

LAX INFECTION CONTROL INCREASES LIABILITY RISKS

The Medical Protective Company

Recent National Practitioner Data Bank reports indicate that healthcare-acquired infections (HCIs) have increased in ambulatory care settings. According to a guideline published by the American Academy of Pediatrics (AAP), “most outbreaks reported in outpatient settings were associated with noncompliance with infection control procedures.”¹

Dentists have a duty to protect their patients from infection. To assist them in doing this, the Centers for Disease Control and Prevention (CDC) provides several infection control resources for ambulatory care providers. Every office should seek out these resources and consider implementing them as part of office practice.

As business owners or administrative leaders, dentists also have a duty to ensure the safety of their employees. According to the AAP, “all employees should be educated regarding the route of transmission and techniques used to prevent transmission of infectious agents.”²

It is incorrect to assume that sterilization requirements are less important in private dental practices. In its infection control guideline, the AAP states that “in general, the standards for infection prevention and control are the same in all healthcare delivery settings, whether inpatient or outpatient, hospital or freestanding ambulatory facility.”³ It would be safe to assume that deviation from infection control procedures may increase the risk of infection — and the potential for malpractice litigation — for all ambulatory care venues.

However, in many ambulatory care settings, a casual attitude toward infection control often weakens office policies and procedures. Although equipment sterilization processes might be followed, the likelihood of contamination is unabated if clinical staff

¹ American Academy of Pediatrics. (2000, June). Infection control in physicians’ offices. Committee on Infectious Diseases and Committee on Practice and Ambulatory Medicine. *Pediatrics*, 105(6), 1361–1369. Retrieved from <http://pediatrics.aappublications.org/content/105/6/1361.full>

² Ibid.

³ Ibid.

don't wash their hands in accordance with the guidelines. One noncompliant individual can undo the faithful compliance of all the other employees.

Public awareness of the increased risk of infection should heighten practitioners' oversight of infection control in their offices. Patients are becoming more demanding and less forgiving when they note obvious breaches. Some offices are taking direct action, placing hand cleaning stations at entrances and placing hand disinfectant products throughout the offices. Signs noted include:

- "Ask us to wash our hands before we start."
- "Clean gloves require clean hands first."
- "Please ask us for more information about infection control."

Additional efforts to encourage the active participation of patients are supported by the WAVE Campaign, introduced by the Office of Healthcare Quality and the Centers for Medicare & Medicaid Services (CMS) and endorsed by the Association for Professionals in Infection Control and Epidemiology (APIC). Together, these organizations encourage families to be more involved in fighting healthcare-associated infections.

The WAVE campaign asks patients and their family members to:

- Wash hands,
- Ask questions,
- Vaccinate, and
- Ensure safety.

Another resource for patient education regarding infection prevention is the Henry the Hand Foundation, founded by Cincinnati physician Will Sawyer, M.D. Dr. Sawyer developed the Henry program to help everyone avoid infections. Henry the Hand promotes four main principles of hand awareness:

1. WASH your hands when they are dirty and BEFORE eating.
2. DO NOT cough into your hands.
3. DO NOT sneeze into your hands.
4. Above all, DO NOT put your fingers in your eyes, nose, or mouth.⁴

Dr. Sawyer refers to the fourth principle as "the T Zone," the area composed of the eyes, nose, and mouth. He says that the T Zone "is the only portal of entry into the human body for all respiratory and gastro-intestinal infections. Dentists are further

⁴ Since 2001, the Principles of Hand Awareness have been endorsed by the American Medical Association and the American Academy of Family Physicians.

ahead than many physicians because they wear health shields to prevent infections from entering their eyes, noses, or mouths when in close proximity to patients.”

The Henry the Hand website is a resource for a variety of educational materials that doctors can use to help educate their patients (especially children) and their families.

The World Health Organization (WHO) also offers a variety of educational materials and resources for healthcare providers, regardless of their professions, specialties, or areas of geographic practice. Many of these materials are formatted in brief monographs, written in simple language, and could easily be used for staff education, patient information, or even for public health updates.

Without education, dedication, and reinforcement, the daily hustle of a busy office can overwhelm the best intentioned doctors and staffs. Review of the following statements may help the dental practice determine whether there is a need to revise and recommit to their infection control plan:

1. Every new employee, including temporary staff, has received infection control education.
2. We provide infection control updates and reminders frequently.
3. Anyone in our office can remind any other employee about infection control.
4. We have an infection control officer whose infection control duties are defined in his or her job description.
5. We have a written infection control plan, and everyone in our office has read and signed off on it.
6. We have written documentation procedures for our infection control plan.
7. We review documentation and take corrective action.
8. Our office has written competencies for infection prevention practices, including employee safety and cleaning, disinfection, and sterilization procedures.
9. We encourage patients to wash hands, to be aware of our infection control efforts, and to ask questions — or remind us — if they think we’ve forgotten to take appropriate action.
10. Our commitment to patient safety requires that each of us accepts personal accountability for infection prevention every day.
11. Our administrative team members, including our infection control officer, have read and stay aware of the guidelines and resources that help us keep our infection control program up to date and effective.

A sound infection control program is an essential part of any healthcare environment. Through active commitment to infection prevention, dentists can protect the health of their patients and employees and reduce the chances of generating or losing an infection-related professional liability lawsuit.

This article was produced by the clinical risk management team at Medical Protective, the nation's oldest professional liability insurance company dedicated to the healthcare professions. For additional information, please contact Laura Cascella at laura.cascella@medpro.com or visit the Medical Protective website at <http://www.medpro.com/>.

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