. May be responsible for medication rec.
8. May have Look-alike Sound-alike medications
Is Joint Commission Applicable to the Dental Department?

Is patient safety relevant to dental?

A 20 year old patient reports to the dental clinic for evaluation of pain from a lower left first molar

- Medical and medication history was reviewed
- An oral examination and panoramic film were completed
- After a discussion with the patient, the dentist proceeded with an extraction of the tooth using local anesthesia
Applicability to Dental

- Environment of Care
  - Hazardous materials and waste
  - Biomedical equipment

- Human Resources
  - Qualifications
  - Orientation
  - Training and education
  - Competency Assessment
  - Credentialing and privileging
Applicability to Dental

- Infection Prevention
  - Implementation of IC activities
  - Sterilization of instruments
  - Surface cleaning/disinfection

- Medication Management
  - Formulary
  - Look alike/sound alike
  - Storage
  - Emergency meds and supplies
Applicability to Dental

National Patient Safety Goals
- Patient identification
- Medication reconciliation
- Hand washing
- Universal protocol
Applicability to Dental

Provision of Care

- Assessment
- Pain assessment
- Treatment plan
- Learning needs assessment
Applicability to Dental

- Record of Care
  - Records are complete and authenticated

- Patient Rights
  - Appropriate communication
  - Informed consent
Minimizing the Risks Associated with Radiation

EC.02.02.01 ep7

The Joint Commission does not dictate for lead aprons:
- Inspection frequency
- Method
- Organizations establish their own policies and/or comply with applicable state laws

Check the outer surface for ability to perform low level disinfection
Equipment Maintenance

Ultrasonic Instrument Cleaner

- Maintenance per manufacturer’s instructions
- Cleaning solutions should be changed at least daily, or more frequently if visibly contaminated
- “Foil Test” 10 minute (Optional)
Equipment Maintenance

- Autoclaves
  - Per manufacturer’s instructions, daily, weekly, monthly maintenance and documented

- Hand pieces (Drills)
  - Compressed air
  - Electric
  - Per manufacturer’s instructions, wipe, lubricate, autoclave
  - Does autoclave cycle time and temperature for handpiece follow manufacturer’s instructions?
Hazardous Material Inventory
Exposure to Hazardous Materials

EC.02.02.01 ep3

- Are any dental products on the hazardous material inventory?
- Do you have the correct disposal process?
- Eye Wash Stations are needed if caustic or corrosive chemicals are used.
- The need to have an eyewash station can be determined by looking at a chemical’s first aid instructions, either on the container or on the SDS.
- If the first aid information indicates that an exposure to the eyes requires flushing for 15 or more minutes, then you need to have an eyewash station.
Disposal of Hazardous Materials

Lead foils from film packs must be placed into a recycling container and not placed in trash.
Disposal of Hazardous Materials

- Extracted teeth without amalgam can go into a red bag or sharps container.
- Extracted teeth with amalgam must go in an amalgam recycling container, NOT sharps.
Look Alike/Sound Alike?

Septocaine

Carbocaine
Dental Issues

Do needles and syringes need to be stored under lock and key?

A: The Joint Commission standards require that organizations conduct a comprehensive risk assessment to determine the potential adverse impact of equipment, supplies and other factors on the safety and health of patients, staff, and others. The standards also require that organizations use the information from the risk assessment to implement procedures and controls to address the potential adverse impact, such as access control.

TJC FAQ
Medication Reconciliation

Three step process
1. What are you taking?
2. Reconciliation
3. Take home list if additions or changes are made
A written, alternative process is in place when it is impractical to mark the site:

- Teeth cannot be marked with conventional methods
- Sharpie markers taste bad
- Methods can include:
  - Marking on informed consent or other documentation
  - Marking in electronic dental record treatment plan
Alternative Marking Process

Electronic or Paper
Universal Protocol 01.03.01
“Time Out”

1. Conduct a time-out immediately before starting the invasive procedure or making the incision.

2. During the time-out, the team members agree, at a minimum, on the following:
   - Correct patient identity
   - The correct site
   - The procedure to be done

3. Document the completion of the time out
Infection Prevention
Surveyor IC Observations

- Are dental staff properly using the surface cleaning products and PPE?
- Are dental supplies checked periodically to allow for removal of expired materials?
- If organizations are not utilizing cassettes to contain small dental instruments, are they found perforating sterilization bags?
- Where are instruments pre-cleaned?
- How are instruments transported to processing area?
- Do the instruments remain wet while waiting for processing?
- Are instrument processing staff competent?
- Is IC processing supervision qualified?
- Is Dental Department represented on IC committee?
Instrument Processing

- Dental procedures are clean
- Instruments must be stored wrapped
- HLD products should not be used if item can be autoclaved
- Do not write or stamp on paper side of peel packages
- Event related sterilization
- Biological monitoring appropriate for autoclave
  - Minimum weekly
  - Spore test reading in office or mail away
## Adopt a Guideline

<table>
<thead>
<tr>
<th>Organization</th>
<th>Biological Indicators</th>
<th>Chemical Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC</td>
<td>Weekly, All Implants</td>
<td>On every package in large packs</td>
</tr>
<tr>
<td>OSHA</td>
<td>Weekly, All Implants</td>
<td>On every package</td>
</tr>
<tr>
<td>ADA</td>
<td>Weekly, All Implants</td>
<td>On every package may be used in package</td>
</tr>
<tr>
<td>OSAP</td>
<td>Weekly</td>
<td>In every package</td>
</tr>
<tr>
<td>VA</td>
<td>Daily, All Implants</td>
<td>On every package may be used in package</td>
</tr>
<tr>
<td>AAMI</td>
<td>Weekly, All Implants</td>
<td>On every package in every pack and unwrapped load</td>
</tr>
<tr>
<td>AORN</td>
<td>Weekly, All Implants</td>
<td>On every package in every pack and unwrapped load</td>
</tr>
</tbody>
</table>
Surveyor Question

What are the indicators used to monitor the sterilization process and how are they documented?

Physical Indicators
- Autoclave readings of time, temperature, pressure

Chemical Indicators
- On and/or in each package to visibly show its processed

Biological Indicators
- Processed along with a load for sterilization verification

Documentation based on selected guideline
2017 Common Sterilization Breaches

- Evidence-based guidelines not adopted
- No initial or ongoing staff competency in sterilization
- Lack of leadership oversight of sterilization processes
- No gross cleaning – bioburden allowed to dry on instruments
- Instruments allowed to dry after initial gross cleaning
- Hinged instruments in closed position
- Single-use brushes reused
- Multi-use brushes not cleaned between use / per manufacturer’s IFU
- Folded inner peel pack pouch
- Biological Indicators inconsistently used
- BI lot numbers do not match controls
- Sterilization logs inconsistently completed or not following adopted guideline
- Routine use of immediate use sterilization (IUSS)
Dental FAQ

What is the requirement for ventilation/temperature/relative humidity for instrument processing areas in dental health settings?

- Designate a central processing area. Divide the instrument processing area, physically or, at a minimum, spatially, into distinct areas for:
  - Receiving, cleaning, and decontamination
  - Preparation and packaging
  - Sterilization
  - Storage.
  - Do not store instruments in an area where contaminated instruments are held or cleaned.

- Clean-to-soiled air flow is desired, but not required if one room is used for the complete process.

Guidelines for Infection Control in Dental Health-Care Settings (2003)
Instrument Processing Area
Multiple-use Dental Dispensers
Multiple-Use Dental Dispenser Devices

Definition

Multiple-use dental dispensers, sometimes called dental “syringes,” are devices used to deliver various dental products including impression materials, adhesives, dental composites, and endodontic (root canal) materials to a treatment site in the mouth. Multiple-use dental dispensers do not include disposable syringes or dental needles (hypodermic syringes) for injection of anesthetics and other medications.

Importance of Infection Control

Manufacturers typically supply multiple-use dental dispensers as pre-filled syringes with disposable tips. The tips are intended to be discarded after each patient use, but the dispensers containing the remaining dental material often are reused.
Multiple-use Dental Dispensers

DO:
- Apply disposable barrier sleeves/wraps over multiple-use dental dispensers before use with each patient.
- Use new, uncontaminated gloves when handling multiple-use dental dispensers.
- Avoid contact of the reusable parts (e.g., the body of the multiple-use dental dispenser) with the patient’s mouth.
Multiple-use Dental Dispensers

DO NOT:

- Reuse the multiple-use dental dispenser if it becomes contaminated.
- Reprocess a contaminated multiple-use dental dispenser by using chemical wipes or disinfectants.
- Immerse multiple-use dental dispensers in a high level chemical disinfectant. This may damage the dispenser and the material contained in the device.
- Sterilize multiple-use dental dispensers. This may damage the material contained in the device.
Dental Waterlines
The CDC recommends that dental unit water used in non-surgical procedures measure less than or equal to 500 colony forming units of heterotrophic bacteria per milliliter (≤500 CFU/mL) of water, the standard set for drinking water by the Environmental Protection Agency (EPA).

Use sterile saline or sterile water as a coolant/irrigation when performing surgical procedures.

Follow dental unit manufacturer’s instructions for maintaining and monitoring the quality of dental unit water.
Useful App

https://www.cdc.gov/oralhealth/infectioncontrol/dentalcheck.html
# II.8 Dental Unit Water Quality

<table>
<thead>
<tr>
<th>Elements To Be Assessed</th>
<th>Assessment</th>
<th>Notes/Areas For Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dental unit waterline treatment products/devices are used to ensure water meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>B. Product manufacturer instructions (i.e., waterline treatment product, dental unit manufacturer) are followed for monitoring the water quality</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>C. Sterile saline or sterile water is used as a coolant/irrigant when performing surgical procedures</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- Use devices specifically designed for delivering sterile irrigating fluids (e.g., sterile bulb syringe, single-use disposable products, and sterilizable tubing).
- Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.

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Surveyor Question

Does the organization include dental in Performance Improvement activities or committee?

Some ideas for dental PI projects:

- Rate of x-ray retakes
- Return of dental lab products to lab for a remake due to poor fit (dentures, crowns, etc.)
- Number of patients requiring additional pain medications or antibiotic prescriptions within 48 hours of procedure
- Restorations replaced within 6 months of placement
- Prosthetics (dentures, partials, night guards, retainers) replaced within 6 months.
- No show rates
Questions