Advancing Infection Prevention, Control and Safety in Dental Settings

Eve Cuny, MS
University of the Pacific and OSAP Board Member

Cynthia Durley, MEd, M.B.A
DANB and DALE Foundation Executive Director

AADB 2017 Mid-Year Meeting
April 23-24, 2017
Infection Prevention in Dental Settings

OSAP, DANB and the DALE Foundation have recently joined forces to advance infection prevention, control and safety in dental settings.
About OSAP

OSAP is a global organization dedicated exclusively to ensuring The Safest Dental Visit™ through infection control and patient and provider safety education.
About the DALE Foundation and DANB

The DALE Foundation, the official DANB affiliate, offers interactive e-learning for dental professionals and conducts sound research to promote oral health.

Since 1948, DANB has promoted the public good by providing testing and credentialing services to the dental community.
Focus of This Presentation

- Vulnerabilities in the areas of infection prevention, control and safety currently exist for dental patients and personnel

- National organizations stand ready to assist state dental boards in meeting their public protection missions in this area

- Presenters will take questions during and after describing
  - Why infection control breaches occur (and related conundrums)
  - The current landscape for infection prevention, control and safety in dental settings
  - Resources available to assist members of the dental team and state agencies to implement appropriate protocols and maintain infection control
Infection Control Conundrums

Eve Cuny, M.S.
University of the Pacific
Arthur A. Dugoni School of Dentistry
And Representing the Organization for Safety, Asepsis and Prevention (OSAP)
Infection Control Breaches in Dentistry

• Documented or potential transmissions occurred in dental settings where there was:
  
  – The failure to heat-sterilize handpieces between patients
  – A lack of training for volunteers on OSHA’s BBPs
  – And the use of a combination of unsafe injection practices

Why do breaches occur?

• It’s complicated...
  – Inconsistent requirements for training and education of dental assistants
  – Lack of detailed education in specific areas of infection control in dental schools
  – Misinformation that becomes ingrained and is passed from DHCP to DHCP
  – Lack of continuing education requirements
    • Misinformation from the consultants and speakers
  – Complacency and development of hazardous attitudes
  – Unfamiliarity with accepted guidelines and recommendations (e.g., CDC)
Implementation of CDC Guidelines in Dentistry

• Designated infection control coordinator
  – Yes: 79.6%

• Separate dental waterline system and monitoring
  – Yes: 33.4%

• Documents percutaneous injuries (exposures)
  – Yes: 83.4%

• Tries or uses safer devices
  – Yes: 21.1%

Implementation of CDC Guidelines in Dentistry

• Factors associated with greater likelihood of implementation:
  – Practices with 9 or more DHCP
  – Number of modes of instruction used (workshops, journal articles, Internet-based learning)
  – Rural dentists appear to have lower compliance rates than urban dentists (in cities with 500,000+ populations)

*Cleveland JL, et al. Advancing infection control in dental care settings: Factors associated with dentists’ implementation of guidelines from the Centers for Disease Control and Prevention. JADA Oct 2012*
Importance of Spaulding’s Classification

- Defines for DHCP which items must be sterilized as opposed to disinfected or disposed after each use

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Reprocessing</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Penetrate soft tissue or bone</td>
<td>Sterilization</td>
<td>Surgical instruments, periodontal scalers</td>
</tr>
<tr>
<td>Semicritical</td>
<td>Contact mucous membranes or non-intact skin</td>
<td>Sterilization or high-level disinfection</td>
<td>Hand instruments, Reusable impression trays, handpieces, mouth mirror</td>
</tr>
<tr>
<td>Noncritical</td>
<td>Contact intact (unbroken) skin</td>
<td>low- to intermediate-level disinfection</td>
<td>X-ray head/cone, Blood pressure cuff</td>
</tr>
</tbody>
</table>
Issues with Spaulding’s Classification

• Some semicritical instruments may not be suitable for heat sterilization or immersion in high level disinfectants
  – Dispensing “syringes”
  – Digital x-ray sensors
  – Intraoral sections of dental scanners
  – Some electric handpieces
Considerations for Chemical Sterilants/HLD

• Shelf life
  – Some products may be labeled single use for sterilization or multiple use for disinfection

• Temperature

• Label of immersion container
  – Compliance with Hazard Communication Standard

• Ventilation

• Disposal as a hazardous waste (varies by local regulations)
   - no fewer than 10 air exchanges per hour (consistent with ANSI/AAMI), or;
   - Use of local exhaust hood, or;
   - Ductless exhaust hood, or;
   - Use of automated systems.

— Glutaraldehyde has been associated with chemical sensitization and asthma

— Some evidence OPA (ortho-phthalaldehyde) is also associated with sensitization and occupational asthma
Steam Sterilization

ANSI/AAMI ST79 A4:2013

• Comprehensive guide to steam sterilization and sterility assurance in healthcare facilities

• Considered the definitive resource for sterilization, this comprehensive guide to steam sterilization in healthcare facilities covers all aspects of facility design, personnel and instrument reprocessing procedures.
Sterilization in Dentistry

• AAMI/ANSI Standards largely ignored in dentistry
  – Consensus standards for instrument processing in healthcare
    • Layout and work flow
    • Transporting
    • Cleaning
    • Packaging
    • Sterilization
    • Validation (indicators)
    • Storage
    • QA
Sterilization Monitoring

AAMI Standards list (6) classes of chemical indicators:

• **Type 1**  Process indicator for use on the exterior of packages.
• **Type 2**  For use in specific test procedures, *i.e.*, *Bowie-Dick type test* to check for proper air removal of pre-vacuum steam sterilizers.
• **Type 3**  Single-variable indicator that reacts to one critical variable, *i.e.*, time or temperature.
• **Type 4**  Multi-variable indicator that reacts to 2 or more critical variables.
• **Type 5**  Integrating indicator that reacts to all critical variables and is equal in performance to a biological indicator.
• **Type 6**  Emulating indicator that reacts to all critical variables for a specified sterilization cycle.
Sterilization Monitoring

• Spore testing is considered the “gold standard” for sterility assurance when performed correctly. The type of spore used depends on the sterilizer (Steam and Chemical vapor = *Geobacillus stearothermophilus*, Dry heat = *Bacillus atropheus*). The incubation temperature varies depending on the spore (56°C versus 37°C) and the incubation time varies depending on the manufacturer (10 hours to 7 days).

• Most sterilizer failures are due to human error, rather than equipment malfunction. Common causes include running the sterilizer from a cold start, over-loading the chamber, improper packaging and selecting the wrong cycle.
Dental Waterline Biofilm

• Forms rapidly in untreated lines
• Complex matrix of organisms in symbiotic relationship
• Forms a protective layer (glycocalyx)
  – Protects and assists bacteria in adhering
  – Cannot be removed by flushing
• Most pathogens in biofilm are opportunistic
  – *Pseudomonas aeruginosa*
  – *Legionella pneumophila*
Waterlines

• CDC Guidelines
  – Use water that meets EPA regulatory standards for drinking water (i.e., <500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water
  – Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product
What are Some Solutions to the Problem?

- Better education in schools
  - Accreditation standards
- Professionalization of all allied personnel
- Quality continuing education
- Learn from our colleagues in the medical field
  - Targeted certification with knowledge and recertification requirements

- Transparency
  - Admit mistakes when they happen with opportunity to rectify
  - Provide information to the profession about consequences of noncompliance

- Accountability
  - Recognizing the difference between a mistake and negligence

- Clear, validated reprocessing instructions from manufacturer
Current Landscape and Future Initiatives for Infection Prevention, Control and Safety in Dental Settings

Cindy Durley, MEd, MBA
Executive Director
Dental Assisting National Board (DANB) and The DALE Foundation
High-level data will be presented related to:

1. Federal government’s position regarding infection control education
2. States’ positions regarding infection control education in dental settings
3. Independent Needs Assessment of learner populations who seek education and training in dental infection control
4. OSAP/DANB April 2017 survey of AADB and AADA members
1. What does the federal government say about what infection control education should address?

- OSHA Bloodborne Pathogens Standard (1910:1030)
- CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003
- CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (2016)
2. What do state regulatory agencies say about IC requirements in dental settings?

A. 2017 AADB Composite results (Chart 29, 2016 data)

– All 50 states plus DC responded

– Specific questions about requirements for PPE, instrument sterilization, Hep B vaccine, dental office inspections were asked

• Difficult to conduct an overall tally re PPE, instrument sterilization, Hep B vaccine because many respondents deferred to state or federal guidelines in general
2. What do state (+ DC) regulatory agencies say about IC requirements in dental settings?

A. 2017 AADB Composite, Chart 29, Regarding dental office infection control inspections

<table>
<thead>
<tr>
<th>State (+ DC) Response</th>
<th>Number of states with this response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td>Upon complaint only</td>
<td>13</td>
</tr>
<tr>
<td>This is regulated by state guidelines, other state agencies</td>
<td>6</td>
</tr>
<tr>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
</tr>
<tr>
<td>Periodic “spot checks” are conducted</td>
<td>3</td>
</tr>
<tr>
<td>Regulated under definition of “unprofessional conduct”</td>
<td>3</td>
</tr>
<tr>
<td>Dental office inspection is a guideline, not a rule</td>
<td>1</td>
</tr>
<tr>
<td>Concept is “under consideration”</td>
<td>1</td>
</tr>
</tbody>
</table>
2. What do state (+ DC) regulatory agencies say about IC requirements in dental settings?

B. November 2016 tables developed by DANB for OSAP

Overview

– All 50 states plus DC and Puerto Rico establish some level of infection control regulation

– Which state agencies regulate infection control in dental settings varies by state
2. What do state (+ DC) regulatory agencies say about IC requirements in dental settings?

B. November 2016 tables developed by DANB for OSAP
– State (+ DC) requirements for CE in Infection Control for dental team members

<table>
<thead>
<tr>
<th>Required CE credits Per # yrs</th>
<th># states with DDS requirement</th>
<th># states with RDH requirement</th>
<th># states with CE requirement for at least 1 DA level*</th>
<th># states with Dental Rad Tech requirement</th>
<th># states with Denturist requirement</th>
<th># states with CDHC requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>31</td>
<td>30</td>
<td>38</td>
<td>49</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>TOTAL # STATES with CE require. (Ranging from 1 CE/yr to 4 CE per 2yrs)</td>
<td>20</td>
<td>21</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

*For those states that recognize DANB’s CDA certification as meeting state requirements: DANB requires all certificants to earn at least 2 CE credits in IC annually + annual OSHA-mandated BBP training
2. What do state (+ DC) regulatory agencies say about IC requirements in dental settings?

B. November 2016 tables developed by DANB for OSAP

- States’ adoption of CDC’s *Guidelines for Infection Control in Dental Health-Care Settings (2003)* (“CDC Guidelines”)

<table>
<thead>
<tr>
<th>Number of States that</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandate compliance with and specifically cite or refer to CDC Guidelines</td>
<td>9</td>
</tr>
<tr>
<td>Mandate compliance with CDC but do not specifically cite or refer to CDC Guidelines</td>
<td>14</td>
</tr>
<tr>
<td>Mention CDC Guidelines or “CDC Recommendations” in connection with specific tasks or settings</td>
<td>9</td>
</tr>
<tr>
<td>Have statutes or rules for Mobile or Portable Dental Facilities that Reference CDC Guidelines</td>
<td>7</td>
</tr>
<tr>
<td>Reference to CDC Guidelines cannot be found but may be in statute or rule</td>
<td>15</td>
</tr>
</tbody>
</table>
3. Overview of results of an independent Needs Assessment of learner populations who seek education and training in dental infection control

— Conducted in 2016 by LearnEthos for OSAP, DANB and the DALE Foundation
3. LearnEthos’ Needs Assessment Methodology

- Quantitative learner survey of 1,700+ dental team members and educators, consultants, industry representatives, state dental board administrators and inspectors/investigators
- Qualitative research via SME interviews with representatives from educator, consultant, state dental board administrators/inspectors/investigators and industry reps
- Gap analysis of available IC content (from OSAP, the DALE Foundation, CDC and other entities) against a Master Curriculum Outline developed by highly respected infection control SMEs
3. Results of LearnEthos’ Needs Assessment for IC Education

– Lack of standardized education and training protocols for all aspects of infection control in dental settings (as related to requirements of OSHA BBPs and CDC Guidelines)

– An increasingly vast amount of content available in the public domain from multiple and disparate sources, varying in quality, focus, organization and relevance to implementing appropriate infection control in dental settings

– A clear need for accessible, practical education and training that
  • Fills gaps in knowledge, skills and abilities
  • Does not tax financial and human resources (e.g., does not require personnel time away from the dental setting during work hours)
4. Results of OSAP/DANB April 2017 survey of AADB and AADA members regarding infection control in dental settings at the state level

– 103 responded to one or more questions
– 85 responded to all questions
– Individual respondents represent 43 states, DC and Puerto Rico
4. Results of OSAP/DANB April 2017 survey of AADB and AADA members regarding infection control in dental settings at the state level

- Representation is fairly evenly spread among states in the Central, Northern, Pacific, Southern and Western regions of the US (*some might argue that AZ and NV belong in the Western region; with this change, Western = 20% and Pacific = 14%*)

<table>
<thead>
<tr>
<th>Region</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central (IA, IL, KY, MN, MO, OH)</td>
<td>15%</td>
</tr>
<tr>
<td>Northern (CT, DC, MA, MD, ME, NH, NJ, NY, RI)</td>
<td>23%</td>
</tr>
<tr>
<td>Pacific (AK, AZ, CA, HI, NV, OR, UT, WA)</td>
<td>19%</td>
</tr>
<tr>
<td>Southern (AL, AR, FL, GA, LA, MS, NC, SC, TN, VA, WV)</td>
<td>27%</td>
</tr>
<tr>
<td>Western (CO, ID, MT, ND, NE, NM, OK, SD, TX)</td>
<td>15%</td>
</tr>
</tbody>
</table>
4. Results of OSAP/DANB April 2017 survey of AADB and AADA members regarding infection control in dental settings at the state level

- Respondents reflect these job categories:

<table>
<thead>
<tr>
<th>State Dental Board Job Category</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board member (dentist, with one former member dentist)</td>
<td>40%</td>
</tr>
<tr>
<td>State dental board administrator/executive director</td>
<td>34%</td>
</tr>
<tr>
<td>Board member (dental hygienist, with one former)</td>
<td>9%</td>
</tr>
<tr>
<td>Investigator or inspector for the state dental board</td>
<td>6%</td>
</tr>
<tr>
<td>Testing agency/Examiner</td>
<td>5%</td>
</tr>
<tr>
<td>Former board member (professional role not noted)</td>
<td>4%</td>
</tr>
<tr>
<td>Board member (dental assistant)</td>
<td>1%</td>
</tr>
<tr>
<td>Board member (public member)</td>
<td>1%</td>
</tr>
<tr>
<td>Licensee</td>
<td>1%</td>
</tr>
</tbody>
</table>
4. Results of OSAP/DANB April 2017 survey of AADB and AADA members regarding infection control in dental settings at the state level

– What group in the state assesses compliance with IC in dental settings? (*Totals >100% because could respond to more than one answer option*)

1. State dental board investigates if there is a complaint: 81%
2. State dental board conducts random periodic inspections: 13%
3. State agency in addition to the board inspects/investigates: 13%
4. State agency other than the board inspects/investigates: 10%
5. I don’t know: 6%
4. Results of OSAP/DANB April 2017 survey of AADB and AADA members regarding infection control in dental settings at the state level

– Recollection of frequency of 21 potential violations of IC standards/guidelines were solicited, with these weights

1. Not seen = 1
2. Infrequently seen = 2
3. Moderately frequently seen = 3
4. Frequently seen = 4

– Most weighted average frequency ratings for the 21 potential violations fell between infrequent and moderately frequently cited
4. Results of OSAP/DANB April 2017 survey of AADB and AADA members regarding infection control in dental settings at the state level

Top 1 to 5 violations reported, by weighted average of responses/frequencies cited

<table>
<thead>
<tr>
<th>IC Violation</th>
<th>Weighted average across 85 who responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing or incomplete records of biological monitoring of sterilizer</td>
<td>2.56</td>
</tr>
<tr>
<td>Lack of written protocol for instrument processing/sterilization</td>
<td>2.11</td>
</tr>
<tr>
<td>Improper storage of dental instrument</td>
<td>2.05</td>
</tr>
<tr>
<td>Failure to properly sterilize dental handpieces</td>
<td>1.97</td>
</tr>
<tr>
<td>Lack of written exposure control plan</td>
<td>1.95</td>
</tr>
</tbody>
</table>
4. Results of OSAP/DANB April 2017 survey of AADB and AADA members regarding infection control in dental settings at the state level

Top 6 to 10 violations reported, by weighted average of responses/frequencies cited

<table>
<thead>
<tr>
<th>IC Violation</th>
<th>Weighted average across 85 who responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper disposal of regulated medical waste, including sharps</td>
<td>1.89</td>
</tr>
<tr>
<td>Cross-contamination in the operatory, sterilization area, and/or dental laboratory</td>
<td>1.89</td>
</tr>
<tr>
<td>Improper hand hygiene</td>
<td>1.88</td>
</tr>
<tr>
<td>Incomplete or inadequate cleaning of instruments prior to sterilization</td>
<td>1.86</td>
</tr>
<tr>
<td>Inadequate infection prevention and control for environmental surfaces</td>
<td>1.85</td>
</tr>
</tbody>
</table>

“Failure to use dental waterline treatment products/devices to ensure water meets EPA standards for drinking water” received a weighted average rating of 1.71.
Current and Future Educational Resources for Infection Control and Prevention and Patient/Provider Safety for Dental Boards
4. Results of OSAP/DANB April 2017 survey of AADB & AADA members regarding infection control in dental settings at the state level

Which of the following resources might be of help to your state dental board in addressing and/or monitoring its licensees’ compliance with federal and state law related to IC and safety?

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checklists that align with the OSHA Bloodborne Pathogens Standard, CDC Guidelines for Infection Control in Dental Settings (2003) and CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (2016) and other relevant standards</td>
<td>87%</td>
</tr>
<tr>
<td>Online education in infection prevention, control and safety for dental team members, aligned with OSHA standards, CDC guidelines, state rules and regulations and other relevant standards</td>
<td>76%</td>
</tr>
<tr>
<td>Online education in infection prevention, control and safety for inspectors/investigators for state dental boards, aligned with OSHA standards, CDC guidelines, state rules and regulations and other relevant national standards</td>
<td>67%</td>
</tr>
<tr>
<td>Independent, voluntary certification in infection prevention, control and safety for dental team members charged with the role of Infection Control Coordinator</td>
<td>41%</td>
</tr>
</tbody>
</table>
Checklists That Align with CDC/OSHA

www.OSAP.org

You can also click on Knowledge Center Tab

New CDC Summary, Checklist and Mobile App

Overview | What You'll Get | How You Can Use | Tools & Mobile App

The Centers for Disease Control and Prevention’s (CDC) Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care and Companion Checklist is a new (March 2016) document that includes several new recommendations and provides an assessment checklist to evaluate staff compliance.

What the Summary and Checklist Are:

- Basic infection control expectations for providing safe dental care.
- Based on the principles of Standard Precautions and CDC’s Guidelines for Infection Control in Dental Health-Care Settings—2003
- Companion to CDC’s Guidelines for Infection Control in Dental Health-Care Settings—2003

What They Are Not:

- Replacements for the current CDC Guidelines contained in Guidelines for Infection Control in Dental Health-Care Settings—2003
- Summary of regulations; CDC is not a regulatory agency and does not develop any rules or regulations.
- Comprehensive document that includes the background, scientific evidence, and rationale for each recommendation.

What You Will Get From the Summary and Checklist:

- Six fundamental elements needed to prevent transmission of infectious agents
- Key CDC recommendations
- Current CDC recommendations from the Guidelines for Infection Control in Dental Health-Care Settings—2003
- Additional topics, recommendations and information published since 2003
- Assessment checklists to evaluate prevention practices

How You Can Use the Summary:

- Introduce new dental health care personnel (DHCP) to basic information about infection control in dental health-care settings
- Strengthen your current knowledge of infection prevention
- Review the elements of standard precautions as they pertain to dental care
- Ensure your dental health care setting has appropriate infection prevention policies and practices in place, including appropriate training and education and adequate supplies
- Assess compliance with the expected infection prevention practices and provide feedback to DHCP regarding performance

OSAP supports CDC’s efforts to guide the dental profession in providing the safest care possible. OSAP has several tools and resources specifically designed to help you understand and comply with the CDC Guidelines.

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Other Checklists at www.OSAP.org

From osap.org home page
- Click Checklists
- Numerous checklists addressing infection control topics, OSHA, etc.
Online education at OSAP and DALE Fndn.
Toolkits at OSAP.org

While some toolkits are available to all, OSAP members have access to every single toolkit and can request new toolkits if they have a topic to be addressed.

Please note that members must be logged in to be directed to the fully hyper-linked resource.

**DENTAL SAFETY CULTURE**

- Emergency Preparedness
- Needlestick Prevention / Sharps Safety
- Nitrous Oxide
- OSHA
- OSHA HazCom Standard
- Patient Information
- Patient Safety
- Safest Dental Visit for Dental Practices
- Safest Dental Visit for Educators
- Safest Dental Visit for Speakers/Consultants
- Safest Dental Visit for Corporate Member
- Thyroid Shielding

**CURRENT AND EMERGING DISEASES**

- Anthrax
- Antibiotic/Antimicrobial Resistance
- Avian Influenza A (H7N9)
- Bioterrorism
- Ebola
- Enterovirus D68
- Hepatitis B
- Hepatitis B e antigen-positive carriers in dentistry
- Hepatitis C
- H1N1
- HIV/AIDS
- Influenza Resources
- Novel Influenza A (H1N1)
- Measles
- MRSA
- Mumps
- Novel Coronavirus (MERS-CoV)
- Pertussis / Whooping Cough
- Preventable Diseases
- Prion Diseases
- SARS
- Smallpox
- Tuberculosis
- Zika Virus Disease

**HEALTHCARE PERSONNEL**

- Croc Net
- Ergonomics
- Latex Allergy
- Training Resources
- Vaccines & Preventable Diseases

**INFECTION PREVENTION**

- CDC – Infection Control in Dental Settings
- Clinical Contact Surfaces
- Dental Bib Chain Contamination
- Dental Unit Waterlines
- Dual Indicator Sterilization Pouches
- Hand Hygiene
- Instrument Processing - Best Practices
- Sterilization Monitoring
Continuing Education – Live Training Courses Designed for Dental Boards

- **MAKE IT HAPPEN**

  - OSAP ANNUAL CONFERENCE
  - 18 CE Hours
  - June 22-25, 2017 in Atlanta, GA

- **2017 Basic Training: January 9-12 in Atlanta, GA**

  - Core training for infection prevention.

- **OSAP Dental Infection Control Boot Camp™ 2017**

  - 24 CE Hours
  - January 8-10, 2018
  - in Baltimore, MD

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What’s coming next to advance competency with infection control practices in dentistry?

OSAP, the DALE Foundation and DANB are collaborating on a multi-year infection control education and credentialing initiative.

The first joint OSAP-DALE Foundation educational product is already available on both the DALE Foundation and OSAP websites.
What’s coming next to advance competency with infection control practices in dentistry?

1. Development of an OSAP-DALE Foundation multi-faceted education program, an **Assessment-Based Certificate program** in infection control in dental settings
   - Combination of online and in-person education options
   - Online resources
   - Online assessment based directly on the education
   - Targeting December 2017 for availability of all components

2. Job analysis to be designed and conducted in 2017-18, to lay the foundation for development of a **certification program** for infection control professionals in dental settings *(to come in 2019-20)*

**OSAP, DANB and the DALE Foundation will be reaching out to communities of interest to participate in various advisory committees and forums**
Questions?

THANK YOU!!
Contact Information:

Therese Long, MBA, CAE  
OSAP Executive Director  
tlong@osap.org

Cindy Durley, MEd, MBA  
Executive Director  
DANB & DALE Foundation  
cdurley@danb.org

Eve Cuny, MS  
Assistant Dean, Global Relations  
Director, Environmental Health and Safety  
University of the Pacific  
ecuny@pacific.edu