

- Public Health Dental Hygienist
State of Massachusetts
Continuing Education
- Presented by Barbara Sheerin RDH MEd
- **Outline**
- The Law –Medical Emergencies
- Risk Management
- Infection control
 - Use of portable equipment
- Law
- 10 hours of CE. Four hours lecture and 6 hours of observation. Must be within 24 months prior to practicing as public health hygienist
- Public Health Providers exempt from 6 hours observation if providing care
- Have three years of full-time or an equivalent 4500 hours of clinical experience
- Each PHDH must report specific data to the Massachusetts Department of Public Health's Office of Oral Health
- **Dental Facilities**
 - MDF-Mobile Dental Facility

 - PDO- Portable Dental Facility

- M Permit

Need to apply and present to the board of dentistry. Discusses where you will practice, infection prevention measures, collaborative agreement

\$180.00 for two years.

Board has proposed that every hygienist that wants to work as a PHDH will need an M permit

- Collaborative Agreement

- “enter into a written collaborative agreement with a dentist who holds a valid license issued pursuant to M. G. L. c. 112, §45 or with the appropriate local or state government agency or institution which provides for a dentist licensed pursuant to M.G.L. c. 112, §45 to be available to provide the appropriate level of communication and consultation with the dental hygienist to ensure patient health and safety.”

- A Public Health Setting is defined in the legislation
...“to include, but not be limited to”

- Residences of the homebound
- Schools
- Head Start programs
- Nursing homes and long-term care facilities
- Clinics
- Community health centers
- Hospitals and medical facilities
- Prison
- Residential treatment facilities
- Federal, state or local public health programs
- Mobile dental facilities
- Portable dental programs
- Other facilities or programs deemed appropriate by the Department of Public Health

- Questions on PHDH

- Massachusetts Public Health - Division of Oral Health oral.health@state.ma.us

- Brittany Brown

- brittany.l.brown@state.ma.us

- Board of Dentistry

- 1-800-414-0168 or 617-973-0971
Fax: 617-973-0982

- dentistry.admin@state.ma

- dentaquest.com- Mass Health Provider

- www.Megan.Mackin@dentaquest.com

- Here We Come

- **Top 30 fastest-growing jobs by 2018**
#12 Dental Hygiene-36% increase

- Dental Public Health

- Definition

- The science and art of preventing oral disease, promoting oral health and improving the quality of life through the organized efforts of society.

- Best Practice Approach
ASTDD-Association of State and Territorial Dental Directors
www.astdd.org

- Five Best Practice Criteria

- Impact/Effectiveness
- Efficiency
- Demonstrated Sustainability
- Collaboration/Integration
- Objectives/Rationale
 - Healthy People 2020 objectives
 - Oral Surgeon Report

- Medical Emergencies

- 89,000 People in US turn 100 Everyday

- aging population

- in medical advances

- life prolonging treatments

- medications

- surgeries

- Better Living Through Chemistry
(average nursing home patient on 13 drugs a day)
United States

- Complimentary Medicine
Patient's reluctance to share

- **Medical History**
sample at www.ada.org

- Best strategy for prevention of medical emergency

- Assessment of risk

- Clinical management

- Legal document

- **Forms**

- Certified translator

- www.LanguageLine.com for example

- <http://dental.pacific.edu/DentalPro/historyForms.htm> 21 languages and it is free

- [Google Translator](#)

- Emergency References

- ADA Dental Therapeutics

- Drug Information Handbook for Dentistry

- Stress/Reduction

- Preparedness

- Signs- what you as the professional observe
- Symptoms- what the patient is telling you
- Preparation
- Current BLS
- Organizing emergency response team or knowledgeable of the procedure in place at the facility you are working in
- Emergency cart
 - Supportive
 - Conservative
- **What's in Your Tool Box?**
- Mirror by Defend
- Suggested Emergency Drug Kit
- Equipment-suggested kit –Healthfirst minimal kit 1-800-331-1984
 - Blood pressure cuff- taking vital signs
 - Oxygen – E cylinder
 - CPR masks
 - Automated external defibrillator
 - Flashlight
 - Portable eye wash
 - CPR backboard

- Who's Checking?

- Dates
- Expirations
- Documenting
- Oxygen

- Drugs



- Epinephrine

- 1. Anaphylaxis-acute allergic reaction

- - Pre-loaded syringe

- - - Subcutaneously or intramuscularly

- - - 0.3-0.5 ml of 1:1000 for adult

- 2. Asthma –used when unrelieved by bronchodilator agents

- 3. Cardiac arrest-helps increase cardiac blood flow

- - Need 3 on hand

- Narcan/ Naloxone

- Latex Free Environment

- It's like Standard Precautions-

- Practice on Everyone!

- Drugs

- Nitroglycerin

- Angina Pectoris

- Spray or tablet
 - Spray has longer shelf life

- With a known history of angina can administer twice at 5 minute intervals

- No relief then treat as Myocardial Infarction and call EMS and administer BLS

- What Triggers Angina?

- Could be something or could be nothing at all

- Angina Questions to ask?

- Pain

- How long does it last?

- What precipitates it?

- Pattern, frequency and character?

- Last episode?

- Nitroglycerin

- Does it work?

- Does it work like it used to?

- Where is it now?

- Management of Angina
- Sit patient upright
- Provide oxygen
- Take vital signs
- Allow patient to administer their own nitroglycerin under the tongue
- Maximum of 3 tablets in 10-15 minute period
- No pain relief, summon EMS
- Be prepared for BLS
- If no history of chest pain, then summon EMS

- **Drugs**

- Diphenhydramine= Benadryl
 - Mild to moderate allergic reactions

- Aromatic Ammonia inhalants

- Respiratory stimulants
- Bronchodilator-Asthma
- Terminate the procedure
- Two puffs of their bronchodilator medicine
- Supplemental oxygen
- If symptoms not relieved in 10 minutes, advise second administration
- If no relief call EMS

- Number one Fear is Not Getting Air!
- Next to Public Speaking
- Asthmatic Emergency?
- Patient able to speak in sentences= MILD
- Patient only able to speak in phrases= Moderate
- Patient only able to speak in words= Severe
- Aspirin-thrombolytic- check for allergies
 - Used for suspected MI
 - 160-325 mg chewed and dissolved slowly
- Hypoglycemia- patient has taken normal insulin but not eaten
 - Glucose preparation
 - If conscious
 - Orange juice
 - Glucose tablets
 - If unconscious- IM Glucagon

- Signs and Symptoms of MI

- Men

- Dyspnea
- Pain to left arm, back, neck, jaw
- Levine sign
- Excess sweating
- Nausea
- Vomiting
- Light-headedness

- Women with Myocardial Infarction

- Women

- Dyspnea
- Fatigue- Bone Weary
- Weakness
- Sleep disturbances
- Pain locations can vary

- Prodromal Symptoms= Early Symptoms

- Unusual fatigue
- Pain Starting in Chest and radiates anywhere
- Sleep disturbances
- Anxiety
- Indigestion
- Wait 30 days after MI to schedule for elective dental treatment

- Management of MI

- Terminate treatment
- Allow patient to find comfortable position
- History of angina-administer nitroglycerin
- Take vital signs
- Summon EMS
- Administer oxygen
- Administer (325 mg.aspirin chew)
- BLS
- Defibrillator
Rebooting the Heart

- Cerebral Vascular Accident

- FAST
- F= face- ask person to smile
- A= arms- raise
- S= speech-repeat simple sentence
- T=time-transfer quickly
- Rapid transport of the stroke patient to the hospital is critical. First 3 hours. Fibrinolytic Therapy
Wait 6 months before scheduling elective dental treatment

- Forceps/Hemostat
First Aid
- Vital Signs
- Wong Baker Pain Scale
- Blood Pressure
- Four Highest Rated Upper Arm Cuff Devices

— Omron= www.omronhealthare.com	\$99
— Microlife= www.microlifeusa.com	\$110
— Omron	\$79
— Omron	\$40

- Cuff Sizes and Selection
- Pedo
- Regular Adult
- Large Adult
- Thigh
- The diameter of the arm, not the age
- Should be 20% greater than the diameter of the arm

- Blood Pressure Recommendations
- ADA recommends at initial appointment for all new clients including children after age 3
- Six month intervals after, unless a drug is introduced or medical history review suggests every visit.
- In 2004/2017 BP for children and adolescent was revised to include pre-hypertensive, stage 1 and stage 2
- Blood pressure recorded as 120/80 RAS

- **Pulse**

- Pulse normal values
 - 60-80 Beats per minute adult
 - Can be 120+ for children
 - Rate, quality, strength, rhythm
- Respirations- rise and fall of chest
 - Normal value 14-20 per minute
 - Quality

Joint Replacement Recommendations

www.ada.org/prof/resources/topics/antibiotic.asp

- American Academy of Orthopedic (AAOS) Surgeons 2009
- Given the potential adverse outcomes and cost of treating an infected joint replacement, the AAOS recommends that clinicians consider antibiotic prophylaxis for all total joint replacement patients prior to any invasive procedure that may cause bacteremia.

- Teamwork- Miracle on the Hudson

- Anticoagulation Therapy

- International Normalized Ratio=INR

- Laboratory test to identify the degree of anticoagulation
 - 3.5 or less acceptable for dental hygiene procedures

 - Normal range is 2-3

 - If higher, need physician recommendations for procedures causing bleeding

- Dental Emergencies

- Abscess

- Swellings

- Avulsed tooth

- Save-a-tooth kit

Risk Management

- Liability insurance

- Mercer Insurance

- www.adhainsurance.com

- Rules and Regulations

- Death of a patient in a dental facility or pronounced dead in another facility must report to Board of Dentistry.

- Personnel should be checked for CORI and SORI
 - Criminal Offender record information
 - Sexual Offender record information

- ACIP= Advisory Committee on Immunization Practices

- Vaccination against six communicable diseases
 - Hepatitis B
 - Influenza
 - Measles
 - Mumps
 - Rubella
 - Varicella

- Board of Dentistry

- License must be posted in each site for public to see

- Must wear name tag with professional title and function

- Release of Patients

- Never in the middle of treatment

- Always guarantee 30 days of emergency care

- Never without at least 3 names of other practitioners in the area

- Records kept a minimum of 3 years after last contact
- Can charge a reasonable fee for copying
- Cannot keep record hostage for nonpayment on account
- Intra and Extra Oral Examinations
Just Do It Each and Every Time-please?

Bloodborne Pathogen Exposure Policy?

- ICC- Infection Control Coordinator
- Take ownership of the status of the infection control(prevention) program
- Establishing a High Quality Program
- www.cdc.gov
- www.osha.gov
- OSAP.org -
 - Safest Dental Visit
- ICC Position
- Keeping current in all dental office/practice safety matters
- Provide and/or coordinate safety training
- Performing sterilizing monitoring
- Maintaining safety documents and records

- Ensuring compliance with government regulations and best practices
- Data Security Plan
- The business needs a
Data Security Plan

Need to show how you are protecting PHI- personal health information

- HIPAA- What is HIPAA?
Health Insurance Portability and Accountability Act
- Primary objectives are to:
 - ensure insurance portability for workers and families when they change or lose their jobs;
 - reduce healthcare fraud and abuse, guarantee security and privacy of healthcare information,
 - enforce standards for health information and set standards for electronic data interchange transactions.
- Who is covered by HIPAA?
- All healthcare providers
- Entities that furnish, bill or are paid for healthcare services in the normal course of business
- Entities that transmit health information in electronic form in connection with specific transactions.
- What is Protected Health Information=(PHI)
- Information that is “individually identifiable”
Can include:
Basically any information that can be traced back to the individual!!!
ex. Phone number, account number, diagnosis, lab results, social security number

- Three Major Focus Areas
- 1. Electronic Data Interchange (EDI)
- 2. Security
- 3. Privacy
- Protecting Access to PHI
Things to Consider
- Access-who has it?
- Storage- how and where?
- Disclosure-who, what, when, how?
 - Verbal
 - Email
 - Fax
- Disposal/destruction- how, when, who?
- Social Media Policy-in practice
- Be careful what you do and use when it comes to cell phones and protecting privacy of the patients.
- Electronic Documentation

- Documentation

- Should include

- Evaluation, diagnosis and treatment
- Radiographs
- Health history and updates
- Informed consent
- Progress notes
- Dental status
- Periodontal charting
- Prescriptions
- Financial agreements
- Copies of correspondence with patient and related practitioners
- Copies of instructions given to patient

- The following quote is taken from the **Commonwealth of Massachusetts MassHealth Provider Manual Series Dental Manual Date 03/06/09**

- "(A) Record Retention. Federal and state regulations require that all MassHealth providers maintain complete written records of patients who are members. All records, including radiographs, must be kept for a minimum of four years after the date of service. Records for members who are residents of long-term-care facilities must be retained by the dentist as part of the member's dental record and by the nursing facility as part of the member's record at the facility."

- Documentation Forms

Consider doing in duplicate form Services provided

— Parent/guardian

— Nurse

— Yourself

— Collaborating Dentist

- Sample Documentation

- Work Place Violence Policy

- Be Responsible for Your Own Actions

- CDC Guidelines-cdc.gov

- 2003 CDC guidelines are still current

- In 2016 Summary from CDC came out after review of 2003 guidelines

- Goals for Infection(Prevention) Control
Develop guidelines to break chain of Infection Control

- Develop a Written Plan- to include policies, procedures, and guidelines

- Safe
Efficient

Effective

Infection Control

- Precautions

- Universal Precautions- were based on the concept that all blood and body fluids that might be contaminated with blood should be treated as infectious.

- Standard Precautions- expands on Universal. Protect HCP and patients from pathogens. All blood, body fluids, secretions whether they contain blood (except sweat)

- # 1 Practice Issue

- Non- compliance with CDC Infection Control Guidance and OSHA Regulations

- INCLUDE

- Weekly spore testing-must keep a record or log

- Continuing education

- Emergency protocols

- Rule of thumb

- If a product cannot be covered or sterilized by heat or liquid then do not use

- Infection Prevention

- Sterilizing

- Portable equipment like a Statim

- Weekly spore testing

- Integrators strips- validation of instrument sterilization

- Class 1- ex. autoclave tape, indicates temperature

- Class 4- chemical indicators – react to time and temp.

- Class 5- react to all 3 variables, time, temp and steam

- Class 5 indicators are not substitutes for sterilizer spore testing

- Sure-Check example of Class 5

- Four Controls for Prevention
- Engineering controls- ex sharps container, cassettes
- Work-practice controls- using mirror for retraction vs. finger
- Use of PPE
- Administrative Controls- enforcement of policies and procedures
- **Hand Washing-#1**
- Hand washing – routine hand wash-wet, soap, rub for 15 -20 seconds
- Hand Antisepsis- repeat the hand washing process 3 times using antimicrobial hand wash
- Surgical hand antisepsis
- Antiseptic hand rub-used when hands not visibly soiled
- Alcohol Hand Care
- Hand Washing Soap
- Do not refill a partially empty dispenser
- Refilling a partially empty soap dispenser could lead to bacterial contamination
- **Personal Protective Equipment**
- Glasses for patient and operator
 - Wiped down after each use
- Masks

- Gloves
- Jackets
 - Disposable
 - Know protocol for laundering
- Armamentarium
- Sharps containers
- SDS sheets
- Steam Sterilization
- Hand sanitizers
- PPE-personal protective equipment
- Disinfection supplies
- Barriers
- Container for disposal of supplies

- **Reservoirs in Disease Transmission**

- 1. Direct contact -with microorganisms
- 2. Indirect contact -(contaminated objects)
- 3. Droplet transmission -(spray or splatter)
- 4. Airborne transmission -(inhaled aerosols)
- 5. Autogenous sources- where one could infect oneself

- Waste
- Non regulated waste – gloves, masks, gowns, lightly soiled gauze or cotton rolls, environmental barriers.
- Regulated waste- considered biohazard needs to be disposed of properly. Must follow state, federal and local regulations
- Biohazard Waste Containers
- Dental Unit Water Quality
- DUWL=Dental Water Unit Line
- Instrument Processing- need to set up a designated area
- Receiving and cleaning
- Preparation and packaging
- Sterilization
- Storage
- Delivery

- Quality Assurance Program
- Decontamination
- Guidelines for use of equipment and instruments are being updated by CDC
- Suggested Recommendations
 - Manually remove visible debris if no ultrasonic available, then bag and sterilize on site
 - Or
 - Transport to site for sterilization in a safe covered container.
 - Label container as biohazard

- Spaulding Classification
 - Three categories

— Critical

- Semi-critical

— Non-critical

- Radiology
- Barriers for equipment
- Sterilization of film holders
- Transportation of exposed film in aseptic manner

NOMAD

- Radiology Prescription
- www.ada.org

- Based on individual needs of the patient
- Used to make decisions on the type, number and frequency
- Hazard Communication Standard
- Comply with OSHA Standard-revised HCS to take full effect in June 2016
- Goal is to prevent injury from chemical exposure and acrylic materials to employee
- Have to implement a written hazard communication program.

- Globally Harmonized System
- Read world wide
- Matches up to Hazard Material Identification Chart
- Allergies is not on chart as that is individual to each person

- SDS=Safety Data Sheets
Not MSDS sheets anymore
Have to keep log of products used for 30 years
(not the sheets, if product not being used any longer)
Can be available on- line if have immediate access

Classify Hazard into specific criteria

- Health
 - Flame
 - Exclamation Mark-ex. Narcotic effects
 - Gas Cylinder
 - Corrosion
 - Exploding Bomb
 - Oxidizers
 - Toxicity
- Second Modification
- Labeling
 - Products will list identifiers
 - Include a hazard statement- could be the word danger
- Manufacturers, importers, distributors provide users with an SDS for each chemical.
- Example- if an office uses three different types of sealant material then there needs to be three specific SDS – not a generic one.
- Can be kept in written format or electronic
- Training
 - Employers must provide training to employees at initial hire and or when a new hazard is introduced into workplace.
- Spill Kits
- Secondary Container Labels

