Infection Prevention and Safety in FQHC Dental Programs

March 29, 2022

Moderator: Sayo Adunola, D.D.S., M.P.H.
Dental Officer, Office of Quality Improvement (OQI)
Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Overview

• Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged

• HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

• Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care
Health Center Program Fundamentals

Serve High Need Areas
• Must serve a high need community or population (e.g., HPSA, MUA/P)

Patient Directed
• Private non-profit or public agency that is governed by a patient-majority community board

Comprehensive
• Provide comprehensive primary care and enabling services (e.g., education, outreach, and transportation services)

No One is Turned Away
• Services are available to all, with fees adjusted based upon ability to pay

Collaborative
• Collaborate with other community providers to maximize resources and efficiencies in service delivery

Accountable
• Meet performance and accountability requirements regarding administrative, clinical, and financial operations

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.
Overview - Health Center Program

• HEALTH CENTER GRANTEES
  ▪ 1,375 health center grantees
  ▪ 28.6 million total patients served

• DENTAL PROGRAMS
  ▪ 1,090 health centers (79%)
  ▪ 5.2 million dental patients served
  ▪ 11.3 million dental visits

Source: Uniform Data System, 2020
Speaker and Disclosure (1-3)

Michele Neuburger, DDS, MPH
Dental Officer
Division of Oral Health,
Centers for Disease Control and Prevention (CDC)
ncdohinfo@cdc.gov
https://www.cdc.gov/oralhealth/infectioncontrol/index.html

Neither I nor members of my immediate family have any financial interests to disclose relating to the content of this presentation.
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Speaker and Disclosure (3-3)

Kathy Eklund, RDH, MHP
Sr. Director of Occupational Health and Safety
Patient and Research Participant Safety Advocate
The Forsyth Institute
keklund@forsyth.org

Neither I nor members of my immediate family have any financial interests to disclose relating to the content of this presentation.

Images of products and devices are for example purposes and are not intended as an endorsement.
Learning Objectives

• Provide background about the roles of CDC, Joint Commission, and OSAP
• Identify common breaches in infection prevention and control practices found in dental settings that place patients, staff and organizations at risk
• Use scenarios to identify:
  ▪ High risk issues
  ▪ Why these issues create a risk
  ▪ How to mitigate the risk
Centers for Disease Control and Prevention

Risk in Dentistry
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
1. Poll Question

What is your current primary role in the dental clinic?

a. Administrative/non-clinical
b. Dental Assistant
c. Dental Hygienist
d. Dentist
e. Infection Preventionist
2. Poll Question

Does your clinic have a person designated who is responsible for infection prevention and control?

a. Yes
b. No
c. I don’t know
CDC’s Role in Infection Prevention and Control (IPC) for Dental Settings

• Develop guidelines, recommendations and resources.
• Investigate outbreaks and breaches in infection prevention and control (IPC) procedures

Pediatric Dental Clinic–Associated Outbreak of Mycobacterium abscessus Infection

Lindsey A. Hatzidoukis,1 Melissa Tobin-D’Angelo,1 Cherrie Brescak,1 Gianna Peralta,1 Lisa C. Cranmore,1,2 Finn J. Anderson,1,2,3,4 Sarah S. Milla,5 Shelly Abramowitz,5,6 Jomi Yi,5,6 Joseph Hiltunen,5,6 Roy Raju,5,6 Matthew K. Whitley,5,6 Verlin Gruev,5,6 Frank Berkowitz,5,6 Craig A. Shapiro,5,6,7 Joseph K. Williams,5,6,7 Paula Harmon,5,6 and Andi L. Stone5,6,7

1Division of Pediatric Infectious Diseases, 2Department of Pediatrics, and 3Baylor College of Medicine, Houston, Texas; 4Georgia Department of Public Health, Atlanta; 5Emory School of Medicine, Atlanta; 6Children’s Healthcare of Atlanta, Georgia; 7Division of Infectious Diseases, 8Department of Medicine, 9Department of Pediatric Radiology, 10Department of Pediatric Oral and Maxillofacial Surgery, and 11St. Lukes Children’s Hospital, Boise, Idaho; 12Department of Pediatric Otorhinolaryngology-Head & Neck Surgery, 13Pediatric Ear, Nose and Throat of Atlanta, 14Department of Pediatric Plastic and Reconstructive Surgery

Background. Mycobacterium abscessus is an uncommon cause of invasive odontogenic infection.

Methods. M abscessus–associated odontogenic infections occurred in a group of children after they each underwent a pulpot-

Importance of IPC in Dental Settings

- Both patients and dental health care personnel (DHCP) can be exposed to disease-causing organisms.
- Contact with blood, oral and respiratory secretions, and contaminated equipment occurs.
- Proper procedures can prevent transmission of infections among patients and DHCP.
Healthcare-Associated Infections (HIAs)

Diseases and Organisms in Healthcare Settings

<table>
<thead>
<tr>
<th>On this Page</th>
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<tbody>
<tr>
<td>Acinetobacter</td>
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<tr>
<td>Burkholderia cepacia</td>
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<tr>
<td>Candida auris</td>
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<tr>
<td>Clostridoides difficile</td>
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<tr>
<td>Clostridium Sordelli</td>
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<tr>
<td>Enterobacteriales (carbapenem-resistance)</td>
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<tr>
<td>ESBL-producing Enterobacteriales</td>
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<tr>
<td>Gram-negative bacteria</td>
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<tr>
<td>Hepatitis</td>
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<tr>
<td>Human Immunodeficiency Virus (HIV/AIDS)</td>
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<tr>
<td>Influenza</td>
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<tr>
<td>Klebsiella</td>
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<tr>
<td>Methicillin-resistant Staphylococcus aureus (MRSA)</td>
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<tr>
<td>Nontuberculous Mycobacteria (NTM)</td>
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<tr>
<td>Norovirus</td>
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<tr>
<td>Pseudomonas aeruginosa</td>
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<tr>
<td>Staphylococcus aureus</td>
<td></td>
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<tr>
<td>Tuberculosis (TB)</td>
<td></td>
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<tr>
<td>Vancomycin-intermediate Staphylococcus aureus</td>
<td></td>
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<tr>
<td>Vancomycin-resistant Staphylococcus aureus</td>
<td></td>
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<tr>
<td>Vancomycin-resistant Enterococci (VRE)</td>
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</tbody>
</table>

https://www.cdc.gov/hai/organisms/organisms.html
Healthcare Associated Infections

https://www.cdc.gov/hai/organisms/organisms.html
Potential Routes of Disease Transmission in Dental Settings
Potential Outcomes from a Healthcare Associated Infection (HAI) Outbreak Investigation

- Adverse patient outcomes
- Patient notification and testing
- Worker safety concerns
- Remediation
- Training and education
- Clinic closure
- License suspension
- Legal action
- Policy changes
Dental Challenges

- Lack of source control for patients
- Unique equipment
- Alternative settings – mobile, school-based programs
- Typically perform all their own reprocessing
- Limited regulatory oversight
- Lack of a surveillance system
# Selected Examples of Disease Transmissions in Dental Settings, 1 of 2

<table>
<thead>
<tr>
<th>Setting</th>
<th>Year</th>
<th>Pathogen</th>
<th># Infected</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dental Practice&lt;sup&gt;1&lt;/sup&gt;</td>
<td>2016</td>
<td>Mycobacterium abscessus</td>
<td>71</td>
<td>California; children, all had pulpotomies. Potentially linked to untreated waterlines.</td>
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<tr>
<td>Pediatric Dental Practice&lt;sup&gt;2&lt;/sup&gt;</td>
<td>2015</td>
<td>Mycobacterium abscessus</td>
<td>24</td>
<td>Georgia; children, all had pulpotomies. Potentially linked to untreated waterlines.</td>
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<tr>
<td>Oral Maxillofacial Surgery Practice&lt;sup&gt;3&lt;/sup&gt;</td>
<td>2014</td>
<td>Enterococcus faecalis</td>
<td>15</td>
<td>New Jersey; one patient died of complications from endocarditis. Multiple infection control breaches identified.</td>
</tr>
<tr>
<td>Oral Maxillofacial Surgery Practice&lt;sup&gt;4&lt;/sup&gt;</td>
<td>2013</td>
<td>Hepatitis C</td>
<td>1</td>
<td>Oklahoma; patient to patient. Multiple breaches in injection safety documented.</td>
</tr>
</tbody>
</table>
## Selected Examples of Disease Transmissions in Dental Settings, 2 of 2

<table>
<thead>
<tr>
<th>Setting</th>
<th>Year</th>
<th>Pathogen</th>
<th># Infected</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Dental Practice&lt;sup&gt;5&lt;/sup&gt;</td>
<td>2011</td>
<td>L. pneumophila</td>
<td>1</td>
<td>Italy; 82 yr. woman. Unknown if waterlines treated.</td>
</tr>
<tr>
<td>General Dental Practice&lt;sup&gt;6&lt;/sup&gt;</td>
<td>2010</td>
<td>M. tuberculosis</td>
<td>1</td>
<td>Washington; personnel-to-personnel. TB was misdiagnosed.</td>
</tr>
<tr>
<td>Portable dental clinic in school gymnasium&lt;sup&gt;7&lt;/sup&gt;</td>
<td>2009</td>
<td>Hepatitis B</td>
<td>5</td>
<td>West Virginia; 5 cases: 3 patients and 2 volunteers. Multiple procedural and infection control breaches identified.</td>
</tr>
</tbody>
</table>
References

Hierarchy of Controls

https://www.cdc.gov/niosh/topics/hierarchy/default.html
The Joint Commission
The Joint Commission Disclaimer

These slides are current as of **March 28, 2022**. The Joint Commission reserves the right to change the content of the information, as appropriate.

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3. Poll Question

I have the manufacturers sterilization instructions for:

- a. None of my instruments
- b. Less than 50% of my instruments
- c. Greater than 50% but less than 100% of my instruments
- d. 100% of my instruments
- e. I don’t know or am not sure
4. Poll Question

My organization currently sterilizes:

a. Dental handpieces but not motors between patients
b. Dental handpieces and motors between patients
c. I am not sure or don’t know
The Joint Commission (TJC)

Accrediting Organization that accredits and certifies more than 22,000 health care organizations and programs in the United States

<table>
<thead>
<tr>
<th>Hospitals</th>
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<tr>
<td>Ambulatory</td>
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<td>Laboratory</td>
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<td>Critical access hospitals</td>
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<td>Nursing Care Centers</td>
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<tr>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Home Care</td>
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<tr>
<td>Office Based Surgery Centers</td>
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</tbody>
</table>
Hierarchical Approach Used by The Joint Commission

Rules and Regulations

CoPs and CfCs*

Manufacturers’ Instructions for Use

Evidence-Based Guidelines and National Standards

Consensus Documents

Organization’s IPC Processes, Policies and Protocols

Adopted from Perspectives April 2019

*For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoP) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.
Infection Control Related Findings

- 70% had an IC Finding
- 31.9% posed an immediate threat or were high risk to patients

Data compiled for Ambulatory Programs January 1, 2019 to December 31, 2021 – keyword search Dental or Dentist
The surveyor asked for the manufacturer instructions for use for the three dental handpiece models, one motor, and two burrs in use. She observed reprocessing from point of use through removal from the tabletop sterilizer. The following observations were made:

• Manufacturer instructions were not immediately available to staff for 2 of the 3 handpieces and 1 of the burs
• Several steps in the cleaning process were modified or omitted
  ▪ Did not use compatible cleaning product
  ▪ Placed burrs in ultrasonic but did not follow time specified in available manufacturer instructions
  ▪ Did not perform lubrication of handpieces as required
  ▪ Did not inspect after cleaning
• Handpieces and burs were not dry or inspected before being placed in pouches
Scenario (1 of 2)

• Internal chemical indicators were not placed in each pouch, instead one indicator was placed in an empty pouch and placed in the loaded sterilizer

• Items were sterilized in an overloaded sterilizer on the handpiece (pre-vacuum) cycle: 132°C (270°F), 6 minutes, 30-minute dry
  - Instructions for one of the burs stated
    ✓ 134°C, 5 minutes with drying required but time not specified
  - The instructions for one bur stated it was single use
  - Instructions for handpieces stated
    ✓ 135°C, 18 minutes minimum with drying required but time not specified
    ✓ 135°C -1°C / +4°C (275°F -1.6°F / +7.4°F), 3 min, no dry time specified

• Air motor was not sterilized between patients
  - Instructions stated sterilize between patients to prevent infection transmission
    ✓ 135°C (275 °F) at least 3 minutes, 16 min dry time or
    ✓ 132°C (270 °F) at least 4 minutes, 20 min dry time
Scenario (2 of 2)

• Items were removed immediately after the cycle and placed in a basket to further dry and cool without verification of cycle parameters
• Staff performing reprocessing wore
  ▪ a disposable paper gown (not fluid resistant) and hung it up for re-use
  ▪ “rubber” gloves intended for use when cleaning dishes in the home setting
  ▪ prescription eyeglasses without solid sides
Three Key Areas of Infection Control Risk

- Not following manufacturer instructions for instrument processing
- Inadequate quality control of the sterilization process
- Selection and use of personal protective equipment
Multiple related issues...

**Availability of resources:** space, people, equipment and supplies

**Human resources:** education, training and competency of staff and persons having oversight

**Equipment:** use routine and preventative maintenance of equipment

**Leadership:** awareness and oversight
Joint Commission: Potential Outcomes

• **Recommendations for Improvement**
  - Not following manufacturer instructions for cleaning instruments
  - Not assessing risk of exposure and providing appropriate personal protective equipment (OSHA)
  - Not enforcing use of appropriate personal protective equipment (OSHA)
  - Not ensuring competency of staff performing reprocessing

• **Evaluate for Immediate Threat to Health and Safety**
  - Devices were not sterilized in accordance with *device* manufacturer parameters
  - Sterilization of single use devices
  - An item was not sterilized when instructions stated harm to patient could occur (motor)
  - Sterility may have been compromised by removing items from sterilizer before dry
  - Overloaded sterilizer could result in sterilization failure
Organization for Safety, Asepsis, and Prevention (OSAP)

How to ensure compliance and implementation of best practices: Using an integrated approach
Putting the Pieces Together
PDCA Cycle of Continuous Quality Improvement

- **Plan**
  - Recognize an opportunity and plan a change
- **Do**
  - Test the change
- **Check**
  - Review
- **Act**
  - Take action based on the above steps
Instrument Processing and Sterility Assurance

• Sterilization and disinfection of patient care items is critically important to patient safety
• Errors in process or skipping steps can result in improperly or incompletely sterilized or disinfected items
• Standard operating procedures for each step of the process, training and monitoring can reduce the chance of errors, improving patient safety and personnel safety
Education and Training of Personnel

Ensure competency
Monitor processes
Evaluate compliance
Instrument Processing and Sterility Assurance

Sterilization Area Workflow
5. Poll Question

Our organization has a sterile processing area

a. For the dental department only
b. That is shared with other departments
Instrument Processing

- Follow manufacturer’s instructions for reprocessing (i.e., cleaning, packaging, disinfecting, sterilizing) reusable dental instruments and equipment.
  - Maintain manufacturer’s instructions (ideally) in or near the reprocessing area.
- Use FDA-cleared devices and supplies for cleaning, packaging, and heat sterilization.
- Should be assigned to DHCP with training in the required reprocessing steps.

https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm
Example (1 of 3)

- PPE Cabinet or Shelves
- DIRTY to CLEAN
- Ultrasonic
- Space to Prevent Splash
- Dry
- Inspect and Pack
- Sterile Release/Paperwork
- Sterilizer
Example (3 of 3)

PPE Cabinet

Sterile Release\Paperwork

Sterilizer

Sterilizer

Inspection and Packaging

DIRTY

CLEAN

Ultrasonic

Space to Prevent Splash

Dry
Personal Protective Equipment (PPE)

• Protective attire should be worn to protect the personal clothing and skin from exposure to saliva, blood, aerosol, and other contaminants.

• Puncture-resistant, medical-grade heavy duty gloves should be worn when cleaning contaminated instruments.

• Reusable PPE should be cleaned, disinfected and discarded in accordance with manufacturer’s instructions.

Medical Gloves | FDA; Personal Protective Equipment - Overview | Occupational Safety and Health Administration (osha.gov)
Train DHCP in use of PPE

- Follow recommended sequences for PPE donning and removal.

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

<table>
<thead>
<tr>
<th>Preferred PPE – Use</th>
<th>Acceptable Alternative PPE – Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95 or Higher Respirator</td>
<td>Facemask</td>
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</tbody>
</table>

- Face shield or goggles
- One pair of clean, non-sterile gloves
- Isolation gown

- Facemask
- N95 or higher respirator
- One pair of clean, non-sterile gloves
- Isolation gown

how-to-safely-remove-personal-protection-equipment (PPE) example 1

1. Gown
   - Fully cover torso from neck to knees, areas covered with hair and neck
   - Fasten front of gown into waist

2. Mask or Respirator
   - Gag the hair or hair part into, under
   - Tie behind neck or under chin
   - Tie tight to face and lower chin
   - Tie back under chin

3. Goggles or Face Shield
   - Place over face and aligned with bill

4. Gloves
   - Cover to keep wrists or elbows clean

Use S.A.F.E. Mask Practices to Protect Yourself and Limit the Spread of Contamination

- Mask should fully cover mouth
- Snug fit under chin
- Not placed over nose or mouth
- Wear as long as possible
When Putting on a Facemask

When putting on a facemask
Clean your hands and put on your facemask so it fully covers your mouth and nose.

When wearing a facemask, don’t do the following:
- Don’t wear your facemask over your nose or mouth.
- Don’t allow a strap to hang below. Don’t cross the straps.
- Don’t touch or adjust your facemask while touching your hands before and after.
- Don’t wear your facemask over your head.
- Don’t wear your facemask around your neck.

When removing a facemask
Clean your hands and remove your facemask touching only the straps or ties.

*Completely exclude masks. Facemasks should be carefully folded and placed in a bag or trash after use. 
Instrument Processing and Sterility Assurance

Quality assurance and monitoring
Manufacturer’s IFU

• Device manufacturers are responsible for validating a processing IFU that includes; cleaning, packaging and sterilization procedures.

• CMS audit regulations state…”If manufacturer’s instructions are not followed, then the outcome of the sterilizer cycle is guesswork, and the practice should be cited as a violation of 42 CFR 416.44(b)(5).”
Record Keeping

- Sterilization monitoring (e.g., biological, mechanical, chemical) and equipment maintenance records are important components of a dental infection prevention program.
- Ensures cycle parameters have been met and establishes accountability.
- If there is a problem with a sterilizer, documentation helps to determine if an instrument recall is necessary.

https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm
Sterilization Monitoring: Types of Indicators

- Mechanical:
  - Measures time, temperature, and pressure.

- Chemical:
  - Change in color when physical parameter is reached.

- Biological (spore tests):
  - Uses biological spores to assess the sterilization process directly.

- Indicators are specific to the type of sterilization used.

https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm
6. Poll Question

We use internal chemical indicators inside sterilization pouches and cassettes

a. Always
b. Most of the time
c. Never
Chemical Monitoring

- Use an internal chemical indicator in every package. If the internal indicator is not visible from the outside, then also use an external indicator.
  - Chemical indicators may be integrated into the package design.
- Inspect indicator(s) after sterilization and at time of use.
- If the appropriate color change did not occur, do not use the instruments.

https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm
Summary/Takeaways

• Develop a written program of policies and standard operating procedures.
• Ensure adequate education and training to facilitate effective implementation.
• Conduct ongoing monitoring and evaluation to ensure compliance.
• Make indicated modifications in policies, procedures, training and practices.
• Be committed to continuing quality improvement.
Relevant CDC Guidance and Guidelines

• Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
• Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
• Guidelines for Infection Control in Dental Health-Care Settings—2003
• Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
• Guidance & Guidelines Library
CDC Project Firstline

CDC's National Training Collaborative for Healthcare Infection Control

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html
CDC - Foundations: Building the Safest Dental Visit

• Web-based, interactive, self-paced training designed to help increase adherence with established infection prevention and control guidelines among dental healthcare personnel.

• Training provides an overview of the basic expectations for safe care—the principles of infection prevention and control that form the basis for CDC recommendations for dental healthcare settings.

• Learners who complete the training are eligible for 3 Continuing Education (CE) credits, provided by the Organization for Safety, Asepsis, and Prevention (OSAP).

https://www.cdc.gov/oralhealth/infectioncontrol/foundations-building-the-safest-dental-visit.html
Basic Expectations for Safe Care Modules

**Current COVID-19 Interim Guidance**

Find the most up-to-date information about infection prevention and control practices on CDC’s COVID-19 page, including CDC’s Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19), which is applicable to all U.S. settings where healthcare is delivered, including dental settings. For more information, see CDC Updates COVID-19 Infection Prevention and Control Guidance.

This training series covers the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It complements CDC’s Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, and was developed to increase adherence to established infection prevention practices. This material is an informational source but is not currently a course for professional credit.

The slide series is divided into 10 modules including an Introduction, seven elements of standard precautions, as well as dental unit water quality and program evaluation. Each module includes a slide set and speaker notes that can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel.

Module 1 - Introduction

- [Introduction Presentation](https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm) [PDF - 763KB]
- [Introduction Presenter’s Script](https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm) [PDF - 133KB]

Module 2 - Hand Hygiene

- [Hand Hygiene Presentation](https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm) [PDF - 515KB]
- [Hand Hygiene Presenter’s Script](https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm) [PDF - 124KB]
Joint Commission Resources

Dental Survey Process Video
Credentialling in Sterile Processing

HSPA - https://myhspa.org/about/who-we-are.html

- **Certified Registered Central Service Technician (CRCST)**
  - Preparation via online course, distance learning course, self-study preparation, work experience.

CBSPD - https://www.cbspd.net/

- **Five levels of certification**
  - Technician
  - Surgical instrument specialist
  - Flexible endoscope reprocessor
  - Ambulatory surgery technician
  - Management
## OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program™

<table>
<thead>
<tr>
<th>Step*</th>
<th>Component</th>
<th>CE Credits</th>
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<tbody>
<tr>
<td>1</td>
<td>OSAP-DALE Foundation CDEA® module <em>Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings</em></td>
<td>2</td>
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<tr>
<td>2</td>
<td>OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™</td>
<td>10</td>
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<tr>
<td>3</td>
<td>OSAP-DALE Foundation eHandbook Assessment™</td>
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*Steps 1 and 2 may be completed in either order. Successful completion of Steps 1 and 2 is required before Step 3 can be purchased.*

dentalinfectioncontrol.org
On-Demand Option available through: May 15, 2022

<table>
<thead>
<tr>
<th>Feature</th>
<th>In-Person Plus</th>
<th>On-Demand Only</th>
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<tr>
<td>22+ hours of live educational sessions</td>
<td>✓</td>
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<tr>
<td>22+ hours of on-demand recordings for 60 days (starting Feb 14)</td>
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<td>One copy of the OSHA &amp; CDC Guidelines: OSAP Interact Training System – 6th Edition workbook ($175 value)*</td>
<td>✓</td>
<td>✓</td>
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<td>Checklists and tools</td>
<td>✓</td>
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<tr>
<td>Round table topic sessions</td>
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<tr>
<td>Networking opportunities with board members, speakers, participants, and vendors</td>
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<td>Vendor fair and lunch on Tuesday</td>
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<tr>
<td>22+ hours of CE**</td>
<td>✓</td>
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*Must pay shipping fee

**Live or self-study

**Only self-study

www.osap.org/2022-boot-camp
School Sealant Programs During COVID-19

- Guide: Infection Prevention & Control Guide for School Sealant Programs During the Coronavirus Disease 2019 (COVID-19)
- PowerPoint Slides and Presenter Script: Infection Prevention & Control Guide for School Sealant Programs During the Coronavirus Disease 2019 (COVID-19)
- On-Demand Webinar: Infection Prevention & Control Guidance and Considerations for School Sealant Programs During the COVID-19 Pandemic (1 CE credit)
- Interactive Article: Infection Prevention & Control in School Sealant Programs During COVID-19 Learning Tool (1 CE credit)

www.osap.org/portable-mobile#ipc-for-ssps-during-covid-19
Questions
Thank You!

Sayo Adunola, D.D.S., M.P.H.
Dental Officer, Office of Quality Improvement (OQI)
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

fadunola@hrsa.gov

bphc.hrsa.gov

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Please email OSAP at office@osap.org with any questions.