'O.S.H.A. COMPLIANCE TRAINING FOR THE DENTAL PROFESSIONAL'

Presented by Frances Wilmes
ComplianShield, L.L.C.
417-439-8944 complianshield@yahoo.com

SECTION 1: INTRODUCTION TO O.S.H.A. AND CURRENT UPDATES; INSPECTION PROCEDURES, STATISTICS AND CITATIONS; EXPOSURE CONTROL PLAN; O.S.H.A. STANDARDS AND GENERAL DUTY CLAUSE

- **O.S.H.A. is a federal agency under the Department of Labor. Founded in 1970, after the creation of the OSH Act.**
- **O.S.H.A. was established to:**
  - address and prevent hazards and injuries to workers caused by unsafe workplace practices & conditions
  - maintain reporting and record keeping systems
  - encourage employers and employees to reduce workplace hazards and implement safety programs
  - provide research in occupational safety and health
  - establish separate and dependent responsibilities and rights for employers and employees
  - provide for state-level safety and health programs for those states wanting to establish their own programs

- **HOW TO REACH O.S.H.A.**: 1-800-321-6742 (OSHA)

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

- **O.S.H.A. UPDATES:**
  - Silica Standard
  - Walking Working Surfaces/ Personal Fall Protection
  - Injury Tracking Final Rule
  - Eye and Face Protection
  - Modifications of OSHA Penalties/ Penalty Increases
  - TB Procedures
  - Globally Harmonized System
  - Review of BBP Standard
  - Workplace Violence Update
  - Revised Ergonomic Guidelines for Healthcare Industry
  - Updated Chemical Standards; Particularly Permissible Exposure

Notes: ____

____

____

____

____

____

____

- **INSPECTIONS PROCEDURES: Refer to O.S.H.A. Fact Sheet: 'O.S.H.A. Inspections'**

- **MOST FREQUENT CITATIONS:**
  - FAILURE TO PROVIDE TRAINING FOR BLOODBORNE PATHOGENS, EXPOSURE CONTROL PLAN, HAZARD COMMUNICATION AND EXPLANATION OF CHEMICAL EXPOSURE
  - FAILURE TO PROVIDE TRAINING FOR PERSONAL PROTECTIVE EQUIPMENT(P.P.E.)/ FAILURE TO PROVIDE PROPER P.P.E.
  - INADEQUATE MAINTENANCE AND REQUIRED LOGS, WARNING LABELS, POSTERS AND EMERGENCY ACTION PLAN
  - PROPER WASTE MANAGEMENT STANDARD: WRITTEN AND ENFORCED
  - LACK OF REQUIRED MEDICAL RECORDS, POST-EXPOSURE FOLLOW-UP, REQUIRED LOGS AND DOCUMENTATION
  - SAFETY DATA SHEETS AND CHEMICAL LIST, TRAINING OF EXISTING HAZARDS

- **PREPARING FOR THE UNANNOUNCED VISIT:**
  - **Educate yourself on current OSHA regulations and be compliant with local, state and federal regulations that overlap OSHA regulations.**
  - **Designate a compliance coordinator and an infection control coordinator.**
  - **Have an updated Exposure Control Plan. (see below in this section of notes)**
  - **Read and follow the BBP Standard.**
  - **Follow the Hepatitis B vaccine requirements and post-exposure guidelines.**
  - **Maintain current safety data sheets and chemical list.**
  - **Properly label all hazardous chemicals that are out of their original containers with appropriate secondary labels.**
  - **Provide training records for new employees and annual thereafter for BBP, OSHA standards that apply to your workplace.**
  - **Provide ALL necessary PPE for your employees at no cost to them. Train employees on the proper use, care, limitations, and disposal of PPE.**
  - **Infection Control: Follow CDC 'Guidelines for Infection Control in Dental Health Care Settings'. Use disinfectants approved by the Environmental Protection Agency and according to label requirements.**
  - **Use only Food and Drug Administration approved products and dental devices.**
  - **First aid supplies and equipment should be available to trained personnel. Inspect first aid kit monthly.**
  - **Follow all manufacturer directions for the proper use and maintenance of all devices and dental products.**
  - **Include OSHA and Infection Control topics in your monthly meetings. Document topics discussed and persons present. Have employees sign training records when training is performed.**
  - **Maintain medical records for 30 years from last day of employment.**
  - **Perform all necessary monitoring, testing and inspections. (Refer to Section 7 of notes)**

Notes: ____

____

____

____

____

____

____

____

____

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

- ✓ Communication of hazards to employees
- ✓ Hepatitis B vaccination
- ✓ Post-exposure evaluation and follow-up
- ✓ Evaluation of exposure incidents
- ✓ Identification, evaluation and use of safer medical devices
- ✓ Recordkeeping
- ✓ Infection control procedures

- **Write a safety policy for your office and staff. Place a copy in your exposure control plan. Have employees sign a signature statement that they read and understand the office's safety policy.**

- **Add additional tabs to your current Exposure Control Plan to keep up with change in regulations, new office policies, additional information learned from training sessions, etc.**

- **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

ADDITIONAL NOTES:

➢ **TRAINING:**

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

➢ **SIGNATURE STATEMENTS:**

Sample signature statements for all employees to sign after training:

I have had an opportunity to read the required OSHA standards; 29 CFR 1910.1030 Bloodborne Pathogen Standard, 29 CFR 1910.1200 Hazard Communication Standard, Access to Employee Records, and Worker's Rights under the Occupational Safety and Health Act of 1970. I have been informed and provided an explanation of the required OSHA standards. I have had an opportunity to have all my questions answered. I have been informed that a review will take place during our facility's annual training session. It is advised that I follow the before-mentioned standards for OSHA compliance. My signature below confirms that I have been trained according to OSHA requirements and I understand my responsibilities.

➢ **MEDICAL RECORDS SHOULD CONTAIN THE FOLLOWING:**

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

****Keep confidential, for duration of employment +30 years**

Notes: ____

- **TO COMPLY WITH O.S.H.A. STANDARDS YOU MUST:**
  - Read the O.S.H.A. Standard
  - Perform the Exposure Determination and train employees
  - Establish a written exposure control plan (ECP)
  - Implement the plan by the use of engineering and work practice controls, PPE, housekeeping, and other aspects of the ECP
  - Begin a training program and educate employees
  - Maintain the required records/documents

- **O.S.H.A. STANDARDS THAT APPLY TO GENERAL DENTISTRY:**
  References cited are to Section 1910 CFR (Code of Federal Regulations) and the specific subsection. Employees should receive training upon hire, when duties change and annually.

1910.35	Means of Egress
1910.34	Emergency Action Plan
1910.101	Compressed Gases
1910.104	Oxygen
1910.105	Nitrous Oxide
1910.120	Medical Waste Management
1910.132-140	Personal Protective Equipment
1910.151	Medical and First Aid
1910.155-164	Fire Protection
1910.212	Machinery Guarding
1910.215	Abrasive Wheel Machinery
1910.301-309	Electrical
1910.1020	Access to Medical Records
1910.1030	Bloodborne Pathogens
1910.1096	Ionizing Radiation
1910.1200	Hazard Communication
1910.38	Severe Weather Safety
1910.1025	Lead (if applicable)
1910.1048	Formaldehyde (if applicable)
1910.1047	Ethylene Oxide (if using a Chemclave)
1904.0-11	General Recording Criteria, Partial Exemption, Determination of Work-relatedness
1904.39	Reporting fatalities

- **In addition, employees should have access to these documents and be trained in regards to the following:**
  Ergonomic Final Rule
  Occupational Safety and Health Act of 1970
  Needlestick Safety and Prevention Act 2001

- **General Duty Clause:** Where no specific standards have been developed under the act, the federal General Duty Clause comes into play. Employers are required to provide a work environment "free from recognized hazards that are causing or are likely to cause death or serious physical harm" to employees. Then as a potential or actual health or safety problem becomes known and Identified, OSHA has the authority to specify and issue guidelines or to propose new standards.

SECTION 2: BLOODBORNE PATHOGENS, EXPOSURE POTENTIAL, SHARPS INJURY PROTECTION

- **ENGINEERING CONTROLS:** The work environment and the job itself should be designed to eliminate hazards or reduce exposure to hazards by isolating or removing the bloodborne pathogen hazard from the workplace. (e.g.: Sharps containers, blade removal devices, recapping devices, retractable scalpel blades)

- **WORK PRACTICE CONTROLS:** Focuses on the way the task is performed by utilizing controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (e.g.: good housekeeping, appropriatepersonal 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.)

Notes: ____

____

____

____

____

____

____

____

- **NEEDLE STICK SAFETY AND PREVENTION ACT OF 2001:**(Law regarding requirements of needle stick safety)
  - Requires that employers identify and make use of effective and safer medical devices
  - Evaluations are performed annually on each type of needle stick prevention device
  - Evaluations must be kept for 2 years

- **UTILIZE THE FOLLOWING SAMPLE TO COMPLETE A SAFETY DEVICE EVALUATION FOR EACH SAFETY DEVICE WITHIN YOUR FACILITY:**

Safety Device Evaluation

Date: ________________ Name of Device: ____________________________________
Name of Company purchased from: ____

Description of device (include safety feature):

____

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

____

Evaluation criteria:
Does device use a one-handed technique? ____yes ____ no
Does device allow the user to keep their hands & fingers behind the needle ___yes ___no
Does device interfere with treatment of patient? ___ yes ___ no
Is device's safety feature effective? ___ yes ___ no
Is the device easy to use? ___ yes ___ no

The following employees have evaluated the safety device and rated approval: Yes or No
1) ____
2) ____
3) ____

ADDITIONAL NOTES:

- **Tips when recapping or dismantling the needle from the anesthetic syringe:**
    - Always use a recapping device (preferred method)or one-handed scoop technique to recap syringe needle
    - Train all employees on how to recap needle, remove needle and how to dispose of needle
    - Place needle and anesthetic carpule in the sharps containers
    - If utilizing the scoop method, grip the 'hub' of the needle and not the cap when twisting needle off 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.
    - 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
        - 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
        - On the inside of cabinet doors
        - Under sinks
        - Where the container is subject to impact, dislodgement by pedestrian traffic, moving equipment, gurneys, wheelchairs, or swinging doors
    - Installation height is within ergonomically acceptable range (52-56" for standing & 38-42" for seated disposal).
    - Containers are visible through placement, color, and signage.
    - Container fill-status is visible under current lighting conditions and before sharps are placed in the container.

SECTION 3: HIV (AIDS), HEPATITIS B, HEPATITIS C, HEPATITIS B VACCINATION AND DECLINATION, POST-EXPOSURE PROTOCOL

- **HIV:** ____

____

____

____

____

- **HEPATITITS B:** ____

____

____

____

____

- **HEPATITIS C:** ____

____

____

____

____

Health Care Professionals Hepatitis B Declination Statement

Hepatitis B Declination Statement*

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

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiri hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to n however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentiall infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to n

Employee Signature:____________________________ Date:____________________

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

Appendix A: Employee Informed Refusal of Post Exposure Medical Evaluation

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: __________

Health Care Professionals Written Opinion for Post-Exposure Evaluation

---

Health Care Professionals

Written Opinion for Post-Exposure Evaluation*

1. Employee Name:_______________________________________
2. Date of Incident:_______________________________________
3. Date of Office Visit:_____________________________________
4. Health Care Facility Address:_____________________________
5. Health Care Facility Telephone:___________________________

As required under the Bloodborne Pathogen Standard:

______ The employee named above has been informed of the results of the post-exposure health evaluation.

______ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

______ Hepatitis B vaccination is ____ is not ____ indicated.

Signature of health care provider:______________________ Date: ________

Printed or typed name of health care provider:___________________________

This form is to be returned to the employer, and a copy provided to the employee within 15 days.

Employer Name: ____

Address:____

ADDITIONAL DOCUMENTS NEEDED FOR POST-EXPOSURE EVALUATION:

- **Exposure Incident Report Regarding Employee**
- **Post-Exposure Evaluation and Incident Report Regarding Source Patient**
- **Evaluation of Circumstances Following an Exposure Incident**

REFER TO THE NEXT 4 PAGES FOR THE FOLLOWING HANDOUTS:

- **CDC's 'Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection'**
- **'Pre-Exposure Management for Healthcare Professional with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-Vaccination Serologic Testing'**
- **'Flowchart for Management of Occupational Exposures to Bloodborne Pathogens'**

Notes: ____

____

____

____

____

____

____

____

Postexposure Management

Initial Postexposure Management

Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. Using antiseptics (e.g., 2%–4% chlorhexidine) for wound care or expressing fluid by squeezing the wound further have not been shown to reduce the risk for HBV transmission; however, the use of antiseptics is not contraindicated. The application of caustic agents (e.g., bleach) or the injection of antiseptics or disinfectants into the wound is not recommended.

Procedures should be followed for testing known source persons, including obtaining informed consent, in accordance with applicable laws. Source patients determined to be HBsAg-positive should be referred for appropriate management and should be reported to the state or local health department. When a source patient is unknown (e.g., as occurs from a puncture with a needle in the trash), the exposed HCP should be managed as if the source patient were HBsAg-positive. Testing needles and other sharp instruments implicated in an exposure is not recommended, regardless of whether the source patient is known or unknown. The reliability and interpretation of findings in such circumstances are unknown, and testing could be hazardous to persons handling the sharp instrument. Exposures involving human bites should be managed with the knowledge that both the person being bitten and the person who engaged in biting were potentially exposed.

Institutions should ensure that HCP have timely access to postexposure management and prophylaxis, including HBIG and HepB vaccine. For exposed HCP thought to be susceptible to HBV infection, HBIG and HepB vaccine should be administered as soon as possible after an exposure when indicated. The effectiveness of HBIG when administered >7 days after percutaneous, mucosal, or nonintact skin exposures is unknown. HBIG and HepB vaccine can be administered simultaneously at separate injection sites.

Anti-HBs testing of HCP who received HBIG should be performed after anti-HBs from HBIG is no longer detectable (6 months after administration) (*11*). Anti-HBs testing should be performed using a method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL) (Table 2).

Managing Vaccinated HCP

For vaccinated HCP (who have written documentation of a complete, ≥3-dose HepB vaccine series) with subsequent documented anti-HBs ≥10 mIU/mL, testing the source patient for HBsAg is unnecessary. No postexposure management for HBV is necessary, regardless of the source patient's HBsAg status.

For vaccinated HCP (who have written documentation of HepB vaccination) with anti-HBs <10 mIU/mL after two complete, ≥3-dose HepB vaccine series, the source patient should be tested for HBsAg as soon as possible after the exposure. If the source patient is HBsAg-positive or has unknown HBsAg status, the HCP should receive 2 doses of HBIG (*1,11*). The first dose should be administered as soon as possible after the exposure, and the second dose should be administered 1 month later. If the source patient is HBsAg-negative, neither HBIG nor HepB vaccine is necessary.

For vaccinated HCP (who have written documentation of a complete, ≥3-dose HepB vaccine series) without previous anti-HBs testing, the HCP should be tested for anti-HBs and the source patient (if known) should be tested for HBsAg as soon as possible after the exposure. Testing the source patient and the HCP should occur simultaneously; testing the source patient should not be delayed while waiting for the HCP anti-HBs test results, and likewise, testing the HCP should not be delayed while waiting for the source patient HBsAg results.

- If the HCP has anti-HBs <10 mIU/mL and the source patient is HBsAg-positive or has unknown HBsAg status, the HCP should receive 1 dose of HBIG and be revaccinated as soon as possible after the exposure. The HCP should then receive the second 2 doses to complete the second HepB vaccine series (6 doses total when accounting for the original 3-dose series) according to the vaccination schedule. To document the HCP's vaccine response status for future exposures, anti-HBs testing should be performed 1–2 months after the last dose of vaccine.
- If the HCP has anti-HBs <10 mIU/mL and the source patient is HBsAg-negative, the HCP should receive an additional HepB vaccine dose, followed by repeat anti-HBs testing 1–2 months later. HCP

whose anti-HBs remains <10 mIU/mL should undergo revaccination with 2 more doses (6 doses total when accounting for the original 3-dose series). To document the HCP's vaccine response status for future exposures, anti-HBs testing should be performed 1–2 months after the last dose of vaccine.
- If the HCP has anti-HBs ≥10 mIU/mL at the time of the exposure, no postexposure HBV management is necessary, regardless of the source patient's HBsAg status.

Managing HCP Who Lack Documentation of Vaccination, are Unvaccinated or Incompletely Vaccinated

For unvaccinated or incompletely vaccinated HCP (including those who refused vaccination), the source patient should be tested for HBsAg as soon as possible after the exposure. Testing unvaccinated or incompletely vaccinated HCP for anti-HBs is not necessary and is potentially misleading, because anti-HBs ≥10 mIU/mL as a correlate of vaccine-induced protection has only been determined for persons who have completed an approved vaccination series (15,42).

- If the source patient is HBsAg-positive or has unknown HBsAg status, the HCP should receive 1 dose of HBIG and 1 dose of HepB vaccine administered as soon as possible after the exposure. The HCP should complete the HepB vaccine series according to the vaccination schedule. To document the HCP's vaccine response status for future exposures, anti-HBs testing should be performed approximately 1–2 months after the last dose of vaccine. Because anti-HBs testing of HCP who received HBIG should be performed after anti-HBs from HBIG is no longer detectable (6 months after administration), it will likely be necessary to defer anti-HBs testing for a period longer than 1–2 months after the last vaccine dose.
  — HCP with anti-HBs ≥10 mIU/mL after receipt of the primary vaccine series are considered immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
  — HCP with anti-HBs <10 mIU/mL after receipt of the primary series should be revaccinated. For these HCP, administration of a second complete 3-dose series on an appropriate schedule, followed by anti-HBs testing 1–2 months after the third dose, usually is more practical than conducting serologic testing after each additional dose of vaccine. To document the HCP's vaccine response status for future exposures, anti-HBs testing should be performed 1–2 months after the last dose of vaccine.
- If the source patient is HBsAg-negative, the HCP should complete the HepB vaccine series according to the vaccination schedule. To document the HCP's vaccine response status for future exposures, anti-HBs testing should be performed approximately 1–2 months after the last dose of vaccine.
  — HCP with anti-HBs ≥10 mIU/mL after receipt of the primary vaccine series are considered immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
  — HCP with anti-HBs <10 mIU/mL after receipt of the primary series should be revaccinated. For these HCP, administration of a second complete 3-dose series on an appropriate schedule, followed by anti-HBs testing 1–2 months after the third dose, usually is more practical than conducting serologic testing after each additional dose of vaccine. To document the HCP's vaccine response status for future exposures, anti-HBs testing should be performed 1–2 months after the last dose of vaccine.

Testing of HCP Exposed to an HBsAg-Positive or Unknown Source

HCP who have anti-HBs <10 mIU/mL, or who are unvaccinated or incompletely vaccinated, and who sustain a percutaneous, mucosal, or nonintact skin exposure to a source patient who is HBsAg-positive or has unknown HBsAg status should undergo baseline testing for HBV infection as soon as possible after the exposure, and follow-up testing approximately 6 months later. Testing immediately after the exposure should consist of total anti-HBc, and follow-up testing approximately 6 months later should consist of HBsAg and total anti-HBc.

HCP exposed to a source patient who is HBsAg-positive or has unknown HBsAg status do not need to take special precautions to prevent secondary transmission during the follow-up period; however, they should refrain from donating blood, plasma, organs, tissue, or semen (1). The exposed HCP does not need to modify sexual practices or refrain from becoming pregnant (1). If an exposed HCP is breast feeding, she does not need to discontinue (1). No modifications to an exposed HCP's patient-care responsibilities are necessary to prevent transmission to patients based solely on exposure to a source patient who is HBsAg-positive or has unknown HBsAg status.

Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing

Healthcare personnel (HCP) with documentation of a complete ≥3-dose HepB vaccine series but no documentation of anti-HBs ≥10 mIU/mL who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. The algorithm below will assist in the management of these people. It was adapted from *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, MMWR* 2013; 62(RR-10), p.13, available at www.cdc.gov/mmwr/pdf/rr/rr6210.pdf.

Measure antibody to hepatitis B surface antigen (anti-HBs)*

- anti-HBs <10mIU/mL
  - Administer 1 dose of HepB vaccine.
  - Perform postvaccination serologic testing.†
    - anti-HBs <10 mIU/mL
      - Administer 2 more doses of HepB vaccine.
      - Perform postvaccination serologic testing.†
        - anti-HBs <10 mIU/mL → HCP need to receive hepatitis B evaluation for all exposures‡
        - anti-HBs ≥10 mIU/mL → No action needed for hepatitis B prophylaxis (regardless of the source patient's hepatitis B surface antigen status)
    - anti-HBs ≥10 mIU/mL → No action needed for hepatitis B prophylaxis (regardless of the source patient's hepatitis B surface antigen status)
- anti-HBs ≥10 mIU/mL → No action needed for hepatitis B prophylaxis (regardless of the source patient's hepatitis B surface antigen status)

* Pre-exposure serologic testing may be recommended for all previously vaccinated HCP who were not tested 1 to 2 months after the third dose (such as people vaccinated as children or adolescents). Trainees, HCP in certain occupations, and HCP practicing in certain populations are at greater risk of exposure. Vaccinated HCP in these settings or occupations could benefit from pre-exposure serologic testing.

† Should be performed 1–2 months after the last dose of vaccine using a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

‡ A nonresponder is defined as a person with anti-HBs <10 mIU/mL after ≥6 doses of HepB vaccine. Persons who do not have a protective concentration of anti-HBs after revaccination should be tested for HBsAg. If positive, the person should receive appropriate management. See *MMWR* 2013;62(RR-10) for guidance on management of persons who do not respond to 6 or more doses of hepatitis B vaccine.

Flowchart for Management of Occupational Exposures to Bloodborne Pathogens

Before an Exposure Occurs...

Dental Worker

- ❍ Receives training in risks of occupational exposures, immediate reporting of injuries/exposures, and reporting procedures within the practice setting

Employer / Infection Control Coordinator

- ❍ Establishes referral arrangements and protocol for employees to follow in the event of exposures to blood or saliva via puncture injury, mucous membrane, or non-intact skin
- ❍ Trains occupationally exposed employees in postexposure protocols
- ❍ Makes available and pays for hepatitis B vaccine for workers at occupational risk

Qualified Healthcare Provider

- ❍ Contracts with dentist-employer to provide medical evaluation, counseling, and follow-up care to dental office employees exposed to blood or other potentially infectious materials
- ❍ Keeps current on public health guidelines for managing occupational exposure incidents and is aware of evaluating healthcare provider's responsibilities ethically and by law

When an Exposure Incident Occurs...

Dental Worker

1. Performs first aid
2. Reports injury to employer
3. Reports to the designated healthcare professional for medical evaluation and follow-up care, as indicated
4. Receives copy of Written Opinion ←

Employer / Infection Control Coordinator

1. Documents events in the practice setting
2. Immediately directs employee to evaluating healthcare professional
3. Sends to evaluating healthcare professional:
   - ❑ copy of standard job description of employee
   - ❑ exposure report
   - ❑ source patient's identity and bloodborne infection status (if known)
   - ❑ employee's HBV status and other relevant medical information
   - ❑ copy of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard
4. Arranges for source patient testing, if the source patient is known and has consented
5. Pays for postexposure evaluation, and, if indicated, prophylaxis
6. Receives Written Opinion from evaluating healthcare professional ←
   - ❑ Files copy of Written Opinion in employee's confidential medical record (if maintained by the dentist employer)
   - ❑ Provides copy of Written Opinion to exposed employee

Qualified Healthcare Provider

1. Evaluates exposure incident, worker, and source patient for HBV, HCV, and HIV, maintaining confidentiality
   - ❑ Arranges for collection and testing (with consent) of exposed worker and source patient as soon as feasible (if serostatus is not already known)
   - ❑ In the event that consent is not obtained for HIV testing, arranges for blood sample to be preserved for up to 90 days (to allow time for the exposed worker to consent to HIV testing)
   - ❑ Arranges for additional collection and testing as recommended by the U.S. Public Health Service/CDC
   - ❑ Notifies worker of results of all testing and of the need for strict confidentiality with regard to source patient results
   - ❑ Provides counseling
   - ❑ Provides postexposure prophylaxis, if medically indicated
2. Assesses reported illnesses/side effects
3. Within 15 days of evaluation, sends to the employer a Written Opinion, which contains (only):*
   - ❑ documentation that the employee was informed of evaluation results and the need for any further follow-up
   - ❑ whether HBV vaccine was indicated and if it was received

* All other findings or diagnoses remain confidential and are not included in the written report.

- **VACCINE NON-RESPONDERS:** Test to confirm infection status. Receive counseling in regards to taking precautions. Considered suseptible to HBV. No specific work restrictions. Obtain HBIG within 2 hours to any known or probable parenteral exposure to HB-antigen positive blood.

- **DISCLOSURE OF IDENTITY:** Complete confidentiality must be observed by the employee. 29CFR 1910.1030(f)(5)(iii)

Notes: ____

____

____

____

____

____

____

____

SECTION 4: 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.

LIST THE TYPES OF P.P.E. IN YOUR FACILTY AND UTILIZE THIS LIST TO PERFORM A TRAINING SESSION:

____

____

____

LIST AREAS WHERE YOU NEED TO FOCUS ON BETTER COMPLIANCE:

HAND PROTECTION:

____

____

BODY PROTECTION:

____

____

EYE PROTECTION:

____

____

MASKS AND FACIAL PROTECTION:

____

____

Refer to CDC website for video on donning and duffing PPE. Perform training session.

DONNING P.P.E.	DUFFING P.P.E.
GOWN FIRST	GLOVES FIRST
MASK	FACE SHIELD/GOGGLES/SAFETY GLASSES
GOGGLES/FACE SHIELD/SAFETY GLASSES	GOWN
GLOVES	MASK (OR RESPIRATOR)

ADDITIONAL NOTES:

- OSHA General Industry Standards on P.P.E. impose compliance obligations on dentists.
- P.P.E. must be provided, used and maintained in a sanitary and reliable condition wherever it is needed to protect employees from chemical hazards, radiological hazards and mechanical hazards.
- It is up to the employer to monitor compliance of their employees!!!
- Training in all areas of PPE must be provided before employee reports for work duty assignment.
- **Laundering**: Have written protocol/ place in designated container preferably with a lid and biohazard symbol/ Place sharps container, gloves and mask in laundry area/ perform training so employees know where to place contaminated laundry, to handle as least as possible and to perform a bleach cycle monthly.

- **EMPLOYEE P.P.E.TRAINING SESSION SHOULD INCLUDE:**
  - 1) When PPE is necessary
  - 2) What PPE is necessary
  - 3) How to properly don, duff, adjust and wear PPE
  - 4) The limitations of the PPE
  - 5) The proper care, maintenance, useful life and disposal of the PPE.
  - 6) Location/ Availability

- **TRAINING RECORDS SHOULD INCLUDE: DATE, CONTENTS OR SUMMARY, NAME & QUALIFICATION OF TRAINER, NAMES & JOB TITLES OF ATTENDEES (SIGNATURE: OPTIONAL) KEEP FOR 3 YEARS**

- **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: ____________

Notes: ____

____

____

____

____

____

____

____

SECTION 5: HAZARD COMMUNICATION, G.H.S. UPDATE, AND REGULATED WASTE MANAGEMENT

- **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**

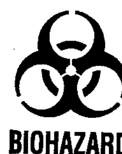
- **GLOBALLY HARMONIZED SYSTEM OF CLASSIFICATION AND LABELING OF CHEMICALS: FINAL DEADLINE FOR FACILITIES TO BE IN COMPLIANCE IS JUNE 1, 2016**

- **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.)**

- **SAMPLE SECONDARY LABEL:**

ADD PICTOGRAM(S)

ADD BIOHAZARD STICKER



Product: BeSafe Enzyme Ultrasonic Cleaner Tabs
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.

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

Notes: ____

REGULATED MEDICAL WASTE:

- **WHAT 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**
  - **CONTAMINATED SHARPS (NEEDLES, SCALPEL BLADES, INSTRUMENTS, BURS, ENDO FILES, BROKEN AND CONTAMINATED GLASS)**
  - **POTENTIAL SHARPS (ANESTHETIC CARPULES THAT COULD POTENTIALLY CONTAINED APIRATED BLOOD)**

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

- **WHAT ITEMS ARE CURRENTLY BEING PLACED IN YOUR FACILITY'S RED BAG THAT REALLY SHOULDN'T?**

  ____

  ____

- **COMPARE REGULATED WASTE HAULER'S FEES. KNOW WHEN YOUR CONTRACT IS DUE TO END AND MAKE CHANGES AHEAD OF TIME BEFORE IT RENEWS AUTOMATICALLY.**

Notes: ____

____

____

____

____

____

____

____

SECTION 6: 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 NEEDING TO HAVE SECONDARY LABELS MADE:

____

____

____

Notes: ____

____

____

____

____

____

SECTION 7: FACILITY INSPECTIONS AND TESTING

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

SPORE TESTING (WEEKLY)
EYEWASH STATION (WEEKLY)
FIRST AID/AED/PORTABLE OXYGEN (MONTHLY)
FIRE EXTINGUISHER/EXIT SIGNS/SMOKE ALARMS/EVACUATION POSTING (MONTHLY/ANNUALLY)
RADIATION BADGES (EVERY 3 MONTHS)
WATER TESTING (EVERY 3 MONTHS
NITROUS OXIDE EQUIPMENT (EVERY 6 MONTHS)
LABOR LAW POSTERS (ANNUALLY)
WASTE MANAGEMENT/MERCURY RECYCLING (AS NEEDED/ AT LEAST ANNUALLY)

Bloodborne Pathogens:

Sharps Evaluation-yearly- keep previous year's evaluation
Sharps Injury Log - yearly- keep for 5 years
Sharps Injury Records- keep for duration of employment plus 30 years
HBV records- keep for duration of employment plus 30 years
Exposure records- keep for duration of employment plus 30 years
Assessment of job determination and risk assessment- performed and updated yearly
Spore Testing- Keep indefinitely

Radiation Exposure:

Badges are submitted at least every 3 months. Keep all records for duration of employment plus 30 years.
Equipment Inspections: Keep length of employment plus 30 years

Hazardous Communication:

SDSs- Continuously add as new chemicals/products are added to workplace. Standard says to keep for 30 years, but can be interpreted to mean that SDS should be kept for 30 years of discontinued chemical or if highly hazardous or if an employee had exposure incident. All SDSs should be kept for current chemicals.
Chemical List- Review annually. Add as new chemical or products are added.
Medical Waste Disposal Logs- Refer to state or local regulations

Ergonomics:

Required recordkeeping has not yet been determined. If injury has occurred or effort is being made to document changes, keep for employment plus 30 years.

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

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

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

Workplace Violence:

Documented incidents-duration of employment plus 30 years

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.

SECTION 8: ADDITIONAL REGULATORY ISSUES

Notes: ____

- ITEMS TO INCLUDE IN A BIOLOGICAL SPILL KIT:
  - MASKS
  - GLOVES IN ALL SIZES REPRESENTED IN THE OFFICE (PACKAGED INDIVIDUALLY BY SIZE)
  - SAFETY GLASSES
  - SCOOP AND BROOM
  - RED BIOHAZARD BAG
  - DISINFECTANT
  - FLUID SOLIDIFIER (EX: REDZ)

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

- 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

REFER TO THE REFERENCES AND CONTACT HANDOUT TO ACCESS THE FOLLOWING HANDOUTS:

- **SAFETY CHECKLIST FOR DENTAL EQUIPMENT-SEMI-ANNUAL REMINDER (Section 7)**

- **VIOLENCE INCIDENT REPORT FORM (Section 8)**

- **TUBERCULOSIS RISK ASSESSMENT FORM (Section 8)**

REFERENCES AND CONTACT LIST
'O.S.H.A. COMPLIANCE TRAINING FOR THE DENTAL PROFESSIONAL'

SECTION 1:
Occupational Safety and Health Administration: www.osha.gov; 1-800-321-OSHA; Kansas City, MO: 1-800-892-2674; St. Louis, MO: 1-800-392-7743
Safety & health tip for dentistry & frequently cited standards: www.osha.gov/STLC/dentistry/index.html
Occupational Safety and Health Act (O.S.H. Act)/ How to contact OSHA/Review of O.S.H. Act: www.osha.gov/workers.html
Posters: OSHA poster is free. Order online www.osha.gov/publications. State & Federal: all-in-oneposters.com

****OSHA FACT SHEET**: Updates to OSHA's Recordkeeping Rule: Reporting Fatalities and Severe Injury
****OSHA FACT SHEET**: OSHA Inspections
****OSHA FACT SHEET**: OSHA's Bloodborne Pathogen Standard

Basic Elements of an Exposure Control Plan: http://www.cdc.gov/niosh/docs/2007-158/pdfs/2007-158.pdf
Exposure Control Plan/ Model Plan from OSHA: http://www.osha.gov/Publications/osha3186.pdf

Recordkeeping: www.osha.gov/recordkeeping (use SIC code: # 6212 on all 300 Logs, IF REQUESTED BY OSHA)
OSHA Logs: Forms available: 300- the Log; 300A- the summary; 301- Injury and Illness Report: www.osha.gov

SECTION 2:
O.S.H.A.'s Bloodborne Pathogen Standard osha.gov or search: OSHA's Bloodborne Pathogen Standard
Revision to OSHA's Bloodborne Pathogen Standard; 2001 Needlestick Safety and Prevention Act
https://www.osha.gov/needlesticks/needlefact.html.

Center for Disease Control (CDC): www.cdc.gov 1-800-CDC-INFO
http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/ppt.htm
C.D.C. Guidelines for infection control in dental health-care settings-2003.
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm.
Infection Control in Dental Health Care Settings- 2003:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1htm
Checklist for CDC compliance: www.osap.gov/mmwr
Organization for Safety, Asepsis and Prevention (OSAP) P.O. Box 6297 Annapolis, MD 21401 www.osap.org
Healthcare Personnel Vaccination Recommendations: Immunization Action Coalition www.immunize.org

SECTION 3:
Hepatitis B: Questions and Answers: www.immunize.org/catg.d/p4205.pdf
Hepatitis B FAQs for Health Professionals: http://cdc.gov/hepatitis/hbv/hbvfaq.htm

Post-Exposure Evaluation and Follow-up: www.ada.org/prof/resources/topics/osha
Recommendations for HIV Post-Exposure Prophylaxis: www.hivguidelines.org
P.E.P. (Post-Exposure Prophylaxis) Hot-line: 1-888-448-4911 (NY State Dept. of Health AIDS Institute)

****Article: "Guidance for Evaluating Healthcare Professional for HBV Post-Exposure Management"**:
Search through the Morbidity and Mortality Weekly Report, December 20, 2013, Volume 62, Number 10.
****Article: "Hepatitis C Virus (dried) can remain infectious on inanimate objects"**:
www.aidsmap.com/Hepatitis -C-virus-dried-on-inanimate-surfaces

SECTION 4: PERSONAL PROTECTIVE EQUIPMENT (P.P.E.)
General requirements for P.P.E.: www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=13370
Free booklet from OSHA on PPE: Publication #OSHA 3151.
Safety glasses recommendation for prescription glasses and safety glasses in dentistry: American National Standards Institute (ANSI). Review 29CFR 1910.133

Contact your supply representatives to bring samples of eye protection, masks, utility gloves, and gowns!
Practicon: 1-800-959-9505 (Request catalog for selection of eyewear)

Eye Safety: http://blog.safetyglassesusa.com/eye-safety-in-a-dental-office
http://www.rdhmag.com/articles/print/volume-32/issue-08/columns/infection-control/protection
http://www.dimensionsofdentalhygiene.com/ddhright.aspx?id=7516

SECTION 5:

Globally Harmonized System of Classification and Labeling of Chemicals: (GHS)

Refer to American Dental Association's website for information to be utilized in training new employees
View OSHA Fact sheets and alphabetical listing for additional information at www.osha.gov
'OSHA Brief for GHS': Great source of information for G.H.S. www.osha.gov

Hazard Communication 2012 Standard and GHS information: www.osha.gov/dsg/hazcom/index.html
Waste Management: MO Revised Statutes: http://www.moga.mo.gov/mostatutes/stathtml/26000002031.HTML
Regulated Medical Waste State Resource Locator: http://envcap.org/statetools/rmw/mo-rmw.cfm
Managing Hazardous Wastes/ Regulatory Considerations: http://www.hercenter.org/dentistwastes.cfm
Managing Sharps & Other Hazardous Waste in a Dental Office: http://dentalaegis.com/ida/2012/04
Small quantity generators; Information on transporting waste from one office to the other: Rules of Dept. of Natural Resources Division 80-Solid Waste Management; Chapter 7- Infectious Waste Management; Title: 10CSR 80-7.010
Small Entity Compliance Guide for Employers That Use Hazardous Chemicals: www.osha.gov/Publications/OSHA3695.pdf
Pollution prevention and compliance assistance for waste: http://www.hercenter.org/dentistwastes.cfm

SECTION 7:

Self- Inspection forms: www.osha.gov Click on 'Small Business Handbook' under Quick Links/ search: Self Inspection
General Safety, Office Safety, Fire & Electrical Safety Inspection forms: www.pinnacol.com/resources/microsites/safety-services/site/sample-safety-inspection-checklists.html
*****Semi-Annual Checklist: www.ada.org**

SECTION 8:

Eyewash Station Safety: http://goiam.org/index.php/headquarters/departments/safety-and-health
Masune: 1-800-831-0894 (Request catalog to order items to fabricate emergency spill kit)

Radiation Badges: 29CFR 1910.1096 (d) (2). 2003 interpretation states that you must provide radiation badges
Practicon: 1-800- 959-9505 (Compare prices on radiation badges)

Ergonomics: OSHA's Final Rule: www.osha.gov
*****Workplace Violence: search 'Workplace Violence Incident Report Form'**
*****Tuberculosis: search 'TB Risk Assessment Worksheet'**
Best Management Practices for Disposal of Mercury/ Amalgam related items: www.ada.org
NIOSH Warns: Nitrous Oxide Continues to Threaten Health Care Workers: cdc.gov/niosh/updates/94-118.html

Search for OSHA fact sheets on OSHA's website for various topics regarding safety

ACRONYMS:

ADA: American Dental Society
AIDS/HIV: Acquired Immune Deficiency Syndrome/ Human Immunodeficiency Virus
ANSI: American National Standards Institute
BMP: Best Management Practice
BBP: Bloodborne pathogens
CDC: Center for Disease Control
CFR: Code of Federal Regulations
DHCP: Dental Health Care Provider (Professional)
ECP: Exposure Control Plan
EPA: Environmental Protection Agency
GHS: Globally Harmonized System of Classification and Labeling of Chemicals
HBV: Hepatitis B
HBC: Hepatitis C
HCP: Health Care Professional
MSD's: Muscular Skeletal Disorder
MMWR: Morbidity and Mortality Weekly Report
NIOSH: National Institute of Occupational Safety and Health
OPIM: Other Potentially Infectious Materials
OSAP: Organization for Aseptic Procedures
OSHA: Occupational Safety and Health Administration
OSH Act: Occupational and Safety Health Act of 1970
PPE: Personal Protective Equipment
SDS: Safety Data Sheet
TB: Tuberculosis