

Reminders Regarding Unique and Overlooked Risks for Dental Services in 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)

- Sharps containers discarded when full
- All solutions should be labeled
- Document updated expiration date for any open or mixed products
- Spill kits if required, (Mercury, blood and body fluid, etc.)
- Appropriate disposal of waste amalgam

Radiation Concerns:

- Follow organization's policy on the wearing of dosimeters and testing/inspecting of lead aprons
- X-ray machines periodically calibrated and inspected by state or commercial vendors per state law

Eye Wash Station:

- If eye wash stations are present, ensure accurate labeling of faucets and water temperature. Eye wash is needed if using caustic or corrosive chemicals

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

Before Initial Use of Equipment:

- Incoming biomedical inspection of equipment per manufacturer guidelines and addition to inventory (e.g. curing light, amalgamator)
- Educate/train staff on the use of dental equipment including sterilizers

Inspect Equipment Identified on Inventory:

- Document periodic equipment maintenance as required by instructions for use

Conducts Performance Tests on Sterilizers (general performance testing):

- Establish sterilizer maintenance process that follows the recommendations of the manufacture or state and review with staff

- Perform biological spore testing at the frequency required by selected infection prevention guideline
 - Document autoclave spore tests, and validate the accuracy of tests using controls
 - Educate/train dental staff on how to perform, read, and frequency of biological testing
 - Record all information and avoid gaps in autoclave spore testing and maintenance logs
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Human Resources

The organization verifies staff qualifications. (Standard HR 01.01.01/EP 1, 2)

- 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, 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 Licensed Independent Practitioners:

- Ensure there is a written statement that no health problems exist that could affect a provider's ability to perform their requested privileges
 - Query the National Practitioner Data Bank
 - Renew privileges every 2 years
 - Do the dentists have a delineation of privileges, specific to dental care
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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 in organization's infection prevention policy
- Select an infection control guideline applicable to dental (i.e. CDC Dental Infection Prevention Guidelines)
- Pack sterile instruments to avoid perforations,
- Use different personal protective equipment (PPE) for patient care versus sterilization areas
- Document sterilization loads to include contents, date, time, temperature, pressure

Storing dental equipment, devices, and supplies:

- Dental staff disinfecting dental impressions with an appropriate spray prior to removing them from the treatment area
- Dental supplies checked periodically to allow for removal of expired materials (e.g. sutures, composite tip, fluoride, restorative materials, indicator strips, disinfection cleaners)
- If not utilizing cassettes to contain dental instruments, watch for perforated sterilization bags
- Dirty instruments are transported in closed, impervious, biohazard labeled containers from operatory to decontamination area
- Staff use appropriate recapping techniques and safety items when recapping syringes
- Staff members use different PPE for patient care vs. instrument processing area

- Should be an adequate amount of separation between clean and dirty instrument processing area to avoid contamination of clean instruments

- Should have a process for covering multi-use plastic syringes, if used, to avoid cross contamination

Leadership

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

- The organization's policies, procedures and plans should include dental procedures (Environment of Care Plan, Infection Prevention Plan, Medication Management Plan, Universal Protocol, Informed Consent, etc.)
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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 those located in mobile dental carts and operatories
 - Include dental in the periodic inspection of medication storage areas
 - Consider local anesthetics for the look-alike sound-alike list
 - Anesthesia cartridges somehow segregated and checked for expiration
 - If the dental staff dispenses chlorhexidine rinse or Prevident fluoride, it is a prescription medication and must be treated as such in terms of dispensing law and regulation.
 - Solutions on the operative field are labeled
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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
 - Educate/train dental staff on pain policy (e.g. scale to use)
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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 1)

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
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Universal Protocol

A time-out is performed before the invasive procedure. (NPSG UP 01.03.01/EPs 1, 5)

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)