

Keeping People Safe

Toolkit for Infection Prevention & Control in Dental Offices

Building a Culture of Safety: Preventing Common Breaches of IPAC Protocols

Breaches of infection prevention and control (IPAC) protocols are a **preventable** risk.

Dentists have an obligation to maintain the standards of practice of the profession. While IPAC is the responsibility of all Oral Health Care Workers (OHCWs), implementation and oversight

of IPAC policies and procedures rests with the dentist. They have an ethical duty to maintain a safe and healthy office environment for both patients and staff, and to adhere to all rules and regulations related to the operation of a dental practice, including workplace health and safety, and environmental protection.¹

Dentists also have a role in creating a **culture of safety – the collective responsibility of all members of the team** to integrate safety into daily operations and decision-making. This includes sharing best practices, proactively implementing steps to improve processes and reporting concerns.

¹Standard of Practice Infection Prevention and Control in the Dental Office

Complaints can begin with Local Public Health Unit, Regulator (RCDSO) or Ministry of Labour, Immigration, Training and Skills Development (MLITSD). Once an investigation has been initiated, there may be referrals between organizations.

RCDSO
Investigation of unsafe professional practice of the dentist under RHPA

—
May lead to a Registrar's investigation, resulting in actions ranging from Interim Orders, Terms Conditions and Limitations (TCLs), Voluntary Undertaking, SCERPs, Oral Cautions and Discipline.



Local Public Health Unit
Investigation of IPAC complaints in dental office under HPPA

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May lead to patient and/or public notification and corrective action. Orders may be issued by the Medical Officer of Health.

MLITSD
Investigation of worker health and safety under OHS Act

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May lead to written orders requiring corrective actions or a stop work order where there is an immediate risk to worker health and safety.

IPAC in the Dental Office: Commonly Observed Deficiencies



Inadequate Reprocessing of Dental Instruments and Devices

- ❑ Inadequate cleaning before sterilization
- ❑ Setting the autoclave to run overnight as it may not be apparent that the autoclave stopped prematurely
- ❑ Failure to review chemical indicators and physical parameters of the cycle
- ❑ Improper packaging and/or use of sterilization indicators (e.g., chemical indicators, biological indicators, physical parameters)
- ❑ Inadequate monitoring, documentation, or maintenance of sterilizers
- ❑ Failure to follow Manufacturer's Instructions for use (MIFUs)



Medication and Supply Management

- ❑ Inconsistent stock rotation leading to use of expired medication and supplies
- ❑ Improper use of multidose vials leading to cross-contamination (i.e., accessing the vial without using a new/sterile syringe and needle each time)
- ❑ Not labelling multidose medication with the date first used or with a patient's name where necessary



Lack of Written IPAC Policies, Training, and Ongoing Auditing

- ❑ Missing or outdated written IPAC policies and procedures
- ❑ Roles and responsibilities not clearly stated
- ❑ Lack of regular and ongoing staff IPAC training
- ❑ Inadequate or incomplete training records
- ❑ Lack of routine self audits or failure to address identified deficiencies



Poor Hand Hygiene and Improper Use of Personal Protective Equipment (PPE)

- ❑ Failure to perform hand hygiene as required. It is recommended that hand hygiene be completed in front of the patient so that they know it has been done.
- ❑ Nail fashion, hand and arm jewelry that interfere with hand hygiene
- ❑ Improper glove use (e.g., wearing gloves without performing hand hygiene, changing gloves)
- ❑ Incorrect application, removal, and sequencing ("donning and doffing") of masks, eye protection, gowns and gloves

Deviations from best practices for cleaning, disinfection, and sterilization of semi critical and critical dental instruments can result in **potential exposure of multiple patients**, often triggering reporting to Public Health and requirement by the local Medical Officer of Health to notify patients and/or public.

Hand hygiene is **one of the most important and effective IPAC measures** for preventing infection transmission, and gaps increase the risk of cross contamination between patients, staff and the clinical environment.

Offices without structured IPAC and Supply Management programs are more likely to experience **repeated or systemic failures (e.g., reuse of single use disposable devices, flash sterilization and use of expired stock)**, increasing the likelihood that a breach goes undetected until Public Health intervention is required. It is recommended that one staff person be appointed to manage the dental office's IPAC program and ensure that it remains current and to take the lead on conducting regular IPAC audits.