Infection Control in Dental Facilities in Indiana

Module I: Communicable Disease Control
Module II: Universal Precautions (Rule 4)
Module III: Infectious Waste (Rule 3)
Module IV: Indiana Occupational Safety & Health Administration
Module V: Investigation Protocol (ISDH)
Appendix A: Universal Precautions and Patients’ Rights
Appendix B: Other Resources for Infection Control

** Note: This course is a non-CE course and does not fulfill the requirement for annual OSHA training **
MODULE I: Communicable Disease Control

I.A. Introduction
I.B. Regulating Authorities
I.C. Indiana State Department of Health (ISDH)
I. Communicable Disease Control

A. Introduction

• General summary of the regulating authorities and their laws, rules and regulations, and guidelines governing control of communicable diseases

• 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 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
I. Communicable Disease Control

B. Regulating Authorities

The Regulating Authorities referenced in this section are: CDC, OSHA, IOSHA, Indiana Code (IC), Indiana Administrative Code (IAC) and ISDH

Centers for Disease Control and Prevention (CDC):

• Uses the term *Infection Control*
  • For dental health care settings, published *guidelines* pertaining to infection control
  • Refers to a large range of *activities* designed to prevent the spread of infection

• Pertinent activities for dental facilities to prevent spread of infection among health care providers, patients, and the general public
  • *Universal Precautions (also known as Standard of Care)* to prevent spread of infection among health care providers, patients, and the general public
  • *Infectious Waste* guidelines in handling, treatment, and disposal to prevent the spread of infection among health care providers, patients, and the general public
I. Communicable Disease Control

B. Regulating Authorities

IOSHA related to OSHA

• IOSHA is the state agency with rules/regulations equivalent to federal OSHA
• Establishes rules and regulations regarding:
  • Occupational exposure to blood and blood borne pathogens
  • Occupational exposure to Other Potentially Infectious Materials (OPIM)
• Main focus is employee safety
I. Communicable Disease Control

B. Regulating Authorities

- **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 ISDH to prevent and control communicable disease
  - 410 IAC-1-4, Universal Precautions (Rule 4)
  - 410 IAC-1-3, Infectious Waste (Rule 3)
  - Establishes specific activities with which dental facilities must comply
  - Delineates the responsibilities of ISDH to help insure this compliance
I. Communicable Disease Control

B. Regulating Authorities

• Laws, rules and regulations, and guidelines overlap

• Oral Health Program (OHP)
  • OHP focuses on complaints alleging violations of Universal Precautions in dental facilities in Indiana made by *patients, former patients, or former employees*
  • The OHP is not responsible for complaints made by *current employees*, which are covered by IOSHA
I. Communicable Disease Control

C. Indiana State Department of Health

• IC-16-41-11-7 (Universal Precautions) and IC-16-41-16-9 (Infectious Waste) provide the right for the Indiana State Department of Health (ISDH) to enter facilities
  • Inspect for possible violations of Universal Precautions
  • Inspect for possible violations of Infectious Waste

• 410 IAC-1-4-9
  • Assigns responsibility for investigating complaints pertaining to Universal Precautions to the ISDH
  • For dental facilities, the Oral Health Program (OHP) and Office of Legal Affairs (OLA) assume this responsibility
    • OHP will attempt to resolve any documented violations
    • OLA has right to fine dental facilities for violations
    • Unresolved violations may be referred to the Indiana Attorney General
MODULE II: Universal Precautions
Rule 4

II.A. Introduction
II.B. Facility Operator Responsibilities
II.C. Facility Operator Policies
II.D. Minimum Training and Certification
II.E. General Precautions
II.F. Complaints
II. Universal Precautions

A. Introduction

- General summary of the laws, rules and regulations, and guidelines that govern the use of Universal Precautions in dental facilities in Indiana
- Information for educational purposes only
- Oral Health Program (OHP)
  - Cannot provide legal opinions
  - Dental professionals are responsible for understanding and applying Universal Precautions
II. Universal Precautions

A. Introduction

410 IAC-1-4 Universal Precautions (Rule 4)

Administrative code gains authority from laws contained in Indiana Code (IC) Title 16, Article 41, and Chapter 11

• IAC for Universal Precautions often refer to and incorporate IOSHA/OSHA rules and CDC guidelines

Note: CDC provides guidelines pertaining to infection control in dental facilities that are helpful for clarifying the responsibilities of a dentist/dental facility under IAC
II. Universal Precautions

B. Facility Operator Responsibilities

Important requirements pertaining to facility operator responsibilities of Universal Precautions in dental facilities in Indiana

- Individual or entity that is a facility operator is to provide annual IOSHA/OSHA Blood Borne Pathogen training to Class I and Class II employees
  - Class I employees – dentists, hygienists, dental assistants
  - Class II employees – front desk personnel who assist in clinic area, dental lab technicians
  - Class III employees are exempt if there is no risk of exposure to blood, body fluid and OPIM
- Training provided at no cost to employee and during working hours
- Maintain records of training
  - Records must be made available to ISDH upon request
II. Universal Precautions

B. Facility Operator Responsibilities

Important **requirements** pertaining to facility operator responsibilities of Universal Precautions in dental facilities in Indiana

- Provide proper **personal protective equipment** (PPE) at **no cost** to employee (gloves, safety glasses, face masks and protective clothing)

- **Display** or **make available** to the public
  - Description of compliance with Universal Precautions **education requirements**

**Opinion:**

- OHP prefers that dental facilities **display** the Indiana Universal Precautions and Patients’ Rights document, rather than just making it available
II. Universal Precautions

C. Facility Operator Policies

Individual or entity that is a facility operator shall develop a **written policy** in compliance with:

Universal Precautions (Rule 4) and Blood Borne Pathogen Standards (IOSHA/OSHA), which requires:

- The use of Universal Precautions for **every** patient
- Sanctions for failure to use Universal Precautions
- No retaliation against a person for filing a complaint for non-compliance
II. Universal Precautions

D. Minimum Training and Certification

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

• Complete an **annual** approved training program on IOSHA/OSHA Standards (which generally includes Universal Precautions training/education)

• Maintain **evidence of compliance** with this requirement for annual training

• Make available upon request by the ISDH the **written policy** and **evidence of compliance** with the requirement for annual training
II. Universal Precautions

E. General Precautions

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

• Class I and II employees (dentists, dental hygienists, dental assistants, and dental lab technicians) must use PPE.
  • Use of PPE: gloves, masks, eye protection and protective clothing
  • PPE provided at no cost to employees
• Class III employees are exempt unless they have been cross-trained to work in clinic area.
• Hand washing facilities and policies
  • Sinks and running water must be available for employees to wash hands
  • Wash hands using soap and water or alcohol rubs before and after removal of gloves and protective clothing
  • ** Handwashing using soap and water is required after contact with visible blood or OPIM **
II. Universal Precautions

E. General Precautions

Notes:
✓ Gloves – Single-use, disposed after each patient
✓ Masks – Single-use, disposed after each patient
✓ Eye protection – Refer to references for specific recommendations
✓ Protective clothing – Refer to references for specific recommendations
  • Protective clothing (gowns) are not to be worn out of the work area
  • If protective clothing is non-disposable, the employer is responsible for the laundering

Opinions:
✓ Protective clothing should be changed daily or sooner if blood or OPIM is visible
✓ Eye shields must be decontaminated, if not disposable, after each patient
✓ Patients should be provided protective eyewear
II. Universal Precautions

E. General Precautions

Restrictions for work areas exposed to blood or OPIM

• No eating, drinking, applying lip balm, and/or handling contact lenses is allowed in the work area or any areas in the office exposed to blood or OPIM

• Storing clinical supplies and food and drink in the same refrigerator is discouraged
  • If there is only one refrigerator in the office, then clinical supplies must be isolated from any food and drinks and the area labeled
II. Universal Precautions

E. General Precautions

Disinfection or protection of equipment and surfaces NOT requiring sterilization, with one of the following:

- Disinfect with EPA registered germicide – hospital disinfectant and labeled tuberculocidal
- Disinfect with registered germicide – specific inactivation claims against HIV and HBV
- Disinfect with sodium hypochlorite solution, dated with new solution every 24 hours
- Protect with disposable barriers

Note: Disinfection is a two-step process including cleaning and then disinfecting
II. Universal Precautions

E. General Precautions

Sterilization of items (instruments, equipment, etc.) requiring sterilization

Heat stable non-disposable items that require sterilization

- Heating procedures capable of sterilization (heat sterilization)
- Includes proper handling, cleaning, sterilization and storage of instruments, handpieces and other patient care items after sterilization

Note: The CDC states that high-speed and low-speed handpieces, handpiece motors, and handpiece attachments should always be heat-sterilized (via autoclave) between uses
II. Universal Precautions

E. General Precautions

Monitoring and documentation in a written log of heat sterilization, which includes:

• Date and time for each cycle for each sterilizer
• Use and results of chemical indicators with packaged non-disposable items for each cycle for each sterilizer
• Use and results of biological indicators (spore tests) within 7 days prior to any sterilization cycle for each sterilizer
• Date and type of maintenance (routine or otherwise) for each sterilizer (per manufacturer’s recommendations)
II. Universal Precautions

E. General Precautions

Sterilization of items (instruments, equipment, etc.) requiring sterilization (cont’d):

*Heat labile* non-disposable items that require sterilization

- Chemical procedures capable of sterilization (*chemical sterilization*)
- Includes proper handling, cleaning, sterilization and storage
II. Universal Precautions

E. General Precautions

Notes and Opinions:

✓ **Heat Sterilization**: Monitoring and documentation of heat sterilization, including results of required spore testing, should be retained for **three years**

✓ **Chemical Sterilization** (if used in dental facility): Monitoring and documentation of chemical sterilization should be retained for **three years**

✓ The OHP strongly recommends the use of disposable items instead of heat labile non-disposable items to avoid the use of chemical sterilization

✓ Dental facilities should follow **manufacturer’s instructions** with regard to patient care items, which includes **disposing of single use items after one use**
II. Universal Precautions

F. Complaints

Complaints made by current patients, former patients and former employees alleging violations of Universal Precautions (Rule 4) will be handled by the ISDH Oral Health Program

- A complaint must be in writing, and signed and dated for an investigation to be conducted
  - *Exception*: If complaint is considered to be an emergency
    - Verbal complaint accepted and an investigation initiated
    - Complaint must be put in writing, signed and dated as soon as possible
- ISDH will maintain confidentiality of the person filing the complaint in accordance with Rule 4
II. Universal Precautions

F. Complaints

ISDH OHP shall comply with the following regarding complaints alleging violations of Universal Precautions:

• **Promptly investigate** or cause to be investigated

• **Not disclose** name or other identifying characteristics of the person filing a complaint except as otherwise prescribed by 410 IAC-1-4-9
  • Unless person consents in writing to the disclosure
  • Ordered by the administrative law judge or the court
II. Universal Precautions

F. Complaints

ISDH OHP will attempt to resolve any documented violations, but will refer violations that are not satisfactorily resolved to the ISDH Office of Legal Affairs, which may:

- Issue a monetary penalty not to exceed $1,000 per day, per violation (IC-16-41-11-7)
- Refer documented and unresolved violations to the Office of the Indiana Attorney General
- Work with the Indiana State Board of Dentistry (ISBD) to help resolve the matter

Complaints made by current employees alleging violations of the IOSHA/OSHA blood borne pathogens will be forwarded to IOSHA in the Indiana Department of Labor
MODULE III: Infectious Waste Rule 3

III.A. Introduction
III.B. Written Policies & Procedures
III.C. Categories of Waste
III.D. Containment
III.E. Storage
III.F. Treatment
III.G. Transport
III.H. Compliance
III. Infectious Waste

A. Introduction

• General summary of laws, rules and regulations, and guidelines that govern Infectious Waste that is generated in dental facilities
• Information for educational purposes only
• Oral Health Program (OHP)
  • Cannot provide legal opinions
  • Dental professionals are responsible for understanding and applying laws, rules and regulations, and guidelines as they pertain to the practice of dentistry in Indiana
• 410 IAC-1-3, Infectious Waste (Rule 3) gains authority from laws contained in Indiana Code (IC) Title 16, Article 41, and Chapter 16
  • Allows consideration of rules and regulations and guidelines from OSHA, IOSHA and the CDC for handling and treating infectious waste
III. Infectious Waste

B. Written Policies and Procedures

All persons and (dental) facilities subject to Infectious Waste, Rule 3, shall:

• Have *written policies and procedures* that contain
  • Requirements contained in this rule
  • Sanctions, including discipline or dismissal for failure to follow this rule
• Provide necessary *instructions*
• Maintain a *record of instructions*
• Make written policies and procedures, and records of instructions, available to the ISDH upon request
• Provide necessary *personal protective equipment (PPE)* to those handling infectious waste
III. Infectious Waste

C. Categories of Waste

Handling of waste depends on category of waste

- IAC defines infectious waste
- OSHA defines regulated waste
III. Infectious Waste

C. Categories of Waste

Indiana Administrative Code

• 410 IAC 1-3-10 definitions of infectious waste include:
  • Contaminated sharps (or contaminated objects that could potentially become contaminated sharps)
  • Infectious biological cultures, infected associated biologicals and infectious agent stock
  • Pathological waste (defined in 410 IAC 1-3-12)
  • Blood and body fluids in liquid and semi-liquid form
  • Body parts (such as extracted teeth) and more (see 410 IAC 1-3-10)
  • Other waste that has been intermingled with infectious waste

• General categories of waste generated by dental facilities under IAC:
  • Contaminated sharps, one type of infectious waste
  • Infectious waste other than contaminated sharps
  • Non-infectious waste
III. Infectious Waste

C. Categories of Waste

OSHA

• OSHA definitions of regulated waste include:
  • 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
  • Contaminated sharps
  • Pathological and microbiological wastes containing blood or OPIM

• General categories of waste generated by dental facilities under IOSHA/OSHA:
  • Contaminated sharps, one type of regulated waste (infectious waste)
  • Regulated waste (infectious waste) other than contaminated sharps
  • Non-regulated waste (non-infectious waste)
III. Infectious Waste

C. Categories of Waste

CDC

- CDC recognizes that *any* surface, instrument, supply, equipment, etc. that has been *contaminated with any blood or OPIM* is *potentially infectious*, and CDC provides various guidelines for the proper handling of these items.

- CDC established special circumstances that apply to *extracted teeth*
  - An extracted tooth may be returned to a patient upon request
  - If returned to a patient, then the patient (or parent/guardian) assumes the responsibility of handling the tooth properly
III. Infectious Waste

C. Categories of Waste

Opinions:

✓ Need to consider not only 410 IAC 1-3-10 definitions of infectious waste, but also OSHA definitions of regulated waste, and CDC guidelines, when distinguishing between infectious waste and non-infectious waste, and when deciding how to handle each type of waste.

✓ An extracted tooth should be treated to the OSHA standard for sending a tooth to a laboratory before returning it to patient.

  • The tooth should be cleaned and surface disinfected with an EPA-registered hospital disinfectant then rinsed thoroughly.
  • The tooth should be placed in an impervious container; i.e., plastic bag or similar container.
  • An extracted tooth returned to a patient becomes his/her responsibility.
Persons and facilities shall ensure that infectious waste (Rule 3) is at all times contained in a manner that will protect waste handlers, the public, dental personnel and patients (410 IAC 1-3-24-a)

- **Contaminated sharps** and contaminated objects that could become contaminated sharps, *and more* as described in 410 IAC 1-3-24(b), *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 *effectively treated* in the dental facility, then *may* be stored in an unsecured area
III. Infectious Waste

D. Containment

• **Infectious waste other than contaminated sharps** as described in 410 IAC 1-3-24(c), *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 *effectively treated* in the dental facility, then *may* be stored in an unsecured area

• **Non-infectious waste** *may* be placed in the regular trash and should be labeled “Contaminated Trash”
Gloves, masks and patient bibs are not considered regulated waste

**Exceptions:**
- If caked with blood and/or OPIM
- If blood or body fluid can be squeezed out of PPE
III. Infectious Waste

E. Storage

• **Infectious waste** that is not treated on-site prior to transport to be 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
  • Has a prominently displayed biohazard label on entrance to secured area
  • Stored in a manner that preserves the integrity of the container
  • Stored in a manner that is not conducive to rapid microbial growth and putrefaction

• **Infectious waste** that is **effectively treated on-site** prior to transport and disposal **may** be stored in an **unsecured** area
Note:

✓ **Reusable containers** for infectious waste must be disinfected each time they are emptied, unless protected by disposable liners, etc. that are removed with the infectious waste.
III. Infectious Waste

F. Treatment

• Facilities subject to Rule 3 shall either:
  • Have a regulated medical waste hauler transport infectious waste to be treated off-site and disposed, or
  • Have the infectious waste effectively treated on-site

Note: Infectious waste that has been effectively treated on-site may be stored, transported, and disposed in the usual manner for waste that is non-infectious
III. Infectious Waste

F. Treatment

Opinion:

✓ The OHP considers effective on-site treatment of infectious waste in dental facilities to be via heat treatment with an autoclave or dry heat oven, according to the manufacturer’s instructions.
Prior to transporting infectious waste (whether being treated off-site or treated on-site) a dental facility must **label** all infectious waste containers with the following:

- Name, address, date, and phone number of generating facility (dental facility)
- Name, address, date, and phone number of the treating facility, either the commercial vendor that will treat the infectious waste off-site **or** the dental facility that treated the infectious waste on-site
Prior to transporting infectious waste (whether being treated off-site or treated on-site), a dental facility must keep a log (and/or retain forms from a commercial vendor) of all infectious waste containers with the following:

- Name, address, date, and phone number of generating facility (dental facility)
- Name, address, date and phone number of treatment facility (dental facility or commercial vendor)
- Brief description of the waste and method of treatment
- Signature(s) of:
  - Staff of dental facility responsible for infectious waste
  - Employee of commercial vendor responsible for transporting, providing any required treatment, and disposing of the waste
III. Infectious Waste

G. Transport

Notes:

✓ Infectious waste that is treated on-site and disposed of in the regular trash is still subject to the above labeling and logging requirements

✓ Once infectious waste has been removed from a facility for transport, any required treatment, and disposal, then the infectious waste falls outside the investigative responsibility of the ISDH Oral Health Program
III. Infectious Waste

H. Compliance

- IC 16-41-16-9 gives ISDH the right to inspect facilities for possible violations pertaining to infectious waste
- OHP reviews the **written policies and procedures** for containing, labeling, and treating infectious waste
- OHP reviews the **documentation** (labeling, logging, etc.) associated with handling infectious waste
- OHP will attempt to resolve documented violations, but if unresolved will refer to Office of Legal Affairs, which may:
  - Issue civil penalties for violations under IC 16-41-16-10
  - Refer documented and unresolved violations to the Office of the Indiana Attorney General
  - Work with Indiana State Board of Dentistry to help resolve the matter
MODULE IV:
Indiana Occupational Safety & Health Administration (IOSHA)

IV.A. Introduction
IV.B. General Information
IV.C. Spore Testing
IV.D. Complaints

*** IOSHA rules will be the standard of care in the state of Indiana unless OSHA rules are stricter. The stricter rule will apply ***
IV. IOSHA

A. Introduction

- Information is for educational purposes only
- Oral Health Program (OHP) at the Indiana State Department of Health (ISDH)
  - Cannot provide legal opinions
  - Dental professionals are responsible for understanding and applying laws, rules and regulations, and guidelines as they pertain to the practice of dentistry in Indiana
IV. IOSHA

B. General Information

• U.S. Department of Labor contains the Occupational Safety and Health Administration (OSHA)

• Mission of OSHA
  • Assure safe and healthy working conditions
  • Set and enforce standards
  • Provide training, outreach, education and assistance

• 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 that:

- Apply to all places of employment in Indiana
- Regulate Blood Borne Pathogens
  - Standards – 29 CFR Part 1910 Occupational Safety and Health Standards
    - 1910 Sub-part Z Toxic and Hazardous Substances
      - 1910.1030 Blood Borne Pathogens
IV. IOSHA

B. General Information

IOSHA/OSHA

• Requires employers to provide **Blood Borne Pathogen training** to employees
  • Annually
  • On working time
  • At no cost to employee

• Requires employers to provide **protective equipment** to employees, at no cost to employees

• Requires employers to provide **protective clothing** to employees, at no cost to employee
  • If protective clothing is not disposable the employer is responsible for laundering
IV. IOSHA

B. General Information

IOSHA/OSHA

- Accepts complaints from employees
  - Written complaints
  - Complaints are kept confidential
  - No retaliation or termination for filing a complaint
- Makes unannounced on-site visits
- Can issue substantial monetary fines for non-compliance
IV. IOSHA

B. General Information

Summary

• Many guidelines provided by CDC are:
  • Implemented and incorporated into Blood Borne Pathogen Standards established by OSHA
  • Used by IOSHA
IV. IOSHA

C. Spore Testing

Indiana requires spore testing (biological indicators) of heat sterilizers in dental facilities (410 IAC 1-4-8)

Notes:

✓ IOSHA/OSHA do not mention spore testing, but it is still required in Indiana
✓ CDC recommends spore testing
IV. IOSHA

D. Complaints

Alleged violation of Universal Precautions, Infectious Waste, and/or OSHA standards by a current employee

• Needs to be submitted to IOSHA, a section of the Indiana Department of Labor
• If the ISDH OHP receives such a complaint, the OHP will refer it to IOHSA
MODULE V:
ISDH Investigation Protocol

V.A. Introduction
V.B. Procedures
V.C. Possible Outcomes
V.D. Office of Legal Affairs
V.E. Comments
V. ISDH Investigation Protocol

A. Introduction

ISDH OHP investigates alleged violations of Universal Precautions in dental facilities in Indiana made by a **current patient**, a **former patient** or a **former employee**

- Complaint must be in writing, signed and dated for an investigation to be conducted
- *Exception* – When complaint is considered to be an **emergency**, then:
  - Verbal complaint will be accepted and an investigation initiated
  - However, complaint must be put in writing, signed and dated as soon as possible
V. ISDH Investigation Protocol

A. Introduction

• State Oral Health Director will review each completed written and signed complaint and the Oral Health Program (OHP) will conduct an investigation, where indicated

• ISDH will maintain confidentiality of the person filing the complaint in accordance with Rule 4
V. ISDH Investigation Protocol

B. Procedures

• **Initial Notification**: The OHP will communicate with the named dentist, or his or her supervising dentist or employer, informing him/her of the complaint

• **Initial Visit**: The OHP or agents of the ISDH will conduct an unannounced initial on-site visit

• **Initial Report**: The OHP will generate a report based on the findings of the initial on-site visit
V. ISDH Investigation Protocol

B. Procedures

• **Initial Findings:** The OHP will communicate with the named dentist, or his or her supervising dentist or employer, informing him/her of the initial findings based on the initial on-site visit.

• **Follow-Up Visit:** After communicating the initial findings, the OHP or agents of the ISDH will conduct an unannounced follow-up on-site visit.
V. ISDH Investigation Protocol

B. Procedures

**Outcome:** At any time during the above steps, the OHP may conclude the investigation, determine the outcome, and communicate this outcome to the named dentist or his or her supervising dentist or employer.
V. ISDH Investigation Protocol

C. Possible Outcomes

• **Emergency**: The complaint or on-site visit indicates an immediate threat to the public health and has been referred to the ISDH Office of Legal Affairs for immediate action.

• **Complaint Dismissed**: The complaint was found to be without merit, or to not meet the guidelines for an investigation by the OHP, and the complaint has been dismissed.
V. ISDH Investigation Protocol

C. Possible Outcomes

• **Satisfactory Resolution**: The complaint of an alleged violation was found to have merit, but has been satisfactorily resolved in a timely manner.

• **Unsatisfactory Resolution**: The complaint of an alleged violation was found to have merit and has not been satisfactorily resolved in a timely manner and has been referred to the ISDH Office of Legal Affairs for further actions and enforcement.
The OLA communicates to the dental facility what steps are needed to resolve the matter and *may*, in addition, take one or more of the following actions:

- Commence action for issuance of an order of compliance and civil penalty not to exceed $1,000 per day per violation (IC 16-41-11-7 Universal Precautions and/or IC 16-41-16-9 Infectious Waste)
- Refer a documented and unresolved violation(s) in a dental facility to the Office of the Indiana Attorney General, which *generally* works with the Indiana State Board of Dentistry on such matters
- Work with the Office of the Indiana Attorney General and the Indiana State Board of Dentistry
The Oral Health Program has a limited role pertaining to Universal Precautions and Infectious Waste.

The OHP investigates complaints from patients, former patients, or former employees alleging violations of Universal Precautions in dental facilities.

During investigations of alleged violations of Universal Precautions, the OHP also reviews the policies and procedures and documentation pertaining to Infectious Waste of these same dental facilities.
V. ISDH Investigation Protocol

E. Comments

✓ All dental professionals, operators, and employees of dental facilities are responsible for understanding and complying with all applicable laws and rules and regulations as they pertain to the practice of dentistry in Indiana.

✓ These laws and rules and regulations are readily available for all to read.

✓ If a dental professional or dental facility needs help in understanding these laws and rules and regulations, then they may consult with their own legal counsel.

✓ The Oral Health Program cannot provide legal advice.
Opinion:

Universal Precautions and Patients’ Rights document should be displayed in the dental facility, within view of the patients, not just available to patients. This document may be found at:


(Current version: 1/2012)
APPENDIX B:
Other Resources for Infection Control In Dentistry

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

• CDC Guidelines of Infection Control in Dental Health-Care Settings
  https://www.cdc.gov/oralhealth/infectioncontrol/index.html

• ADA Statement of Infection Control in Dentistry
  https://www.ada.org/en/member-center/oral-health-topics/infection-control-resources
This concludes the course **Infection Control in Dental Facilities in Indiana**

Thank you for taking this course

This course and other information about oral health are available on the ISDH Oral Health Program website at: [http://www.in.gov/isdh/26582.htm](http://www.in.gov/isdh/26582.htm)

Contact information for the Oral Health Program is also located on this site