***O.S.H.A. COMPLIANCE AND INFECTION CONTROL FOR THE DENTAL PROFESSIONAL***

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**SECTION 1: INTRODUCTION TO O.S.H.A. AND CURRENT UPDATES; PENALTY INCREASES, JOB CLASSIFICATION, EXPOSURE CONTROL PLAN, O.S.H.A. STANDARDS AND GENERAL DUTY CLAUSE, INSPECTION PROCEDURES**

* **HOW TO REACH O.S.H.A.**: 1-800-321-6742 (OSHA) KANSAS CITY: 1-816-483-9531
* **O.S.H.A. UPDATES:** 
  + Poster updates
  + Globally Harmonized System of Classification and Labeling of Chemicals (GHS)
  + Workplace Violence in Healthcare
  + Revised Ergonomic Guidelines
  + Eye and Face Protection
  + TB Inspection Procedures
  + Updated Chemical Standards/ Formaldehyde
  + Walking Workplace Surfaces/ Personal Fall Protection
  + Access to Employee Exposures and Medical Records
  + Modifications of OSHA Penalties/ Penalty Increases
* **MOST FREQUENT CITATIONS (TOP VIOLATIONS FOR 2016):**

**#1: HAZARD COMMUNICATION WRITTEN PROGRAM**

**#2: OSHA LOGS**

**#3: HAZARD COMMUNICATION: EMPLOYEE TRAINING**

**#4: LABELING OF CHEMICALS/SAFETY LABELS**

**#5: POSTING OSHA NOTICES**

**#11: HAZARD COMMUNICATION SAFETY DATA SHEETS (NOT COMPLETE)**

* **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
    - All work-related losses of an eye
* Employers must report work-related fatalities within 8 hours of finding out about them
* Employers only have to 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 a work-related incident
* **TO COMPLY WITH O.S.H.A. STANDARDS YOU MUST:** 
  + Read the O.S.H.A. Standard
  + Perform the Exposure Determination and train employees
  + Establish a written exposure control plan (ECP)
  + Implement the plan by the use of engineering and work practice controls, PPE, housekeeping,

and other aspects of the ECP

* + Begin a training program and educate employees
  + Maintain the required records/documents
* **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 upon hire, when duties change 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

1910.215 Abrasive Wheel Machinery

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

1904.39 Reporting fatalities

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

Ergonomic Final Rule

Occupational Safety and Health Act of 1970

Needle Stick Safety and Prevention Act 2001

* **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.

* **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 the course of their regular work day, including exposure to blood or other potentially infectious material (OPIM).

Class 2: Employees with some occupational exposure during the course of their regular work day; 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**

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* **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

* **EXPOSURE CONTROL PLAN:** 
  + A written document required by OSHA’s BBP Standard
  + It is to be located within your facility and updated annually
  + Describes the exposure determination at your facility and how the provisions of the Standard will be

implemented and include the following:

* Communication of hazards to employees
* Hepatitis B vaccination
* Post-exposure evaluation and follow-up
* Evaluation of exposure incidents
* Identification, evaluation and use of safer medical devices
* Recordkeeping
* Infection control procedures
* **Write a safety policy for your office and staff. Place a copy in your exposure control plan. Have**

**employees sign a signature statement that they read and understand the office’s safety policy.**

* + **Add additional tabs to your current Exposure Control Plan to keep up with change in regulations,**

**new office policies, additional information learned from training sessions, etc.**

* + **Training must be provided in all areas of your exposure control plan and facility.**
  + **Temporary workers are generally under-trained and result in more injuries.**
* **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.

* **PREPARING FOR AN O.S.H.A. INSPECTION: Refer to O.S.H.A. Fact Sheet: ‘O.S.H.A. Inspections’**
  + Educate yourself on current OSHA regulations and be compliant with local, state and federal regulations

that overlap OSHA regulations.

* + Designate a compliance coordinator and an infection control coordinator.
  + Have an updated Exposure Control Plan.
  + Read and follow the BBP Standard.
  + Follow the Hepatitis B vaccine requirements and post-exposure guidelines.
  + Maintain current safety data sheets and chemical list.
  + Properly label all hazardous chemicals that are out of their original containers with appropriate secondary labels.
  + Provide training records for new employees and annual thereafter for BBP, OSHA standards that apply to your workplace.
  + Provide ALL necessary PPE for your employees at no cost to them. Train employees on the proper use, care, limitations, and disposal of PPE.
  + Infection Control: Follow CDC ‘Guidelines for Infection Control in Dental Health Care Settings’. Use disinfectants approved by the Environmental Protection Agency and according to label requirements.
  + Use only Food and Drug Administration approved products and dental devices.
  + First aid supplies and equipment should be available to trained personnel. Inspect first aid kit monthly.
  + Follow all manufacturer directions for the proper use and maintenance of all devices and dental products.
  + Include OSHA and Infection Control topics in your monthly meetings. Document topics discussed and persons present. Have employees sign training records when training is performed.
  + Maintain medical records for 30 years from last day of employment.
  + Perform all necessary monitoring, testing and inspections.

**SECTION 2: HAZARD COMMUNICATION, G.H.S. UPDATE**

* **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: JUNE 1, 2016**

* **ALL EMPLOYEES NEED TO HAVE TRAINING IN REGARDS TO THE NEW G.H.S.**

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

* **CHEMICAL LIST HEADINGS (FABRICATE ON EXCEL SPREADSHEET)**
* HAZARDOUS CHEMICAL
* NAME OF PRODUCT
* MANUFACTURER
* HAZARD OF PRODUCT
* IS SDS ON FILE (ANSWER YES OR NO IN THIS SECTION)

**NOTES REGARDING SAFETY DATA SHEET FILING AND ORGANIZATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **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 Dr.

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/

vapours/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 and Provincial

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 of 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.

**SECTION 3: MEDICAL WASTE**

* **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

SQEEZING OR ACTUALLY DRIPPING OR CAKED)

* PATHOLOGIC WASTE: EXFOLIATED OR EXTRACTED TEETH
* **REGULATED WASTE THAT GOES IN THE SHARPS CONTAINER PRIOR TO PLACING IN THE RED BAG:**
* CONTAMINATED SHARPS (NEEDLES, SCALPEL BLADES, INSTRUMENTS, BURS, ENDO FILES, BROKEN AND

CONTAMINATED GLASS)

* POTENTIAL SHARPS (ANESTHETIC CARPULES THAT COULD POTENTIALLY CONTAINED APIRATED BLOOD)
* **DO NOT DISPOSE OF MERCURY RELATED ITEMS WITHIN YOUR REGULATED MEDICAL WASTE!!!**
* **WHAT ITEMS ARE CURRENTLY BEING PLACED IN YOUR FACILITY’S RED BAG INCORRECTLY?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **COMPARE REGULATED WASTE HAULER’S FEES. KNOW WHEN YOUR CONTRACT IS DUE TO END AND MAKE CHANGES AHEAD OF TIME BEFORE IT RENEWS AUTOMATICALLY.**
* **MERCURY RELATED ITEMS: EVACUTRAPS, SCRAP AMALGAM, TEETH WITH AMALGAM, AMALGAM CAPSULES,**
* **REFER TO ADA’S BEST MANAGEMENT PRACTICES FOR DISPOSAL OF AMALGAM**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 4: SIGNS, LABELS, AND COLOR CODING**

* Establish a system to ensure that all incoming hazardous chemicals/products are checked for proper labels and

current safety data sheet.

* Maintain secondary labels on containers that are outside of its original containers
* Utilize signs, labels and color coding where needed and train employees in regards to their meaning.

**LIST ITEMS IN YOUR FACILITY THAT NEED TO HAVE WARNING LABELS PLACED:**

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**LIST PRODUCTS OUTSIDE OF THEIR ORIGINAL CONTAINERS THAT NEED TO HAVE SECONDARY LABELS MADE:**

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**SECTION 5: PERSONAL PROTECTIVE EQUIPMENT (P.P.E.)**

* **O.S.H.A. REGULATIONS: Provided at no expense to employee; cleaned, laundered, repaired, replaced, and**

**disposed of at no cost to employee; appropriate sizes and types, available from a designated person.**

**Employees shall wear P.P.E. as stated in the bloodborne pathogen standard.**

* **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 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 in regards to 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Doctor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* OSHA General Industry **Standards on P.P.E. impose compliance obligations on dentists.**
* **P.P.E. must be provided**, used and maintained in a sanitary and reliable condition wherever it is needed to protect employees from chemical hazards, radiological hazards and mechanical hazards.
* It is up to the **employer to monitor compliance** of their employees!!!
* **Training** in all areas of PPE must be provided before employee reports for work duty assignment.
* **Laundering**: Have written protocol/ place in designated container preferably with a lid and biohazard symbol/Place sharps container, gloves and mask in laundry area/ perform training so employees know where to place contaminated laundry, to handle as least as possible and to perform a bleach cycle monthly.
* **EMPLOYEE P.P.E.TRAINING SESSION SHOULD INCLUDE:** 
  + 1) When PPE is necessary
  + 2) What PPE is necessary
  + 3) How to properly don, duff, adjust and wear PPE \*\*\*Check CDC Website for video
  + 4) The limitations of the PPE
  + 5) The proper care, maintenance, useful life and disposal of the PPE.
  + 6) Location/ Availability
* **TRAINING RECORDS SHOULD INCLUDE: DATE, CONTENTS OR SUMMARY, NAME & QUALIFICATION OF TRAINER, NAMES & JOB TITLES OF ATTENDEES (SIGNATURE: OPTIONAL) KEEP FOR 3 YEARS.**
* **LIST THE TYPES OF P.P.E. IN YOUR FACILTY AND UTILIZE THIS LIST TO PERFORM A TRAINING SESSION:**

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* **LIST OR DESCRIBE AREAS WHERE YOU NEED TO FOCUS ON BETTER COMPLIANCE WITH PPE:**

**HAND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BODY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EYE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MASKS AND FACIAL PROTECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6: ADDITIONAL REGULATORY ISSUES**

* **EYEWASH STATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **BIOLOGICAL SPILL KIT ITEMS:** 
  + MASKS
  + GLOVES IN ALL SIZES REPRESENTED IN THE OFFICE (PACKAGED INDIVIDUALLY BY SIZE)
  + SAFETY GLASSES
  + SCOOP AND BROOM
  + RED BIOHAZARD BAG
  + DISINFECTANT
  + FLUID SOLIDIFIER (EX: REDZ)
* **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
* **WORKPLACE VIOLENCE**: “Violence Incident Report Form” Refer to References and Contacts List

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* **NITROUS OXIDE: \_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **IONIZING RADIATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **TUBERCULOSIS:** “TB Risk Assessement Form” Refer to References and Contacts List

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* **ERGONOMICS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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SAMPLE LIST OF ERGONOMIC ITEMS:

* TELEPHONE HEADSETS/ COMPUTER WORKSTATION/ COMPUTER KEYBOARD & WRIST RESTS
* FITTED EYE PROTECTION/ LOUPES
* DIFFERENT SIZE HANDLES ON HYGIENE SCALERS
* ERGONOMIC CHAIRS FOR OPERATIVE & FRONT DESK AREAS
* PROPER LIFTING TECHNIQUES
* PRACTICING GOOD POSTURE
* CORRECT SIZE GLOVES OR RIGHT/LEFT GLOVES

**SECTION 7: FACILITY INSPECTIONS AND TESTING**

* **AREAS OF INSPECTION AND TIMELINE FOR MAINTAINING RECORDS/LOGS:**

**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 (AS NEEDED/ AT LEAST ANNUALLY)**

* **SAFETY CHECKLIST FOR DENTAL EQUIPMENT-SEMI-ANNUAL REMINDER: Refer to ADA website**

**Bloodborne Pathogens:**

Sharps Evaluation-yearly- keep previous year’s evaluation

Sharps Injury Log - yearly- keep for 5 years

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

HBV records- keep for duration of employment plus 30 years

Exposure records- keep for duration of employment plus 30 years

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

Spore Testing- Keep indefinitely

**Radiation Exposure:**

Badges are submitted at least every 3 months. Keep all records for duration of employment

plus 30 years.

Equipment Inspections: Keep 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 document changes, keep for employment plus 30 years.

**Training Documents:** Keep 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 yearly

Assessment of PPE-required once-update yearly

Review of office policies-update yearly

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. If TB skin test results are positive, keep for duration of employment plus 30 years.

**300 Logs:** Dental offices are exempt at this time. Keep for 3- 5 years per instructions by the Dept. of Labor

**SECTION 8: BLOODBORNE PATHOGENS, EXPOSURE POTENTIAL, ENGINEERING & WORK PRACTICE CONTROLS, NEEDLE STICK SAFETY AND PREVENTION ACT, SHARPS INJURY PROTECTION, HEPATITIS B VACCINATION**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **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 in which 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.)
* **NEEDLE STICK 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
* Evaluations must be kept for 2 years
* **UTILIZE THE FOLLOWING SAMPLE TO COMPLETE A SAFETY DEVICE EVALUATION FOR EACH SAFETY DEVICE WITHIN YOUR FACILITY:**

**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:

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

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **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 dispose of 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
* **SHARPS CONTAINERS:**
* Container placement should allow disposal asap-preferably without needing to put the device down

and 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.
* 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
* 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.
* **HEPATITIS B VACCINATION:**
* A 3-dose vaccination series is offered to all employees at risk of BBP with follow-up serologic testing
* **Non-Responders** will receive the series a second time and repeat titer to confirm infection status.
* **Non-Responders** will test to confirm infection status at time of exposure. They will receive counseling in regards to taking precautions. Considered susceptible to HBV. No specific work restrictions. Obtain HBIG within 2 hours to any known or probable parenteral exposure to HB-antigen positive blood.
* 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 at a later date, employer will be responsible to offer

and pay for the booster.

**Health Care Professionals Hepatitis B Declination Statement**

**Hepatitis B Declination Statement\***

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

|  |
| --- |
| **Declination Statement**  I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time.  I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.   Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*Taken from: *Bloodborne Pathogens and Acute Care Facilities*. OSHA Publication 3128, (1992).

**SECTION 9: POST-EXPOSURE MANAGEMENT**

* **FLOWCHART FOR MANAGEMENT OF OCCUPATIONAL EXPOSURES TO BLOODBORNE PATHOGENS**
* **EMPLOYEE INFORMED REFUSAL OF POST EXPOSURE MEDICAL EVALUATION (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*)

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

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ has immediately made available to me the opportunity to receive a confidential

post-exposure medical evaluation, at no charge to myself, in order 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, have elected not to have the medical evaluation.

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

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

* **ADDITIONAL DOCUMENTS NEEDED FOR POST-EXPOSURE EVALUATION:**
* **EXPOSURE INCIDENT REPORT REGARDING EMPLOYEE**
* **POST-EXPOSURE EVALUATION AND INCIDENT REPORT REGARDING SOURCE PATIENT**
* **EVALUATION OF CIRCUMSTANCES FOLLOWING AN EXPOSURE INCIDENT**
* **HEALTH CARE PROFESSIONALS WRITTEN OPINION FOR POST-EXPOSURE EVALUATION (sample):**

**Health Care Professionals Written Opinion**

**for Post-Exposure Evaluation**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Office Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Health Care Facility Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As required under the Bloodborne Pathogen Standard:   
\_\_\_\_\_\_ The employee named above has been informed of the results of the post-exposure health evaluation.   
\_\_\_\_\_\_ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.   
  
\_\_\_\_\_\_ Hepatitis B vaccination is \_\_\_\_ is not \_\_\_\_ indicated.   
  
Signature of health care provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_   
  
Printed or typed name of health care provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
This form is to be returned to the employer, and a copy provided to the employee within 15 days.

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFECTION CONTROL FOR THE DENTAL PROFESSIONAL**

***“DENTAL HEALTHCARE PROFESSIONALS HOLD A SPECIAL POSITION OF TRUST WITHIN SOCIETY AND HAVE A LEGAL AND ETHICAL OBLIGATION TO ADHERE TO STANDARDS REGARDING INFECTION CONTROL”***

**UPDATED CDC GUIDELINES:**

**DISEASE TRANSMISSION:**

**HAND HYGIENE:**

**CATEGORIES OF INSTRUMENTS:**

**INSTRUMENT PROCESSING AREA:**

**RECEIVING, CLEANING AND DECONTAMINATION:**

**PROCESSING HEAT SENSITIVE INSTRUMENTS:**

**PREPARATION AND PACKAGING:**

**STERILIZATION PITFALLS:**

**STERILIZATION MONITORING:**

**STORING PATIENT CARE ITEMS:**

**ASEPTIC RETRIEVAL:**

**ENVIRONMENTAL SURFACES:**

**DISINFECTING GUIDELINES:**

**DENTAL UNIT WATERLINES:**