***SHIELDING YOUR PRACTICE THROUGH COMPLIANCE, SAFETY, AND INFECTION CONTROL***

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***SECTION 1: O.S.H.A. INTRO; WORKPLACE HAZARDS; COMMITMENT TO SAFETY;***

***GENERAL DUTY CLAUSE; RESOURCES; OSHA STANDARDS; POSTING REQUIREMENTS***

* **HOW TO REACH O.S.H.A.**: 1-800-321-6742 (O.S.H.A.) KANSAS CITY: 1-816-483-9531
* [**www.**osha.gov/STLC/dentistry/index.html](http://www.osha.gov/STLC/dentistry/index.html) Search the A-Z index for specific topics or OSHA Fact Sheets
* For additional information on OSHA related topics: [www.ada.org](http://www.ada.org) Search Oral Health Topics and enter topic in search bar
* **HAZARDS OR BREECHES PRESENT IN YOUR WORKPLACE THAT NEED ATTENTION**:

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* **SAMPLE SAFETY POLICY:** This facility is dedicated to meeting OSHA Standards. It is the goal of this facility to provide a safe and healthy work environment for all employees. Employees are the greatest asset to this facility and therefore their safety is of upmost importance. Employees will be provided with information about workplace safety and health issues through discussion groups and office meetings. Communication of such issues will take place at staff meetings, morning huddles, bulletin board postings, or other written or verbal forms of communication. As stated in the Exposure Control Plan, all workplace safety issues can be reported to the safety coordinator, who will evaluate and then report to upper management. Employees are encouraged to report unsafe conditions to the safety coordinator immediately. Each team member is expected to adhere to safety rules and to exercise caution during work hours. Failure to follow the important rules of this facility could result in injury to yourself or others or damage to the facility. Disciplinary action could be taken in accordance with current practices, up to and including termination of employment for employees. The goal of the practice is that each employee goes home safely.
* **GENERAL DUTY CLAUSE:** Where no specific standards have been developed under the act, the federal General Duty Clause comes into play. Employers are required to provide a work environment “free from recognized hazards that are causing or are likely to cause death or serious physical harm” to employees. Then as a potential or actual health or safety problem becomes known and identified, OSHA has the authority to specify and issue guidelines or to propose new standards.

**RESOURCES:**

**O.S.H.A.:** 1-800-321-6742 (OSHA) KANSAS CITY: 1-816-483-9531 www.osha.gov/STLC/dentistry/index.html

Search the A-Z index for specific topics or utilize the OSHA Fact Sheets by topic

**Center for Disease Control and Prevention** (CDC)  **Immunization Action Coalition** (IAC) **USAF Dental Evaluation and Consultation Services** (DECS) **Organization for Safety and Aseptic Procedures** (OSAP) **American National Standards Institute** (ANSI) **World Health Organization** (WHO) **Dental Assisting National Board** (DANB) **American Dental Hygiene Association** (ADHA)

**Missouri Dental Association** (MDA) www.modental.org 573-634-3436

For addt. information on OSHA related topics on MDA website: Search Oral Health Topics & enter topic in search bar

Safety and Health Topics COVID-19; Return to Work Interim Guidance Toolkit

**Hu-Friedy:** Dental Practice Respiratory Protection Program Guide; View numerous webinars at hufriedy.com

**Pro-Edge:** [www.proedgedental.com](http://www.proedgedental.com) 888-843-3343 Refer to their website for information regarding maintenance of

dental unit waterlines. Request QuickPass Water Test kits sample!! Watch Webinar@ProEdge.com/COVID19

**DentaPure Cartridges:** Call Crosstex @888-276-7783 [crosstex@crosstex.com](mailto:crosstex@crosstex.com) **Sterisil:** Call Sterisil @ 719-622-7200

* **HOW TO COMPLY WITH THE BLOODBORNE PATHOGEN STANDARD:**
  + Read the O.S.H.A. Standard AND provide annual training to employees; maintain required training and posting regulations
  + Consideration, implementation, and use of safer engineered needles and sharps
  + Hepatitis B vaccine provided to exposed employees at no cost
  + Establish a written Exposure Control Plan (ECP) and Hazard Communication Program
  + Implement the plan by using engineering and work practice controls, PPE, housekeeping, and other aspects of the ECP
  + Begin a training program and educate employees on BBP, universal precautions and transmission prevention
  + Medical follow-up in the event of an “exposure incident”
  + Proper containment of all regulated waste
  + Follow guidelines from the Needle Safety and Prevention Act
* **O.S.H.A. STANDARDS THAT APPLY TO GENERAL DENTISTRY:**

References cited are to Section 1910 CFR (Code of Federal Regulations) and the specific subsection.

Employees should receive training when duties change, upon hiring and annually.

1910.35 Means of Egress 1910.301-309 Electrical

1910.34 Emergency Action Plan 1910.1020 Access to Medical Records

1910.101 Compressed Gases 1910.1030 Bloodborne Pathogens

1910.104 Oxygen 1910.1096 Ionizing Radiation

1910.105 Nitrous Oxide 1910.1200 Hazard Communication

1910.120 Medical Waste Management 1910.38 Severe Weather

1910.132-140 Personal Protective Equipment 1910.1025 Lead (if applicable)

1910.151 Medical and First Aid 1910.1048 Formaldehyde (if applicable)

1910.155-164 Fire Protection 1910.1047 Ethylene Oxide (if applicable)

1910.212 Machinery Guarding 1904.39 Reporting Fatalities

1910.215 Abrasive Wheel Machinery ***\*\*1910.134 Respiratory Protection Standard***

1904.0-11 General Recording Criteria, Partial Exemption, Determination of Work-relatedness

* **In addition, employees should have access to these documents and be trained in the following:**

1) Ergonomic Final Rule 2) Occupational Safety and Health Act of 1970 3) Needle Safety and Prevention Act 2001

* **OSHA INSPECTION TIPS:**
* Select a company representative ahead of time.
* Be polite, ask for credentials to verify identity of compliance officer (C.O.) [call nearest OSHA office to verify]
* Determine reason for inspection and scope of inspection. Ask for documentation of complaint.
* If there is a warrant, it will state time limits and ground rules (limits scope, day, time, and locations).
* Opening conference will take about an hour. Discuss ground rules with C.O. C.O. will ask for records. You have

the right to ask why and refuse if not relevant. Do not admit guilt.

* Treat C.O. with respect, they are to be considered a guest…but do not get too friendly…no idle chit chat.
* Stay with the inspector and fix everything during the inspection, to show good faith effort.
* Be aware of what the C.O. takes notes on. Do the same with notetaking, testing and photos.
* Ask C.O. questions and record answers.
* The C.O. CANNOT give employees orders.
* The C.O. MAY point out what are BELIEVED to be violations. NEVER agree that has standard has been violated.
* Do not hesitate to disagree, OSHA is not a building code.
* Few OSHA inspectors are experts on all OSHA requirements. Ask them to show in writing the standard that applies.
* Employee interviews must NOT interfere with work.
* Employees DO NOT have to participate in interviews or tests.
* Recap and detail dates, names, times, notes, pictures, recordings. (document closing conference)
* OSHA has 6 months to send a letter. If you do not receive within 6 months, DO NOT contact OSHA.
* If you receive the letter after 6 months, DO NOT open…Return letter.
* Informal Conference: Never settle over the phone. For a lower amount, go to the informal conference.

Otherwise your next choice is to contest in writing all alleged violations and penalties if they are too severe.

***SECTION 2: OSHA VIOLATIONS, BREECHES AND REPORTING; EXPOSURE CONTROL PLAN; EXPOSURE DETERMINATION; NEEDLESTICK SAFETY AND PREVENTION ACT; ENGINEERING & WORK PRACTICE CONTROLS,***

***BLOODBORNE PATHOGENS; UNIVERSAL PRECAUTIONS; IMMUNIZATIONS; HEPATITIS B VACCINE***

* **O.S.H.A.’S TOP 10 VIOLATIONS: (CIRCLE THE ONES NEEDING ATTENTION IN YOUR PRACTICE)**

**No Written Exposure Control Plan Lack of Training Records or Training No Written Hazard Communication Plan No Eyewash Station No Record of Hep B Vaccinations Missing Safety Data Sheets No Post Exposure Protocols Chemicals Not Labeled Lack of Proper Personal Protection Equipment Lack of Engineering Controls**

* **REVISED INJURY AND ILLNESS REPORTING RULE:** 
  + **ONLINE REPORTING AVAILABLE 1/2017**
  + Starting January 2015, employers will have to report the following to OSHA:
    - All work-related fatalities
    - All work-related inpatient hospitalizations of one or more employees
    - All work-related amputations or work-related losses of an eye
* Employers must report work-related fatalities within 8 hours of finding out about them
* Employers only report fatalities that occurred within 30 days of a work-related incident
* For any inpatient hospitalization, amputation, or eye loss employers must report the incident within 24 hours of the incident.

***The Exposure Control Plan (ECP) is a written document required by OSHA’s BBP Standard and is to be***

***located within your facility, site-specific to your facility and updated annually. It should:***

* + Describe the exposure determination of your employees and how the provisions of the Standard will be implemented.
  + Include additional sections to add changes in regulations, office policies, information learned from training sessions, etc.
  + Include training for all employees regarding all areas of your exposure control plan.
  + Additional categories, but not limited to, OSHA and General Industry Regulations; BBP and Hepatitis information; Pre and Post Exposure guidelines; PPE description and guidelines; Safety Plans; Checklists and Inspections; Hazard Communication; Signs, Labels and Color Coding; Waste Management; Training Records; Employee Medical Records

**Utilize the following sample to fabricate the required document for your exposure control plan:**

**Employee Job Classification and Exposure Determination**

The following employees of this facility will be classified on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as follows:

Class I: Employees with occupational exposure, during their regular workday, including exposure to blood or other potentially

infectious material (OPIM).

Class 2: Employees with some occupational exposure, during their regular workday, including an occasional opportunity to be

exposed to blood or OPIM.

Class 3: Employees with no exposure to blood or OPIM.

**Name Job Title Classification Summary of Exposure** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **NEEDLE SAFETY AND PREVENTION ACT OF 2001:** (Law regarding requirements of needle stick safety)
* Requires that employers identify and make use of effective and safer medical devices
* Evaluations are performed annually on each type of needle stick prevention device. Solicit employee’s input!
* Evaluations must be kept for 3 years
* The Act requires employers to consider and implement new technologies when updating their exposure control plan.
* **TIPS WHEN RECAPPING OR DISMANTLING THE NEEDLE FROM THE SYRINGE:**
* Always use a recapping device or one-handed scoop technique to recap syringe needle
* Train all employees on how to recap needle, remove, AND proper disposal of contaminated needle
* Always grip the needle in the ‘hub’ area prior to twisting the needle off the syringe
* Place needle and anesthetic carpule in the sharps containers, located within the treatment room
* DO NOT proceed to stick the uncapped end of the needle into the rubber stopper of the carpule, prior to discarding
* **ENGINEERING CONTROLS: Controls that isolate or remove the bloodborne pathogen hazard from the workplace.**

(e.g.: Sharps containers, blade removal devices, recapping devices, retractable scalpel blades)

* **WORK PRACTICE CONTROLS: Controls that reduce the** **likelihood of exposure by altering the manner a task is performed.**

(e.g.: good housekeeping, appropriate personal hygiene practices, rubber dams, decontamination schedule, no hand-scrubbing, wearing utility gloves, lids on ultrasonic units, secondary labels, high volume evacuators, restricting food, drinks, chewing gum, or changing contacts in areas where bloodborne pathogens may be present.)

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* **UTILIZE THE FOLLOWING SAMPLE TO COMPLETE A SAFETY DEVICE EVALUATION FOR EACH SAFETY DEVICE:**

**Safety Device Evaluation**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Device: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Company purchased from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of device (include safety feature):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Device will be used for the following procedures and department used in:**

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**Evaluation criteria:**

**Does device use a one-handed technique? \_\_\_\_yes \_\_\_\_ no**

**Does device allow the user to keep their hands & fingers behind the needle \_\_\_yes \_\_\_no**

**Does device interfere with treatment of patient? \_\_\_ yes \_\_\_ no**

**Is device’s safety feature effective? \_\_\_ yes \_\_\_ no**

**Is the device easy to use? \_\_\_ yes \_\_\_ no**

**The following employees have evaluated the safety device and rated approval: Yes or No**

**1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **OPERATING A SAFE ZONE: USE THE METHOD….’SHARPS OUT FIRST’ PRIOR TO STARTING TO DISINFECT A TRTMT. ROOM!!!!!**
* Have a designated safe zone for recapping and placement of syringe(s).
* Train NOT to reach into the SAFE ZONE when needles are being recapped or when operator is handling additional syringe.
* **SHARPS CONTAINERS:**
* Container placement should allow disposal asap-preferably without needing to put the device down & pick it up again.
* Container should be within arm’s reach and below eye level at their point of use.
* Wall-mounted containers should allow workers access or view the opening of the container.
* No furniture or other objects should create an obstacle between the worker’s path and the container.
* Installation height is within ergonomically acceptable range (52-56” for standing & 38-42” for seated disposal).
* Containers are visible through placement, color, and signage.
* Container fill-status is visible under current lighting conditions before sharps are placed in the container.
* Container placement shall not cause unnecessary movement when holding the sharp during disposal.
* The following locations **should be avoided** for container placement:
* In corners of room **or** on the backs of room doors
* Near light switches or room environment controls
* In areas where people might sit or lie beneath the container
* Under cabinets **or** on the inside of cabinet doors **or** under sinks
* Where the container is subject to impact, dislodgement by pedestrian traffic, moving equipment, gurneys, wheelchairs, or swinging doors
* **BIOLOGICAL SPILL KIT ITEMS: (Required by OSHA)**

MASKS, GLOVES IN ALL SIZES REPRESENTED IN THE OFFICE (PACKAGED INDIVIDUALLY BY SIZE),

SAFETY GLASSES, SCOOP AND BROOM, RED BIOHAZARD BAG, DISINFECTANT, FLUID SOLIDIFIER (Acquire SDS for solidifier)

* **BLOODBORNE PATHOGENS AND UNIVERSAL PRECAUTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **IMMUNIZATIONS: Refer to Immunization Action Coalition for Healthcare Professionals Recommended Vaccination Schedule**
* **HEPATITIS B VACCINATION:**
* A 3-dose vaccination series is offered to all employees at risk of BBP with follow-up serologic testing
* Declination form needs to be kept on file for those employees refusing the Hepatitis B vaccine
* No boosters are advised at this time. Should they be required, employer will be responsible to offer and pay for the booster.
* Employer cannot request a pre-screening prior to hiring.
* Employee may decline and then choose to receive Hepatitis B vaccine later. Employer must comply and pay for the vaccine series and titer(s) at that time.
* **GENETIC HEPATITIS B VACCINE NON-RESPONDER:**
* **If first titer reveals no response,** then employeewill receive the series a second time and repeat titer to confirm infection status.
* **If second titer shows no response, then the employee will be considered a Non-Responder.** Employee will need to test to confirm infection status at time of any, and all exposures & receive counseling to learn how to take precautions since they are considered susceptible to HBV. There are no specific work restrictions. **Advised to obtain HBIG within 2 hours to any known or** **probable parenteral exposure to HB-antigen positive blood.** Advised to perform blood test to check if Hepatitis B carrier.
* **DENTAL HEALTHCARE PROFESSIONAL (DHCP) WITH HBV VACCINATION IN REMOTE PAST (NO RECORD OF IMMUNITY)**
* Undergo anti-HBs testing upon hiring (titer).
* Anti-HBs>10mlU/ml: considered immune
* Anti-HBs<10mlU/ml: receive 1 dose of HBV vaccine followed by testing 1-2 mo. later
* If anti-HBs remains negative, receive 2 additional doses, followed by repeat testing 1-2 months after the last dose

***From an OSHA perspective, the employer should offer to pay for the titer and remaining***

***doses of those employees that do not know their immunity status.***

***SECTION 3: PRE-EXPOSURE READINESS; OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS;***

***POST EXPOSURE MANAGEMENT; SIGNS AND SYMPTOMS OF HEPATITIS B, HEPATITIS C & HIV***

* **PRE-EXPOSURE READINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:**

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**POST EXPOSURE MANAGEMENT**

* **RESOURCES FOR ADDITIONAL INFORMATION REGARDING POST-EXPOSURE:**
* EMPLOYER OBLIGATION AFTER EXPOSURE INCIDENTS OSHA www.ada.org
* HEPATITIS B & HEALTHCARE PERSONNEL Q & A: IMMUNIZATION ACTION COALITION

www.immunize.org/catg.d/p2109.pdf

* CDC GUIDANCE FOR EVALUATING HEALTH-CARE PERSONNEL FOR HEPATITIS B VIRUS PROTECTION AND FOR ADMINISTERING POSTEXPOSURE MANAGEMENT: https:/www.cdc.gov/mmwr/preview/mmwrht
* C.D.C. NEEDLESTICK EXPOSURE HOTLINE 888-448-4911
* POST-EXPOSURE PROPHYLAXIS (PEP) Recommended by the USPHS: <http://www/cdc/gov/mmwr/PDF/rr/rr5011/pdf>

**O.S.H.A. REQUIRED DOCUMENTATION FORMS**

**O.S.H.A.’s DECLINATION OF HEPATITIS B VACCINATION FORM (OSHA Publication 3128):**

**https://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html**

**EMPLOYEE INFORMED REFUSAL OF POST EXPOSURE MEDICAL EVALUATION FORM (sample):**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am employed by Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has provided training regarding infection control and the risk of disease transmission in the dental office. On \_\_\_\_\_\_\_\_\_, I was involved in the following exposure incident: (*Describe the incident*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has immediately made available to me the opportunity to receive a confidential post-exposure medical evaluation, at no charge to myself, to assure that I have full knowledge of whether I was exposed to or contacted an infectious disease from this incident. I understand that an immediate medical evaluation is recommended. However, I, of my own free will and volition, and despite Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_’s offer, I have elected not to have the medical evaluation.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**FOLLOW-UP FORMS**

**OSHA’s HEALTH CARE PROFESSIONAL’S WRITTEN OPINION FORM:**

[**https://www.osha.gov/SLTC/etools/hospital/hazards/bbp/writtenopinionpostexposureevaluation.html**](https://www.osha.gov/SLTC/etools/hospital/hazards/bbp/writtenopinionpostexposureevaluation.html)

**INCIDENT REPORT FORM: Refer to the ADA compliance manual for a sample document**

* **SIGNS AND SYMPTOMS OF HEPATITIS B AND HEPATITIS C AND HIV/AIDS:**

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***SECTION 4: CORONOVIRUS; HAND HYGIENE; PERSONAL PROTECTIVE EQUIPMENT;***

***AEROSOLIZATION TRANSMISSION; DONNING & DOFFING P.P.E.; PROTECTING OUR PATIENT***

**COVID-19: REFER TO A.D.A. RETURN TO WORK INTERIM GUIDANCE TOOLKIT AND UPDATES**

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* **HAND HYGIENE:**
  + Perform hand hygiene: When hands are visibly soiled; After bare-handed touching of contaminated surfaces or items; Before & after patient treatment; Before donning gloves; After using the restroom; Before eating
  + Hand sanitizer is **NOT** a replacement for hand washing when arriving to work and after lunch
  + **Video: Hand Hygiene:** www.bing.com/videos/search?q=WHO+5=Moments+of+Hand+Hygiene+for+dentistry&&view=detail&mid=5630704
* **O.S.H.A. REGULATIONS FOR P.P.E.:** 
  + **Provided at no expense to employee; cleaned, laundered, repaired, replaced, and disposed of**

**at no cost to the employee, appropriately sized and types, available from a designated person.**

* + **Employees shall wear P.P.E. as stated in the bloodborne pathogen standard.**
  + **OSHA General Industry Standards on P.P.E. impose compliance obligations on dentists. It is up to the employer to monitor compliance of their employees!!!**
  + **P.P.E. must be provided, worn band maintained in a sanitary and reliable condition wherever it is needed to protect employees from infectious hazards, chemical hazards, radiological hazards, and mechanical hazards.**
  + **Training in all areas of PPE must be provided and appropriate sizes available before employee reports for work duty assignment**.

* **SEQUENCE FOR DONNING AND DOFFING PPE: http://www.youtube.com/watch?v=KOPrYxHKawU**
* **EMPLOYEE P.P.E. TRAINING SESSION SHOULD INCLUDE:** 
  + 1) When PPE is required 4) The limitations of the PPE
  + 2) What TYPE OF PPE is required 5) The proper care, maintenance, useful life and disposal of the PPE.
  + 3) How to properly don, doff, adjust, and wear PPE  6) Location/ Availability
* **TRAINING RECORDS SHOULD INCLUDE: DATE, CONTENTS OR SUMMARY, NAME & QUALIFICATION OF TRAINER, NAMES & JOB TITLES OF ATTENDEES AND SIGNATURE OF ATTENDEES. KEEP FOR 3 YEARS.**

* **LAUNDERING**: Have written protocol/ place in contaminated laundry in a designated container that has a lid and is labeled with a sign that designates the contents as ‘contaminated laundry’/ place a biohazard symbol on the lid. Have written agreement with

laundry service that laundry may be contaminated with bloodborne pathogens.

* **IN-HOUSE LAUNDRY**: Place sharps container, gloves, protective eye wear and mask in laundry room area/ perform training so employees know where to place contaminated laundry, how to handle as least as possible and how to perform a monthly bleach cycle.
* **MANDATORY CERTIFICATE:** 
  + Required to certify that the required hazard assessment has been performed. The certificate must contain:

1) The identity of the workplace

2) The identity of the person certifying that the evaluation was performed

3) The date of the evaluation.

* **SAMPLE MANDATORY CERTIFICATE:**

**HAZARD ASSESSMENT FOR THE DETERMINATION OF PERSONAL PROTECTIVE EQUIPMENT**

An evaluation of the facility located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ owned and operated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been performed on \_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The evaluation confirms that hazards do exist in this facility warranting the use of personal protective (PPE) equipment as stated

in the Bloodborne Pathogens and Hazard Communication Standard for chemical exposure (OSHA Standard 29 *CFR* 1910 Subpart 1 Appendix B and 1910.1200). Required PPE must be used in the treatment rooms, lab, sterilization area, and

in any area or at any time there may be a risk to bloodborne pathogen or other potentially infectious material (OPIM).

Documentation of employee training in PPE is located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Employer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been informed of the requirement to provide appropriate personal protective equipment to my employees.

Employer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CDC Recommendations for PPE since COVID-19:**

**\*\*Beware of the KN95 mask. These masks do not have the same particle rating as the N95s. We do not know the fluid level protection until they**

**have been tested in the U.S. Use only NIOSH certified N95s. During the pandemic, the KN95s have been used in emergency situations due to lack of PPE. They are NOT a replacement for N95 masks. Refer to list available by NIOSH for approved masks.**

**\*\*DO NOT re-use any type of mask. Masks are all labeled by the FDA as a single, one-time use. CDC guidelines recommend changing masks after**

**each patient & if it becomes wet. During the interim, level 3 masks have been placed over respirators to prolong the life of respirators.**

**\*\*DO NOT sterilize or disinfect masks or respirators.**

**\*\*Level 3 masks DO NOT protect against coronavirus due to gaps left open on side of face. N95s are designed to seal tightly against user’s face.**

**\*\*Face shields are recommended to be worn over face masks and respirators, for added protection.**

**\*\*Continue wearing all regulated PPE. If you have not been following CDC guidelines, please refer to the CDC 2016 updated guidelines.**

**\*\*Consider an in-office policy for changing clothes at the beginning and end of your shift.**

**\*\*Research the cost of disposable, knee-length gowns vs. send out laundry for cloth gowns.**

**\*\*Laundry policy needs to be developed and enforced for all clinical personnel.**

**\*\*Consider an in-office policy to require smooth leather shoes vs. mesh, so shoes can be easily disinfected. Consider changing shoes at work.**

***SECTION 5: RESPIRATORY PROTECTION PROGRAM (R.P.P.); INJURY & ILLNESS PREVENTION PLAN (I.I.P.P.)***

**Should you choose to utilize N95 respirators, you will be required to:**

1. Have a written Respiratory Protection Program (RPP)
   1. OSHA provides a template for creating a written RPP in the OSHA Small Entity Compliance Guide:

<https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>

(Save to desktop section C-1 regarding respirators)

* 1. CDC provides a template in its Respiratory Toolkit:

[www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSHPUB2015117](http://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSHPUB2015117)

* 1. **California Dental Association provides an editable version:**

**www.cda.org/Home/Practice/Practice-Support/Resource-Library/regulatory-compliance**

1. Designate a qualified administrator for the program
   1. Person needs to understand
      1. the hazards for which N95s would be needed
      2. the protection N95s offer
      3. the requirements of the Respiratory Protection Standard, as it applies to N95s (CFR 1910.134)
2. Train employees initially and annually
   1. Written RPP and OSHA Respiratory Protection Standard
   2. Perform Fit Testing
   3. Train on how to perform a seal check test, on each employee, prior to use
   4. Record size of mask (N95s are size specific)
   5. Demonstrate how to properly don and doff an N95 mask
   6. Sign training record each year

**Videos available:**

1. ‘Difference between a Surgical mask and an N95 mask’ http:// youtube.com/watch?v=ovSLAuY8ib8
2. ‘Respirator Safety’ (Performing a Seal Check) http://youtube.com/watch?v=ovSLAuY
3. ‘Using Respirators and Surgical Masks During COVID-19’ http://youtube.com/watch?v-OgKuBj\_BY7c

***SECTION 6: SAFETY PLANS; EMERGENCY ACTION PLAN;***

***FIRE PREVENTION PLAN; WORKPLACE VIOLENCE; ACTIVE SHOOTER***

* **EMERGENCY ACTION PLAN SHOULD INCLUDE, AT A MINIMUM, THE FOLLOWING:**
  + DESCRIBE ACTIONS TO BE TAKEN TO INSURE EMPLOYEE SAFETY
  + INCLUDE FLOOR PLANS AND MAPS THAT SHOW PATH OF EGRESS
  + TELL EMPLOYEES WHAT ACTIONS TO TAKE IN EMERGENCY SITUATIONS
  + COVER REASONABLY EXPECTED EMERGENCIES SUCH AS, FIRES, EARTHQUAKES, TOXIC CHEMICALS, HURRICANES, TORNADO, BLIZZARDS AND FLOODS

**REVIEW AT LEAST ANNUALLY AND FOR ALL NEW HIRES:**

SEVERE WEATHER LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON INITIATING THE PLAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON CALLING 911:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON RETRIEVING EMERGENCY EQUIPMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON TO REPORT TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CODE/SILENT COMMUNICATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO ARE YOU RESPONSIBLE FOR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **FIRE PREVENTION PLAN:**
* PERFORM TRAINING ON FIRE EXTINGUISHER USE
* EMPLOYEES KNOW LOCATION OF EXTINGUISHERS, PULL ALARMS
* APPROPRIATE TYPES OF EXTINGUISHER(S) ARE PRESENT
* IDENTIFY FIRE SOURCES AND ELIMINATE OR CONTROL

**REVIEW AT LEAST ANNUALLY AND FOR ALL NEW HIRES:**

EVACUATION LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON IN CHARGE OF MONTHLY FIRE EXTINGUISHER INSPECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY IN CHARGE OF ANNUAL INSPECTIONS AND MAINTENANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDENTIFY ALL PERSONS TRAINED ON HOW TO USE A FIRE EXTINGUISHER.

ARE PERSONS EXPECTED TO PERFORM CPR UP TO DATE WITH TRAINING?

* **WORKPLACE VIOLENCE**:
  + SEARCH “OSHA VIOLENCE INCIDENT REPORT FORM” [**www.osha.gov/STLC/workplaceviolence/incidentreportform.html**](http://www.osha.gov/STLC/workplaceviolence/incidentreportform.html)
  + REFER TO OSHA’s FACT SHEET
* **ACTIVE SHOOTER PREPARATION: www.http://youtube.com/watch?v=w9nldEZv16k**
* TRAIN EMPLOYEES ON THE FOLLOWING:
  + - Establish an Emergency Code Word
    - Perform training on active shooter preparation/ use the Run..Hide..Fight video listed above
    - Should you be threatened you should:
      * Remain Calm
      * Be courteous and patient
      * Do NOT focus on the weapon
      * Plan an escape route
      * Do NOT try to disarm
    - If being threatened with a weapon- remember they have NOT decided to use it. If you panic, it may aggravate the situation.
    - Listen attentively and follow instructions of the person with the weapon.
    - Concentrate on the person, using a calm clear voice. The person will concentrate on you instead of the weapon.
    - Try to stay as far away from the person as possible, while planning an escape route if situation becomes more serious.

**SECTION 7: HAZARD COMMUNICATION; G.H.S. UPDATE; SAFETY DATA SHEETS (SDS);**

**SECONDARY LABELS; SDS FILING TIPS; EYEWASH STATION; SIGNS, LABELS AND COLOR CODING**

* **REQUIREMENTS OF A HAZARD COMMUNICATION PROGRAM:**
* WRITTEN HAZARD COMMUNICATION PROGRAM
* CURRENT CHEMICAL LIST FOR ALL HAZARDOUS CHEMICALS USED OR STORED IN FACILITY
* SAFETY DATA SHEETS PRESENT FOR ALL HAZARDOUS CHEMICALS/PRODUCTS
* EMPLOYEE TRAINING ON HAZARDOUS CHEMICALS THE EMPLOYEE WORKS AROUND, HOW TO READ A SAFETY DATA SHEET AND A CHEMICAL LIST, VERBAL INSTRUCTION ON THE COMPLETE HAZARD COMMUNICATION PROGRAM
* **GLOBALLY HARMONIZED SYSTEM OF CLASSIFICATION AND LABELING OF CHEMICALS:**
* FINAL DEADLINE FOR FACILITIES TO BE IN COMPLIANCE WAS JUNE 1, 2016!!!
* ALL EMPLOYEES NEED TO HAVE TRAINING ON THE NEW G.H.S. FORMAT

**REFER TO O.S.H.A.’S FACT SHEET: ‘HAZARD COMMUNICATION FINAL RULE: G.H.S.’**

* **CHEMICAL LIST HEADINGS**

**Refer to ADA Compliance Manual for master copy or fabricate on excel spreadsheet utilizing these categories:**

* HAZARDOUS CHEMICAL
* NAME OF PRODUCT
* MANUFACTURER
* HAZARD OF PRODUCT
* IS SDS ON FILE (ANSWER YES OR NO IN THIS SECTION)
* **ESTABLISH A SYSTEM FOR INCOMING PRODUCTS**- ensure all chemicals/products are checked for proper labels and current SDS
* **MAINTAIN SECONDARY LABELS** on containers that are outside of its original containers
* **UTILIZE SIGNS, LABELS AND COLOR CODING** where needed and train employees about their meaning.
* **SAMPLE SECONDARY LABEL: ADD PICTOGRAM(S)**

**Product: BeSafe Enzyme Ultrasonic Cleaner Tabs ADD BIOHAZARD STICKER (if applicable)**

**Manufacturer**: Safco Dental Supply Co., Inc.

1111 Corporate Grove Drive Buffalo Grove, IL 60089 USA

**Health Hazard:** Danger! Corrosive

**Hazard Statement:** Causes serious eye damage and skin burns

**Precautionary Statement:** Do not breathe dust/fume/gas/mist/vapors/spray

Wash hands after handling. Wear protective gloves/clothing/eye and face protection.

Wash contaminated clothing before reuse. Store locked up.

Dispose of contents/container in accordance with Local, State, Federal regulations.

**Emergency First Aid:**

Eye: Rinse cautiously with water for several minutes. Remove contact lenses, if present

and easy to do. Continue rinsing.

Skin (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.

Inhalation: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

Ingestion: Rinse mouth. Do NOT induce vomiting.

**LIST PRODUCTS OUTSIDE OF THEIR ORIGINAL CONTAINERS THAT NEED TO HAVE SECONDARY LABELS FABRICATED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FILING TIPS FOR S.D.S:**

* TRAIN ALL EMPLOYEES ON HOW THE SDS ARE FILED (A-Z; NUMERICAL)
* ESTABLISH AN ARCHIVE FILE
* ADD DATES TO THE SDS FOR WHEN PRODUCT BEGAN BEING USED AND THE ARCHIVE DATE
* DO NOT DISCARD MSDS/SDS
* PLACE NEWER SDS ON TOP OF PREVIOUS MSDS WITHIN A PLASTIC SLEEVE OR BEGIN A NEW SDS FILE AND SEPARATE THE PREVIOUS MSDS
* KEEP ALL MSDS/SDS FOR 30 YEARS PLUS THE LENGTH OF EMPLOYMENT
* IN ADDITION TO THE PRODUCTS THAT ARE BEING USED WITHIN YOUR FACILITY,,,,,GATHER SDS FOR IV DRUGS, MEDICATION, FIRST AID ITEMS

**LIST ITEMS/ EQUIPMENT IN YOUR FACILITY THAT NEED TO HAVE WARNING LABELS OR COLOR CODING PLACED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXEMPTED ITEMS FROM S.D.S. REQUIREMENTS:** EMPLOYEE’S PERSONAL CARE ITEMS, NON-HAZARDOUS CHEMICALS; FOOD AND

BEVERAGES; PHARMACEUTICALS IN SEALED PACKAGES; SAMPLE ITEMS IN SEALED PACKAGES; CONSUMER PRODUCTS, IF IN SMALL

AMOUNTS IN COMPARISON TO AN AVERAGE HOUSEHOLD

**ACCESSING SAFETY DATA SHEETS:** Must be retained within 3-5 minutes. If using electronic means the system must be reliable and

readily accessible; employees trained; adequate back-up or stored in the cloud; a way to provide information to medical personnel.

***SECTION 8: WASTE MANAGEMENT & REGULATED ISSUES***

***MERCURY RELATED ITEMS; AMALGAM SEPARATORS; EYEWASH STATION;***

***NITROUS OXIDE; ERGONOMICS; IONIZING RADIATION; TUBERCULOSIS***

***Ultimately the employer reserves the right to dictate any ‘Non-Regulated’ items***

***they prefer to be deemed as ‘Regulated.***

***Business owner is responsible ‘to the curb’ with the facility’s waste. E.P.A. takes over at that time. If a glass anesthetic***

***carpule becomes broken, it is considered hazardous. Place in sharps container for peace of mind!***

* **REGULATED WASTE THAT GOES IN THE RED BAG:**
* LIQUID OR SEMI-LIQUID FORM OF BLOOD, BLOOD PRODUCTS AND OTHER POTENTIALLY INFECTIOUS MATERIAL (O.P.I.M.)
* ITEMS SATURATED WITH BLOOD/ SALIVA OR O.P.I.M. THAT RELEASES FLUIDS DURING HANDLING

(BY SQUEEZING, DRIPPING OR CAKED) AND PATHOLOGIC WASTE SUCH AS TISSUE

* **REGULATED WASTE THAT GOES IN THE SHARPS CONTAINER:**
* CONTAMINATED SHARPS (NEEDLES, SCALPEL BLADES, INSTRUMENTS, BURS, ENDO FILES, BROKEN AND CONTAMINATED

GLASS, ORTHODONTIC WIRES, IV AND IM SYRINGE AND NEEDLE, SURGICAL NEEDLES, ENDS OF WIRE USED DURING

FRACTURE REDUCTION, HANDPIECE BURS, METAL DISPENSING TIPS)

* EXTRACTED OR EXFOLIATED TEETH WITH NO AMALGAM (THAT WAS NOT GIVEN TO PATIENT)

***\*\*PATIENT’S RESERVE THE RIGHT TO KEEP THEIR EXTRACTED TEETH\*\****

* POTENTIAL SHARPS (ANESTHETIC CARPULES THAT COULD POTENTIALLY CONTAIN APIRATED BLOOD OR BREAK IF PUT IN

GENERAL WASTE; BROKEN OR CONTAMINATED GLASS)

* **WHAT ITEMS ARE CURRENTLY BEING PLACED IN YOUR FACILITY’S RED BAG INCORRECTLY?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **COMPARE REGULATED WASTE HAULER’S FEES. KNOW WHEN YOUR CONTRACT IS DUE TO END & MAKE CHANGES AHEAD OF TIME BEFORE IT RENEWS AUTOMATICALLY. REQUEST ‘ON CALL’ BASIS FOR PICK-UP & CHARGED AT THAT TIME/ NO MONTHLY FEES!!!**
* **REFER TO ADA’S BEST MANAGEMENT PRACTICES FOR DISPOSAL OF AMALGAM/MERCURY RELATED ITEMS SUCH AS: EVACUTRAPS,**

**SCRAP AMALGAM, EXTRACTED TEETH WITH AMALGAM, AMALGAM CAPSULES, SUCTION FILTERS.**

***DO NOT DISPOSE OF MERCURY RELATED ITEMS WITHIN YOUR REGULATED MEDICAL WASTE!!!***

* **AMALGAM SEPARATOR:** 
  + **One-Time Compliance Report** [**www.ada.org**](http://www.ada.org) **‘Dental Effluent Guidelines Reporting Requirement’**
    - **For Additional Information Contact Todd Blanc 314-416-2064 toddblanc@dnr.mo.gov**
  + **JULY 14, 2020: Deadline for current practices (may have changed date due to COVID-19)**
  + **JULY 14, 2017: (NEW) Opened on or after must comply**
  + **JULY 14, 2024: Existing dental practice deadline to have existing separator meet regulations**
  + Use of ISO 11143 Compliant Separator
  + Use separator compatible (SC) evacuation line cleaning solution (**Example: Use PureVac SC vs. regular PureVac)**
  + DO NOT bleach to clean lines and NO flushing or pouring down the drain any mercury related items
  + Minimum removal of cartridge, once per year
  + NO re-routing of plumbing allowed
* **REGULATORY ISSUES:**

**EYEWASH STATION:** Perform bump test weekly; Cold water only; Train employees on how to use; Place location sign

***\*\*REQUIRED BY LAW TO HAVE AN EYEWASH STATION IN YOUR OFFICE\*\****

**NITROUS OXIDE:**

* REFER TO THE **ADA’S SAFETY CHECKLIST FOR DENTAL EQUIPMENT SEMI-ANNUAL REMINDER**
* IN-OFFICE INSPECTION OF UNITS TWICE A YEAR/ SCAVENGER SYSTEM PRESENT AND WORKING AT ALL TIMES
* DENTAL ASSISTANTS ARE REQUIRED BY MISSOURI LAW TO HAVE A CERTIFICATE IN TRAINING OF N2O2
* BEWARE OF DANGER FOR PREGNANT PATIENTS, EMPLOYEES AND PARENTS IN THE ROOM

***OPTION: INFORMED CONSENT FOR THE PREGNANT PARENT PRESENT IN THE ROOM OF THE CHILD***

***THAT IS UNDERGOING N2O2. THE CONSENT OUTLINES RISK FOR THEIR UNBORN CHILD.***

* **Train Employees on Compressed Gases:**
  + **Labeling:** All tanks should be labeled; do not rely on color of tank-different suppliers may use different colors; mark unknown tank with label stating, “Unknown Contents” and call company for pick-up. Label gas lines to cylinders
  + **Storage:** Secure all tanks with straps or chains connected to a wall bracket in upright position and in cool, dry, well-

ventilated and isolated from any potential fire or electrical hazards. Do not store in hallways or public areas.

Separate cylinders by their content. Store empty and full cylinders separately. Empty cylinders- pick-up asap!

Oxygen cylinders need to be stored at least 20 feet from other flammable gases or combustible materials.

* + **Transporting:** Cylinders should only be moved or transported using a cart or basket designed for this purpose. Transportation will generally be done by the company representatives. Do not transport with regulator in place or roll on its side. Do not lift by valve cover or strike a cylinder or drop it.

**ERGONOMICS:**

EMPLOYEES PUT IN WRITING COMPLAINTS/ EMPLOYER RESPONDS IN TIMELY MANNER; GENERALLY WITHIN 15 DAYS

**IONIZING RADIATION:**

* 3-D PANO: INSPECTION EVERY 3 YEARS AND ALL OTHER X-RAY EQUIPMENT EVERY 6-7 YEARS
* REGISTRATION FOR ALL X-RAY EQUIPMENT EVERY 2 YEARS
* OSHA STANDARD STATES THAT X-RAY BADGES SHALL BE WORN
* ROOMS AND EQUIPMENT NEED TO HAVE SIGNS AND LABELS

**TUBERCULOSIS:**

* + SEARCH FOR FORM: “TB RISK ASSESSMENT FORM” COMPLETE THIS FORM ANNUALLY
    - Low risk facility = no annual testing required
    - Medium risk facility= testing annually
    - Potentially ongoing= testing every 8-10 weeks
  + TRAINING FOR EMPLOYEES: REFER TO CDC’s 2005 GUIDELINES FOR PREVENTING THE TRANSMISSION OF MYCOBACTERIUM TUBERCULOSIS IN HEALTHCARE SETTINGS
  + NEW DIRECTIVE INCLUDES SCREENING REQUIRED FOR ALL NEW HEALTHCARE WORKERS ENTERING YOUR FACILITY

**ADDITONAL INFORMATION**

**\*\*OSHA 300 Logs**

We have been exempted from 300 logs in the past. Please be prepared for future changes to this regulation for the annual

completion of logs.

There is a regulatory exemption for recording instances of standard flu and colds. OSHA has deemed the 2019 Novel

Coronavirus a recordable illness when a worker is infected on the job. In addition, an employer may be subject to reporting

requirements under state and local law if they have reasonable belief that a significant disease is present in the workplace.

Should this occur, it would be considered an appropriate time to print 300 Logs from the OSHA website and complete forms.

Contagious diseases transmitted at work must be recorded.

**\*\*Return to Work Policy**

Please consider adopting this policy within your practice. This policy should contain the most recent pandemic event and include a new sick leave policy for DHCP that are flexible, non-punitive, and consistent with public health guidance (e.g., allowing employees to stay home if they are have symptoms of respiratory infection). It should include that you will ask staff to stay home if they are sick and that you will send staff home if they develop symptoms while at work.

A sample Return to Work Policy: http://resources.workable.com/coronavirus

If you would like to have information on the benefits of a Return to Work Program, please google:

‘Benefits of Return to Work Program’ by Marianne Bonner; October 11, 2018

\*\***Injury and Illness Protection Program (IIPP):**

Sample plan, ready to edit, by California Dental Assoc.

[**http://www.cda.org/Home/Practice/Practice-Support/Resource-Library/regulatory-compliance-regulatory-compliance-**](http://www.cda.org/Home/Practice/Practice-Support/Resource-Library/regulatory-compliance-regulatory-compliance-)

**manual-injury-and-illness-prevention-plan**

**\*\*OSHA’s Regulations: ‘Guidance on Preparing Workplace for COVID-19’ Spring 2020**

<http://www.osha.gov/Publications/OSHA3990.pdf> Please save an electronic copy on your desktop

**\*\*OSHA General Duty Clause (GDC)**

Employers are required to furnish “a place of employment which is free from harm to employees…” There are some steps

employers can take to prevent the spread of Coronavirus within the workplace. During a pandemic, employer could be cited

for a GDC violation where, for example, the virus was present, and the employer’s efforts were insufficient; or employees were

required to perform tasks that exposed them to the hazard of pandemic coronavirus. Employers are responsible for

implementing work practice controls and providing PPE.

**\*\*Personal Protective Equipment**

OSHA requires that PPE, clothing, and barriers be provided whenever it is necessary to prevent employees from being exposed to

environmental hazards. PPE is provided at the employee’s request and is provided at NO charge to the employee. Employers are

required to evaluate the workplace and provide the necessary PPE to the employees. Employers are responsible for overseeing

the employee and that he or she is complying with regulations.

**CHECKLISTS AND INSPECTIONS; TRAINING RECORDS & SIGNATURE STATEMENTS**

* **EXAMPLE AREAS OF INSPECTION AND TESTING:**

SPORE TESTING (WEEKLY)

EYEWASH STATION (WEEKLY)

FIRST AID/AED/PORTABLE OXYGEN (MONTHLY)

FIRE EXTINGUISHER/EXIT SIGNS/SMOKE ALARMS/EVACUATION POSTING (MONTHLY/ANNUALLY)

RADIATION BADGES (EVERY 3 MONTHS)

WATER TESTING (EVERY 3 MONTHS

NITROUS OXIDE EQUIPMENT (EVERY 6 MONTHS)

LABOR LAW POSTERS (ANNUALLY)

WASTE MANAGEMENT/MERCURY RECYCLING/ AMALGAM SEPARATOR FILTER (AS NEEDED/ AT LEAST ANNUALLY)

* **LIST ADDITIONAL AREAS OF INSPECTION AND TESTING IN YOUR OFFICE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFER TO THESE WEBSITES FOR COPIES OF AUDITS AND CHECKLISTS:**

**SAFETY CHECKLIST FOR DENTAL EQUIPMENT: ADA SEMI-ANNUAL REMINDER: www.ada.org**

**OSHA SMALL BUSINESS HANDBOOK: ‘SELF-INSPECTION CHECKLIST’: www.osha.gov**

**TIMELINE FOR MAINTAINING RECORDS/LOGS:**

**Bloodborne Pathogens:**

Sharps Evaluation-yearly- retain previous year’s evaluation

Sharps Injury Log - yearly- retain for 5 years

Sharps Injury Records- retain for duration of employment plus 30 years

HBV records- retain for duration of employment plus 30 years

Exposure records- retain for duration of employment plus 30 years

Assessment of job determination and risk assessment- performed and updated annually

Spore Testing- Keep indefinitely

**Radiation Exposure:**

Badges are submitted quarterly. Keep all records for duration of employment plus 30 years.

Equipment Inspections: retain for length of employment plus 30 years

**Hazardous Communication:**

SDSs- Continuously add as new chemicals/products are added to workplace. Standard says to keep for 30 years,

but can be interpreted to mean that SDS should be kept for 30 years of discontinued chemical or if highly

hazardous or if an employee had exposure incident. All SDSs should be kept for current chemicals.

Chemical List- Review annually. Add as new chemical or products are added.

Medical Waste Disposal Logs- Refer to state or local regulations

**Ergonomics:** Required recordkeeping has not yet been determined. If injury has occurred or effort is being made to

acknowledge complaint, retain for employment plus 30 years.

**Training Documents:** Retain for 3 years. (Hazardous Communication-keep for length of employment plus 30 years)

**Workplace Violence:**  Documented incidents-duration of employment plus 30 years

**Hazard Analysis:**

Assessment of Facility and Hazards-required once-update annually

Assessment of PPE-required once-update annually

Review of office policies-update annually

Management training- done initially and updated when changes with management

**Tuberculosis:** Include in yearly assessment. Keep exposure records, per employee, for employment plus 30 years.

**300 Logs:** Dental offices are exempt, but should you be asked to complete by the Dept. of Labor; keep for 3- 5 years per instructions.

**Contagious diseases transmitted at work must be recorded!! Google: OSHA 300 Logs**

* **TRAINING RECORDS/ SIGNATURE STATEMENTS:**

**Sample signature statements for all employees to sign after training:**

I have had an opportunity to read the required OSHA standards; 29 CFR 1910.1030 Bloodborne Pathogen Standard, 29 CFR 1910.1200 Hazard Communication Standard, Access to Employee Records, and Worker’s Rights under the Occupational Safety

and Health Act of 1970. I have been informed and provided an explanation of the required OSHA standards. I have had an opportunity to have all my questions answered. I have been informed that a review will take place during our facility’s annual training session. It is advised that I follow the before-mentioned standards for OSHA compliance. My signature below confirms

that I have been trained according to OSHA requirements and I understand my responsibilities.

* **TRAINING RECORDS SHOULD INCLUDE: DATE, CONTENTS OR SUMMARY, NAME & QUALIFICATION OF TRAINER, NAMES & JOB TITLES OF ATTENDEES AND SIGNATURE OF ATTENDEES. KEEP FOR 3 YEARS.**
* **MEDICAL RECORDS SHOULD CONTAIN THE FOLLOWING:**

**\*\*KEEP CONFIDENTIAL; MAINTAIN FOR LENGTH OF EMPLOYMENT +30 YEARS**

Name and social security number of the employee

Copy of the employee’s Hepatitis B vaccination series and results of vaccination series (titer)

Copies of results of medical examinations/ Medical testing and follow-up procedures

Copies of health care professional’s written opinion (if employee chooses to share results)

Copies of the information provided to the health care professional

* **Medical records are to be kept confidential and cannot be disclosed without the employee’s consent or as required by law.**
* **Medical records of employees who have worked for less than one year need not be retained beyond the term of employment if the records are provided to the employee upon termination of employment. \*\*Have employee sign document stating received.**

***Thank you for allowing me to spend time with you today. My prayer for you is to stay safe and healthy while striving to obtain your personal and career goals. I have given you a lot of information today but remember that a little progress each day adds to big results!! Good luck to you in your career path and remember to stand proud of what you, as a dental health care professional, do each day and the difference you make in the people’s life you touch!!***

**Disclaimer: This handout is meant to provide general guidelines. This handout may not take into account all relevant local, state or federal laws and is not a legal document. Neither the author or ComplianShield, L.L.C. will assume any legal liability**

**that may arise from the use of the information contained in this document.**