

Infection Control: Sterilization and Instrument Processing

(Requirement from DANB for Certificants)

Friday, November 10, 2017 3 p.m. - 5 p.m.

Location

Cape Fear Valley Hoke Campus 300 Medical Pavilion Drive, 2nd Floor Raeford NC 28376

Target Audience

Dental assistants certificants who need to meet the new DANB requirement.

Program Description

As of Jan 1, 2016 all certificants, whether they hold one or more DANB certifications, must earn a minimum of two Continuing Dental Education (CDE) credits in infection control topics ANNUALLY. It is important to note that the two CDE credits are in addition to any federally mandated OSHA Bloodborne Pathogens Standard training. Controlling the spread of infectious disease is sometimes as simple as washing your hands, but often requires specialized techniques and procedures. This 2-hour lecture course prepares you to take on infection control in your office and to gain knowledge and confidence. This 2 hr. course is to satisfy the requirements from DANB of additional CE for Infection Control and Instrument Sterilization.

Objectives

Upon completion of this knowledge based program, the participants will be able to:

- Explain various modes of disease transmission.
- Identify various preventive measures/universal precautions to follow in order to reduce the risk of disease transmission.
- Identify the various methods of sterilization and disinfection.
- Describe proper methods used in the care of, storage, and handling of instruments.
- Explain the CDC's classification of instruments as it relates to sterilization / disinfection.
- Explain the role of the FDA and EPA in infection control procedures.
- Explain the importance of various types of personal protective equipment.
- Describe the proper placement and removal of personal protective equipment.
- Define exposure control / universal precautions / infection control procedures.
- Identify and explain the preventive measures that must be utilized as determined by OSHA, CDC, EPA, FDA, NC State Board of Dental Examiners.

Speaker

Jannette Todd Whisenhunt CDA, RDH, BS, MEd, Ph.D. Dr. Whisenhunt is currently employeed as the Department Chair of Dental Education at Forsyth Technical Commuity College.

Agenda

2:30 p.m. - 3 p.m. Registration 3 p.m. - 5 p.m. Lecture 5 p.m. Adjourn

Fee

\$49 registration fee for individuals

Payment Policy: SR-AHEC reqired full payment for all registrations prior to the program date. We no longer accept purchase orders or supervisor's signatures in lieu of payment. Access to workshops materials and handouts cannot be released until payment is received.

Credit

Credit Hours: 2.0

Participants must attend 100% of program time to receive credit.

For more information on North Carolina Dental CE requirements visit the North Carolina State Board of Dental Examiners (NCSBDE) at: http://www.ncdentalboard.org



The North Carolina Area Health Education Centers are an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

The North Carolina Area Health Education Centers designates this activity for up to 2.0 hours of continuing education credits.

Disclaimer - Dental Institutions providing dental education have an obligation to disseminate new knowledge related to dental practice. In doing so, some information or presentations may include controversial materials or commercial references. The Southern Regional AHEC office acknowledges that there is potential risk to participants using limited knowledge when incorporating new techniques and procedures into their practices, especially when the continuing education program has not provided them with supervised clinical experience in the techniques or procedures to ensure that they have attained competence. Sponsorship of continuing education courses by the Southern Regional AHEC office does not imply endorsement of a particular philosophy, product or procedure by this institution.

Disclosure - In accordance with the ADA CERP Standard V., everyone involved in planning or presenting this educational activity will be required to disclose any relevant financial relationships with commercial interests and this information will be made available to participants at the start of the activity. As a continuing education provider, the Southern Regional AHEC office is responsible for ensuring the content, quality and scientific integrity of all continuing dental education activities for which credit is provided. The Southern Regional AHEC office is also responsible for taking steps to protect against and/or disclose any conflict of interest of the faculty/instructors presenting those courses.

Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee.

Cancellations less than 48 business hours before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Contact

Tamika Perkins, Director of CME, Dental and Pharmacy Continuing Education at Southern Regional AHEC 910-678-7034 / tamika.perkins@sr-ahec.org

Registration Form

Form may be duplicated.

Phone: 910-678-7226 Fax: 910-323-0674

Online: http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53572 **Mail:** SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Circle one: Dr. Mr. Mrs. Ms.

Name	/Degrees Specialty Area		Last 4 digits of SS# Are you an NCC?	
Certifications/Degrees				
Employer		Job Title		
Work Address		City	State	Zip Code
Home Address		City	State	Zip Code
Phone (work)		(home)		
A valid email address is needed for prog Email (primary)	ram communications. The second	dary email will only be used if y	our primary email replies as "o	undeliverable.
☐ <u>Do not</u> send email announcements o	f upcoming SR-AHEC programs.	☐ <u>Do not</u> share my informati	on with participants and/or e	xhibitors.
Special Needs / Food Allergies				
Payment Information				
☐ Check (Make payable to SR-AHEC)				
☐ Mastercard / Visa #			Expiration Date (mm/yy)	
Name on Card	Signa	ture		

The handouts for the program will be provided online through MyCE located on the SR-AHEC website: www.sr-ahec.org. Early registration is encouraged, as full access instructions will be sent with registration confirmation via e-mail.

Office Use Only: Check Auth #____ Date_

From

Amount \$_

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and Instrument Processing

CASCE #53572 / DN171110



