Infection Control: New Resources and OSAP-DANB/DALE Foundation Collaboration Updates

American Association of Dental Boards 2017 Annual Meeting
Atlanta, GA
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Katherine Landsberg

The DALE Foundation
OSAP
DANB and the DALE Foundation

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What we’ll discuss today:

1. **OSAP-DANB-DALE Foundation Collaboration to Advance Infection Control and Safety in Dental Settings**
   Learn about the objectives of the project; review steps that have been taken to complete the project and future plans

2. **Support for Delivering the Safest Dental Visit™**
   Review OSAP and CDC initiatives to promote patient safety in dental healthcare settings; discover new OSAP and CDC resources

3. **Infection Control Regulation: State and National Data**
   Learn what states are doing to address infection control concerns, and how current and future DANB, DALE Foundation and OSAP activities can support the work of state boards
OSAP-DANB-DALE Foundation Collaboration to Advance Infection Control and Safety in Dental Settings

Frank A. Maggio, DDS
President
The DALE Foundation
Organizations’ Missions

Organization for Safety, Asepsis and Prevention (OSAP) [501(c)6 membership association]

- To be the world’s leading provider of education that supports safe dental visits

OSAP Foundation [501(c)3 foundation]

- Dedicated to education, research, service, and policy development to promote safety and the control of infectious diseases in dental healthcare settings worldwide, the purpose of the OSAP Foundation is to augment and expand upon the Association's ability to provide information and education by raising funds from the healthcare industry, private sector businesses, foundations and the government.
Organizations’ Missions

Dental Assisting National Board (DANB) [501(c)6 certification organization]

- To promote the public good by providing credentialing services to the dental community; DANB accomplishes and measures the success of this mission through the creation of valid dental assisting exams, recertification requirement integrity, and valuable, visible and accessible DANB exams, Certificates and Certifications.

The Dental Auxiliary Learning and Education Foundation (The DALE Foundation) [501(c)3 education and research foundation]

- To benefit the public by providing quality continuing education to dental professionals and to conduct sound research to promote oral health.
Collaboration History

2015: OSAP and DANB Boards Agreed:

- Timing optimal to develop certification
- OSAP’s wheelhouse – infection control and safety
- DANB’s wheelhouse – certification and credentialing
- OSAP-DANB partnership to develop certification/certificate makes sense
Per the OSAP-DANB-DALE Foundation Collaborative Agreement, the Collaboration will be guided by a Steering Commission composed of no fewer than 6 members, which will

– advise on all aspects of the Collaboration, including future growth strategies
– appoint Advisory Committees, as needed, and
– present reports developed by the Steering Commission to each Party’s Board of Directors or Board of Trustees.
OSAP-DANB-DALE Foundation Infection Control Certificate/Certification Steering Commission (ICCCSC)

• The OSAP and DANB Boards will evaluate Steering Commission-recommended proposals for new projects

• The DALE Foundation’s role is that of administering the education component of this collaboration and therefore, the DALE Foundation board will be informed of Steering Commission activities and can provide feedback to the ICCCSC but will not have a deciding vote on any ICCCSC proposals
ICCCSC History

Completed in 2015

• Developed a charge/mission for the ICCCSC

• **Begin to consider** foundational aspects of the educational component of this collaboration
ICCCSC History

Completed in 2015

• **Begin to consider** foundational aspects of the professional Certification Program
  – Purpose
  – Policies required for NCCA and ISO 17024 accreditation
  – Stakeholders (participants and beneficiaries)
  – Possible program names/certification marks (acronyms)
  – Exam specifications
  – Recertification requirements
ICCCSC History

Completed in **2016, January to June 1, 2016** OSAP Board Meeting

- Identified four target markets for the educational component of the collaboration

- Agreed to proposal for the education component design that included these key points:
  - Promoted existing quality OSAP and DALE Foundation education
  - Reduced development costs and time to market for the collaborative education component
Current Work of the ICCCSC

Completed in **2016-2017 to-date** (August 31, 2016 to October 2017)

1. Aligned with an instructional designer on the ICCCSC mission and education purpose
2. Developed and conducted a **Training Needs Assessment (TNA)**
3. Completed a **Design Document** for education component
4. Began considering Certification Program “1st Steps”
5. Kept abreast of state dental board rule/regulatory activities re dental team members and infection control
Major 2017 Accomplishments To-Date

1. Executed an OSAP-DANB-DALE Foundation Collaborative Agreement!!

2. Launched the first joint OSAP-DALE Foundation educational product: Continuing Dental Education Article™ (CDEA®): Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings

3. Asked by Lenora Knapp, Ph.D., President of Knapp and Associates International to develop a Program Profile of this unique collaboration to be included in the 2nd Edition of the seminal text Knapp, L. and Knapp, J., The Business of Certification, ASAE press, August 2017!
What’s coming next to advance competency with infection control practices in dentistry?

1. December 2017
   Launch of an OSAP-DALE Foundation multi-faceted education program, an **Assessment-Based Certificate Program** in infection control in dental settings

2. Summer 2017–Summer 2018
   OSAP and DANB will design and conduct a job analysis of tasks many oral healthcare professionals perform when implementing infection control protocols

3. 2018–2019
   OSAP and DANB will launch a program to provide a Dental Infection Control Industry Specialist designation

4. 2019–2020
   OSAP and DANB will launch a professional certification program in infection prevention and control in dental settings
Let’s Drill Down a bit

• Federal and state IC government agencies’ education positions

• Current research on “what is” and “what needs to be” regarding IC education
A. 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)**
B. What do state regulatory agencies say about IC requirements in dental settings?

1. 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
B. What do state (+ DC) regulatory agencies say about IC requirements in dental settings?

1. 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>
B. What do state (+ DC) regulatory agencies say about IC requirements in dental settings?

• 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

More on this topic later . . . .
1. 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%
Current and Future Educational Resources for Infection Control and Prevention and Patient/Provider Safety for Dental Boards
2. 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>
4 Target Audiences for Work Produced as a Result of the OSAP-DANB-DALE Foundation Collaboration

1. Individuals responsible for infection prevention, control and safety in dental settings

2. Those who educate individuals responsible for IP, C and S in dental settings and consultants in IP, C and S in dental settings

3. Dental practice settings infection prevention, control and safety auditors

4. Sales representatives employed by manufacturers or distributors of infection control products and services, who call on individuals who use these products and services in dental settings
Thank you.
Any questions?

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Support for Delivering the Safest Dental Visit™

Christina Thomas
Executive Director
Organization for Safety Asepsis and Prevention

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About OSAP

OSAP is a global organization dedicated exclusively to ensuring The Safest Dental Visit™ through infection control and patient and provider safety education.
Recent Initiatives for OSAP

• Collaboration with DANB/The DALE Foundation to develop Certificate Program and Certification

• Grant to educate Infection Control Coordinators

• Contract with CDC to support adoption of guidelines
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%

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

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.
Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

<table>
<thead>
<tr>
<th>What the Summary and Checklist Are:</th>
<th>What They Are Not:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Basic infection control expectations for providing safe dental care.</td>
<td>• Replacement for the current CDC Guidelines contained in Guidelines for Infection Control in Dental Health-Care Settings–2003</td>
</tr>
<tr>
<td>• Based on the principles of Standard Precautions and CDC’s Guidelines for Infection Control in Dental Health-Care Settings–2003</td>
<td>• Summary of regulations. CDC is not a regulatory agency and does not develop any rules or regulations.</td>
</tr>
<tr>
<td>• Companion to CDC’s Guidelines for Infection Control in Dental Health-Care Settings–2003</td>
<td>• Comprehensive document that includes the background, scientific evidence, and rationale for each recommendation</td>
</tr>
</tbody>
</table>
What you get from the Checklist:

• Six fundamental elements needed to prevent transmission of infectious agents
  – Administrative Measures
  – Infection Prevention Education and Training
  – Dental Healthcare Personnel Safety
  – Program Evaluation
  – Standard Precautions
  – Dental Unit Water Quality

• 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
OSAP and CDC Contract Objectives

• Educate DHCPs on appropriate infection prevention practices in dental settings through broad dissemination of the new *Summary*.

• Assess potential for the state environmental/policy changes that encourage the adoption and compliance with these guidelines to reduce risk in dental health care settings.
Achieving the Objectives

1. Baseline assessment of State Dental Licensing Boards that have adopted CDC guidelines and States requiring infection control CE.

2. Develop a strategy to institutionalize use of the Summary and checklist in dental settings for identified target audiences.

3. Develop a CE training component for the Summary and conduct webinars to promote Summary.

4. Distribution of copies of the Summary.

5. Report on the results of activities.
Assessing Potential for State Adoption/Compliance
Research

• State Adoption of the CDC’s Guidelines for Infection Control in Dental Health-Care Settings—2003 and Assessment of CE Requirements by State

• OSAP-NIOSH Research on Dental Settings Adoption of ECPs

• OSAP-DANB-DALE Foundation Infection Control Training Needs Analysis

• AADB Conference Survey conducted by OSAP-DANB-DALE Foundation: survey among state dental board and dental board administrators attendees of April 2017 conference

• OSAP-DANB-DALE Foundation infection control education survey of attendees of 2017 OSAP Annual Conference

What We’ve Learned

1. Inconsistency Among States
   - Adoption of CDC Infection Control Guidelines
   - Continuing Education Requirements

2. Key Issues with Current Educational Content
   - Inconsistent Information
   - Misinformation
   - Increasingly vast amount of content available in the public domain from multiple, disparate sources, varying in quality, focus, organization, and relevance

3. Need for Educational Standardization & Requirements
   - Minimum infection control curriculum
   - Demonstration of Competency

4. Need for minimum CE requirements in each state
Recommendation

Focus Target Audiences to 4 Key Groups

1. Individuals currently responsible for infection prevention & safety (IP&S)
2. Those who educate individuals responsible for IP&S and consultants
3. IP&S auditors/investigators
4. Sales representatives of IP&S products and services
Strategy #1

Identify key partner* with shared public health mission and complementary expertise and infrastructure to leverage and expand OSAP’s expertise to increase impact and reach.

*DANB/DALE Foundation

- Recognized expertise in accreditation, certification
- Staff and infrastructure to support research, program development and certification management
- Existing relationships with 39 states and District of Columbia, Dept. of VA and US Air Force
- Collaborative history
  - Founding partners in Infection Control Consortium
  - Signed official collaborative agreement
Strategy #2

Understand current state of education in dental infection control and develop and deliver the right education in the right modalities

• Conduct training needs assessment to examine and define needs of learner populations
• Identify highly relevant, up-to-date content that is in compliance with regulations, guidelines and standards
• Develop and introduce baseline education on Summary with assessment measurement and CE
• Introduce eHandbook on complete infection control curriculum (12/17)
• Expand OSAP boot camps to one-day events
• Co-sponsor issue-based webinars with targeted associations demonstrating value of guidelines/summary
Educational Program on Summary with CE

- Launched in collaboration with the DALE Foundation on January 6, 2017 interactive Continuing Dental Education Article™ (CDEA®), “Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care”
  - 2 hours CE (20 question exam)
Strategy #3

Support State Accept Guidelines/Summary and Support Infection Control CE Requirements

- Baseline assessment of States’ adoption of CDC guidelines and CE requirements
- Support infection control updates during semi-annual meeting of AADB
- Develop core group of dental board and dental board administrator representatives to help develop and carry message to their colleagues
- Deliver IP&S Tools that State boards say they want
- Continue to monitor States’ progress
Strategy #4

Develop mechanisms for demonstration of competency in target audiences to help ensure knowledge of comprehensive infection control curriculum

- Launch with the DALE Foundation an e-Handbook as important component to infection control certificate program (by 12/17)
- Design and conduct job analysis of tasks target groups perform regarding IC protocols (Summer 2017-Summer 2018)
- Deliver a Dental Infection Control Industry Specialist designation program (2018)
- Launch a professional certification program in infection prevention and control in dental settings (2019-2020)
Strategy #5

Advance Culture of Safety in Dentistry to Protect Patients and Providers

- Introduce new resources for Safest Dental Campaign™
- Grow membership and foster and develop community of advocates among all target groups
- Promote Dental Infection Control Awareness Month
Resources that align with CDC/OSHA

www.OSAP.org

You can also click on Knowledge Center Tab
Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

• Summary Guide is now available in Spanish as of September 2016

• CDC’s DentalCheck app is developed directly from the Infection Prevention Checklist for Dental Settings
  • Acknowledge compliance with a list of administrative policies or observed practices.
  • Summary of basic infection prevention principles and recommendations for dental health care settings.
  • Ability to export results for records management.
  • Provides links to full guidelines and source documents that users can reference for more detailed background and recommendations.
  • Compatible with iPhone, iPad, and iPod touch
Resources to Support the Safest Dental Visit™

OSAP Dental Infection Control Boot Camp™ 2018
JANUARY 8 – 11 | BALTIMORE, MD
REGISTER TODAY!

Checklists

Checklists for delivering the Safest Dental Visit™

- Allergies
  - Comparison of Possible Outcomes Due to NRL Exposure
  - Types of Hypersensitivity Reactions

- Alternate Settings
  - Safe Dentistry Under Uncommon Conditions

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Online education at OSAP and DALE Foundation
Toolkits at OSAP.org

DENTAL SAFETY CULTURE
- Emergency Preparedness / Sharps Safety
- Needlestick Prevention / Sharps Safety
- Nitrous Oxide
- OSHA
- OSHA HazCom Standard
- Patient Information
- Patient Safety

CURRENT AND EMERGING DISEASES
- Anthrax
- Antibiotic/Strain Change 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)

HEALTHCARE PERSONNEL
- Croc Not
- Ergonomics
- Latex Allergy
- Training Resources
- Vaccines & Preventable Diseases

INFECTION PREVENTION
- CDC – Infection Control in Dental Settings
- Clinical Contact Surfaces
- Dental Bib, Chair, and Environmental Cleaning
- Dental Unit Waterlines
- Dual Indicator Sterilization Pouches
- Hand Hygiene
- Instrument Processing – Best Practices
- Sterilization Monitoring
Continuing Education – Live Training Courses Designed for Dental Boards

OSAP Dental Infection Control Boot Camp™ 2018
JANUARY 8 – 11 | BALTIMORE, MD

HIT THE GROUND RUNNING | #OSAPBC2018

24 CE Hours
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
   - Assessment-Based Certificate e-Handbook available December 2017

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. *(A separate job analysis will be conducted in 2018 to serve as the basis for the Dental Infection Control Industry Specialist designation.)*

**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!!

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Infection Control Regulation: State and National Data

Katherine Landsberg
Director, Government Relations
DANB and the DALE Foundation
Data Collection

• In late 2016, we were asked to compile data answering these questions:
  – Which states have adopted the 2003 CDC Guidelines for Infection Control in Dentistry?
  – Which states have continuing education requirements in infection control for dentists, dental hygienists and dental assistants?
Adoption of 2003 CDC Guidelines

As of November 2016

States mandating compliance with and specifically citing or incorporating by reference the 2003 CDC Guidelines document: 9
Adoption of 2003 CDC Guidelines

As of November 2016
States mandating compliance with CDC guidelines but that do not cite by name the 2003 CDC Guidelines document: 13 + DC
Adoption of 2003 CDC Guidelines

As of November 2016
States whose laws/rules mention CDC guidelines in connection with specific tasks, settings, or situations: 12

Total States Citing/Mentioning CDC Guidelines: 34 + DC
Adoption of 2003 CDC Guidelines
As of November 2016
States whose laws/rules mention CDC guidelines in connection with specific tasks, settings, or situations

EXAMPLES

- **Arkansas**: Article XV: INFECTION CONTROL
  C. Preventing Transmission of Bloodborne Pathogens
  3. Follow CDC guidelines after percutaneous, mucous membrane, or nonintact skin exposure to blood or OPIM.”

- **Arkansas**: Subchapter 6 MOBILE DENTAL FACILITIES
(q) A mobile dental facility shall comply with the current recommendations for infection control practices for dentistry promulgated by the Centers for Disease Control, as it existed on January 1, 2009, and any rule of the board relating to infection control or reporting in a dental office.

- **New Hampshire**: Den 402.02 Public Health Supervision Status.
  (a) In order to obtain public health supervision status, a dental hygienist shall complete a dental hygienist application for public health supervision status, to include the following:
  (5) That the applicant agrees to follow appropriate infection control guidelines as recommended by the Center for Disease Control and Prevention; and

- **Tennessee**: 0460-01-.11 INFECTION CONTROL.
  (11) Surgical or examination gloves, surgical masks, and eye protection with eye shields shall be worn by all dentists, dental hygienists and dental assistants while performing, or assisting in the performance of, any intra-oral dental procedure on a patient in which contact with blood and/or saliva is imminent in accordance with CDC recommendations. (PPE)
  (12) All dentists, dental hygienists, and dental assistants shall follow hand hygiene guidelines in accordance with current CDC recommendations.
Infection Control CE Requirements

As of November 2016
States Requiring Continuing Education in Infection Control for Dental Team Members: 21 + DC
What developments have occurred this year?
Recent Legislation

• California – AB1277
  • Directed the Dental Board of California to amend regulations on the minimum standards for infection control to require water or other methods used for irrigation to be sterile.

Why?

News report:

Bacteria in dentist's water sends 30 kids to hospital
Recent Changes to Regulations

• Idaho
  – Added a rule regarding minimum infection control and sterilization requirements
    “In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association.”
    Also, imposes specific requirements for PPE, instrument sterilization, biological monitoring (i.e., spore testing), disinfecting, barriers, and disposal.

• Minnesota
  – Added a requirement that all licensees must complete a course in infection control to maintain licensure
  – Clarified language requiring DHCP to comply with CDC guidelines

• Oregon
  – Clarified that dentists are responsible that biological monitoring of sterilizers is performed weekly. (Prior language was “licensee.”)
Recent Changes to Regulations

• Rhode Island
  – Modified rule requiring CE in infection control: formerly, dentists, dental hygienists and dental assistants were required to complete one hour of CE per year in the OSHA Bloodborne Pathogens Standard; new rule states that one hour annual training must be in CDC Infection Control Guidelines (also applies to oral surgery assistants)
  – Adopts and incorporates CDC’s “Summary of Infection Prevention Practices in Dental Health Care Settings” (2016)

• Washington
  – Added “Sterilize equipment and disinfect operatories” to the scope of practice of registered dental assistants; i.e., a person performing these functions must be registered
Recent Changes to Regulations

• Wyoming
Recent Conversations/Proposed Rulemaking

- Adopt/Incorporate CDC Guidelines
  - Montana, South Carolina, and Washington
- Review/amend minimum requirements for infection control
  - Maine
- Add CE requirements in infection control
  - Iowa (for dentists and dental hygienists)
Recent Conversations/Proposed Rulemaking

• Low-speed handpieces/motors
  – North Carolina, Ohio, South Carolina and Washington

• Water lines
  – California (legislature has mandated a rule change)
What can we conclude from this activity?
What do we know about the Dental Assistant’s role in Infection Control?
Value of Dental Assistants to the Dental Practice

Functions Performed by Dental Assistants

Survey Question 42

Functions Performed by Dental Assistants – Summary of Net Rank (Ranked 1 – 5)
(Dentists and Dental Assistants Surveyed)

- Assist with dental treatment by transferring dental instruments and...
- Perform sterilization and disinfection procedures
- Assist with basic restorative procedures
- Prepare procedural trays/armamentaria set-ups
- Expose, process, mount and label dental radiographs
- Fabricate and place temporary crowns
- Chart existing restorations or conditions
- Take preliminary impressions
- Provide pre-and post-op instructions and patient education
- Take and record vital signs
- Place, cure and finish composite restorations
- Fabricate custom trays to include impression and bleaching trays and...
- Apply topical fluoride
- Remove permanent cement from supragingival surfaces
- Place, condense and carve amalgams
- Apply pit and fissure sealants
- Place and remove matrix bands
- Place temporary fillings

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More Data: Performing Sterilization and Disinfection Procedures

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>RESPONSE OPTIONS</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>PERFORMED BY ALL DENTAL ASSISTANTS - NO SPECIFIC REQUIREMENTS (N, %)</td>
<td>PERFORMED BY QUALIFIED DENTAL ASSISTANTS (N, %)</td>
<td>NOT DELEGATED TO DENTAL ASSISTANTS (N, %)</td>
</tr>
<tr>
<td>Perform sterilization and disinfection procedures</td>
<td>1,020 (71%)</td>
<td>389 (28%)</td>
</tr>
</tbody>
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From the DALE Foundation’s Value of Dental Assistants to the Dental Practice research study.
More Data: Daily Infection Control Tasks

From DANB’s 2016 Infection Control Exam (ICE®) Job Analysis Survey.

<table>
<thead>
<tr>
<th>Function/Task</th>
<th>Percent of Respondents Performing Function Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place and remove gloves</td>
<td>95%</td>
</tr>
<tr>
<td>Wear protective personal equipment (PPE)</td>
<td>97%</td>
</tr>
<tr>
<td>Protect patient with PPE</td>
<td>91%</td>
</tr>
<tr>
<td>Apply protective barriers</td>
<td>94%</td>
</tr>
<tr>
<td>Apply disinfectants</td>
<td>96%</td>
</tr>
<tr>
<td>Clean and disinfect dental treatment equipment</td>
<td>95%</td>
</tr>
<tr>
<td>Clean and disinfect clinical surfaces</td>
<td>95%</td>
</tr>
<tr>
<td>Use appropriate tray set-ups to prevent cross-contamination</td>
<td>96%</td>
</tr>
<tr>
<td>Maintain asepsis of reusable devices (e.g., curing lights)</td>
<td>95%</td>
</tr>
<tr>
<td>Sterilize dental handpieces</td>
<td>89%</td>
</tr>
</tbody>
</table>

Survey was distributed to current DANB CDA certificants. 418 responses were received.
More Data: Daily or Weekly Tasks

*From DANB’s 2016 Infection Control Exam (ICE®) Job Analysis Survey.*

<table>
<thead>
<tr>
<th>Task</th>
<th>Perform Daily</th>
<th>Perform Weekly</th>
<th>Total Performing Daily or Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor dental unit water lines</td>
<td>49%</td>
<td>24%</td>
<td>73%</td>
</tr>
<tr>
<td>Maintain dental unit evacuation lines</td>
<td>55%</td>
<td>31%</td>
<td>86%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Total Performing Daily, Weekly or Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform a biological indicator (BI) test (e.g., spore test)</td>
<td>12%</td>
<td>56%</td>
<td>11%</td>
<td>79%</td>
</tr>
<tr>
<td>Check a BI test</td>
<td>10%</td>
<td>48%</td>
<td>10%</td>
<td>68%</td>
</tr>
<tr>
<td>Document BI test results</td>
<td>9%</td>
<td>45%</td>
<td>14%</td>
<td>68%</td>
</tr>
</tbody>
</table>

*Survey was distributed to current DANB CDA certificants. 418 responses were received.*
Initial Education/Exam or CE Requirements in Infection Control for Dental Assistants

- 1. All DAs Must Meet Initial Requirements in IC
- 2. All DAs Must Meet Initial Req. and Complete CE in Inf. Ctl.
- 3. All DAs Must Complete CE in Inf. Ctl.
- 4. Some DAs Must Meet Initial Requirements in Inf. Ctl.
- 5. Some DAs Must Meet Initial Req. and Complete CE in Inf. Ctl.
- 6. Inf. Ctl., Instruction/Exam Required in Connection with Specific Fis
- 7. No Inf. Ctl., Requirements or Unclear
- 8. All DAs Must Meet Initial Req.; Some DAs Must Complete CE in Inf. Ctl.
What’s the bottom line?

• The consequences to the public of improper performance of infection control procedures can be very serious.

• We don’t know how many dental assistants do not have adequate training in infection control.

• Even dental assistants who complete initial requirements may not have the most current knowledge if they have not completed continuing education in infection control.
How DANB Can Help: Existing Offerings

– DANB Certified Dental Assistant™ (CDA®) certification
  • Consists of three components:
    – Infection Control Exam (ICE®)
    – Radiation Health and Safety (RHS®)
    – General Chairside (GC)
  • Certificants required to complete continuing education in infection control each year to maintain certification

– DANB’s ICE Exam/Certificate of Knowledge-Based Competency (standalone)
DALE Foundation Support: Existing Offerings

• DANB ICE Review course

• DANB ICE Practice test

• Continuing Dental Education Article™ (CDEA®): *Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings*
Future Direction: Offerings to be Produced by OSAP-DANB-DALE Foundation Collaboration

- Assessment-Based Certificate Program in infection control in dental settings (Dec 2017)
- Dental Infection Control Industry Specialist designation (2019)
- Professional certification in infection prevention and control in dental settings (2020)
Thank you!

Questions?

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