

A stylized graphic on the left side of the slide. It features two dark green mountain peaks in the upper left. Below them is a dark green wavy band representing a forest or a body of land. At the bottom is a blue wavy band representing water. The entire graphic is composed of solid-colored shapes with no outlines.

# **Safety & Security in the Dental Clinic**

## **Sharps Management**

NCCHC  
Conference  
October 24, 2022

Len Barozzini, DDS  
Deputy Dental Director  
Corrections Health  
Multnomah County, Oregon

# Disclosure and Disclaimer

- “I do not have any relevant financial relationships with any commercial interests.”
- This informational presentation was developed by independent experts. The information provided in this presentation is not the official position or recommendation of NCCHC but rather expert opinion. This information is not intended to be appropriate for every clinical situation nor does it replace clinical judgment.
- NCCHC does not endorse or recommend any products or services mentioned

# Educational Objectives

- Learning Objective 1: **State the importance of reaching consensus on what constitutes dental sharps**
- Learning Objective 2: **Examine ways to track the inventory and document the usage and disposal of sharps**
- Learning Objective 3: **Discuss use of reports, schedules, and corrective action plans to ensure sharps are properly reconciled**

# Len Barozzini, DDS

- Born and raised in Pittsburgh, PA
- UCLA undergrad
- Columbia University School of Dental and Oral Surgery
  - Current name: Columbia University College of Dental Medicine
- Dental Work History:
  - 2000 AIDS Project Los Angeles (provider)
  - 2007 QueensCare Health Los Angeles (provider & admin)
  - 2014 Multnomah County Health Dental Clinics Director (admin)
  - 2021 Multnomah County Health Corrections (provider & admin)

# Background Multnomah County (Portland, OR)

## Multnomah County~Portland, Oregon

- Population~Metro area~2.2 M
- Climate~'Oceanic with Mediterranean influences' (RAINY!)
- Dental Facts for Oregon
  - First state to reimburse for SDF
  - First state to allow dentists to give ALL vaccines (2018)
  - EFDA vs. RDA
  - Adults eligible for a full suite of benefits for Dental Medicaid
  - All children Medicaid-eligible regardless of documentation status
  - Largest city in US without fluoridated water

# Multnomah County Jail Facilities

- January 2021: Corrections Health Deputy Dental Director
- Feedback and suggestions are welcome
- My suggestions are for a jail system with 2 adult facilities and 1 juvenile facility (approximately 1000 encounters/year)
- One operatory at each site
  - 1.2 FTE Dentist
  - 1.0 FTE Dental Assistant
  - 3 on call dentists
  - 2 on call assistants
  - Fourth year dental students~OHSU

# CH-Dental Program

- AICs automatically have **Medicaid suspended** when incarcerated
- **Encounters Limitations:** Deputy shortages is the limiting factor for care
- **Scope of Treatment:**
  - Urgent care
  - CHA (Corrections Health Assessment) 4/2 xrays/comprehensive
  - Routine restorative
  - Light scaling
  - Refer out for complicated extractions
  - Vaccines provided by general dentist
  - Navigation to community health care upon release.
  - Integration with Primary Care, via Epic EHR

# Jail Facilities Basics

- Three Local Jails (2 adult facilities, 1 juvenile facility)
  - Downtown Portland (Detention Center)
  - North Portland (Inverness Jail)
  - Juvenile Facility (Donald E. Long) NEW Constructing Operator
- Population
  - Approximately 900 persons in custody at any given time
  - 80% Male
  - 20% Female
  - <1% Did not disclose



# Six Steps for Sharps Management

\*\*\*Clean up and throw out\*\*\*

- Redundancy
- Documentation
- Logs and Retention
- QA/QI
- Policies

# Garbage Day

## **\*MOST IMPORTANT\*Garbage Day\***

- Get rid of what you don't use
- Lessen your inventory
- Do you use every size round bur, every forcep, every scaler?
- Do you need multiples of all items?
- What are you not using/doing?
- How many patients are you seeing?
- Disposables vs. Reusables?
- Takeaway: Less inventory saves time everyday!

# Items Repurposed



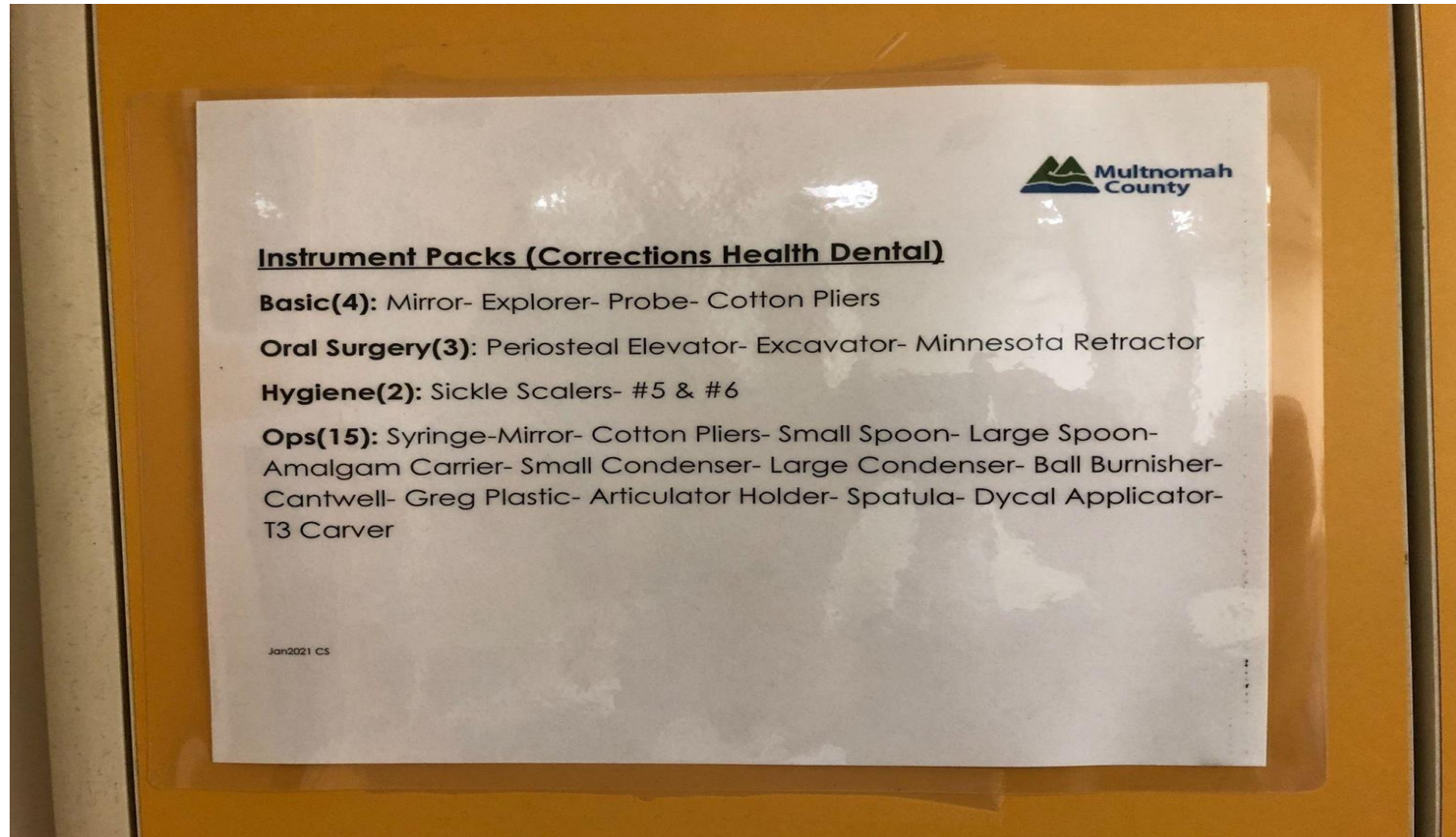
# Reconciliation Redundancy

## **Multiple methods to ensure everything is reconciled**

- Chairside count
- Nod for acknowledgement
- Repetition of routine
- Same day/every day/every week
- Routinization of workflows
- On call staff (pros/cons)...consider always having a *permanent* staff member
- Train dentist for logs, etc...
- Same number of instruments at each site if possible
- Authentication cheat sheet



# Organization is Redundancy

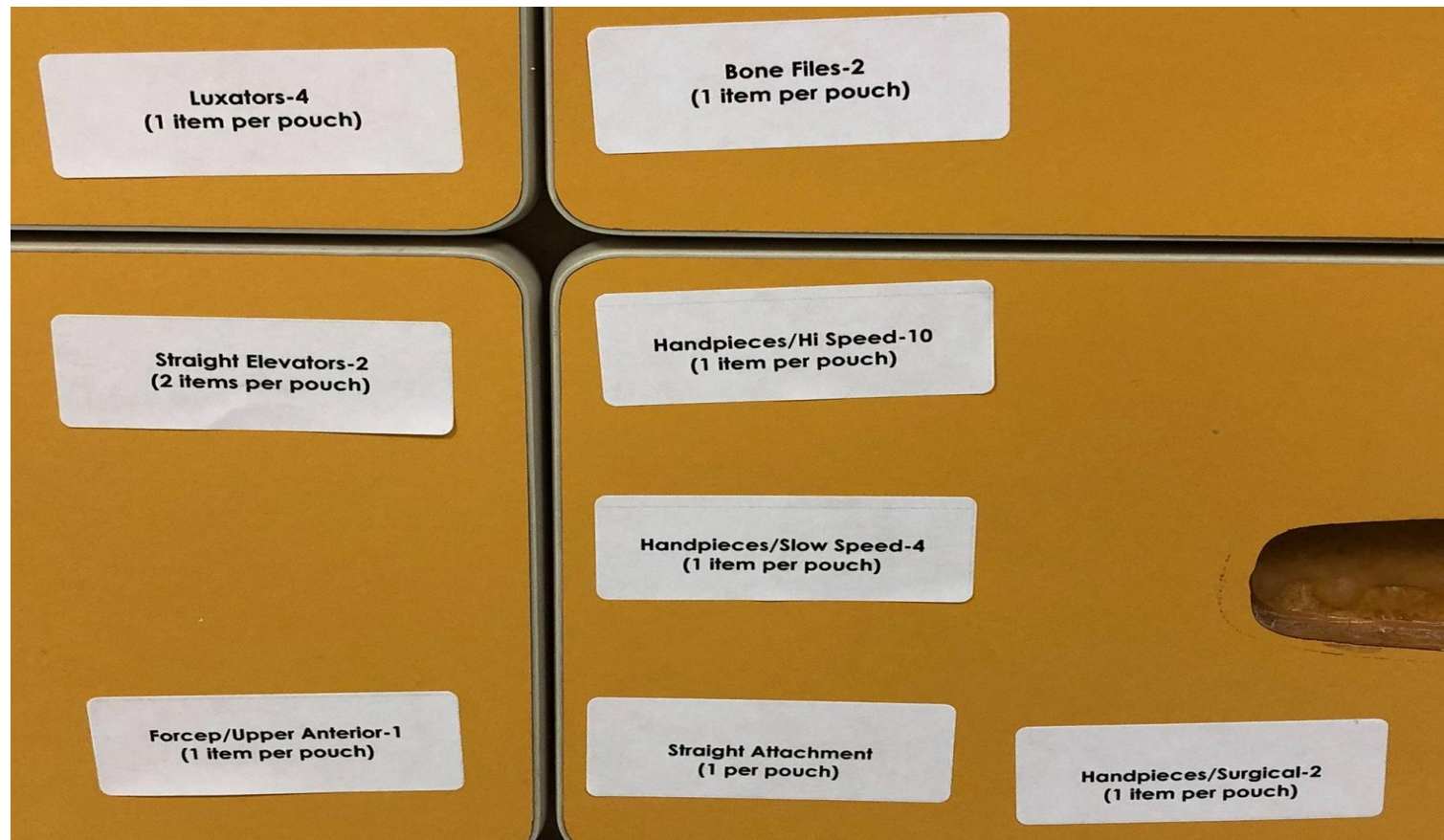


# Organization is Redundancy





# Organization is Redundancy



# Documentation

## On the spot use of Sharps/Needles/Burs at ENCOUNTER

- Reconcile with assistant at end of **each** encounter
- Reconcile with assistant at end of **each** day
- Handwritten chairside/clinic after **each** encounter
- Transpose to general sheet or write directly on Final Log
- EFDA prefers to transpose (not recommended)
- Much easier if you have a **smaller formulary**



# Logs for Verification and Audits

- Instruments
- Needles & Anesthetics
- Burs & Scalpels & Sutures
- Endo
- Uniform process for scanning monthly logs
- Uniform and consistent reconciliation process
- Add logs protocol to policy so it is written
- Reference standard on logs where possible

# Logs for Instruments & Sharps

[Instruments and Sharps Logs-Sample \(NCCHC\)](#)

# Quality and Risk Management

- Who is responsible/capable
- Who should be taught to do this for training
  - Example: DA out for six weeks
- Recommendations from NCCHC Staff
- Recommendations from peers
- Review protocols **regularly** & update logs regularly
- Review instruments **using and not using**
- Throw out old material including pamphlets, etc...
- **CLEAN your clinic.** You will be amazed what you find!

# Quality and Risk Management

- Infection Control
  - Class 5 Sterilizer Strips in each pouch
  - Weekly Spore Tests
  - Documentation in Progress Note

---

Prov Lim Exam Adult

Instrument Sterilization Verified

Yes	No	N/A	▼	📄
-----	----	-----	---	---

---

# Policy and Procedure

- MCHD CH specific policies for dental (vs. MCHD dental policies)
- Combine and collate policies
- Everything that is a workflow/procedure is *not* a policy
- Policies do not need every detail included
- Use simple verbiage for policies (ie...odontogenic vs. dental)
- Use citations & references

# Policy and Procedure

**Multnomah County Health Department has 3 sets of policies impacting dental.**

1. Countywide Health
2. Correctional Health (*all* health programs within Corrections)
3. Correctional Health (dental-specific)

## CH Dental-Specific Policies (NCCHC)

Amalgam  
Antibiotic Prophylaxis  
Blood Pressure  
Emergency Kit  
**Infection Control**  
Nursing Protocol  
Pregnant Clients  
Preceptorship  
Referrals  
Scheduled Medications  
**Scope of Treatment**  
**Sharps Control & Instrument Monitoring**  
**Sharps Use**  
Timeout for Surgical Procedures



[len.barozzini@multco.us](mailto:len.barozzini@multco.us)

Work 503.988.4925

Cell 503.307.5736

Questions



# References

## National Commission on Correctional Health Care Materials (NCCHC)

- Standards for Health Services in Jails (2018)
  - J-E-06 Oral Care
  - J-B-08 Patient Safety
  - J-B-02 Infectious Disease Prevention and Control
  - J-B-09 Staff Safety
- Standards for Health Services in Prisons (2018) NCCHC
- Guidelines for a Correctional Dental Health Care System (2014)



# References (cont.)

- U. S. Occupational Safety & Health Administration
- Oregon Occupational Safety & Health Administration
- Correctional Health Care (2001)
  - Guidelines for the Management of an Adequate Delivery System
  - US Department of Justice, National Institute of corrections