ALBERTA IPAC GUIDELINES

Comparative for Documentation of Package Data in Patient Chart

There are two new sets of IPAC Guidelines in the province of Alberta.

IPAC Guidelines | **CDSA** (College of Dental Surgeons of Alberta) Jan 2023 | **OHCP** (Oral Health Care Professionals) 2022

Alberta has two IPAC documents. Depending on the document, the data may not be clear in reference to recording the information from the sterilized package labeling into the client chart. Tracking and tracing is a risk management system within the dental offices IPAC Program. The theory or concept behind a barcode scanner and logger is to have a tracking and tracing system in the event of an IPAC lapse in sterilization. The office needs to determine promptly and accurately what instruments were used on what client and from what sterilizer and cycle/load the instruments originate. The only way this can be accomplished is to document in the client record the data from the packages. A dental office cannot rely on the day sheet or schedule as instruments used one day in client care may have been sterilized months earlier. Here is the proof and source from each document as to why a dental office needs to document the package data in each client file.

OHCP

> • load details for instruments used are recorded in the patient's chart in case of recall

Page 39 under Documentation and Record Keeping, clearly states the package data must be recorded in the client chart in the event of a recall of non-sterile instruments. Note the word 'are', this is not a 'should' or 'may'!

CDSA

The choice of wording is not clear for the CDSA, however, it is present when looked at closely. Following are three sources within the CDSA document to provide 'proof':

Proof ONE

> 12.27 In the event of a failure in the sterilization process (failure of the sterilizer, failure of chemical indicators or the failure of the biological indicator) there must be a process in place to investigate the cause of the event, document actions taken, and recall sterilization loads if necessary.

Out of all three proofs, proof 1 is the 'best' proof and is located on page 21 (12.27). It states to have a process in place to investigate, document and recall sterilization loads if required. The 'process' references the need to have a tracking and tracing system. Not having a 'process' is a high risk, the standards assume the reader/user has already implemented a tracking and tracing system that is accurate and errorless. In comparison, the joint Alberta IPAC (OHPS) standards are much more clearly written with a direct statement, "load details are recorded". Each office should ask themselves the following: what is the process to find the client the recalled instruments were used on? Is the process 100% sure in accuracy? With proper risk management

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there cannot be a dependency on the day sheet from the day of the IPAC lapse because as a failed sterilization process, once discovered, could mean recalling packs from a few days to a few months ago. There is a high probability the schedule will not match the day of the lapse. Many dental offices have gaps in understanding 'the process' is a risk management approach and the 'search', if a lapse happens, must be precise otherwise the office will either miss a client or contact the wrong client. Why take the chance for the dental office to be shut down due to an IPAC lapse that cannot be traced properly? The ONLY way to be 100% sure is to track the package data and trace it in the client chart...plain and simple.

Proof TWO

> 12.12 Packages shall be labelled with sterilizer load identification information, including the sterilizer number, the load number in that sterilizer, and the sterilization date.
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> 12.12.1 Labelling systems shall be validated for the sterilization process.
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> 12.12.2 For pouches, a label shall be placed on the transparent portion of the packaging.
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> 12.12.3 For wrapped packages, writing shall be on the closure tape, not directly on the wrappers.

The next proof is on page 18, the statement 12.12.1. Labelling systems shall be validated for the sterilization process. This means the entire labelling system. Note, it does not say labelled packs shall be validated when being removed from the sterilizer. Although the packages are validated when removed from sterilizer, there in one more step, the validation in the client file. It states a 'system' and the need to validate sterilization process which is a 360-degree approach accomplished in two documents: 1. log in the reprocessing room (validating when packs being removed from sterilizer to prove sterilization was reached and checked) and 2. client chart in operatory (validating when packs being utilized as part of tracking and tracing to each client).

Proof THREE

> Since January 1, 2011, the College of Dental Surgeons of Alberta (CDSA) has required that Infection Prevention and Control (IPC) Standards must be fully implemented in all dental offices. The principles and procedures in this document, *Standard of Practice, Infection Prevention and Control Standards and Risk Management for Dentistry* must be followed by dentists in Alberta. Failure to do so may constitute unprofessional conduct under the *Health Professions Act* (HPA) and may result in disciplinary action by the CDSA.
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> The goals of this Standard of Practice are to:
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> - control and prevent the transmission of microorganisms to patients, personnel, the public, and the environment;
> - minimize the risk of harm to patients and personnel;

The third proof is 'minimize the risk' on page 5. Dental offices must equate IPAC as a risk management program. To be 100% the risk is mitigated means being able to trace and track instruments used on clients. The only certain way to accomplish this is to physically write the package data in the client chart or to have a digital system to scan the data. A digital barcode system is more accurate and more time efficient then physically inputting of data. Minimizing risk is not a should but a MUST.

REFLECTION

The evidence for the documentation of package data in patient charts exists within both the CDSA and OHCP guidelines. A critical thinking approach is to ask why packages are even labelled in the first place. The answer, to be tracked and traced. The first question dominos a 2nd question, how does an office track and trace? The answer is by taking the data from the packages and entering it somewhere for safeguarding in the unfortunate event of an IPAC lapse. The 'somewhere' is the patient's chart. Documenting in the patient chart the package data alleviates risk, thus protecting both the public and dental office.