

MOUNT ROYAL AND LE SALLE DENTAL AUDIT

July 17, 2017

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**Infection Prevention and Control (IPAC) Report of Measures Required for Compliance Audit
Mount Royal and LeSalle Dental Clinics in Burlington Ontario**

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INTRODUCTION

IPAC Consulting has been retained by Samir Gupta to carry out an Infection Prevention and Control (IPAC) Audit at Mount Royal Dental Clinic and LeSalle Dental Clinic. This IPAC Audit is a review of the existing Infection Prevention and Control measures and reprocessing.

Specifically the Infection Prevention and Control Audit will utilize the following standards:

- Royal College of Dental Surgeons of Ontario: Infection Prevention and Control in the Dental Office
- Provincial Infectious Diseases Advisory Committee: Infection Prevention and Control for Clinical Office Practice

IPAC Consulting recommends the following:

- A copy of this report be kept readily accessible in the workplace and be provided to both Mount Royal and LeSalle Joint Health and Safety Committee, or equivalent entity
- If some or all of the Recommendations and Solutions stated in the IPAC Audit Report are not taken, written notice of the measures that will be taken to comply with the report pertinent to the identified non-conforming items shall be recorded and kept with this report.

SCOPE OF SERVICES

The scope of this report is limited to the Mount Royal Dental Clinic and LeSalle Dental Clinic in Burlington, Ontario.

This review does not take into consideration:

- Any issues not directly pertaining to Infection Prevention and Control.
- Any changes made after the site visit.
- Staff practice outside of verbally discussing processes and procedures.

This report has been completed by a qualified CIC Certified Infection Prevention and Control Professional.

The work of the IPAC Audit consisted of the following phases:

- Site visit to Mount Royal and LeSalle Dental Clinic on July 13th, 2017 to conduct IPAC Audit to applicable standards (see Appendix A) – approximately 2 hours on-site
- Submittal of IPAC Audit Report

This report has been completed to the best ability of the Auditor with the time and resources made available. Completing all Recommendations and Solutions should never be considered by the customer as achieving compliance. Subsequent site visits and audits by a qualified auditor are required to ensure compliance.

AUDIT - POLICIES AND PROCEDURES

GUIDELINES AND REQUIREMENTS

Royal College of Dental Surgeons of Ontario

Dentists have an obligation to maintain the standards of practice of the profession and accordingly, must ensure that recommended infection prevention and control procedure are carried out in their offices.

It is recommended that one staff person should be appointed to manage the dental office's infection prevention and control program and ensure that it remains current. While infection prevention and control is the responsibility of all OHCWs implementation and oversight rests with the principal dentist.

FINDING

- Some written policies for Infection Prevention and Control were available to staff but were not inclusive of all that needs to be incorporated.
- It is recommended that the Royal College of Dental Surgeons of Ontario Infection Control Guideline and the Manufacturers instruction be available to staff inclusive and in separate binders. Policies and procedures should be incorporated in their own binder as well.
- These policies are expected to be reviewed every 3 years and reprocessing policies and procedures every year. Dates must be provided on policies and procedures, with references and who wrote the policy
- Policies required are:
 - Clean and disinfection of environmental surfaces
 - Cleaning up blood and body fluid spills
 - Management of waterlines and water quality
 - Reprocessing headpieces
 - Scheduled maintenance of equipment, with written documentation that this has occurred
 - Prohibiting the reuse of single-use devices unless reprocessed by an approved 3rd party preprocessor
 - Managing exposures of blood and body fluids
 - Exclusion of staff with contagious Illness
 - Water and water use within the dental setting during a boiled water advisory
 - Hand hygiene
 - Provide guidance for staff with blood borne pathogens based on professional and provincial guidelines
 - Routine practices

AUDIT - EDUCATION AND TRAINING

GUIDELINES AND REQUIREMENTS

Royal College or Dental Surgeons of Ontario

OHCWS must maintain current knowledge of infection prevention and control procedures and apply and maintain them appropriately and consistently. To this end it is the dentist's responsibility to ensure that staff are adequately trained in infection prevention and control procedures, and that the necessary supplies and equipment are available, fully operational, up-to-date and routinely monitored for efficacy.

FINDINGS

- The Staff have not received formal training upon hire or annually for infection prevention and control. Topics covered would include:
 - Hand hygiene
 - Routine practices
 - Personal Protective Equipment
 - Prevention of Blood and body fluid exposure, including sharps safety and waste handling
 - Management of accidental exposure to blood and body fluid
 - Proper
- The Staff have not received formal training for reprocessing aside from schooling.
- There is no documentation of training or process to evaluate learning and translation into practice.
- All training must be evaluated to ensure compliance
- There is no evidence of training when new tasks or procedures affect the risk of occupational exposure.

AUDIT - OCCUPATIONAL HEALTH AND SAFETY

GUIDELINES AND REQUIREMENTS

Royal College or Dental Surgeons of Ontario

All OHCWs should be adequately immunized against the following diseases:

- *Hepatitis B*
- *Measles*
- *Mumps*
- *Rubella*
- *Varicella*
- *Influenza*
- *Diphtheria*
- *Pertussis*
- *Tetanus*
- *polio*

OHCWs who have direct or indirect contract with blood and/or saliva receive hepatitis B vaccine or show serological evidence of immunity. – PIDAC

All OHCWs should know the dental office's exposure management protocol and review it periodically.

FINDINGS

- No records of immunization and no serological evidence or vaccine history for Hepatitis B is obtained. All immunizations will be gathered by September 2017.
- There was no formal training for prevention of exposure to blood and body fluids or steps to take when an exposure occurs.
- Training of personal protective equipment is a requirement for the Ministry of Labour to ensure dental office employees are knowledgeable in methods to stay safe from exposures.
- There should be a written protocol in the event of an exposure, post exposure steps and staff needs to receive training upon hire and during annual infection control training.

AUDIT - HAND HYGIENE AND ROUTINE PRACTICES

GUIDELINES AND REQUIREMENTS

Royal College or Dental Surgeons of Ontario

Proper hand hygiene and the use of personal protective equipment are essential to minimizing the transfer of micro-organisms.

Perform a risk assessment before each interaction with the patient in order to determine the interventions that are required to prevent the transmission of infection.

FINDINGS

- Alcohol based hand rubs were not available to patients in waiting rooms. The triage, masks and alcohol based hand rub was set up in the waiting, which is compliant, but it was not obvious enough. There should be respiratory screening posters, masks, alcohol based hand rub and Kleenex available.
- At some sinks there no was soap available or soap containers were not medical grade. The products were Rexall brand.
- Soaps were not available at every sink and they must be in containers that are disposable and are not topped up.
- It was difficult to assess whether the sinks were truly dedicated to hand hygiene.
- Prescription glasses are work as facial protection which is not compliant – face shields or safety glasses must be worn overtop of prescription glasses.
- Counter surfaces should be free of clutter.
- Poster must be laminated for easy cleaning.
- Puncture resistant sharps containers are not available at point of care.
- Staff disposing of regulated medical waste have no been trained on safe disposal methods.
- Garbage bags were left at the back door and some not tied up. Garage must be stored in an area away from traffic pathways and in closed containers.
- Some equipment is cleaned prior to being serviced in house or sent out.
- Waste containers are not stored with lids in waste storage areas.

AUDIT – REPROCESSING

GUIDELINES AND REQUIREMENTS

Royal College of Dental Surgeons of Ontario

Sterilization is complex process requiring specialized equipment, adequate space, qualified staff and regular monitoring for quality assurance. Correct sorting, cleaning, drying, packaging, sterilizer loading procedures and sterilization methods should be followed to ensure that all instruments are adequately processed and safe for reuse on patients.

Provincial Infectious Diseases Advisory Committee

Devices need to be cleaned in a designated area that is separate from direct care and in an area that is sufficient to ensure cleaning, disinfection and sterilization occurs.

FINDINGS

- There is no written policies or instructions for disassembly, sorting, soaking, cleaning, rinsing, drying, inspecting, packaging and sterilizing.
- No regular schedule for service or maintenance of equipment and no logs kept for this.
- Only gloves were worn during decontamination procedure – PPE must include gown, mask, face shield and puncture resistant gloves. Gloves are worn to put on the puncture resistant gloves. The gloves that are considered puncture resistant are not actually puncture resistant gloves. Hands going into the puncture resistant gloves should be clean – dirty gloves should never be worn under puncture resistant gloves.
- Devices should be cleaned in an area that is physically separate from where clean, disinfected or sterile items are handled or stored (ie. separate room or divided room).
- Eye wash facilities are available wherever reprocessing is done.
- Manufacturers written instructions for each device reprocessed must be followed.
- Used items must be collected in a puncture resistant and leak-proof container with a lid or liner capable of being closed and must be easily cleanable.
- A process must be in place that ensures reprocessed devices can be differentiated from devices, which have not been reprocessed.
- Dirty devices must be kept separate from clean devices. This was hard to maintain in such small reprocessing spaces.

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- Device cleaning must take place under surface water (ie. not running water).
 - Devices must be manually cleaned prior to ultrasonic cleaning.
 - Devices must be thoroughly rinsed after ultrasonic cleaning.
 - No log is kept of High Level Disinfectant.
 - Minimum effective concentration of disinfectants is monitored daily before first use with test strips available from the disinfectant product manufacturer.
 - Disinfectant strip bottles are date when opened and discarded as per the manufacturers instructions.
 - Disinfectant test strips must be store in their original container.
 - Sterile items must only be stored with sterile items.
 - Special cleaning brushes should either be disposable or thoroughly clean and disinfected with HLD or sterilized between uses.
 - After chemical disinfectant, instruments are only rinsed once and it is recommended that they are rinsed 3x.
 - No records for installation or preventative maintenance of reprocessing equipment.
 - No program in place for ongoing audits of staff competency in reprocessing area.
 - Training and education of staff is not documented or evaluated.
 - Testing the ultrasonic cleaner is not completed weekly and is not documented.
 - Better labeling of sterilized instruments needs to occur (name sterilizer, items, date, load number and operators initials).
 - There needs to be a clear policy and procedure for the event of a BI failure.
 - No process for inventory management of sterile devices (old stock used first).

AUDIT - ENVIRONMENTAL CLEANING AND DISINFECTION

GUIDELINES AND REQUIREMENTS

Royal College of Dental Surgeons of Ontario

Clinical contact surfaces are frequently touched in the course of patient care. They can become contaminated by direct spray or splatter generated during dental procedure, or by contact with an OHCE's gloved hand or contaminated instruments.

Clinical contact surfaces should be cleaned and disinfected between patients and at the end of the work day using an appropriate low-level disinfectant.

FINDINGS

- Clearly written protocol for cleaning between patients needs to occur and staff need to be trained on this.
- Visibly soiled surfaces must be cleaned prior to disinfection. This was not clearly understood by staff when asked.
- Process for cleaning was discussed – the proper process is to gather all garbage and soiled instruments, change gloves, perform hand hygiene, don new gloves and clean from clean to dirty.
- Surfaces need to be wet for 3 minutes with disinfectant (3 min dwell time) as per manufacturers instructions.
- Devices are only flushed if there is time but all dental devices that enter the mouth and are connected to dental air/water lines must be flushed for 20-30 seconds prior to removal for reprocessing.
- Suction lines are purged every night or between surgery but this must be done between each patient by aspirating water or an appropriate cleaning solution.
- Additional clean such as high dusting does not have a regular schedule to ensure this is completed.
- Spaces around sinks have unnecessary equipment and supplies around them.
- Clean supplies are not protected from sources of contamination.
- Counter tops are cluttered.
- Surfaces that are difficult to clean do not have surface barriers.
- Linens and garbage were overflowing and did not have lids on them.
- Soap and water mixtures are used on chairs but a low level medical grade disinfectant should be used.
- Cleaning products need to be standardized and used according to manufacturers instructions.
- Products were not labelled appropriately and chemicals were not in original containers.
- Regular end of day cleaning occurs only 2x per week.
- Dental devices are not flushed between patients.

APPENDIX A – REFERENCED STANDARDS, REGULATIONS, AND GUIDELINES

PIDAC, 2013. Infection Prevention and Control for Clinical Office Practice, Toronto, On: Queen's Printer for Ontario.

PIDAC, 2012. "Best Practices for Environmental Cleaning for Prevention and Control of Infections, 2nd Revision." Toronto, ON: Queen's Printer for Ontario.

Royal College of Dental Surgeons of Ontario, 2010. Guidelines Infection Prevention and Control in the Dental Office, Toronto, ON.

APPENDIX B – FIGURES

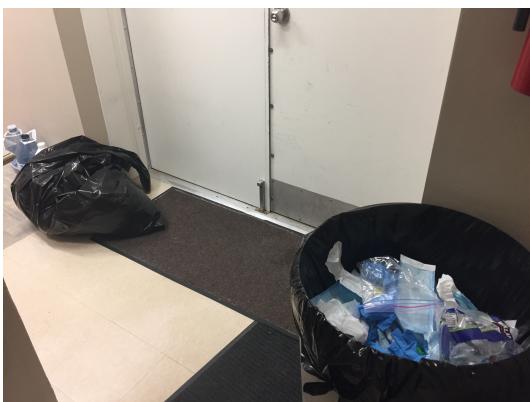


Figure 1: Inappropriate storage of garbage. Must be away from high traffic areas and in closed containers.



Figure 2: Counter tops should only have essential items on it. Non medical grade soap can be seen present.



Figure 3: Sterile items should not be stored in drawers with non-sterile items.



Figure 4: There should be no storage beneath sinks.



Figure 5: Insufficient space for reprocessing devices. Counter tops are crowded and cluttered.



Figure 6: No hand wash sink in the wheelchair operatory.