***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
* [**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
* **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 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

* **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 1904.39 Reporting Fatalities

1910.215 Abrasive Wheel Machinery

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 regards to the following:**

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

* **TO COMPLY WITH O.S.H.A. BLOODBORNE PATHOGEN STANDARD YOU MUST:** 
  + Read the O.S.H.A. Standard AND provide annual training to employees
  + Use of standard precautions
  + 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 the use of engineering and work practice controls, PPE, housekeeping,

and other aspects of the ECP

* + Begin a training program and educate employees on BBP 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
  + Maintain the required records/documents. Follow state and federal guidelines for posting requirements.
* **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**

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

* **EXPOSURE CONTROL PLAN:** 
  + A written document required by OSHA’s BBP Standard
  + It is to be located within your facility, updated annually and is site-specific
  + Describes the exposure determination at your facility and how the provisions of the Standard will be implemented .
* Include a written safety policy for your office and staff. Place a copy in your exposure control plan. Have employees

sign a signature statement that correlates.

* + Add additional tabs to your current Exposure Control Plan to keep up with change in regulations, 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:** Temporary workers are generally under-trained and result in more injuries. Take the necessary time

to train temporary workers. OSHA states volunteers, temporary volunteers, contractors are covered under OSHA. Employer

should acquire proof of training in bloodborne pathogens from the agency. The agency is responsible for paying for post-exposure.

* **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.

* **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

* **PREPARING FOR AN O.S.H.A. INSPECTION: Refer to O.S.H.A. Fact Sheet: ‘O.S.H.A. Inspections’**

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**SECTION 2: BLOODBORNE PATHOGENS, EXPOSURE POTENTIAL, ENGINEERING & WORK PRACTICE CONTROLS, NEEDLE SAFETY AND PREVENTION ACT, SHARPS INJURY PROTECTION**

* **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 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:**

**Safety Device Evaluation**

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

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

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

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

* **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
* **Have a designated safe zone for recapping and placement of syringe(s).**
* **Train employees NOT to reach into the SAFE ZONE when needles are being recapped or operator handles additional syringe.**
* **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.
* 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

**SECTION 3: HEPATITIS B VACCINE AND POST-EXPOSURE**

* **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 at a later date, 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 at a later date. Employer must comply and pay for the vaccine series and titer(s).

* **GENETIC HEPATITIS B VACCINE NON-RESPONDER:**
* **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. 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

**NOTE: 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.**

* **OSHA’s DECLINATION OF HEPATITIS B VACCINATION FORM:**

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

* **EMPLOYEE INFORMED REFUSAL OF POST EXPOSURE MEDICAL EVALUATION FORM:**

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: \_\_\_\_\_\_\_\_\_

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

[**https://www.osha.gov/.../bbp/writtenopinionpostexposureevaluation.html**](https://www.osha.gov/.../bbp/writtenopinionpostexposureevaluation.html)

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

‘PRE-EXPOSURE & POSTEXPOSURE MANAGEMENT RECOMMENDATIONS’ www.cdc.gov/mmwr/preview

C.D.C. NEEDLESTICK EXPOSURE HOTLINE 888-448-4911

POST-EXPOSURE PROPHYLAXIS (PEP) Recommended by the USPHS: <http://www/cdc/gpv/mmwr/PDF/rr/rr5011/pdf>

**SECTION 4: 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**

**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)
* **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 5: 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:**

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

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

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

**SECTION 6: 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:**
* CONTAMINATED SHARPS (NEEDLES, SCALPEL BLADES, INSTRUMENTS, BURS, ENDO FILES, BROKEN AND

CONTAMINATED GLASS)

* POTENTIAL SHARPS (ANESTHETIC CARPULES THAT COULD POTENTIALLY CONTAINED APIRATED BLOOD)
* **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 AND MAKE CHANGES AHEAD OF TIME BEFORE IT RENEWS AUTOMATICALLY.**
* **REFER TO ADA’S BEST MANAGEMENT PRACTICES FOR DISPOSAL OF AMALGAM/MERCURY RELATED ITEMS SUCH AS: EVACUTRAPS, SCRAP AMALGAM, TEETH WITH AMALGAM, AMALGAM CAPSULES**
* **DO NOT DISPOSE OF MERCURY RELATED ITEMS WITHIN YOUR REGULATED MEDICAL WASTE!!!**

**SECTION 7: FACILITY INSPECTIONS AND TESTING**

* **AREAS OF INSPECTIONS 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)

**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**

**AUDITS AVAILABLE ONLINE:** [**www.isri.org**](http://www.isri.org)

**TIMELINE FOR MAINTAINING RECORDS/LOGS:**

**Bloodborne Pathogens:**

Sharps Evaluation-yearly- retain previous year’s evaluation

Sharps Injury Log - yearly- retain for 5 years (CURRENTLY EXEMPT)

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 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: 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

document changes, 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 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: REGULATORY ISSUES**

* **EYEWASH STATION:** TEST WEEKLY, COLD WATER ONLY, TRAIN EMPLOYEES ON HOW TO USE, LOCATION SIGN
* **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)

* **WORKPLACE VIOLENCE**:
  + SEARCH “VIOLENCE INCIDENT REPORT FORM”
  + REFER TO OSHA’s FACT SHEET
  + SAFETY AND HEALTH TOPICS: [www.osha.gov/STLC/workplaceviolence/evaluation.html](http://www.osha.gov/STLC/workplaceviolence/evaluation.html)
* **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

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?

* **NITROUS OXIDE:**
* REFER TO THE ADA’S SAFETY CHECKLIST FOR DENTAL EQUIPMENT SEMI-ANNUAL REMINDER
* INSPECT UNITS TWICE A YEAR/ SCAVENGER SYSTEM PRESENT
* 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 WITH CHILD
* OPTION TO HAVE AN INFORMED CONSENT FOR THE PARENT OF THE CHILD THAT IS UNDERGOING N2O2, THAT

OUTLINES RISK FOR THEIR UNBORN CHILD

* **IONIZING RADIATION:**
* 3-D PANO: INSPECTION EVERY 3 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
* **ERGONOMICS:**
* EMPLOYEES PUT IN WRITING COMPLAINTS/ EMPLOYER RESPONDS IN TIMELY MANNER
* **TUBERCULOSIS:** 
  + SEARCH FOR FORM: “TB RISK ASSESSMENT FORM”
    - 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

**SECTION 9: 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.**
* **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**, **used and maintained** in a sanitary and reliable condition wherever it is needed to protect employees

from 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.
* **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 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 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 bleach cycle monthly.

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

**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”***

* **PERSONAL PROTECTIVE EQUIPMENT:**
  + **Gowns:**
* Recommended that gowns can be reusable or disposable; should close at the neck, cover forearms, and when seated,

cover the lap.

* Gown should be removed before leaving patient care areas; changed at least daily or when visibly soiled.
* Contaminated gowns may not be taken home for washing.
  + **Utility Gloves**
* Puncture, chemical resistant, disposable gloves are now available.
* Utility gloves can be sterilized and used until compromised. To extend the life of the gloves, they can be washed with a

cleaner, such as soap and water and then disinfected with a wipe prior to removal and hanging to dry. Roll sleeves

to keep water from going down arms.

* It is ideal practice that each person use their own utility gloves (label with name). But if that is not possible, set guidelines

to don a pair of exam gloves prior to placing hands inside the utility gloves.

* The practice of wearing utility gloves when disinfecting treatment room is encouraged.
  + **Masks:**
* During laser procedures, wear a higher level mask and safety eyewear.
* Masks should fit the face and form a light seal over the nose and mouth; dispose of when done; do not wear around neck,

up on hair or carry from patient to patient, change after each patient or when wet.

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* **WATER TESTING:**
  + Water testing should be performed in the later afternoon to reveal what your patients are really receiving. Also, testing all lines

in one room, per week, will yield the best test method over a year’s time.

* + If using the Millipore in-house water testing (by HPC), strive for the reading to be under 100.
  + Sinks are a huge source of contamination and routinely need to be disinfected. Do not leave open, self-contained water bottles

in the sink over night to drain, unless the sink is disinfected prior to placing bottle upside down in the sink.

* + Shocking waterlines: Refer to your dental ordering catalog for shocking tablets and solutions available. Follow directions

precisely. Clear lines with water by activating the waterlines to the air and water lines, handpiece lines, and piezo

scaler. Leave lines dry overnight by purging. Do not use bleach as a shock product (1 part bleach:100 parts water) if

you have an amalgam separator.

* + If waterline testing fails, then retreat by shocking and continue using that day and then retest. When testing results are

received and the room does not pass, then take room out of service until a passed test is recorded.

* + Keep record of all water testing results.
  + Prior to placing a tablet in the self-contained (SC) water bottle, check IFU’s to see if the tablet needs to be added first. If using a

separate water source, take the water bottle to the container to fill. Disinfect funnel if used.

* + Water testing must take place at least once a year if using Sterisil or DentaPur systems. Perform iodine testing on DentaPur

systems every nine months.

* + A speaker at the meeting lost a close friend, an orthodontist to Legionnaire’s disease and an assistant reported contracting an

amoeba infection in her eye from contaminated DUWL.

* + If using ferric sulfate during a pulpotomy, use sterile water, if you are not currently using a treated water source and regular

water testing. Research is currently in process as to evaluate how this chemical and the recent contaminated dental

unit water outbreak have in relation to one another. All children that acquired an infection had a pulpotomy that used ferric sulfate during treatment.

* + **Evacuation lines**: Use appropriate line cleaners daily. After placement of an amalgam separator, be sure to check that evacuation line cleaner is compatible with an amalgam separator. (refer to the label of the product to check compatability)

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* **WRITTEN HOUSEKEEPING SCHEDULE:**
  + Document the process in which you clean & disinfect environmental surfaces and your sterilization processes.

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* **DISINFECTING PROCEDURES:**
  + If disinfectant’s label states to wear utility gloves you must wear utility gloves. OSHA states to wear utility gloves during

cleaning process of environmental surfaces (treatment room) and for cleaning reusable contaminated instruments

in the central sterile room (CSR).

* + Use the spray-wipe-spray or the wipe-discard- wipe technique.
  + Know and observe kill time!!!
  + Do not mix brand name products of wipe and liquid disinfectants
  + In regards to the wipe-discard-wipe technique, make sure that the kill time is obtained. (It may take up to 6-7 wipes per

treatment room cleaning.) If not, add spray disinfectant to your regimen and spray after wipe-discard-wipe to

reach the designated kill time. All items must remain wet for the length of time indicated.

* + Read IFU’s on packaging and follow indications to kill TB (benchmark).
  + CDC suggests utilizing a product that is a pre-cleaner and a disinfectant. The first wipe pre-cleans the surface and the second

disinfects.

* + Do not soak gauze in disinfectant due to the inactivity of the disinfectant from the chemicals used to bleach the gauze.

Continuous addition of liquid disinfectant adds different expiration dates to the container.

* + Do not use disinfecting wipes or sprays on handpieces. Use water or isopropyl alcohol (check IFU’s) to pre-clean prior to

lubricating handpiece and heat sterilizing. NOTE: It is not necessary to disinfect an item that is going to be sterilized.

* + Food clearance items cleared by the FDA, are acceptable to use as barriers.

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* **DENTAL DISPENSERS:**
  + Dental devices are vulnerable to colonization of microbial bacteria, therefore if the item enters the mouth, it must be

wrapped. (eg.; etch syringes, flowable composite syringes)

* + Food clearance items by the FDA are acceptable to use as barriers.

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* **SURGICAL ANTISEPSIS:**
* Surgical antisepsis should be used when providing surgical procedures such as procedures that include more than a

single-tooth extraction, surgical flap, biopsy, implants, periodontal surgery or an apicoectomy.

* Surgical antisepsis involves utilizing either anti-microbial soap to wash hands prior to donning surgical gloves OR using

anti-bacterial soap or plain soap and water followed by hand sanitizer prior to donning surgical gloves.

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* **HAND SANITIZER:**
  + Hand sanitizer can be used vs. hand washing, when hands are not visibly soiled. Therefore, it can be used in between

patients, several times, prior to hand washing.

* + Hand sanitizer is only intended to be used on clean hands when used in a hospital setting.
  + Perform a hand washing when hands begin to feel sticky.

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* **INSTRUCTIONS FOR USE:**
* Place IFU’s in one location, for all clinical equipment located within the facility and for devices that include validating,

cleaning and processing instruments. If you are not following IFU’s then you are practicing off-label. This includes all

devices that are labeled ‘disposable’ or ‘one-time-use.’

* Following manufacturer recommendations on all equipment is a requirement!! Otherwise, you are practicing ‘off-label.’

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* **CATEGORIES FOR PATIENT CARE ITEMS:**

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* **ONE-TIME-USE DEVICES:**
* Burs, endo files: controversial topic at this time. Check if package indicates one-tim-use. Re-using the item=Practicing off-label.
* Diamond burs: FDA released statement in June 2017 that they cannot be reprocessed.
* Check IFU’s. OSAP recommends that all burs should be one-time use since sterilization procedures are unable to completely

clean and sterilize burs.

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* **INSTRUMENT PROCESSING AREA:**

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* **TRANSPORT CONTAINERS:**

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* **RECEIVING, CLEANING AND DECONTAMINATION**

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* **PREPPING AND PACKAGING:**
* Avoid placing unsterile pouches on top of sterilizer while it is operating. The steam and heat are enough to change the color

indicator.

* Hand scrubbing should be avoided. Use enzymatic sprays to dissolve bioburden if instruments cannot be placed in the

ultrasonic or instrument washer in a timely manner.

* Test ultrasonic and instrument washers weekly. Instrument washer and ultrasonic test strips are available for use.
* Non-toxic waterproof pen to label pouches and cassette wraps is available; Sharpie industrial pen- #301 (non-toxic)

Google: “sterilization pen.” Aids in not creating a toxic hazard inside the chamber or pouches.

* Use FDA approved code rings or instrument tape only. Otherwise, you are practicing off-label.
* Utilize a back-up sharps container in the CSR, in case sharp items accidentally get transported to the central sterile room.

NOTE: ALL disposable sharps should be disposed of in the treatment room and not transported.

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* **STERILIZATION MONITORING:**
* Adding a **Cl IV** indicator strip to a multi-parameter pouch follows AAMI ruling. Therefore, if you work in a facility that is

required to follow all AAMI rules, then you will have to add an indicator strip to the pouch.

* When using **Cl V** integrators, place strip on a sterilizer log or label with date and load number on the strip after sterilizer

load is complete and maintain until spore test comes back with a passed test.

* The state of MO requires weekly spore testing on **ALL** machines that sterilize instruments. Place testing strip or vial in the

middle of a loaded (not empty) chamber. Follow testing strip or in-house spore testing IFU’s!!!

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* **STERILIZATION PITFALLS:**

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* **IMMEDIATE-USE STEAM STERILIZATION:**

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* **HANDPIECES:**
* Check IFU’s to see if handpiece can be sterilized. If not, check how to properly clean and disinfect. Consider discontinuing

use and replace handpiece with one that can tolerate heat sterilization.

* CDC Guidelines recommend that **ALL** handpieces be heat sterilized in between patients.

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* **PROCESSING HEAT SENSITIVE INSTRUMENTS/ COLD STERILE PROCESS:**
* The use of gluteraldehyde/ cold sterile solutions are highly discouraged due to:

- the inability to package devices in a sterile manner after removal from container

- contents are usually handled with bare hands and stored in cabinets and drawers in non-aseptic manner

- the process of rinsing with sterile water vs. tap water is generally not practiced

- disposal considerations are usually not considered/ regulations followed regarding disposal are not followed

- ‘one-time use’ items are commonly placed in solution

- weekly testing strips and maintaining records to show that the level of sterilant is being achieved is usually not performed

- employees generally lack knowledge regarding the toxicity of the chemical, first aid procedures and proper PPE to be worn

- safety data sheet must be present and reviewed with employees/ glutaraldehyde is a toxic chemical

- secondary label must be present on container; label should contain name of chemical, manufacturer’s name, emergency

phonenumber, first aid, hazard statement, precautionary statement, pictograms, PPE requirements, disposal

considerations.

* Ultimately….the items placed in ‘cold sterile’ cannot be completely sterilized and maintaining items in a sterile manner

is impossible prior to use.

* CDC suggests performing a cost analysis, time management assessment and research replacement options of

instruments that are able to be heat sterilized.

* **STORAGE OF STERILZED DEVICES/ INSTRUMENTS:**
* You are NOT required to wear gloves when handling sterile, dry packages. However, it is necessary to consider handling

and storing in a clean and timely manner.

* Sterile pouches/packages should be stored in drawers or cabinets that only have sterile contents in them.
* **IMMUNIZATIONS:**
* Encourage the flu shot for all DHCP. Have employees sign a flu declination form each year, if refusing the vaccine.
* Stay current with healthcare professional’s iImmunization schedule by Immunization Action Coalition.
* A work restriction policy is recommended by the CDC. Observe work restrictions for employees with a prolonged illness. CDS

has a list of infectious diseases & incubation periods available. Work restriction includes latex allergy.