

# Creating a culture of safety in dental practice settings:

## Defining the role of the infection control coordinator

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### PART TWO

**Editor's note:** This article is part two of a two-part series. Part one appeared in January 2017. Find it on [DentalEconomics.com](http://DentalEconomics.com): search "Govoni."

#### WHY APPOINT AN INFECTION CONTROL COORDINATOR?

In part 1 of this series, the need for an infection control coordinator (ICC) in dental practices was demonstrated by regulatory and standard of care requirements (OSHA and CDC), as well as the number of recent infection control breaches that have been publicized. The breaches were determined to be the result of a failure to follow protocols, such as proper instrument sterilization, spore testing of sterilizers, failure to meet dental unit water quality standards, and more.



These breaches appear to be due to the lack of oversight of infection prevention practices in dental facilities. If these dental practices or clinics had an ICC in place who ensured that protocols were being followed, it is reasonable to assume that these breaches may not have happened. There are those who say that the incidence of disease transmission is so low, that all the effort that goes into documentation, implementation, and oversight (the roles of the ICC) aren't necessary. This should never be the justification for not doing the right thing. Patients deserve nothing less than our best efforts on their behalf to make dental care as safe as possible.

Establishing the position of an ICC in a dental practice is a significant step toward ensuring that the practice provides the safest environment for patients and employees. A practice that embraces safety as part of its core values will increase patient confidence and could likely increase patient referrals to the practice. Patient safety protocols can be incorporated into materials for new patients as an introduction to the practice, included on a practice website and/or other marketing materials, and in social media posts. A new patient visit to the practice might include an introduction to the ICC, and a brief overview of how the practice strives to make that visit as safe as possible. By designating and empowering an ICC, there are many ways to enhance not only a prac-

tice’s internal protocols, but also its positive perception.

The ICC does not have to be an individual team member; it can be several members of the team working together as a safety committee, such as in the case of large practices or clinics. If a committee is appointed, the committee function must be clearly defined in terms of its responsibilities. For example, it must be clear which member is responsible for which tasks (i.e., documentation, training, and enforcement of protocols).

**WHAT QUALIFICATIONS SHOULD AN INFECTION CONTROL COORDINATOR OR COMMITTEE HAVE?**

An ICC or committee must have advanced training in infection control and prevention theory and practice. There are numerous resources for acquiring this knowledge and training. The Centers for Disease Control and Prevention (CDC) has many resources available on its website, [cdc.gov/oralhealth/infection-control/guidelines/index.htm](http://cdc.gov/oralhealth/infection-control/guidelines/index.htm), including the guidelines and the published *2016 Summary of Infection Prevention Practices in Dental Settings and Infection Control Checklist* assessment tool for dental practices. The Organization for Safety, Asepsis and Prevention (OSAP) also has training resources on its website: [osap.org/page/TrainingResources](http://osap.org/page/TrainingResources). Hu-Friedy recently published the *Essential Guide to Infection Control* e-book, a practical guide that can be used to help offices comply with best practices and industry standards as well as educate on the role and responsibilities of an ICC in a dental practice or facility. This book is downloadable from [hu-friedy.com/products/essentialguidetoinfectioncontrol](http://hu-friedy.com/products/essentialguidetoinfectioncontrol).

The ICC or committee must develop and document infection control policies and protocols that are appropriate for the types of services that are provided in the practice or facility. These protocols should follow evidence-based guidelines and standards, such as those from the CDC and OSHA. Templates for these policies are available through a variety of resources, including the American Dental Association’s OSHA Compliance

**Table 1:** Infection control coordinator roles and responsibilities

<b>Training</b>	Annual updates; additional training if new procedures or products are introduced into the practice
<b>Documentation</b>	Exposure determination, exposure/infection control plan, employee records (training, HBV vaccinations or declinations, exposure incidents and follow-up, hazard assessment for personal protective equipment (PPE))
<b>Monitoring</b>	Employee compliance with PPE requirements, instrument cleaning and sterilization, spore testing of sterilizers, appropriate storage and disposal of medical and other hazardous waste, dental unit water quality
<b>Enforcement</b>	Appropriate remediation (e.g., disciplinary action) for employees not following PPE requirements or infection control protocols

**Note:** This is not an all-inclusive list of the duties of an ICC, but is meant to serve as a guideline.

Manual which is available for purchase from the American Dental Association (ADA) [ada.org](http://ada.org), from OSHA [osha.gov](http://osha.gov) (as well as state OSHA sites), and from OSHA consultants who specialize in working with dental practices. These consultants can be identified through the Academy of Dental Management Consultants (ADMC) [admc.net](http://admc.net) and the Speaking Consulting Network (SCN) [speakingconsultingnetwork.com](http://speakingconsultingnetwork.com). Once the protocols are documented, the information must be communicated to the entire team or facility staff, along with the expectation that the protocols will be followed. Initial training for new employees and periodic (annual and procedure-based) training fall under the responsibility of the ICC. Additional tasks and responsibilities of the ICC or committee are listed in Table 1.

Perhaps the most difficult task for the ICC is that of monitoring and enforcing compliance with the infection control protocols. For this reason, ICCs should have additional training in effective communication and leadership skills to enhance their chances of achieving success in their role. The members of the team must view this individual or committee as an important system for the success of the practice, as well as for the health and safety of patients and employees. The responsibility for how the ICC or committee is perceived and accepted in a practice falls squarely on the shoulders of the doctor/owner and the practice administrator. If the doctor/owner in conjunction with the practice administrator creates the expectation that

safety is an integral component of the mission, vision, and core values of the practice, the ICC will be successful in his or her role.

**IS THE ICC ROLE IMPORTANT TO A PRACTICE?**

The answer is a resounding yes! Patients and dental team members deserve our very best efforts. But in the busyness of treating patients, it is easy to allow things to fall through the cracks or to develop habits that are not conducive to maintaining good infection prevention protocols. The oversight of an ICC allows a practice or facility to stay focused on doing the right thing every time, every day. **DE**



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