

## PRESENTER'S SCRIPT

# Module 10 Program Evaluation

### SLIDE 1

This slide series was created to complement the Centers for Disease Control and Prevention's (CDC's) publication titled, *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. This publication was developed to help increase adherence with established infection prevention practices.

This slide series provides an overview of the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel (DHCP).

The *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* can be found at [www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf).

### SLIDE 2

This slide series is divided into 10 modules. The first module provides an introduction to infection prevention for dental settings. It is followed by 9 additional slide modules—one for each element of standard precautions, as well as for dental unit water quality and program evaluation. Module 10 provides information on program evaluation.

### SLIDE 3

The goal of a dental infection prevention program is to provide a safe working environment that will reduce the risk of health care–associated infection among patients and DHCP.

Program evaluation is an essential component of an infection prevention and control program. The CDC *Guidelines for Infection Control in Dental Health-Care Settings—2003* describe program evaluation as a “systematic way to ensure that procedures are useful, feasible, ethical, and accurate.” A successful infection prevention program depends on:

- Developing standard operating procedures.
- Evaluating practices.
- Routinely documenting adverse outcomes (such as occupational exposures to blood) and work-related illnesses in DHCP.
- Monitoring health care-associated infections in patients.

### SLIDE 4

This table adapted from Table 5 of the *Guidelines for Infection Control in Dental Health-Care Settings—2003* provides examples of methods for evaluating infection prevention programs by program element. For example, to evaluate appropriate immunizations for DHCP, conduct an annual review of individual personnel records to ensure up-to-date immunizations. To evaluate education and training, conduct an annual review to ensure that all DHCP received training on initial employment, when new tasks or procedures affected the employee's occupational exposure, and, at a minimum, annually. To perform an assessment of occupational exposures to infectious agents, report occupational exposures to infectious agents. Document the steps that occurred around the exposure and plan how such exposures can be prevented in the future. To evaluate adherence to hand hygiene before and after patient care, observe and document circumstances of appropriate or inappropriate handwashing. Review findings in a staff meeting.

### SLIDE 5

This slide shows an excerpt from page 6 of the *Summary of Infection Prevention Practices in Dental Settings*. CDC's key recommendation for program evaluation in dental settings states that dental settings should establish routine evaluation of the infection prevention program, including evaluation of adherence by DHCP to infection prevention practices.

Strategies and tools to evaluate an infection prevention program can include:

- Checklists to document procedures.
- Periodic observational assessments.
- Constructive review and feedback to staff.

### SLIDE 6

CDC's *Summary of Infection Prevention for Dental Settings: Basic Expectations for Safe Care* includes a checklist that can be used to evaluate adherence with infection prevention practices. The checklist contains two sections. Section 1 lists administrative policies and dental setting practices that should be included in the site-specific written infection prevention and control program with supporting documentation. Section 2 evaluates personnel adherence with the written infection prevention and control practices that fulfill the expectations for dental health care settings. This checklist can serve as an evaluation tool to monitor the dental health care setting's adherence with CDC recommendations and provide an assurance of quality control.

### SLIDE 7

The two sections of the checklist are included in Appendix A of the *Summary of Infection Prevention Practices for Dental Settings: Basic Expectations for Safe Care*.

### SLIDE 8

The checklist is also available in a fillable PDF version that allows users to type information into the form and save as documentation of their evaluation activities.

### SLIDE 9

CDC recommends that all dental settings assign at least one person trained in infection prevention responsibility for coordinating the program. The infection control coordinator would be an ideal person to complete the checklist.

CDC also recommends that infection prevention policies and procedures be reassessed at least annually or according to state or federal requirements.

DHCP using this checklist should identify all procedures performed in their setting and refer to appropriate sections of the checklist to conduct their evaluation. Certain sections may not apply. For example, some settings do not perform surgical procedures.

### SLIDE 10

During evaluation through direct observation, the infection prevention coordinator can systematically assess personnel adherence with the expected infection prevention practices and provide feedback to DHCP regarding performance. Assessment of adherence should be conducted by direct observation of DHCP during the performance of their duties.

The next slide will present an example of direct observation that can be performed in the dental setting.

### SLIDE 11

This slide presents an example of direct observation using the Infection Prevention Checklist—Section II: Direct Observation of Personnel and Patient-Care Practices. The left-hand portion of the slide shows Section II.2 Personal Protective Equipment (PPE) Is Used Correctly. The right-hand portion of the slide shows a dental hygienist treating a patient. Assess the dental hygienist's adherence with PPE using the elements listed in the checklist and take note of your observations.

### SLIDE 12

This slide shows an example of a completed checklist. In this case, the dental hygienist is not wearing a removable protective gown or eyewear, and her mask is not properly positioned.

### SLIDE 13

If the answer to any of the applicable listed questions is no, efforts should be made to:

1. Determine why the correct practice was not being performed;
2. To correct the practice;
3. Educate DHCP (if applicable); and
4. Reassess the practice to ensure adherence.

The risk posed to patients by the deficient practice should be determined and corrective actions taken accordingly. Certain infection prevention lapses (such as reuse of syringes on more than one patient or sterilization failures) can result in bloodborne pathogen transmission. Therefore, measures to address these lapses should be taken immediately. Identification of such lapses may warrant immediate consultation with the state or local health department and may also require notification and testing of potentially affected patients.

### SLIDE 14

CDC has also created a mobile application version of the Infection Prevention Checklist. This app, which is called CDC DentalCheck, provides DHCP access to an interactive version of the checklist and key resources in a portable, easy-to-use, and streamlined format. CDC DentalCheck is available for all mobile iOS and android compatible devices and can be downloaded for free through the iTunes App Store and Google Play Store.

### SLIDE 15

CDC DentalCheck allows users to move through the checklist by selecting Yes or No to acknowledge adherence with a list of administrative policies or observed practices. The app also provides access to basic infection prevention principles, background information, and key CDC recommendations for each topic area. The resources section includes links to full guidelines and source documents that users can reference for more detailed background and recommendations, and users can export their results to document their evaluation activities.

### SLIDE 16

Program evaluation resources include:

- CDC. *Guidelines for Infection Control in Dental Health-Care Settings—2003* at [www.cdc.gov/mmwr/PDF/rr/rr5217.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf). Table 5: Examples of methods for evaluating infection control programs.
- CDC. *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* at [www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf](http://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf). Appendix A: Infection Prevention Checklist for Outpatient Settings.
- CDC. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* at [www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf). Appendix A: Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care
- Centers for Medicare and Medicaid Services. Exhibit 351. Ambulatory Surgical Center (ASC) Infection Control Surveyor Worksheet at [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107\\_exhibit\\_351.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_351.pdf).
- The Joint Commission. *Measuring Hand Hygiene Adherence: Overcoming the Challenges* at [www.jointcommission.org/assets/1/18/hh\\_monograph.pdf](http://www.jointcommission.org/assets/1/18/hh_monograph.pdf).