Effects of mandatory continuing education related to infection control on the infection control practices of dental hygienists

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ABSTRACT
The scope of work within dental settings has many infection control risks. As such, compliance with infection control recommendations and requirements is critical to the delivery of quality dental care and necessary to ensure the safety of both patients and clinicians in the dental setting. Practice acts in 18 states require that dental hygienists complete infection control continuing education for license renewal, whereas the other states do not have this requirement. The purpose of this study was to assess the effects of mandatory continuing education related to infection control on the infection control practices of dental hygienists.

STUDY
An 18-item online survey was developed to assess the respondents’ knowledge of their state requirements for infection control continuing education, their compliance with infection control practices and their continuing education activity. Compliance with regulations and recommendations related to 8 infection control practices was measured using a 5-point Likert-like scale.

RESULTS
The survey received a 29% response rate of which all 50 states, including the District of Columbia, were represented. 848 respondents were practicing in the 18 states with requirements for infection control continuing education requirements. The percentage of respondents from states with the requirement who knew their specific state requirements for infection control continuing education, was significantly greater than the percentage of respondents from states without the requirement who responded correctly. Furthermore, the percentages of respondents in compliance were significantly greater for respondents from states with the requirement than from states without the requirement. Finally, a greater percentage of respondents from states with infection control continuing education requirements acquired significantly more continuing education credits than respondents from states without the continuing education requirement. The authors did note that there were limitations to the survey results including response bias from Dental Hygienists who have a greater interest in infection control and therefore may be more diligent in their infection control practices, as well as individuals who may have reported practices that exceed their observed performance.

CONCLUSION
Mandatory continuing education courses related to infection control did affect dental hygienists’ infection control practices. A greater percentage with mandatory continuing education were in compliance with the recommended and regulated infection control practices and reported more continuing education activity than the percentage of respondents from the states without the requirement. These results indicate the need to establish mandatory infection control continuing education in all states. This education is needed to
increase the awareness of infection control and potential risks of transmission of microorganisms to patients and clinicians.

REFERENCE