

UNIVERSAL PRECAUTIONS

INTRODUCTION

This is a *general summary* of the guidelines, laws, and rules and regulations that govern the use of **universal precautions** in dental facilities in Indiana. This information is provided for educational purposes only.

The Oral Health Program (OHP) at the Indiana State Department of Health (ISDH) cannot provide legal opinions on the interpretation of guidelines, laws, and rules and regulations. Dental professionals are responsible for understanding and applying these as they pertain to the practice of dentistry in Indiana.

The rules and regulations for the use of universal precautions by health care providers in Indiana are contained in 410 IAC 1-4, Universal Precautions (Rule 4). This administrative code gains its authority from the laws contained in Indiana Code (IC) Title 16, Article 41, and Chapter 11. These codes often cite OSHA/IOSHA rules and regulations, which may also apply.

The CDC provides useful guidelines pertaining to infection control in dental health care settings that are often needed for greater understanding of the dental profession's responsibilities.

The following *summarizes* many important requirements pertaining to universal precautions in dental facilities in Indiana.

FACILITY OPERATOR RESPONSIBILITIES

An individual or entity that is a facility operator shall:

- provide annual training in IOHSA bloodborne pathogens standards to all health care workers in a facility;
- maintain a record of each individual's IOSHA training and make this record available upon request of ISDH;
- provide appropriate equipment and expendables to implement universal precautions, including eye protection, mask, gloves and gown;
- display or make available to the public a description of compliance with universal precautions education requirements; and
- display or make available to the public written materials, prepared or approved by the ISDH, explaining universal precautions and patients' rights (e.g. Indiana Universal Precautions Patients' Rights form).

OPINION

It is the opinion of the OHP that it would be preferable for facilities to *display* the Indiana Universal Precautions Patients' Rights form.

FACILITY OPERATOR POLICIES

A facility operator shall develop a written policy in compliance with Universal Precautions, Rule 4, AND the requirements of the IOHSA's bloodborne pathogens standards that requires:

- the use of universal precautions;
- sanctions for failure to use universal precautions; and
- no retaliation against a person for filing a complaint.

MINIMUM TRAINING AND CERTIFICATION

All *covered individuals*, including all health care providers in a facility:

- shall complete an annual approved program on IOHSA standards; and
- upon written request by the ISDH provide evidence of compliance with this requirement.

See 410 IAC 1-4 for definition of *covered individuals*.

GENERAL PRECAUTIONS

- All *covered individuals*, including all health care providers in a facility, shall comply with requirements under IOSHA standards, including the concept that all patients are to be treated as if they have an infectious disease.
- All equipment and environmental and working surfaces *not requiring sterilization* that have been contaminated by blood or other potentially infectious material (OPIM) shall be *cleaned* and *disinfected* with approved cleaners and disinfectants; or, if disinfection is not practical, then these surfaces and equipment shall be covered by disposable barriers.
- When heat stable, non-disposable instruments and equipment are *sterilized*, heating procedures capable of sterilization must be used. This sterilization process also includes proper handling, cleaning and storage of instruments and equipment.

Heat sterilization procedures are to be monitored, which shall include documentation of this monitoring, including:

- monitoring each sterilization cycle, and documentation of this monitoring;
 - using chemical indicators (when sterilizing packaged non-disposable equipment), and documentation of this use;
 - testing each sterilizer with biological indicators (spore tests) within 7 days prior to any current use of a sterilizer, and documentation of this testing; and
 - maintaining all sterilizers according to manufacturer recommendations, and documentation of this maintenance.
- Reusable equipment requiring sterilization that is not heat-stable (heat labile) must be *sterilized* by chemical means.

Note: The CDC categorizes patient care items as being critical, semicritical or noncritical and provides guidelines for when sterilization or disinfection is indicated for these items. Please refer to these guidelines for more details.

OPINIONS

In the opinion of the OHP, the results of required spore tests on sterilization equipment should be retained for at least 3 years.

In the opinion of the OHP, dental facilities should follow *manufacturers' instructions* with regard to *patient care items*. (For example, disposable items are to be used with one patient and then disposed.)

In the opinion of the OHP, proper use of chemical sterilization would include, but is not limited to, proper handling, cleaning, sterilization, and storage of *patient care items*, along with proper monitoring and documentation of the use of any chemical sterilization equipment.

In the opinion of the OHP, for items that require sterilization and where chemical sterilization is the only option (heat labile items), equivalent disposable items would be preferable.

COMPLAINTS

A person (*current patient, former patient, or former employee*) who believes that Universal Precautions, Rule 4, has been violated may file a complaint with the ISDH:

- the complaint must be in writing, signed, and dated for an investigation to be conducted, unless the complaint is considered an emergency by the ISDH;
- if an emergency, a verbal complaint will be accepted and an investigation initiated, but this complaint must be put into writing, signed, and dated as soon as possible; and
- the ISDH will maintain the confidentiality of the person filing the complaint (410 IAC 1-4-9).

The ISDH shall comply with the following regarding complaints alleging violations of universal precautions:

- promptly investigate, or cause to be investigated; and
- not disclose name or other identifying characteristics of the person filing a complaint (except as otherwise prescribed by 410 IAC 1-4-9).

The ISDH may, under certain circumstances, commence an action for issuance of an order of compliance and civil penalty not to exceed one thousand dollars (\$1,000) per day per violation (IC 16-41-11-7).

The OHP will attempt to resolve any documented violations, but will refer documented and unresolved violations to the **Office of the Indiana Attorney General** for further action, which generally involves review by the **Indiana State Board of Dentistry** and any further actions it deems necessary.

All complaints (by *current employees*) alleging violations of the bloodborne pathogens standards of the IOSHA shall be forwarded to the Indiana Department of Labor.