***‘REVVING UP YOUR COMPANY’S WORKPLACE SAFETY’***

***Reaching the Finish Line with a Victory***

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**PART 1: OSHA REGULATIONS AND EMPLOYEE SAFETY**

***‘TUNE UP YOUR WORKPLACE’***

**WORKPLACE ENVIRONMENT POTENTIAL BREECHES** (List hazards or breeches that are present or occurring in your facility):

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**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.

**EMPLOYEE JOB CLASSIFICATION AND EXPOSURE DETERMINATION SAMPLE DOCUMENT**

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**

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

**OSHA’S TOP 10 VIOLATIONS IN A DENTAL OFFICE** (Circle the violations, listed below, that are needing your attention)

**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**

**RESOURCES**

***BLOODBORNE PATHOGEN STANDARD STATES THAT IN ORDER TO COMPLY YOU SHALL:***

* + - Establish a written exposure control plan (ECP) and written Hazard Communication Program
    - Read and follow the OSHA Standard
    - Provide annual bloodborne pathogen training and practice universal precautions
    - Consideration, implementation, and use of safer engineered needles and sharps; follow guidelines

from the Needlestick Safety and Prevention Act by using engineering controls and enforce work practice controls

* + - Provide personal protective equipment
    - Make hepatitis B vaccinations available to exposed employees, at no cost
    - Provide post exposure medical follow-up in the event of an “exposure incident”
    - Use proper containment of all regulated waste
    - Maintain the required records and documents and follow state and federal guidelines for posting requirements
    - Use labels and signs to communicate hazards

**RESOURCES**

O.S.H.A. Standards that apply to dentistry. Employees should receive training upon hire, when duties change and annually.

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

1910.35 Means of Egress 1910.301-309 Electrical

1910.1020 Access to Medical Records 1910.215 Abrasive Wheel Machinery

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 Emergency Action Plans

1910.132-140 Personal Protective Equipment 1910.39 Fire Prevention Plans

1910.1025 Lead (if applicable) 1910.1048 Formaldehyde (if applicable)

1910.151 Medical and First Aid 1910.1047 Ethylene Oxide (if applicable)

1910.155-164 Fire Protection 1910.39 Reporting Fatalities

1910.157 Portable Fire Extinguishers 1910.212 Machinery Guarding

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) Needlestick Safety and Prevention Act 2001

4) 2014 GHS Update: Globally Harmonized System of Classification and Labeling of Chemicals

5) Instructions for Use (IFU’s) regarding equipment, products and sterilization procedures

**ADDITIONAL RESOURCES**

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)

Missouri Dental Association (MDA) [www.modental.org](http://www.modental.org) 573-634-3436

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

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

***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.

***SAMPLE CERTIFICATE 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

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

***‘WORKPLACE SPEEDOMETER’***

**TREADING LIGHTLY THROUGH AN OSHA INSPECTION**

* REFER TO: ‘O.S.H.A. Fact Sheet: O.S.H.A. Inspections’ [www.osha.gov](http://www.osha.gov) or ADA OSHA compliance manual
* AGGRESSIVE CITATIONS AND FINES FOR NO WRITTEN PLANS, LOGS, TRAINING RECORDS AND AUDITS NOT PERFORMED
* REASONS WHY YOUR FACILITY MAY BE LIKELY TO BE INSPECTED:

Imminent danger, Catastrophic event or fatal accident, Employee complaint, Programmed inspection,

Follow-up for verification of abatement of violations cited

***TIPS ON A SUCCESSFUL OSHA INSPECTION***

* 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.
* Treat C.O. with respect, they are to be considered a guest…but don’t get too friendly…no idle chit chat.
* Stay with inspector at all times. Do NOT admit guilt. Fix everything during 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.

**OSHA REPORTING**

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

* Time Limitations: Only fatalities occurring within 30 days of the work-related incident must be reported
* Partially Exempt Industries: NAICS Code-Offices of Dentists #6212

**EXPOSURE CONTROL PLAN AND IN-OFFICE POLICIES**

* + 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 .
  + Includes a written safety policy for your office and staff. Employees sign a signature statement that correlates.
  + Additional tabs can be added 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.

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***SUGESTIONS OF IN-OFFICE POLICIES TO ADD TO THE A.D.A. COMPLIANCE MANUAL***

**General Information section of A.D.A. Compliance Manual**

Safety Policy

Responsibilities of Safety Coordinator and Management

Analysis of Hazards in the Environment

Add to the Emergency Action Plan:

Earthquake Safety Tips (acquire from CDC.org)

Fire Prevention Plan

Inspection and Assessment Report from OSHA Audits

**Bloodborne Pathogens section of the A.D.A. Compliance Manual:**

Exposure Control Plan section:

Methods of Compliance Policy, Administration Responsibilities of ECP and Implementation Statement

\*Employee Job Classification and Exposure Determination (use sample given and update annually)

List of Engineering and Work Practice Controls

Safer Sharps In-Office Policy (refer to Needlestick Safety and Prevention Act, describe recapping devices and how to use)

\*Safety Device Evaluations (use sample given and retain previous year’s evaluation)

Glove Listing (include name, size of glove, type of glove and if allergy to latex)

\*Personal Protective Equipment Assessment (Add list of required PPE provided in the facility)

Hepatitis B: Questions and Answers (acquire from Immunization Action Coalition)

Post-Exposure Evaluation, Follow-up, Evaluation of Circumstances, HCP Written Opinion, Employer’s Responsibilities

OSHA Recordkeeping Guidelines ([www.osha.gov](http://www.osha.gov) Fact Sheet)

Office Personnel Responsibilities (list personnel in charge of inspections and maintenance of equipment)

Location of Site-Specific Items or Information

Housekeeping Schedule

**Bloodborne Pathogens; Appendices Section:**

Updates from the CDC:

Guidelines for Infection Control in Dental Healthcare Settings 2003

Summary of Infection Prevention Practices in Dental Settings

Infection Prevention Checklist for Dental Settings

**Hazard Communication Program Section:**

Clean-Up Procedures for Chemical spills, Releases and Accidents

Letter Requesting a Safety Data Sheet (personalized for your practice)

**Waste Management Section:**

Medical Waste Disposal Guide

**Waste Management; Appendices Section:**

Mercury Disposal In-Office Policy (refer to ADA.org for Best Management Practices)

Student Disclaimer for Requesting Extracted Teeth Containing Amalgam (master copy)

**Other Regulatory Issues Section:**

Ionizing Radiation and Laser In-Office Policy

Ergonomic In-Office Policy and Ergonomic Final Rule

Nitrous Oxide Waste Anesthetic Gases In-Office Policy/Precautions for Pregnant Employees

Waterline Testing In-Office Policy/Dental Unit Waterline Instructions for Use from products used

Eyewash Station In-Office Policy

Tuberculosis In-Office Policy/ Tuberculosis Checklist/Tuberculosis Assessment

Indoor Air Quality In-Office Policy

Emergency Preparedness for Terrorism, Latex Allergy and Workplace Violence In-Office Policy

***‘AVOIDING ACCIDENTS’***

**AVOIDING ACCIDENTS: EFFECTIVE TRAINING**

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* Online training videos are not generally accepted by an inspector. Site specific training is recommended while using

facility’s exposure control plan to refer to.

* ‘Train the Trainer’ first, then match the training to what is needed. Opportunity to check effectiveness of training is advised.

***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.

***SAMPLE TRAINING/SIGNATURE STATEMENT***

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 RECORDS FOR 3 YEARS.***

**AVOIDING ACCIDENTS: CHECKLISTS AND INSPECTIONS**

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

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

**AVOIDING ACCIDENTS: INSPECTION AND MAINTENANCE**

SPORE TESTING (WEEKLY)

EYEWASH STATION (WEEKLY)

FIRST AID/AED/PORTABLE OXYGEN/PULSE OXIMETER (MONTHLY)

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

RADIATION BADGES (EVERY 3-4 MONTHS AS DEEMED IN AGREEMENT WITH RADIATION COMPANY)

RADIATION EQUIPMENT (AS NEEDED ACCORDING TO STATE RECORDS)

WATER TESTING (EVERY 3- 6MONTHS OR ANNUALLY AS DEEMED BY MANUFACTURER)

NITROUS OXIDE EQUIPMENT (EVERY 6 MONTHS TO ANNUALLY)

LABOR LAW POSTERS (ANNUALLY)

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

***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 3-4 months. Keep all records for duration of employment plus 30 years.

Equipment Inspections: retain indefinitely

**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

**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 an 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

**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

**AVOIDING ACCIDENTS: NEEDLESTICK SAFETY AND PREVENTION ACT OF 2001**

* Requires that employers identify and make use of effective and safer medical devices
* Evaluations are performed annually on each type of needlestick prevention device. Solicit employees input!
* Evaluations must be kept for 2 years
* Dental offices are exempt from keeping a sharps injury log at this time. But, you may keep one for your own records.
* The Act requires employers to consider and implement new technologies when updating their exposure control plan.

**SAMPLE: 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:**

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

**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

***RULES FOR 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

**AVOIDING ACCIDENTS: 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)

**AVOIDING ACCIDENTS: 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.)

**AVOIDING ACCIDENTS: OPERATING A SAFE ZONE**

* 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 syringes or carpules
* DO NOT pass syringe/ user goes full stream
* CDC recommends the use of recapping devices vs. scoop method
* Pass sharp instruments individually/ one at a time
* Dispose of non-reusable, contaminated sharps immediately, at point of use and avoid transporting
* Turn handpieces away from clinician/ remove bur immediately, when no longer being used

**AVOIDING ACCIDENTS: EMERGENCY ACTION AND FIRE PREVENTION PLANS**

* Employer must have and maintain an employee alarm system with distinctive signal
* Training includes designating and training employees to assist in safe and orderly evacuation
* Reviewed at least annually, for all new hires, when responsibilities change and when plans or layout of facility change

**EMERGENCY ACTION PLAN SHOULD INCLUDE, AT A MINIMUM, THE FOLLOWING:**

* Name and job titles of personnel with responsibilities
* Procedures for reporting a fire or other emergency
* Procedures for emergency evacuation, including type of evacuation and exit route assignments
* Procedures to be followed by employees that remain to operate critical operations
* Procedures to account for all employees after evacuation (note: this is law, no emergency personnel should be put at risk)
* Procedures to be followed by employees performing rescue or medical duties
* Floor plans and maps that show path of egress
* Cover reasonably expected emergencies such as fire, earthquake, toxic chemicals, hurricane, tornado, blizzard, floods

**IDENTIFY THE FOLLOWING:**

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

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

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

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

PERSON TO REPORT TO AT MEETING LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**FIRE PREVENTION PLAN SHOULD INCLUDE AT A MINIMUM, THE FOLLOWING:**

* 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
* List persons trained on how to use a fire extinguisher

**IDENTIFY THE FOLLOWING:**

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

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

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

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

***‘PROTECT YOUR ENGINES’***

**BLOODBORNE PATHOGENS**

Practice universal precautions to avoid exposure. Resource to teach and learn more about the epidemiology of Hepatitis B,

Hepatitis C and HIV can be found in the ADA Compliance Manual or on the CDC website.

**EYEWASH STATIONS**

Test weekly, cold water only, train employees on how to use, location sign present

**BIOLOGICAL SPILL KIT ITEMS**

Masks, gloves in all sizes represented in the office (individually packaged), safety glasses or goggles, scoop and broom, red

biohazard bag, disinfectant, fluid solidifiersuch as RedZ

**ERGONOMICS**

Employees put in writing any complaints/ employer responds in a timely manner

**IONIZING RADIATION**

* 3-D PANO: Inspection every 3 years and all other equipment every 6-7 years
* Registration with the state every 2 years for all x-ray machines
* OSHA Standard states that radiation badges shall be worn
* Rooms and equipment need to have signs/ labels present

**TUBERCULOSIS**

* New directive includes screening for all new employees entering the workplace
* Use the new screening method: BLOOD ANALYSIS FOR M. TUBERCULOSIS (BAMT)
* Test are to be offered at no cost and at a time that is convenient for the employee
  + Search for form titled: ‘TB RISK ASSESSMENT FORM’ and complete 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’

**IMMUNIZATIONS**

Refer to CDC recommendations for Healthcare Professionals

**HEPATITIS B VACCINATION**

* A 3-dose vaccination series is offered to all employees at risk of BBP with follow-up serologic testing
* **A NEW 2-PART VACCINE IS NOW AVAILABLE TO PERSONS 18 YRS OR OLDER….HEPLISAV B**
* 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
* 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) at that time

**DECLINATION FORM**

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

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

**GENETIC HEPATITIS B VACCINE NON-RESPONDER**

* **If first titer reveals no response,** then employeewill receive series a second time & repeat titer to confirm infection status
* **If second titer shows no response, then the employee will be considered a Non-Responder.** They will need to test to confirm infection status at time of any and all exposures. They will need to receive counseling in regards to taking precautions because 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**

* 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 dos

**\*From OSHA perspective, the employer should offer to pay for the titer & remaining doses for those that do not know immunity.**

***‘EVALUATE YOUR INJURY PLAN’***

**PRE-EXPOSURE READINESS**

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**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**

**\*\*PRE-EXPOSURE & POST EXPOSURE MANAGEMENT RECOMMENDATIONS www.cdc.gov/mmwr/preview**

**\*\*POST-EXPOSURE PROPHYLAXIS (PEP) Recommended by the USPHS:** [**http://www/cdc/gpv/mmwr/PDF/rr/rr5011/pdf**](http://www/cdc/gpv/mmwr/PDF/rr/rr5011/pdf)

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

***FLOWCHART*** *(Refer to attached document)*

***DOCUMENTATION FOLLOWING POST EXPOSURE***

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

**‘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: \_\_\_\_\_\_\_\_\_

***‘GRAB AND GO’ PACKET***

**Includes the following:**

Instructions regarding first aid

Instructions for employee to gather personal file that contains hepatitis B vaccine, immunization records, titer results.

Information to inform medical facility of worker’s compensation or insurance information

Information provided that determines what tests need to be performed

Name, address and phone number of facility to report to for post exposure procedures

Alternative location for after 5:00 p.m. (if applicable)

All post exposure documentation forms

\*\*\*NOTE: Discussion with source patient will need to take place. Having information available ahead of time and in a printed manner will assist in making their understanding of post exposure procedures easier and compliance more acceptable.

***FOLLOW UP***

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

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

***DISCLOSURE OF IDENTITY***

29 CFR 1910.1030 (f)(5)(iii) Complete confidentiality of the source patient results

**SIGNS AND SYMPTOMS OF HEPATITIS B, HEPATITIS C, HIV/ HEPATITIS C ‘THE SILENT EPIDEMIC’**

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***‘HAZARDOUS SURROUNDINGS’***

**REQUIREMENTS OF A HAZARD COMMUNICATION PROGRAM**

* Written plan
* Current chemical list for all hazardous chemicals used or stored in facility that employees would be exposed to
* Safety data sheets present for all hazardous chemicals and products that employees are exposed to
* Labels and other forms of warning
* Training on hazardous chemicals employees work around, how to locate and read a safety data sheet and chemical list, verbal instructions on the hazard communication program, hazards present of non-routine tasks

**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 (pictogram and/or signal word)
* Is S.D.S. 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.

**SAFETY DATA SHEET FILING** (LIST TIPS TO ASSIST IN FILING YOUR S.D.S.)

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**O.T.C. ITEMS NEEDING SAFETY DATA SHEETS**  (LIST O.T.C. ITEMS IN YOUR FACILITY NEEDING S.D.S.)

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**EXEMPTED ITEMS** (LIST EXEMPTED ITEMS IN YOUR FACILITY THAT YOU ARE CHOOSING TO HAVE S.D.S. ON SITE)

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**ACCESS TO SAFETY DATA SHEETS**

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**WASTE MANAGEMENT**

**REGULATED WASTE THAT GOES IN THE RED BAG**

* Liquid or semi-liquid form of blood, blood products and other potentially infectious materials (OPIM)
* Items saturated with blood, saliva or OPIM that releases fluids during handling (by squeezing or actually dripping or caked)
* Pathologic waste such as tissue

**REGULATED WASTE THAT GOES IN THE SHARPS CONTAINER**

* Contaminated sharps (e.g., needles, scalpel blades, instruments, IV needles, burs, endo files, orthodontic wires,

broken or contaminated glass)

* Extracted or exfoliated teeth with no amalgam (teeth not given to patient)
* Potential sharps (e.g., anesthetic carpules that could potentially contain aspirated 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 to avoid being locked into another contract or before it renews automatically. Request an ‘on-call’ basis for pick up and avoid monthly charges.

***ADA’S BEST MANAGEMENT PRACTICES FOR DISPOSAL OF AMALGAM/MERCURY RELATED ITEMS***

***DO:***

* Use chair-side traps, vacuum pump filters AND amalgam separators to retain amalgam and recycle their contents
* Manage amalgam waste through recycling
* Recycle chairside evacu-traps, scrap amalgam, extracted teeth with amalgam, amalgam capsules, suction filters
* Use amalgam separator compatible evacuation line cleaner
* Complete a log, for weekly checks, regarding the fill line on an amalgam separator canister
* Have technicians change amalgam separator filter in a timely manner. Employees are not allowed to perform this task.
* Continue recycling main suction filter in addition to the amalgam separator canister

***DON’T:***

* Rinse devices containing amalgam over sinks or drains
* Dispose of extracted teeth with amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage
* Flush amalgam waste down the drain or toilet
* Use bleach or chlorine-containing cleaners to flush wastewater lines

**AMALGAM SEPARATOR**

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**ONE-TIME COMPLIANCE REPORT**

Dental Effluent Guidelines Reporting Requirements: [www.ada.org](http://www.ada.org)

Information regarding where to send your report: Contact Todd Blanc 314-416-2064 [todd.blanc@dnr.mo.gov](mailto:todd.blanc@dnr.mo.gov)

**WORKPLACE VIOLENCE**

January 7, 2017, *Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence*

OSHA Directive CPL 02-01-058 was released and immediately became effective. This instruction updates OSHA general

Enforcement policies and procedures to apply when conducting inspections related to workplace violence.

**Categories of Violence:**

TYPE 1: STRANGER (no legitimate business relationship; usually enters workplace to commit a crime such as robbery or criminal act)

TYPE 2: PATIENT OR CLIENT (recipient of a service provided by the workplace; current or former)

TYPE 3: EMPLOYEE (has some employment-related involvement with workplace; usually involves a current or former employee,

supervisor or manager, current or former spouse or lover, relative or friend, or some other person having a dispute with

an employee of the workplace)

**Prevention Strategies:**

Identify who is at the greatest risk (e.g., women working alone, working late at night)

Incorporate the use of drop safes, lighting, camera-video surveillance, security devices, secured entries, alarm systems,

physical barriers

Training (e.g., all levels, set policies and procedures for reporting, no tolerance, hiring and firing practices reviewed)

**COMPRESSED GASES**

**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. Order pick-up of empty containers, 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.

* **Using Compressed Gases: Only trained staff should use compressed gas cylinders.** Training should be performed with

how to turn on and off; proper PPE worn such as safety glasses or face shield/ electrical gloves are optional.

* **Leaks:** Move cylinder to isolated, well ventilated area away from fire sources. Call supplier for instructions

**NITROUS OXIDE**

* Refer to the ADA’s Safety Checklist for Dental Equipment Semi-annual Reminder to assist in in-office inspections
* In-Office Inspection of units twice a year/ Scavenger system present and working at ALL times
* Dental assistants are required, by MO law, to have a certificate in training of nitrous oxide
* Beware of danger for pregnant patients, employees, and parents in the room with child
* Option to have an informed consent signed, by the parent of the child that chooses to remain in the room, while their

child receives N2O2. Document outlines the potential risks to the unborn child.

***PLACE TO DOODLE…BEST DRAWN BIOHAZARD SYMBOL WINS A PRIZE!!!***

**PART 2: INFECTION CONTROL IN THE WORKPLACE**

***‘DEFENSIVE DRIVING’***

**BACK TO THE BASICS**

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**INFECTIONS FOUND IN DENTISTRY**

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**HAND HYGIENE**

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**EQUIPMENT CHECK…PERSONAL PROTECTIVE EQUIPMENT**

**O.S.H.A. REGULATIONS: 29 CFR 1910.1030(d)(3)(i)**

* **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.**

* **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.

* **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!!!
* **Training** in all areas of PPE must be provided & appropriate sizes available before employee reports for work duty.

***EMPLOYEE P.P.E.TRAINING SESSION SHOULD INCLUDE:***

1) When PPE is necessary 4) The proper care, maintenance, useful life and disposal of PPE

2) What PPE is necessary 5) Location and Availability

3) How to properly don, duff, adjust and wear PPE 6) The limitations of the PPE

***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.***

**LAUNDRY:** Have written protocol for employees to follow when handling contaminated laundry. Place 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. No cost to employee. Employees are not allowed to take PPE home for laundering.

**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.

**OUTSIDE LAUNDRY SERVICE**: Have a written agreement with laundry service that laundry may be contaminated with BBP.

***‘STAYING ON TRACK’***

**ENVIRONMENTAL SURFACE DISINFECTING**

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***WRITTEN HOUSEKEEPING SCHEDULE***

OSHA required document that outlines: 1) what is cleaned; types of surfaces 2) products used

3) process in how surfaces and items are cleaned 4) who is responsible 5) frequency

**WATERLINE MAINTENANCE**

* Follow current ADA and CDC recommendations
* DO NOT heat dental unit water
* Consider implementing equipment and procedures to ensure <500CFU/ml heterotrophic bacteria
* Use a separate water reservoir system such as self-contained water bottles with tablets, DentaPure cartridges or Sterisil
* If using self-contained water bottle and tablets, you must shock waterlines monthly to maintain <500CFY/ml
* Check where hygiene water source is supplied; may need to treat water separately
* **Use sterile solutions for surgical procedures and pulpal exposures….refer to new legislation**
* Use proper hand hygiene when handling self-contained water bottles and tablets
* Educate and train DHCP on treatment measures to ensure compliance
* FOLLOW ALL INSTRUCTIONS FOR USE by manufacturer including use of tablets, shocking waterlines, and waterline systems
* Ensure that devices marketed have received FDA clearance
* Monitor (test) dental unit water quarterly
* Shut off slow speed waterlines/eliminate waterlines no longer used
* Distilled water **DOES NOT** limit the growth of biofilm; additional equipment or devices to maintain <500CFU/ml

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**MAINTAINING A CLEAN DENTAL LAB**

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**“Purpose is the ultimate fuel for our journey through life. When we drive with purpose, we don’t get tired**

**or bored and our engines don’t burn out.” Author and Motivation Speaker JON GORDON**

***‘STRATEGY TIME IN THE C.S.R.’***

**CENTRAL STERILIZATION FLOW:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**ULTRASONIC CLEANING and TESTING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***OSHA REGULATION REGARDING ULTRASONIC UNITS AND HOLDING SOLUTIONS****: 29CFR 1910.1030*

“Reusable sharps contaminated with blood or OPIM shall not be stored or processed in a manner that requires

employees to reach by hand into the containers where these sharps have been placed.”

**RINSING and DRYING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSPECTING INSTRUMENTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PACKAGING, DATING, AND LABELING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LOADING STERILIZER and STERILIZING PROCESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***STERILIZATION PITFALLS***

1) Improper Training 2) Over-Packing and Improper Loading 3) Inadequate Sealing 4)No Use of Packaging or Wraps

5) Faulty Gaskets or Seals 6) Removing Instrument Packages Prior to Complete Drying Cycle (Wet Packs)

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

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**BIOLOGICAL INDICATORS/ SPORE TESTING:**

\*\*\*In addition to routine biological monitoring, equipment users should perform B.I. monitoring for the following occurrence:

* Whenever a new type of packaging material or tray is used
* After training new sterilization personnel
* After a sterilizer process failure is indicated by a failed (positive) BI+
* After a sterilizer has been repaired
* After any changes in the sterilizer loading procedures
* During initial use of a new sterilizer
* After relocating an existing sterilizer and after electrical/ power failure

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**ONE-TIME USE ITEMS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LIQUID STERILANT (COLD STERILE/HIGH-LEVEL DISINFECTANT):**

* DO NOT use as a holding solution or environmental surface disinfectant
* Solutions include Gluteraldehyde; 1:10 bleach; or 70-90% Ethyl alcohol
* Evaluate current use of liquid sterilant and consider eliminating solution in your facility due to the following reasons:

***DISADVANTAGES OF USING LIQUID STERILANT***

Instruments are not packaged for reprocessing to remain sterile

Biological monitoring process is impossible; sterilization cannot be verified.

Chemicals must be stored, mixed and used according to manufacturer’s instructions.

Chemicals may pose health risks and are known sensitizers; generally is a very toxic chemical

Cleaning is critical. The chemical is affected by bioburden and may become ineffective.

Items must be rinsed with sterile water after being immersed for designated time.

**HANDPIECE MAINTENANCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STERILIZER MAINTENANCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***‘THE PIT STOP’***

**HANDPIECE INFECTION CONTROL RECOMMENDATIONS:**

**LABELING STERILIZATION POUCHES:**

**A.D.A. STATEMENT ON INFECTION CONTROL DENTAL SETTINGS:**

**FINAL RULE ON O.T.C. HEALTH CARE ANTISEPTIC SOAPS:**

**FDA STATEMENT ON DENTAL DISPENSERS:**

**FOLLOWING I.F.U.’s FOR DENTAL DEVICES AND EQUIPMENT****:**

***“Desire is the key to motivation, but its determination and commitment to an unrelenting pursuit of your***

***goal…a commitment to excellence…that will enable you to attain success you seek.” Mario Andretti***