

Infection Control in Dental Facilities in Indiana



Version 2021



Contents

- ❖ Introduction
- ❖ Regulating Authorities
- ❖ Universal Precautions
- ❖ Infectious Waste
- ❖ Responsibilities of Operator
- ❖ Written Policies
- ❖ Complaints
- ❖ Office of Legal Affairs
- ❖ OSHA and IOSHA
- ❖ Resources

❖ Introduction

This is a general summary of the regulating authorities and their laws, rules and regulations, and guidelines governing infection control in dental facilities

- All information, content, and materials available in this course are for **general informational purposes only**
- The Oral Health Program (OHP) at the Indiana Department of Health (IDOH) **cannot provide legal opinions** on the interpretation of laws, rules and regulations, or guidelines
- Dental professionals are responsible for understanding and applying these as they pertain to the practice of dentistry in Indiana



Disclaimer

IDOH Oral Health Program Disclaimer for Courses or Presentations

The information provided in this course or presentation does not, and is not intended to, constitute dental, medical, or legal advice; instead, all information, content, and materials available in this course or presentation are for general informational purposes only. You should contact an outside dentist, physician, or attorney to obtain dental, medical, or legal advice and prior to acting, or refraining from acting, based on the information contained in this course or presentation.

All liability with respect to actions taken or not taken based on the contents of this course or presentation are hereby expressly disclaimed.

❖ Regulating Authorities

Indiana Code and Indiana Administrative Code

- Indiana Code (IC) Title 16, Article 41 includes laws to prevent and control communicable disease
 - Chapter 11 covers Universal Precautions (IC-16-41-11)
 - Chapter 16 covers Infectious Waste (IC-16-41-16)
- Indiana Administrative Code (IAC) Title 410 includes the rules and regulations pertaining to the activities of the IDOH to prevent and control communicable disease
 - Rule 4 Universal Precautions (410 IAC-1-4)
 - Rule 3 Infectious Waste (410 IAC-1-3)

Regulating Authorities

Occupational Safety and Health Administration

OSHA - Occupational Safety and Health Administration

IOSHA - Indiana Occupational Safety and Health Administration

- IOSHA is the state agency with rules and regulations equivalent to the federal agency OSHA
- IOSHA establishes rules and regulations regarding
 - Occupational exposure to **blood** and **blood-borne pathogens**
 - Occupational exposure to **other potentially infectious materials (OPIM)**
- The focus of OSHA and IOSHA is the safety and health of current employees

Regulating Authorities

Centers for Disease Control and Prevention (CDC)

- The CDC is **not** a state regulatory agency
- However, the CDC does provide **guidelines** and recommendations pertaining to infection control in dental healthcare settings
- These include:
 - **Standard of Care** (like Universal Precautions)
 - **Infectious Waste**
- These guidelines and recommendations are designed to help prevent the spread of infectious diseases among health care providers, patients and the public

IDOH Oral Health Program

Focus on Universal Precautions

- Laws, rules and regulations, and guidelines from the various regulating authorities overlap
- The IDOH Oral Health Program focuses on complaints alleging violations of **Universal Precautions** in dental facilities in Indiana
- **IOSHA** focuses on complaints by employees alleging violations of IOSHA rules and regulations pertaining to the occupational **safety** and **health** of employees

❖ Universal Precautions

Universal Precautions (Rule 4), 410 IAC-1-4, gains authority from laws contained in Indiana Code Title 16, Article 41, and Chapter 11

The guidelines from the CDC pertaining to infection control in dental healthcare settings are used by the OHP to help clarify the responsibilities of a dental facility under Rule 4

OSHA and IOSHA guidelines cover some of the same topics covered in Universal Precautions and the OHP may consider these when investigating and/or inspecting dental facilities

Universal Precautions

PPE and Handwashing

All patients should be treated as if they have an infectious disease

Personal Protective Equipment (PPE)

- Class I and II employees (dentists, dental hygienists, dental assistants, and dental lab technicians) **must** use personal protective equipment (PPE)
 - PPE includes gloves, masks, eye protection and protective clothing
 - PPE must be provided by the employer at no cost to employees
- Class III employees are exempt unless they have been cross trained to work in a clinic area

Handwashing

- Sinks and running water must be available for employees to wash hands
- Dentists and staff must wash hands using soap and water or alcohol rubs before and after removal of gloves and other PPE
- Dentists and staff must wash hands using soap and water after contact with visible blood or other potentially infectious material (OPIM)

Universal Precautions

PPE

- Gloves and masks
 - Are single-use items and must be disposed after each patient
- Eye protection
 - If non-disposable, should be decontaminated between patients in a manner that is safe for the wearer's eyes
- Protective clothing
 - Protective clothing (such as a clinical gown) is not to be worn out of the work area
 - If protective clothing is non-disposable, the employer is responsible for the laundering
 - Protective clothing should be changed daily, at a minimum, or sooner if blood or OPIM is visible

Refer to CDC, ADA, and IDA guidelines for use of masks during special circumstances, such as the Covid-19 pandemic



Universal Precautions

Patients

- Patients should be provided protective eyewear
- This is to protect patients from splatter and debris generated during the dental procedure
- Patients can decline if they understand and assume the risks

Universal Precautions

Work Areas

- There are some restrictions for work areas
- No eating, drinking, applying lip balm, or handling contact lenses in work areas where there might be blood or OPIM
- Storing dental materials and food and drink in the same refrigerator is discouraged
 - If there is only one refrigerator in the office, then dental materials must be separated from food and drinks and the area in the refrigerator for dental materials must be labeled

Universal Precautions

Disinfection and Barriers

Disinfection of equipment and surfaces, not requiring sterilization, may be done by using one of the following:

- An EPA registered germicide that is a hospital grade disinfectant and labeled tuberculocidal
- A registered germicide with specific inactivation claims against HIV and HBV
- Sodium hypochlorite solution that is dated and replaced with a new solution every 24 hours

Barriers may be used to protect equipment and surfaces not requiring sterilization that cannot be disinfected

Disinfection is a **two-step process** including **cleaning** and then **disinfection**

Heat Sterilization

Sterilization of heat stable non-disposable items, such as instruments, equipment, etc., requiring sterilization, should be done with heating procedures capable of sterilization for such items

This is referred to as **heat sterilization**

This process includes proper **handling, cleaning, sterilization,** and **storage** of instruments, equipment, and other patient care items after sterilization

Sterilization of Handpieces

INDIANA CODE

410 IAC 1-4 states that "Heating procedures capable of sterilization must be used when heat stable, non-disposable equipment is sterilized"

CDC GUIDELINES

CDC guidelines state that high-speed handpieces, low-speed handpieces, handpiece motors, and handpiece attachments should be heat sterilized between patient use

MANUFACTURER GUIDELINES

Most manufacturers recommend heat sterilization of their respective handpieces between patient use

Sterilization of Handpieces

Policy of the Oral Health Program

CDC guidelines state that low-speed and high-speed handpieces, handpiece motors and handpiece attachments should be heat sterilized between patient use

Unless these CDC guidelines are expressly excluded under Indiana law, CDC guidelines should be followed

Whether or not a dentist in Indiana is **legally required** to sterilize these items under Indiana Administrative Code would need to be addressed by the Indiana State Board of Dentistry or a qualified attorney



Sterilization of Orthodontic Equipment

Policy of the Oral Health Program

- The OHP considers instruments, pliers, supplies, and any other equipment used in **orthodontic** procedures to be “equipment”
- As such, this equipment is subject to the same requirements for sterilization as apply to any other equipment used in the practice of dentistry

Heat Sterilization

Monitoring and Documentation

- Indiana Administrative Code requires the following four monitoring activities for heat sterilization to be documented in writing and available for review by the IDOH:
- **Biological Indicators**: Use of biological indicators, such as spore tests, within 7 days prior to any sterilization cycle for each sterilizer
- **Sterilization Cycle**: Date and time for each cycle for each sterilizer
- **Chemical Indicators**: Use of chemical indicators with packaged non-disposable items for each cycle for each sterilizer
- **Maintenance**: Date and type of maintenance, per manufacturer's recommendations, for each sterilizer (routine or otherwise)

Documentation

Heat Sterilizers - Monitoring with Biological Indicators

- Dental facilities need to have each heat sterilizer tested with a **biological indicator**, such as a spore test, within 7 days prior to the use of that sterilizer
- Although, it is possible for a dental facility to analyze a spore test in the office, most dental facilities use **vendors** to analyze and provide reports with the results of the spore tests
- For dental facilities that use a vendor to analyze spore tests, a copy of reports from the vendor can be used as documentation of monitoring with spore tests, if these reports show the test dates for the spore tests and the results

Documentation

Heat Sterilizers - Other Monitoring

Three other required monitoring activities for heat sterilizers also require documentation, including:

- Date and time of each **sterilization cycle** for each sterilizer
- Appropriate use and results of **chemical indicators** for each cycle
- Any **maintenance** of each sterilizer

Documentation

Heat Sterilizers - Other Monitoring

For three of the required monitoring activities, **sterilization cycle, chemical indicators, and maintenance**, a **LOG** should be kept for **each autoclave** with the **autoclave number** recorded on each log sheet to document these monitoring activities

If a **vendor** is being used to process the biological indicators, adequate reports from the vendor can serve as documentation of the monitoring of a heat sterilizer with spore tests

Note: If spore strips are cultured and analyzed by a **dental facility**, then documentation of the results from these spore tests could be recorded in the same log with the other three monitoring activities or in a separate log if more convenient

Sample Log

Heat Sterilizers - Other Monitoring

This **sample log** can be used to document these other three required monitoring activities, which include recording the **sterilization cycle**, the use and results of **chemical indicators**, and any **maintenance** performed

For this log go to: <https://www.in.gov/isdh/files/2018.10.29-Log.pdf>

LOG for THREE MONITORING ACTIVITIES for HEAT STERILIZATION						Autoclave Number:
The reports from the vendor for spore tests is separate from this log						
Initials	Time	Date	Sterilization Cycle √	Chemical Indicators P/F	Maintenance √	Notes

Using the Sample Log

A log should be kept for **each autoclave**

Enter the **Autoclave Number** on the log sheet

Each time an entry is made to the log, it should be documented with the **Initials** of the staff member recording the entry, and the **Time**, and **Date** of the entry

Sterilization Cycle

Each time a sterilization cycle is run it should be recorded by placing a **check (√)** in the log to indicate a sterilization cycle was run

Chemical Indicators

Each time a sterilization cycle is run, one or more chemical indicators should be placed in the autoclave, usually one per package of instruments

Record **P** in the log if **All** chemical indicators used during the sterilization cycle passed, or **F** in the log if **Any** chemical indicator failed

Maintenance

Record **check (√)** in the log to indicate maintenance occurred and describe in the notes



Retention of Documentation

Policy of the Oral Health Program

Documentation of the four required monitoring activities for each **heat sterilizer** in a dental facility should be maintained a minimum of three (3) years

Chemical Sterilization

Items requiring sterilization that are nondisposable and heat labile may be sterilized with chemical sterilization

The procedures for chemical sterilization include proper handling, cleaning, sterilization, and storage

Documentation of the procedures used for **chemical sterilization**, and any monitoring of chemical sterilization, should also be maintained a **minimum of three (3) years**

Chemical Sterilization

Limitations

- Using liquid chemicals for sterilization is technically difficult
- The sterilization process with chemical sterilization cannot be readily verified with biological indicators
- Thus, adequate monitoring of chemical sterilization may not be possible

Chemical Sterilization

Not Recommended

Because of the limitations of chemical sterilization:

- Liquid chemical sterilization is not recommended by the IDOH OHP for sterilizing dental equipment
- If equipment is heat stable and requires sterilization, it should be heat sterilized

Items labeled as **single use** cannot be chemically sterilized

Sterilization Recommendations

The IDOH OHP recommends the use of:

- Heat stable items which can be heat sterilized
- Disposable items which can be discarded after one use

The IDOH OHP discourages the use of liquid chemicals for sterilization or high-level disinfection

Disposable items and items labeled **single use** are to be disposed after one use

❖ Infectious Waste

410 IAC-1-3 Infectious Waste (Rule 3) gains authority from laws contained in Indiana Code Title 16, Article 41, and Chapter 16

The guidelines from the CDC pertaining to infection control in dental healthcare settings are used by the OHP to help clarify the responsibilities of a dental facility under Rule 3

OSHA and IOSHA guidelines cover some of the same topics covered in Infectious Waste and the OHP may consider these when investigating and/or inspecting dental facilities

Categories of Infectious Waste

Indiana Administrative Code

Infectious Waste

According to 410 IAC 1-3, **Infectious Waste** includes:

- Contaminated sharps or contaminated objects that could potentially become contaminated sharps
- Infectious Waste other than contaminated sharps
 - Infectious biological cultures, infected associated biologicals and infectious agent stock
 - Pathological waste
 - Blood and body fluids in liquid and semi-liquid form
 - Body parts, such as **extracted teeth**
 - Any other waste that has been intermingled with Infectious Waste

Categories of Regulated Waste

OSHA

Regulated Waste

According to OSHA definitions, **Regulated Waste** includes:

- Contaminated sharps or contaminated objects that could potentially become contaminated sharps
- Regulated waste other than contaminated sharps
 - Liquid or semi-liquid blood or other potentially infectious material (OPIM)
 - Items that would release blood or OPIM in liquid or semi-liquid state if compressed
 - Items caked with dried blood or OPIM and capable of releasing these materials during handling
 - Pathological and microbiological wastes containing blood or OPIM

OSHA Regulated Waste is analogous to IAC Infectious Waste



Infectious Waste

versus

Non-Infectious Waste

A dental facility needs to distinguish between **Infectious Waste** and **Non-Infectious Waste** and decide how to handle these, taking into consideration:

- 410 IAC 1-3 definitions of **Infectious Waste**
- OSHA definitions of **Regulated Waste**
- CDC guidelines for **Infectious Waste**



Containment Infectious Waste

All persons and facilities shall ensure that Infectious Waste is at all times contained in a manner that will protect waste handlers, the public, dental personnel and patients

Containment

Infectious Waste: Sharps

Contaminated sharps and contaminated objects that could become contaminated sharps, and more as described in 410 IAC 1-3, shall be placed in containers that are:

- Leak proof, rigid and puncture-resistant
- Tightly sealed to prevent expulsion
- Labeled with the biohazard symbol
- Stored in an appropriate manner
 - If untreated in the dental facility, then must be stored in a secured area
 - If treated in the dental facility, then may be stored in an unsecured area
- Must be disposed in a timely manner

Containment

Infectious Waste: Non-Sharps

Infectious Waste other than contaminated sharps, as described in 410 IAC 1-3, shall be placed in containers that are:

- Impervious to moisture
- Sufficient strength and thickness to prevent expulsion
- Secured to prevent leakage or expulsion
- Labeled with biohazard symbol
- Stored in an appropriate manner
 - If untreated in the dental facility, then must be stored in a secured area
 - If treated in the dental facility, then may be stored in an unsecured area
- Must be disposed in a timely manner

LABELS

Infectious Waste Containers

Prior to transporting Infectious Waste, whether treated **off-site** or treated **on-site**, a dental facility must **LABEL** all Infectious Waste containers, both Sharps and Non-Sharps, with the following:

- Name, address, date, and phone number of generating facility (dental facility)
- Name, address, date, and phone number of the treating facility
 - **Commercial vendor** that treats the Infectious Waste **off-site**
 - **Dental facility** that treats the Infectious Waste **on-site**

Any boxes provided by the medical waste handler (commercial vendor) for the dental facility must also be labeled with this same information



Containment

Non-Infectious Waste

Non-Infectious Waste may be placed in the regular trash and should be labeled “Contaminated Trash”

Non-regulated Waste (OSHA)

Gloves, masks and patient bibs are considered **Non-regulated Waste** (Non-Infectious Waste) by OSHA

with some **exceptions**, including:

- Items that would release blood or OPIM in liquid or semi-liquid state if compressed
- Items caked with dried blood or OPIM and capable of releasing these materials during handling

OSHA Non-Regulated Waste is analogous to IAC Non-Infectious Waste

Extracted Teeth - CDC

CDC Guidelines

- Extracted teeth that are being discarded are potentially infectious and should be disposed in medical waste containers, with appropriate labels and records
 - Extracted teeth with amalgam restorations should not be heat treated on-site in the autoclave
- Extracted teeth sent to a dental laboratory should be cleaned and surface disinfected and transported in an appropriate manner to the laboratory
- Extracted teeth may be returned to the patient after being cleaned and surface disinfected

Extracted Teeth – OHP

If an extracted tooth is returned to a patient:

- The OHP considers it “best practice” for an extracted tooth that is going to be returned to a patient to be cleaned and surface disinfected
- Once returned, the patient (or parent/guardian) assumes the responsibility of handling the tooth properly

Infectious Waste - Storage

Treated Off-Site

Infectious Waste that is treated off-site must be stored in a secured area that is:

- Locked or otherwise secured to prevent public access
- Protected from adverse environmental conditions
- Identified by a prominently displayed biohazard label on the entrance as well as a posted "Employees Only" sign
- Stored in a manner that preserves the integrity of the container
- Stored in a manner that is not conducive to rapid microbial growth and subsequent decay



Infectious Waste - Storage

Treated On-Site

Infectious Waste that is effectively treated on-site may be stored in an unsecured area after being treated



Reusable Containers

- Reusable containers for Infectious Waste must be disinfected each time they are emptied, unless protected by disposable liners that are removed with the Infectious Waste
- Containers with contaminated sharps are not reusable

Infectious Waste - Treatment

Facilities subject to Rule 3 shall either have:

- A regulated medical waste hauler (commercial vendor) transport Infectious Waste to be treated **OFF-SITE** and then disposed properly
- Effectively treat the Infectious Waste **ON-SITE** and then disposed properly

If Infectious Waste is effectively treated **on-site** and rendered non-infectious, it may be stored, transported, and disposed in the usual manner for waste that is non-infectious

Off-Site Treatment

- Most dental facilities contract with a **regulated medical waste hauler** (commercial vendor) to treat Infectious Waste **off-site**.
- This vendor removes the Infectious Waste, provides the dental facility with a receipt, safely transports the waste to be treated **off-site**, and properly disposes of the treated waste

Note: The IDOH OHP does not investigate issues that might occur once a commercial **vendor** has removed Infectious Waste from a dental facility to be transported, treated **off-site**, and disposed

On-Site Treatment

- If a dental facility is going to perform **on-site** treatment of Infectious Waste, the IDOH OHP considers it “best practice” to use heat treatment with an autoclave or dry heat oven to sterilize the Infectious Waste
- This sterilizing equipment should always be used according to the manufacturer’s instructions

Infectious Waste – Container Records

Treated On-Site or Off-Site

Prior to transporting Infectious Waste, whether treated off-site or treated on-site, a dental facility must keep written records of ALL Infectious Waste CONTAINERS with the following information:

1. Name, address, date, and phone number of generating facility (dental facility)
2. Name, address, date and phone number of treating facility, either the commercial vendor or dental facility
3. Brief description of the waste
4. Brief description of method of treatment
5. **Signature(s)** of:
 - a. Staff of dental facility responsible for Infectious Waste
 - b. Employee of commercial vendor responsible for transporting, providing any required treatment, and disposing of the waste

Containers Labels are required to have the information from 1 and 2

Written Records of containers include the information from the Labels, as well as information from 3, 4, and 5



On-Site Treatment

Labels and Records

Note: If Infectious Waste is treated on-site and disposed of in the regular trash, LABELS and WRITTEN RECORDS are still required



Removal of Infectious Waste from Dental Facility

The IDOH OHP does not investigate issues that might occur once a commercial vendor has removed Infectious Waste from a dental facility to be transported, treated **off-site**, and disposed

If a **dental facility** treats Infectious Waste **on-site** and then disposes of it in the regular trash, the IDOH OHP does not investigate issues that might occur once regular trash is removed from the dental facility

❖ Responsibilities of Operator

Include, but are not limited to:

PPE

Facility operator must provide proper **Personal Protective Equipment (PPE)** at no cost to employees, including gloves, safety glasses, face masks and protective clothing

Display

Facility operator **must post or make available** to the public:

- Description of compliance with Universal Precautions training, update, and review requirements
- Indiana Universal Precautions and Patients' Rights document
 - <https://www.in.gov/isdh/files/Universal%20Precautions-Patient-Rights.pdf>



Universal Precautions and Patients' Rights

Policy of the Oral Health Program

It is the policy of the OHP that this document should be posted in a location that is readily seen by patients

This document may be found on the OHP website at the following address:

<https://www.in.gov/isdh/files/Universal%20Precautions-Patient-Rights.pdf>

❖ Written Policies

Universal Precautions (Rule 4)

An individual or entity that is a facility operator shall develop and have a **written policy** for **Universal Precautions** that includes:

- The use of Universal Precautions for every patient
- Sanctions, including discipline or dismissal for failure to follow Rule
- No retaliation against a person for filing a complaint

An individual or entity that is a facility operator shall also:

- Provide necessary **training** on Universal Precautions
- Maintain a **record** of this training
- Make written policy and record of training available to the IDOH OHP upon request

A **new hire** should be **trained** on Universal Precautions when hired.

This hire would also need to participate in the required **annual update** and **review** of the **written policy** of Universal Precautions that are provided to all staff

Written Policies

Infectious Waste (Rule 3)

An individual or entity that is a facility operator shall develop and have a **written policy** for **Infectious Waste** that includes:

- Requirements contained in this rule, which include providing necessary **personal protective equipment (PPE)** to those handling Infectious Waste
- Sanctions, including discipline or dismissal for failure to follow Rule
- No retaliation against a person for filing a complaint

An individual or entity that is a facility operator shall also:

- Provide necessary **instruction** on Infectious Waste
- Maintain a **record** of this instruction
- Make written policy and record of instruction available to the IDOH OHP upon request

A **new hire** should be **instructed** on Infectious Waste when hired.

This hire would also need to participate in the recommended **annual update** and **review** of **written policies** of Infectious Waste that are provided to all staff

Training : Instruction : Update : Review

The following is a summary of required activities that may be scheduled to coincide as much as possible

Universal Precautions

- **Training** of new hires on Universal Precautions
- **Annual Update** of Written Policies of Universal Precautions
- **Annual Review** with staff of Universal Precautions

Infectious Waste

- **Instruction** of new hires on Infectious Waste
- **Annual Update** of Written Policies of Infectious Waste (recommended)
- **Annual Review** with staff of Infectious Waste (recommended)

The following required activities for **OSHA** may also coincide with the above as much as possible

- **Training** of new hires on Blood Borne Pathogens (OSHA)
- **Annual Training** of staff on Blood Borne Pathogens (OSHA)

❖ Complaints

Right to Inspect and Responsibility to Investigate

- **IC-16-41-11**

Provides the **right** for the Indiana Department of Health (IDOH) to enter facilities to **inspect** for possible violations of **Universal Precautions**

410 IAC-1-4

- Assigns the **responsibility to investigate complaints** pertaining to Universal Precautions to the IDOH
- For **dental facilities**, the IDOH Oral Health Program and the Office of Legal Affairs assume this responsibility

- **IC-16-41-16**

Provides the **right** for the Indiana Department of Health (IDOH) to enter facilities to **inspect** for possible violations of **Infectious Waste**

Complaints

OHP versus IOSHA

- Complaints by a **person** about possible violations of **Universal Precautions** in a dental facility should be filed with the IDOH Oral Health Program
 - This should be by a person with first-hand knowledge of any purported violation
 - For a current employee to file a complaint with the OHP, the complaint should pertain to patient or public safety
- Complaints by an **employee** that pertain to the **safety and health** of that current employee should be filed with IOSHA

There is nothing to prevent a person from filing an applicable complaint with both the OHP and IOSHA (and possibly OSHA)

Complaints

Universal Precautions

- A person who thinks that Rule 4 - **Universal Precautions** - has been violated in a dental facility may file a complaint with the IDOH Oral Health Program
- A complaint may be **verbal** or **written**
- The person submitting a complaint needs to provide his/her name, contact information, and the particulars of the complaint

Complaints

Oral Health Program

When the OHP receives a complaint, it will:

- **Promptly investigate** the complaint
- **Not disclose** the name of the person filing a complaint except, as follows:
 - If the person consents in writing to the disclosure
 - If disclosure is ordered by an administrative law judge or the court

Investigations

Universal Precautions and Infectious Waste

- The OHP will **investigate** alleged violations of **Universal Precautions** based on a complaint
- The OHP will also **inspect** for violations of **Infectious Waste** during an investigation and inspection pertaining to Universal Precautions
- These two areas are the basis for **Infection Control** in dental facilities

- The IDOH OHP has the right to enter and **inspect** a dental facility for possible violations of **Universal Precautions** and **Infectious Waste**
- This right may be exercised as part of an inspection associated with a complaint about Universal Precautions or **independent** of such a complaint and any ensuing investigation

Investigations

Dismissed

The OHP will conduct a preliminary investigation to determine if the allegations in a complaint are appropriate (violations of Universal Precautions) and credible

If the allegations are not appropriate or are not credible, the OHP will consider the investigation complete and categorize the outcome of the investigation as Dismissed

Investigations

Emergency

If the allegations in a complaint are appropriate and credible, the OHP will determine if the complaint is an emergency or non-emergency

For an appropriate and credible complaint that is deemed an emergency, the OHP will:

- Consider the investigation complete
- Categorize the outcome of the investigation as an Emergency
- Inform the dentist/facility of this outcome
- Refer the matter to the IDOH Office of Legal Affairs for immediate action

Investigations

Violations or No Violations

For an appropriate and credible complaint that is deemed a non-emergency, the OHP will further **pursue and complete an investigation** **

- If no violations are found, the OHP will consider the investigation complete, categorize the outcome of the investigation as No Violations, and inform the dentist/facility of this outcome
- If violations are found, the OHP will consider the investigation complete, categorize the outcome of the investigation as Violations, inform the dentist/facility of this outcome, and refer the matter to the IDOH Office of Legal Affairs for further action
- Note: A complaint that was initially deemed to be a non-emergency could, upon further investigation, be determined to be an Emergency

** For the OHP to further pursue and complete an investigation for a complaint deemed a non-emergency, the complaint must be a **written complaint** and **signed and dated**

Investigations

Potential Outcomes

An **investigation is complete** once sufficient information is available for the OHP to determine an outcome

Potential outcomes include:

- **Dismissed:** The complaint does not pertain to Universal Precautions or is not credible
- **Emergency:** The complaint is deemed an emergency
- **No Violations:** No violations are found
- **Violations:** Violations are found

A **Letter of Outcome** is sent to the dentist/facility for outcomes of **Emergency, No Violations, or Violations**



❖ Office of Legal Affairs

- The IDOH OHP will refer an outcome of Emergency to the Office of Legal Affairs for immediate action
- The IDOH OHP will refer an outcome of Violations to the Office of Legal Affairs for further action



Office of Legal Affairs

Potential Actions

The IDOH Office of Legal Affairs can take various actions, which may include:

- Issuing a Complaint and Request for Hearing and Civil Penalties
- Proposing an Agreed Order that, if signed by the dentist/dental facility, can eliminate the need for a hearing
- Involving the Office of the Indiana Attorney General, if needed
- Involving the Indiana State Board of Dentistry, if needed

For an emergency, an Emergency Order to Cease and Desist can be issued



❖ OSHA and IOSHA

OSHA is an agency of the U.S. Department of Labor

Mission of OSHA

- Assure safe and healthy working conditions
- Set and enforce standards
- Provide training, outreach, education and assistance

OSHA

Blood Borne Pathogens - Annual Training

- This course provides information about infection control in dental facilities, including information about blood borne pathogens
- However, this course is NOT an OSHA training course and does not fulfill the requirement for annual training in Blood Borne Pathogens by OSHA

OSHA and IOSHA

Universal Precautions and Infectious Waste

There is some overlap between OSHA and IOSHA rules and regulations and:

- Indiana laws and rules and regulations for **Universal Precautions**
- Indiana laws and rules and regulations for **Infectious Waste**

OSHA and IOSHA

OSHA encourages states to develop and operate their own job safety and health programs

Indiana has its own job safety and health program, **IOSHA**, with **rules and regulations** that:

- Apply to all places of employment in Indiana
- Regulate **Blood-Borne Pathogens**
- Are essentially the same as OSHA rules and regulations

The **Indiana Department of Labor** is the administrator of IOSHA

OSHA rules and regulations can be located on the OSHA website, under:

- Standards – 29 CFR Part 1910 Occupational Safety and Health Standards
 - 1910 Sub-part Z Toxic and Hazardous Substances
 - 1910.1030 Blood Borne Pathogens

OSHA and IOSHA

Requirements for Facility Operator

OSHA and IOSHA requires an individual or entity that is a facility operator to:

- Provide Blood Borne Pathogens training to Class I and Class II employees, and to Class III employees if cross-trained to work in a clinical area
 - Annually
 - On working time
 - At no cost to employee

Note: Records of training are to be maintained and made available to IDOH OHP upon request

- Provide personal protective equipment (PPE) to employees
 - At no cost to employee
 - For non-disposable protective clothing, provide laundering at no cost to employee

OSHA and IOSHA

Complaints

- An **employee** in Indiana would typically file a **complaint** with **IOSHA** alleging violations of IOSHA rules and regulations as they pertain to the **safety** and **health** of that **employee**
- The following provisions pertain to filing complaints:
 - A complaint must be in writing (or electronically filed under “Whistleblower”)
 - Complaints are kept confidential
 - An employer cannot retaliate or terminate an employee for filing a complaint
- IOSHA can make **unannounced inspections**
- IOSHA can issue **substantial monetary fines** for non-compliance

Note: The same complaint can be filed with IOSHA and OSHA



This concludes:

Infection Control in Dental Facilities in Indiana

Thank you for your participation!

Contact information for the IDOH Oral Health Program is located on its website at:

<https://www.in.gov/isdh/18695.htm>





❖ Resources

More information pertaining to infection control in dentistry may be found at:

<http://www.in.gov/pla/dental.htm>

<http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051