Is Your Office In Compliance?

OSHA
SPICE
HIPAA

Are You Ready for a Visit from an OSHA Inspector?
Contact Information

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Learning Outcomes
Compliance Issues Regarding OSHA's BBP Standard

1. Compliance Issues Regarding OSHA's BBP Standard

2. Training Requirements (when, record keeping requirements, etc)

3. Employee Record Requirements (HBV/Titer/TB/CPR/Immunizations, etc)

4. What to Expect from an OSHA inspection

5. Exposure Plan Protocol

6. New Info for SDS ICONS
7. Who is required to attend a SPICE course?

8. How often does someone have to attend a SPICE course?

9. What is the focus of SPICE Training?
The ADA released in January 2010 a new Complete HIPAA Compliance Kit for dentists that will feature updated HIPAA Privacy and Security information and incorporate HITECH changes.

In addition, it included a three-year update service assuring a resource that covers all pending changes.
FOR IMMEDIATE RELEASE
January 17, 2013

“This final omnibus rule marks the most sweeping changes to the HIPAA Privacy and Security Rules since they were first implemented,” said HHS Office for Civil Rights Director Leon Rodriguez.

The final omnibus rule greatly enhances a patient’s privacy protections, provides individuals new rights to their health information, and strengthens the government’s ability to enforce the law.
January 15, 2013
Message

Leon Rodriguez
In light of recent tragic and horrific events in our nation, including the mass shootings in Newtown, CT, and Aurora, CO, I wanted to take this opportunity to ensure that you are aware that the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule does not prevent your ability to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when you believe the patient presents a serious danger to himself or other people.
Under these provisions, a health care provider may disclose patient information, including information from mental health records, if necessary, to law enforcement, family members of the patient, or any other persons who may reasonably be able to prevent or lessen the risk of harm.

For example, if a mental health professional has a patient who has made a credible threat to inflict serious and imminent bodily harm on one or more persons, HIPAA permits the mental health professional to alert the police, a parent or other family member, school administrators or campus police, and others who may be able to intervene to avert harm from the threat.
March 11, 2013

Most covered entity *dental practices will need to review and revise their HIPAA compliance policies*, procedures and documents such as Notice of Privacy Practices and Business Associate Agreements to **comply by Sept. 23, 2013** with regulations effective March 26, 2013 the Association told subscribers to the ADA Practical Guide to HIPAA Compliance Privacy and Security Kit.
180 Days from March 26th

HIPAA-covered entities, including covered dental practices, will have an additional 180 days from the March 26, 2013 effective date to comply with applicable requirements of the omnibus final rule issued by the Department of Health and Human Services.
"This straightforward guide, developed especially for dentists, provides a step-by-step plan to help you prepare and implement a compliance program for your dental practice.

Includes new sample forms, sample policies and procedures, checklists, sample risk assessment questions, workforce training guidance and a three-year subscription to the annual HIPAA Compliance Update Service.

8 hours of CE credits."
“De-Identification”

The Privacy Rule sets forth the standard for de-identification of PHI at 45 C.F.R. § 164.514(a).

Under the standard, health information is not "individually identifiable" if it does not identify an individual and there is no reasonable basis to believe that the information can be used to identify an individual.
The Privacy Rule sets forth two methods that may be used to satisfy the Privacy Rule’s de-identification standard

1. Expert determination

2. Safe harbor
Safe Harbor Method

The “safe harbor” method of de-identification calls for removal of 18 types of identifiers of the individual or of relatives, employers or household members of the individual, provided that the covered entity has no “actual knowledge” that the information could be used alone or in combination with other information to identify the individual.
Safe Harbor

- The safe harbor method of de-identification of PHI is less subjective than the expert determination method and may be used without consultation with an expert.
Expert Determination Method

The “expert determination” method applies statistical and scientific principles and methods for rendering information not individually identifiable.
“Regardless of the method by which de-identification is achieved, the privacy rule does not restrict the use or disclosure of de-identified health information, as it is no longer considered protected health information,”
Orders may be placed at

http://www.adacatalog.org

or

by calling 1-800-947-4746

To order the ADA kit, J598 Manual, CD-ROM and Subscription Service, shop online
Your Price $450.00
HHS Guidance Document

Sample procedures for the “safe harbor” method are included in the ADA HIPAA kit, and both methods are discussed in the HHS guidance document.
March 11, 2013

ADA updating HIPAA manual

Regulators expect compliance by Sept. 23

By Craig Palmer, ADA News staff
Bloodborne Pathogen Standard

And then, the OSHA inspector showed up...
Bottom line is if it is wet don’t touch it

- **Recommended Infection-Control Practices for Dentistry, 2003**
Two Recommended Books

  - NO ISBN
  - Distributors: Benco Dental – 1-800-462-3626
  - Item Code 3582-232

- **Infection Control and Management of Hazardous Materials for the Dental Team**
  - Miller and Palenik, most current edition (4th)
  - Mosby
  - ISBN # 0-8151-5688-X
Difference Between The Two

- Focused on the **patient**
- Prevention of Cross Contamination

- Focused on the **employee**
- Safety

**SPICE**

**OSHA**
THIS COURSE DOES NOT

- Meet the NC SPICE requirements
  - (6 hour course)

- or the

- NCSBDE requirement for a DA II's Infection Control training
  - (3 hour course)
NC SPICE
http://www.unc.edu/depts/spice/

- North Carolina
- Statewide Program for Infection Control and Epidemiology
- 1 person per office
- Only required one time
- 6 HOURS
The NC Administrative Code, 10A NCAC 41A.0206 specifies that each health care organization in the State, including dentistry, shall designate a staff member to direct infection control activities.

The designated staff member in each health care organization shall complete a course in infection control approved by the department addressing seven specific areas.

Annual OSHA updates do not fulfill the requirements of this state law.
10A NCAC 41A .0206
INFECTION PREVENTION HEALTH CARE SETTINGS

http://www.unc.edu/depts/spice/NC-law-.0206-.0207.html

THE LAW
Copy of the North Carolina Administrative Codes

- 10 A NCAC 41A .0206 Infection Control-Health Care Settings –
  - Updated 2010
  - 1/10/10

- 10 Z NCAC 41A.0207 HIV and HEPATITIS B Infected Health Care Workers
North Carolina Administrative Code (Law)
10A NCAC 41A.0206

Requires that each health care organization that performs invasive procedures shall:

- **#1.** Implement a written infection control policy
  - OSHA Regulation also

- **#2.** Provide HCWs they employ with training in the principles of infection control and the practices required by the policy
  - OSHA Regulation also
  - UPDATE the policy as needed to prevent the transmission of HIV, HBV, and HCV and other bloodborne pathogens

- **#3** Require and MONITOR COMPLIANCE with the policy
#4. The health care organization shall designate **ONE ON-SITE** staff member for each facility to direct these activities.

#5 The designated staff member in each health care facility shall complete a course in infection control approved by the Department. (SPICE)
Review of Pertinent North Carolina Laws Concerning Infection Control

A person who violates any provision of these laws or rules adopted by the Health Commission or a local board of health shall be guilty of a misdemeanor.

Objective:
Knowledge to not violate laws and be compliant with regulatory and practice guidelines.
Why Was The Rule Drafted?

The rule was drafted after lookback investigations revealed infection control practices were severely lacking to meet general infection control standards of practice in outpatient settings, including dental settings.
A case report in the Journal of Infectious Diseases documents the first patient-to-patient transmission of hepatitis B virus (HBV) in a dental office.
The New Mexico Department of Health and the Centers for Disease Control and Prevention (CDC) conducted an epidemiological investigation of a 60-year-old woman (index patient) with acute hepatitis B who reported no history of hepatitis B vaccination and no traditional risk factors for HBV infection (i.e., sexual activity, intravenous drug use).
They concluded that the source of HBV infection was a chronically infected 36-year-old woman who had undergone an extraction procedure less than three hours before the index patient had undergone a similar extraction procedure in the same oral surgery operatory.

The source patient had been infected with HBV since at least 1999, and serologic testing confirmed that the patient had chronic hepatitis B with a high viral load when she was treated.

DNA sequencing of the viruses in both women confirmed that the younger patient was the source of HBV infection.
How Was the Infection Transmitted from the Source to the Index Patient?

- When investigators visited the office and monitored its operation they found all staff members followed standard infection control practices.

- The investigators could only speculate that there might have been a lapse in clean-up procedures after the source patient, leaving an area contaminated with her blood.

CROSS CONTAMINATION
The federal Centers for Disease Control and Prevention says the hepatitis-related deaths of six North Carolina nursing home residents shows the need for vigilance in infection control.

They said the faulty procedures likely spread Hepatitis B to eight elderly residents, including six who died. The CDC review says similar lapses have caused 16 outbreaks of Hepatitis B at assisted living facilities around the country since 2004.
Administrative Policy
Must Exist

#1. Tailor infection-control measures to individual practice setting
   - Infection Control Manual with written Standard Operating Procedures

#2. Clearly designate responsibility for oversight and monitoring
    - Infection Control Officer

#3. Periodically review staff practices (e.g., at least annually)
    - Evaluation Tool

#4. Establish procedures and responsibilities for reporting and investigating breaches in infection-control policy
    - Chain of Command – Who report to who when
    - Health Department
OSHA’s Charge Is To Protect The Employee While At Work

- From Bloodborne Pathogens
- From Hazardous Chemicals - MUST ALSO HAVE ANNUAL TRAINING!
Increase in Inspections

- This year in the state of North Carolina many private practices have been involved in OSHA inspections and some have received fines for non-compliance.

- NC random inspections of healthcare have been up over 500% for the past three years compared to 2009!
ARE YOU READY?
...LET’s GET READY!
If the OSHA Compliance Officer Shadowed YOU

- Would your office pass inspection?
- Is your office in compliance?
- Does your staff know how to handle an inspection?
Does the Revised Bloodborne Pathogens Standard Apply to Medical or Dental Offices That Have Fewer Than 10 Employees?

OSHA's Bloodborne Pathogens Standard applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials (OPIM), regardless of how many workers are employed.

However, workplaces with 10 or fewer employees are exempt from OSHA recordkeeping requirements and are also exempt from recording and maintaining a Sharps Injury Log. (See 29 CFR 1904 for applicability of recordkeeping requirements)
National Ranking of Serious Violations

- Dentistry (#621210) is currently classified as a Health Class I = HIGH HAZARD
- 2009 Classified as a Safety Class IV
- General Schedule List: NC has 1428 inspections scheduled with 10% of these being in dental offices
- Random Selection – Offices with 10 or more employees
- NAICS# - North American Industry Classification System
What is NAICS?

The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.
This Site List All of Offices Visited

Violations

Viol Type: Serious

Date: 10/11/2012

Current Penalty: $41000.00
Example of Finding At Site

- Inspection Information - Office: Nc Raleigh Nr:
- Report ID:0453710
- Open Date: 01/03/2013
- Fayetteville XXXXXX   Road

Fayetteville, NC 28304
- Union Status: NonUnion
- SIC: 8021
- Offices and Clinics of Dentists

- **Inspection Type: Complaint**
- Scope: Partial

- **Advanced Notice: N**
- Ownership: Private Safety/Health:
Approximately 100 Health and Safety Compliance Officers In NC

#1. In accordance with North Carolina General Statute (NCGS) 95-136(a)(1), OSHNC inspectors have the right to enter any North Carolina workplace.

#2. All inspections are conducted without advance warning to the employer.
No Warning 😊
Three Steps to An Inspection
Three Steps to An Inspection

 #1: Opening Conference
   • Employer MAY request a return day/date but it is up to the officer

 #2: Walk Around Portion
   • Interviewing of Employees
   • Observation of Employees
   • Not Designed to Disrupt Office Flow
   • MOST CRITICAL PART

 #3: Closing Conference
   • May occur that day
   • Recaps findings
   • May be reschedule on another day due to findings
   • Citations
1. Opening Conference

- Employer MAY request a return
- Ask for identification
- Identify a work area
Employer May Request

- But it is up to the compliance officer
- Depends on reason for visit
#2. Walk Around Portion

- Interviewing of Employees
  - One on One

- Observation of Employees
  - Evaluation at work
  - PPE MUST BE WORN!

- Not Designed to Disrupt Office Flow

MOST CRITICAL PART
Not Wearing PPE

NUMBER ONE REASON FOR CITATION during the “Walk Around” Portion
MAJOR NON COMPLIANCE ISSUE

Employer does not have “PROOF” or the correct documentation of employee training.
One of the Main Reasons for Citations

- Lack of documentation concerning annual bloodborne pathogen training for employees

- **Must be within one year of last training session**

- Some dental employees interviewed had never been offered any training
What Is The Law Concerning Training Records?

- What has to be included within the training record documentation?

- How long do the training records have to be of file?
Training Records.1910.1030(h)

Training records shall include the following information:

#1: The **dates** of the training sessions

#2: The **contents or a summary of the training sessions**

#3: The **names and qualifications of persons conducting the training**

#4: The **names and job titles of all persons attending the training sessions**

#5: Training records shall be **maintained for 3 years** from the date on which the training occurred.
Documentation

- **Annual Training** of all employees that have the potential for exposure to blood or other potentially infectious materials (OPIM)

- Training must be documented - on file in the office

- Obtain the Certificate Form For Office Documentation

- List of Names of All Employees that attended the session
  - Keep on File

- Copy of Power Point/Objectives from Website/Notes
Appropriate Content and Vocabulary

- 1910.1030(g)(2)(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
What Must Be Included In The Training?

- 1910.1030(g)(2)(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases

(C) An explanation of the modes of transmission of bloodborne pathogens

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan
  - Ask to view the copy of your employer’s plan!
What Must Be Included In The Training?

(E) An explanation of the appropriate methods for recognizing tasks and other activities that exposure to blood and other potentially infectious materials may involve.

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

(H) An explanation of the basis for selection of personal protective equipment.
What Must Be Included In The Training?

(I) Information on the **hepatitis B vaccine**, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

(J) Information on the **appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials**.

(K) An **explanation of the procedure to follow if an exposure incident occurs**, including the method of reporting the incident and the medical follow-up that will be made available.

(L) Information on the **post-exposure evaluation and follow-up** that the employer is required to provide for the employee following an exposure incident.
What Must Be Included In The Training?

(M) An explanation of the signs and labels and/or color coding required by paragraph

(N) An opportunity for interactive questions and answers with the person conducting the training session

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
What Other Records Do You Need to Be In Compliance?

Employee’s Medical Record
Your Office Should Have

Employee Medical Records

- A confidential, up-to-date medical record for all workers, maintained and stored either onsite or with your practice’s healthcare professional/facility

- Medical Records should ONLY include documentation of immunization/titers

- and of any tests/communication received as a result of an occupational exposure
DO YOU KNOW HOW LONG THE EMPLOYEE’S MEDICAL RECORD HAS TO BE RETAINED?
Employer Must Provide Employee Medical Records

- Name and ID # of Each Employee (present and past)
- HBV Vaccination Status/Titer
- Documentation of Occupational Exposure

These records must be kept for 30 years after the last day of employment
EMPLOYEE’S MEDICAL RECORD

#1: HBV Vaccine Series/Titer Documentation or Declination Form

#2: TB Screening

#3: Childhood Immunizations or Titers

#4: Incident Report Form/Follow-Up for Treatment Rendered
WHAT OTHER RECORDS DO YOU NEED TO HAVE ON FILE FOR EMPLOYEES

1. CPR Health Care Provider Level

#2: License or Credential Documentation
- RDH (State of NC),
- CDA (Dental Assisting National Board)
- DA II Status (e.g. WAKEAHEC Intraoral Radiography Certificate; Coronal Polishing Certificate, Nitrous Oxide Certificate)

Some office also file a copy of the employee’s Diploma/Certificate from their educational Institute

#3: BloodbornePathogen and Hazcom Training

#4: SPICE Training

#5: Continuing Education Hours
Hepatitis B Vaccine
Best Protection from HBV

- Must be offered free to employee
- If the employee refused the vaccination series, has the employee signed the “Hepatitis B Vaccination Declination Waiver Form”?
- Has the employee been informed that he or she may accept the vaccine, at no charge, at a later date?

Titer Results – Should be on file for PEP
THE LAW

- Hepatitis B vaccination shall be made available after the employee has received the training required and **within 10 working days of initial assignment** to all employees who have occupational exposure unless the employee has:

  #1: previously received the complete hepatitis B vaccination series
  #2: antibody testing has revealed that the employee is immune
  #3: or the vaccine is contraindicated for medical reasons
Can the Employee Decline The Hepatitis B Vaccine?  
If so, What MUST Happen?
Yes The Vaccine Can Be Declined

- If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

- The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign a declination form (in file).
# Recommended HCW Immunizations

[Recommended HCW Immunizations](http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm)

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<th>22–26 years</th>
<th>27–49 years</th>
<th>50–59 years</th>
<th>60–64 years</th>
<th>≥65 years</th>
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*Covered by the Vaccine Injury Compensation Program*

- For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection
- Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
- Tdap recommended for ≥65 if contact with <12 month old child. Either Td or Tdap can be used if no infant contact
- No recommendation
**Incident Report**

**MODEL INJURY REPORTING FORM**

**Employee Information**
- Name
- Address
- Phone
- DOB
- Trust/Practice
- Department
- Grade
- Name of Employee’s GP
- Address
- Phone

**Incident**
- Date/Time of Incident
- Date/Time of Reporting
- Location
- Procedure at Time of Incident
- Purpose Sharp was Used for

**Injury**
- Implement Involved
- Cause of Injury
- Superficial
- Deep
- Moderate
- Bleeding
- Glove Penetrated by Sharp
- Part of Body Injured

**Type of Contamination**
- Blood
- Blood Stained Fluid
- Non Blood Stained Fluid
- Unknown

**Risk Assessment/Treatment**
- First Aid: Yes
- Advised: No
- NA: NA
- Risk Assessed: Yes
- No: No
- NA: NA
- Incident Form: Yes
- Advised: No
- NA: NA
- Gloves Worn: Yes
- No: No
- NA: NA
- Date of Last Hepatitis B Course/Booster/Anti HBS
- Reportable under RIDDOR: Yes
- No: No
- NA: NA
- Date of Last Tetanus
- Information Regarding Source Patient
- Known: No
- Unknown: No
- Anti-HCV+: Yes
- No: No
- NK: NK
- Source Blood Requested: Yes
- No: No
- HBsAg+: Yes
- No: No
- NK: NK
- Source Blood Obtained: Yes
- No: No
- Anti-HIV+: Yes
- No: No
- NK: NK
- Blood Specimen Taken by
- Follow Up Strategy/Comments
- Sample taken for Storage: Yes
- No: No
- Sample Taken by
- Follow up Sample Storage: Yes
- No: No
- Sample Stored by
- PEP Procedure Instigated: Yes
- No: No
- NK: NK

**HIV-PEP Implementation Details and Outcome**
- Completed: Completed
- Not Completed: Not Completed
- Inappropriate: Inappropriate

**HIV-PEP Implementation Details and Outcome**
- Name
- Designation
- Signature
- Date
#3. Closing Conference

a. May occur that day
b. Recaps findings
c. May be rescheduled on another day due to findings
d. Citations
e. Fines determined
Employees have a right to seek safety and health on the job without fear of punishment. That right is spelled out in Section 11(c) of the OSH Act.

The law forbids the employer from punishing or discriminating against employees for exercising such rights as:

- **Complaining** to the employer, union, OSHA, or any other government agency about job safety and health hazards; and

- **Participating** in OSHA inspections, conferences, hearings, or other OSHA-related activities.

Whistleblower Protections
DO WE REALLY NEED ANNUAL TRAINING?

According to the news…

yes we do…

Why?
Hepatitis B Outbreak

MOUNT OLIVE, N.C. -- The federal Centers for Disease Control and Prevention says the hepatitis-related deaths of six North Carolina nursing home residents shows the need for vigilance in infection control.
Meets OSHA’s Annual Bloodborne Pathogen Training Standard

Annual Training of all employees that have the potential for exposure to blood or other potentially infectious materials (OPIM)
1910.1030(g)(2)(iv) Annual training for all employees shall be provided within one year of their previous training.
FOUR MUST ABOUT TRAINING

1. Training is offered to employees within 10-30 days of employment or before the employee assumes responsibilities that involve exposure to body fluids or chemicals.

2. Training is updated anytime Job Responsibilities change; e.g. new SOP, new engineering control, etc.

3. Training must occur annually – UPDATE

4. Training must be offered at no cost to the employee during regular working hours
   • CE
In 2001, in response to the Needlestick Safety and Prevention Act, OSHA revised the Bloodborne Pathogens Standard, 29 CFR 1910.1030. The revised standard clarifies the need for employers to select safer needle devices and to involve employees in identifying and choosing these devices. The updated standard also requires employers to maintain a log of injuries from contaminated sharps.
NEEDLE SAFETY

- Main changes occur in section 1910.1030 (c) (1) of the Bloodborne Pathogen Standard dealing with the exposure plan

- NUMBER ONE RULE – the best way to manage an exposure incident is to prevent one in the first place – PREVENTION!!!

- Exposure Control Plan must be updated at least annually – how to reduce needle sticks
Recapping can account for 25 to 30 percent of all needlestick injuries of nursing and laboratory staff.

Often, it is the single most common cause.

It is extremely dangerous to hold a needle in one hand and attempt to cover it with a small cap held in the other hand.

Injuries occur three different ways:

#1: the needle misses the cap and accidentally enters the hand holding it

#2: the needle pierces the cap and enters the hand holding it

#3: the poorly fitting cap slips off of a recapped needle and the needle stabs the hand
Stick Shields

- Without Shield
- With Shield but not behind
- Behind Stick Shield
PRACTIshield™

Sheath Prop/Puncture Guard — For Dental Use Only

1. Attach needle to syringe. Before unbolting needle, insert needle sheath through hole in PRACTIshield until sheath collar is firmly seated against surface of PRACTIshield.

2. Forster syringe end on PRACTIshield with sheath over it.

3. Using PRACTIshield as a prop, unbolts needle with BIO SHIELD by moving needle into opening of sheath. If necessary, to syringe operator extreme pressure while holding all sheath behind PRACTIshield.

4. Dispose of needle, sheath and PRACTIshield properly.

Order toll free 1-800-959-9505 • www.practicare.com
Handling and Removal of Blade
Instead of Using a Needle Holder
Engineering Control
One Handed Retraction Device
Inspection Violations Also Include

- Eyewash Stations
- Fire Extinguishers
- Fire Escape Plans
- ETC
Rule on Eyewash Stations

Must be located in areas where caustic or hazardous substances are present.

Units must provide a controlled, low velocity flow of water that *rinses both eyes simultaneously* and is not injurious to the user.

Units must deliver at least 0.4 gallons (1.5 liters) of water per minute for a *full 15 minutes*.

Outlet heads must be positioned between 33 inches (83.8 cm) and 45 inches (114.3 cm) from the floor and be at least 6 inches (15.3 cm) from the wall or nearest obstruction.
Eye Wash Station Rules

Water delivered by the unit should be tepid (e.g., lukewarm). (For the purposes of eyewash safety, ANSI describes tepid as being between 60° and 100° F.)

Employees must receive training in the location and proper use of eyewashes.
Rules on Eye Wash Stations

Plumbed eyewash units must be activated weekly to verify proper operation and to ensure there is no blockage.

Eyewash stations must be **inspected annually** to ensure they are functioning in compliance with the ANSI Z358.1 requirements.

Eyewash stations must be **identified with highly visible signage** and the area around the eyewash must be well lighted.
Rules on Eyewash Stations

Valve actuators must be easy to locate and readily accessible to the user.

Units should include a *hands-free stay-open valve that activates in one second or less.*

Units must be installed so that it is *accessible within 10 seconds of the hazard,* on the same level as hazard, and with an *unobstructed travel path that is in a straight line wherever possible.*
Make Sure Your Employer Know HOW TO FLUSH THEIR EYES

- Recommended procedures on how to effectively flush eyes that have been contaminated

- Individuals should be instructed to hold the eyelids open and roll the eyeballs so fluid will flow on all surfaces of the eye and under the eyelid – ~ 15 minutes
EMERGENCY EYE WASH STATION INSPECTION

INSPECT UNIT CAREFULLY BEFORE SIGNING

DATE  BY  DATE  BY

DO NOT REMOVE THIS TAG
You have the right to a safe workplace. The Occupational Safety and Health Act of 1970 (OSH Act) was passed to prevent workers from being killed or seriously harmed at work.

The law requires employers to provide their employees with working conditions that are free of known dangers.

Workers may file a complaint to have OSHA inspect their workplace if they believe that their employer is not following OSHA standards or that there are serious hazards.

Contact us if you have questions or want to file a complaint. We will keep your information confidential. We are here to help you.
National Clinicians' Post-Exposure Prophylaxis Hotline

1-888-HIV-4911

The PEPline provides around-the-clock expert guidance in managing healthcare worker exposures to HIV and hepatitis B and hepatitis C

Callers receive immediate post-exposure prophylaxis recommendations.
Flow Chart – ADA
Make Sure You Have A Copy

- **Employee’s responsibilities**
  - Employee Reports Incident to Employer
  - Employer Directs Employee to HCP
  - Sends to HCP:
    - Copy of Standard Job Description of Employee
    - Incident Report (Route etc.)
    - Source Patient’s Identity and HBV/HHV Status (if known)
    - Employee’s HBS Status and Other Relevant Medical Information
  - Document Events on OSHA 200 and 101 (if applicable)
  - Receives HCP’s Written Opinion
  - Sends (Only) the HCP’s Written Opinion to Employer:
    - Documentation that employee was informed of evaluation results and the need for any further follow-up; and
    - Whether HBV vaccine was received

- **Employer’s Responsibilities**
  - Health Care Professional (HCP) Evaluates Exposure Incident
  - Arranges for Testing of Exposed Employee and Source Patient (if not known already)
  - Notifies Employee of Results of All Testing
  - Provides Counseling
  - Provides Post-Exposure Prophylaxis, if Medically Indicated
  - Evaluates Reported Illnesses
  - (Items above are CONFIDENTIAL)

- **HCP’s Responsibilities**
  - Receives Copy of HCP’s Written Opinion
  - Provides Copy of HCP’s Written Opinion to Employee (within 15 days of completed evaluation)

Prepared by the American Dental Association in cooperation with the Occupational Safety and Health Administration (December 1999). This document is not considered a substitute for any provisions of the Occupational Safety and Health Act of 1970 or any standards issued by OSHA.

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FIGURE 10-4 Flow chart for occupational exposure to bloodborne pathogens.
Exposure Incident Occurs

Employee Reports Incident to Employer ➔ Employer Directs Employee to HCP ➔ Health-Care Professional (HCP) Evaluates Exposure Incident

Sends to HCP:
- Copy of Standard Job Description of Employee
- Incident Report (Route, etc.)
- Source Patient’s Identity and HBV/HIV Status (if known)
- Employee’s HBV Status and Other Relevant Medical Information

Document Events on OSHA 200 and 101 (if applicable)

Arranges for Testing of Exposed Employee and Source Patient (if not known already)

Notifies Employee of Results of All Testing

Provides Counseling

Provides Post-Exposed Prophylaxis, If Medically Indicated

Evaluates Reported Illnesses

(Items above are CONFIDENTIAL)

Receives HCP’s Written Opinion

Sends (Only) the HCP’s Written Opinion to Employer:
- Documentation that employee was informed of evaluation results and the need for any further follow-up; and
- Whether HBV vaccine was received.

Receives Copy of HCP’s Written Opinion

Provides Copy of HCP’s Written Opinion to Employee (within 15 days of completed evaluation)

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FIGURE 10-4 Flow chart for occupational exposure to bloodborne pathogens.
What Does The ADA Recommend?

**Exposure Incidents:** The Association recommends that dentists:

- **#1:** be familiar with current CDC postexposure protocols for the management of occupational exposures to bloodborne pathogens

- **#2:** *that dentists institute office policies to ensure appropriate and efficient management of exposure incidents*

- **#3:** The ADA recommends that the costs associated with postexposure prophylaxis and exposure sequelae be a benefit of *Workers’ Compensation insurance coverage*
Let’s First Review the Basis for Compliance With OSHA Regulations

- Must Have an **WRITTEN Exposure Control Plan**—may be Called an Occupational Health Program

- **The Plan Must Cover:**
  - OSHA Universal Precautions: tx of all patients as if they are infected with a transmissible bloodborne disease
  
  - **Standard Precautions:** tx all patients as if they are infected with a transmissible disease (standard precautions considers all body fluids, secretions, and excretions (except sweat) as potentially infectious, *whether or not they* contain blood. This term is gradually replacing the term “universal precautions” in most health care settings, including dentistry.
Exposure Control Plan Must Includes
3 Main Things

#1: Personal Protective Equipment
- Gloves, masks, clothing (barrier gown) and eyewear to protect against hazards

#2: Management of Exposure Incidents
- Immediate reporting of occupational exposure to blood or OPIM and referral to a qualified medical provider for evaluation and follow-up care

#3: Recordkeeping
- Standard operating procedures for the practice; employee medical records; training; and other required documentation
Your Practice Should Have:

- A referral arrangement with qualified medical professionals to ensure that any necessary job-related medical evaluation and treatment can be delivered quickly and appropriately.

- Concentra – an agency in Raleigh set-up to manage occupational exposures.
Focus on BBP Occupational Exposure

- Address Contact
  4909 Green Rd
  Raleigh, NC 27616

- Ph: 919-790-0288
  Fx: 919-790-0723
EMPLOYERS MUST

- Employers have the responsibility to provide a safe workplace. **Employers MUST provide their employees with a workplace that does not have serious hazards and follow all relevant OSHA safety and health standards.**

- **Employers must find and correct safety and health problems.**

- OSHA further requires **employers to try to eliminate or reduce hazards first by making changes in working conditions** rather than just relying on masks, gloves, ear plugs or other types of personal protective equipment (PPE).
Employers MUST also:

- Inform employees about hazards through training, labels, alarms, color-coded systems, chemical information sheets and other methods.
- Keep accurate records of work-related injuries and illnesses.
- Perform tests in the workplace, such as air sampling required by some OSHA standards.
Provide Employees With Everything Needed to Comply with the Standard

A. Offer **Hepatitis B Vaccination Series**

B. Provide, maintain, dispose of or clean and ensure use of PPE and/or engineering controls

C. **Establish** appropriate work practices and decontamination processes (SOP’s)

D. **Establish post-exposure medical evaluation and follow-up**

E. Provide appropriate biohazard communication
SOMEONE NEEDS TO EVALUATE STAFF WORKING FOR COMPLIANCE

- Periodically evaluate the performance of staff performing their daily functions to determine if implementation of protocols is being followed.
Eight Rules to Follow For Compliance
How To Be Ready For An Inspection

#1: Establish a Written Exposure Control Plan

- Employers must update the plan annually to reflect technological changes that will help eliminate or reduce exposure to bloodborne pathogens.
- Employers must document annually that they have considered and implemented safer medical devices, if feasible, and that they have solicited input from frontline workers in identifying, evaluating, and selecting engineering controls.
- Document in Staff Meeting Minutes
How To Be Ready For An Inspection

#2: **Enforce work practice controls**

- They include appropriate procedures:
  - for hand washing
  - sharps disposing
  - lab specimen packaging
  - laundry handling
  - Contaminated material cleaning
Work Practice Controls

- Means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique)
Safer Work Practices Include:

- Pass instruments with sharp ends pointing away from all persons.
- Use instruments instead of fingers to retract tissues during suturing and anesthetic injections.
Suture Needle Tips
Extremely Sharp
LOCK TIP OF NEEDLE IN BEAK AFTER CONTAMINATED
Sharps Container

- All federal agencies consider sharps as infectious waste
- Dental Sharps: needles, blades, matrix, wedges, ortho wires, burs, suture needles, broken glass
- Immediately after use – must place in container
- Must be labeled with BIO hazard label and color coded for easy ID

Each operator should have a container – easy access
OSHA: Requirements of A Sharps Container

#1: Closable

#2: Puncture resistant

#3: Leakproof on sides and bottom

#4: Labeled or color-coded in accordance with paragraph
What SHOULD Not Happen to A Needle!
MAKE SURE YOU KNOW THIS LAW

- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs below.

- Shearing or breaking of contaminated needles is prohibited.

- Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

- Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
NEVER USE TWO-HANDS TO RECAP A NEEDLE

- Never use two hands to recap a needle
- Use one-handed "scoop" technique
#3: Provide personal protective equipment such as gloves, gowns, and masks

Employers must clean, repair, and replace this equipment as needed
What is Wrong With This Picture?
Personal Protection

- Is proper personal protective equipment (PPE) – gloves, masks, eyewear, and apparel – provided to at-risk employees in the appropriate sizes and material?

- Is all PPE provided at no cost to at-risk employees?

- Are gloves, surgical masks, eyewear, and protective apparel donned by the patient care staff during spatter-generating procedures?
THE LAW - OSHA

- OSHA Bloodborne Pathogen Standard indicates that in facilities where exposure to bloodborne pathogens may occur the employer is responsible for:

  #1: Providing (at no cost to employee)

  #2: maintaining, cleaning/laundering disposing of

  #3: ensuring the use of protective barriers

Quality Assurance Protocols
Typical “PPE” in the Dental Office During Patient Care

- **Gloves**
  - Medical Gloves (patient)
    - Examination
    - Surgical
  - Puncture-resistant utility gloves (disinfectants/instrument processing)

- **Mask or “surgical mask”**

- **Protective Eyewear**
  - Safety glasses
  - Chin-length face shield
  - Z87

- **Barrier Gown/Cover or Protective Apparel**
The Questions is:
ARE EMPLOYEES USING THEIR PPE Routinely?
“PPE”

- Is provided by the employer for use by the employee for protection from exposure to contaminants in the workplace.

- Must be readily available at the worksite or issued to the employees for use.
UNIFORMS or SCRUBS

- ARE NOT intended to protect against hazard are NOT PPE
OSHA SAYS

- You can’t
  - go home
  - go to lunch
  - go anywhere out of the clinical area in the contaminated over garment

- You need to remove it prior to leaving the clinical area!
OSHA SAYS

- It can be a disposable over garment
- It can be a washable over garment, but it has to be washed in the office or by an outside company that picks up the contaminated garments
- Staff **cannot** take home the over garment and wash it at home!
OSHA mandates in the BBP standard that the employer is responsible for the purchase and laundering of protective garments.

Laundering can be performed in the office or by a commercial laundering service.
How To Be Ready For An Inspection

#4: Make available Hepatitis B vaccinations to all employees with occupational exposure to bloodborne pathogens **within 10 days of assignment!**
How To Be Ready For An Inspection

#5. Provide post-exposure follow up to any worker who experiences an exposure incident, at no cost to the worker

This includes:
#1. Conducting laboratory tests

#2. Providing confidential medical evaluation

#3. Identifying, and testing the source individual, if feasible

#4. Testing the exposed employee’s blood, if the worker consents

#5. Performing post-exposure prophylaxis

#6. Offering counseling

#7. Evaluating reported illnesses
REMEMBER!
All diagnoses must remain confidential.
How To Be Ready For An Inspection

#6: Use labels and signs to communicate hazards

- The standard requires warning labels affixed to containers of regulated waste, refrigerators and freezers, and other containers used to store or transplant blood or other potentially infectious materials.

- Facilities may use red bags or containers instead of labels.

- Employers also must post signs to identify restricted areas.
How To Be Ready For An Inspection

#7: Provide information and training to employees

- Employers must ensure that their workers receive regular training that covers the dangers of bloodborne pathogens, preventive practices, and post-exposure procedures.

- Employers must offer this training on initial assignment, then at least annually.

- In addition, laboratory and production facility workers must receive specialized initial training.
How To Be Ready For An Inspection

#8: Maintain employee medical and training records

- The employer also must maintain a Sharps Injury Log unless classified as an exempt industry under OSHA’s standard on Recording and Reporting Occupational Injuries and Illnesses.
Instrument Processing – WRONG PPE is A COMMON Violation

- UTILITY GLOVES
- MASK
- SAFETY GLASSES
- BARRIER GOWN
- INSTRUMENT HOLDER/DEVICE
When to USE THEM!

- Instrument Processing
- OSHA

Mixing Chemicals (MSDS and OSHA)
Standard Precautions

- Dental workers who are at risk of exposure to potentially infectious materials **MUST** wear personal protective equipment (PPE)

- PPE **prevents/reduces possibility of an exposure** by providing a **barrier** between the patient’s blood and body fluids and the dental workers skin, eyes, nose, and mouth
Employer Responsibilities

- **Employers have a legal obligation** to inform employees of OSHA safety and health standards that apply to their workplace.

- Upon request, the employer must make available copies of those standards and the OSH Act.

- The employer also must prominently display the official OSHA poster that describes rights and responsibilities under the OSH Act.
When was the last time you updated your Infection Control Manual?

- OSHA mandates yearly!
- Do you know where it is located?
- Have you ever read it?

- New employees – Could they read your Infection Control Manual and KNOW exactly what to do – STEP-BY-STEP??

Written Infection Control Policy
IT IS THE LAW THAT YOUR OFFICE HAS ONE!
Bottom Line Is...It Is The Law!

*Information and Training* 1910.1030(g)(2)(i)

- The **employer shall train** each employee with occupational exposure in accordance with the requirements of this section.

- Such training must be **provided at no cost** to the employee and **during working hours**.

- The **employer shall institute a training program** and ensure employee participation in the program.
CDC (Center For Disease Control)
Preventing Occupational HIV or HCV or HBV Transmission to HCP

- CDC Identified Three major areas
  #1: Routine use of PPE
  #2: Washing hands and other skin surfaces immediately after contact with blood or body fluids
  #3: Careful handling and disposing of sharp instruments during and after use
OSHA Bloodborne Fact Sheet
Exposure Incident


Bloodborne Pathogen Exposure Incidents
What Does SESIP Mean?

- Sharps with Engineered Sharps Injury Protection

- This is the marketing tool right now for sharp devices

- Remember – it is the employer’s responsibility to determine what engineering and work practice controls effectively minimize hazards without unduly interfering with medical procedures
What Vaccines are Needed? Who Needs Vaccines?

- All healthcare workers should receive the vaccines recommended by the US Public Health Service Advisory Committee on Immunization Practices (ACIP):
  - Hepatitis B
  - Influenza
  - Measles
  - Mumps
  - Rubella
  - Tetanus (every 10 years)
  - Varicella-zoster (chickenpox)
  - [www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a3.htm)

- Workers (e.g. administrators/lab personnel) who do not directly provide patient care but come into contact with patients or patient materials should also be vaccinated.
NEW EMPLOYEES

New employees should undergo TB skin tests or blood tests

- Anyone who tests positive must submit to a chest ray and a medical evaluation to determine the status of the disease.

- If the chest X-ray reveals an active TB condition, the individual will be referred to their medical advisor for treatment.

- Any employees with active TB cannot return to work until they are cleared by the doctor.
2003 Guidelines

- Dental Health Care Providers who have contact with patients should have a baseline TST, preferably by using a two-step test at the beginning of employment.

- The facility's level of TB risk will determine the need for routine follow-up TST
CURRENT EMPLOYEES

- Since “dental offices” work in a low risk environment, as defined by the CDC (less than 3 patients with active TB are seen within the past year), we do not need to undergo annual testing.

- Instead, we generally only need to undergo testing in the event of an exposure incident.

- However, if an employee begins to exhibit symptoms of infectious TB, he/she maybe asked to undergo testing, and if the tests are positive, the individual will be referred to their medical advisor for evaluation and treatment.

- Any employees with active TB cannot return to work until they are cleared by their doctor.
Exposure Reporting

- In the event of an exposure incident, either from an infected patient or infected employee, all employees and patients who may have been exposed must be notified so they may be tested and evaluated.

- The CDC requires that all suspected cases of infectious TB be reported to the local Health Department.
One of the most important methods of identifying patients who may have an active TB infection is regularly updating medical histories.

All patients should be asked if they have every had active TB or a latent/dormant TB infection, whether they have HIV or a compromised immune system, and whether they have any symptoms of active TB infection.

Identifying Patients Who May Have Infectious TB
OSHA requires

Employers to ensure that certain information contained in employee medical records is:

1) kept confidential
2) not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the OSHA standard;
3) maintained by the employer for at least the duration of employment plus 30 years.
Exposure Prevention and Postexposure Management

- Written policies and procedures to facilitate prompt:
  - Reporting
  - Evaluation
  - Counseling
  - Treatment
  - Medical follow-up of all occupational exposures

should be available to all DHCP

- Written policies and procedures should be consistent with federal, state, and local requirements addressing education and training, postexposure management, and exposure reporting
Any DHCP with a persistent cough (i.e., lasting >3 weeks), especially in the presence of other signs or symptoms compatible with active TB (e.g., weight loss, night sweats, fatigue, bloody sputum, anorexia, or fever), should be evaluated promptly.

The DHCP should not return to the workplace until a diagnosis of TB has been excluded or the DHCP is on therapy and a physician has determined that the DHCP is noninfectious.

(This should be in the office’s written employee policy manual)
Medical Conditions, Work-Related Illness, and Work Restrictions

- DHCP are responsible for monitoring their own health status.
- DHCP who have acute or chronic medical conditions that render them susceptible to opportunistic infection should discuss with their personal physicians or other qualified authority whether the condition might affect their ability to safely perform their duties.
- However, under certain circumstances, health-care facility managers might need to exclude DHCP from work or patient contact to prevent further transmission of infection.
Job Classifications For ALL EMPLOYEE Must Be Determined

- **Category I** - includes all tasks that involve exposure to blood, body fluids, or body tissues

- **Category II** - includes all tasks that involve no exposure to blood, body fluids, or body tissues, but *occasionally* may involve unplanned tasks from Category I

- **Category III** - includes all tasks that involve no exposure to blood, body fluids, or body tissues
Dental Office Employees
Which Category?

- **Category I** - dentist, dental assistant, and dental hygienist, and dental laboratory technicians
  - All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with human blood, body fluids, or tissues

- **Category II** - receptionist, coordinating assistant, etc.
  - Tasks that involve no exposure to human blood, body fluids, or tissues but employment may require performing unplanned Category I tasks

- **Category III** - CPA, insurance assistant, etc.
  - Tasks that involve no exposure to human blood, body fluids or tissues, AND Category I tasks are not a condition of employment
If Saliva Were Red???
If Saliva Were Red

http://www.youtube.com/watch?v=kwHQNiU0lrQ
If Saliva Were Red?

- Keep this in thought in mind when you are touching surfaces with your contaminated glove!
NEVER

- Wear PPE to the break room, restroom, or out of the dental office setting
MOMS Clinic

News and Observer
Have You Seen This Guy In The News?
CBS News) Three possible infections have been linked to embattled Colorado oral surgeon Dr. Stephen Stein, the man accused of reusing needles for more than a decade at his dental offices.

HIV fears over Colorado dentist REUSING NEEDLES for 11 YEARS!

Ex-Employee Blew the Whistle!
Three Patients Thus Far

In a statement on Wednesday, the Colorado Department of Public Health and Environment said from its testing it has identified three former patients with infections.

It would not identify which diseases the patients had contracted to protect patient confidentiality.
Letters Were Sent Out to 8,000 Former Patients

Despite the positive tests, the health department said it *may never trace the source of the infections back* to Stein's offices.

The department has been working for the Centers for Disease Control on disease surveillance and said it would update the public on *confirmed* infections the first of every month.
Needle Reuse

- Colorado health officials had announced in July that Stein may have reused needles on patients from September 1999 through June 2011 at his practice in Highlands Ranch, Colo., as well as from August 2010 to June 2011 at his office in Denver.

- Stein allegedly re-used syringes and needles during oral and facial surgery procedures, and for intravenous (IV) medications, including for sedation.
Status to Date

- CBS Denver also reports Stein is part of an ongoing investigation into *prescription fraud and other charges*.

- Stein had agreed to give up his license to practice in June 2011 following an investigation by the state's dental board that found he "*deliberately*” and “*willfully*” violated Colorado Dental Practice Law.
The Law

1910.1030(d)(4)(iii)(A)(1)

Contaminated sharps shall be discarded immediately or as soon as feasible in containers.
Requirements of A Sharps Container

#1: Closable

#2: Puncture resistant

#3: Leakproof on sides and bottom

#4: Labeled or color-coded in accordance with paragraph
Hard Data: Board disciplines 7 dentists for misdeeds

- **Michael Mattingly**, Minneapolis, suspension

An inspection found clinic surfaces dirty with debris, insects and pet hair and strewn with underwear and other laundry, improperly sterilized instruments, a lack of protective barriers and stained linens, including the lab coat Mattingly was wearing.

The inspector observed that Mattingly "had been viewing a pornographic website on his personal laptop in the front desk area."
The Minnesota Board of Dentistry disciplined six dentists and denied licensure to another in the last 12 months ending in June.
NEW Information!
Hazard Communication Standard

- Called the “HazCom Standard” or “HazMat” Program
- Commonly Referred to as the “Employee Right to Know Rule”
- “No Surprise Rule”
- Why do we need this standard? – 32 million workers in the US are occupationally at risk for exposure to one or more hazardous chemicals
Goal of Standard

- Training and the sharing of information should keep injuries involving hazardous chemicals to a minimum.
Little attention is paid to this other OSHA standard because the majority of interest, effort, and resources with dental environments involve infection control.

OSHA in an attempt to improve safer use of hazardous materials, on September 23, 1987 began to require chemical manufacturers, chemical importers, and chemical distributors to provide MSDS — material safety data sheets with their shipments of all hazardous chemicals.
Dental Office Settings

- Even though the standard has been in effect for years the compliance by dental offices/clinics is less than universal
- All dental clinics/offices must comply with all tenets of the standard
- A significant proportion of OSHA inspections involve complaints associated with injuries or the potential of injury involving the handling, use, storage, and disposal of hazardous materials
Purpose of the HAZ COM Standard

- Ensure that the hazards of all chemicals produced or imported be **evaluated and** that employers transmit the information concerning **such hazards directly to their employees**

- Information is conveyed through a **comprehensive hazard communication program**
HazCom Standard

- Covers any workplace that employs workers
- Even if the workplace only has 1 employee
Employers Must Make Employees Aware of the Following:

1. Types and **amounts** of hazardous chemicals present

2. The **labeling system** utilized

3. The **warning signs** utilized

4. The **location** of the MSDS sheets

5. **PROCEDURES** followed in case of an emergency
WHAT IS THE MSDS?

The Material Safety Data Sheet, sometimes called OSHA Form 20, must be prepared and furnished by every manufacturer of a product used today in the USA.

By law, you are entitled to see a copy of this MSDS for every product you work with or are exposed to in your working area.
Material Safety Data Sheets

- Obtained from the manufacturer
- If it does not come with the product, must be requested by the employer or designated employee (the safety assistant) from the manufacturer
- Every dental office must have a manual that has the MSDS’s in alphabetical order, indexed, and available to all employees
In general, **it is the dentist's responsibility to obtain the MSDS**

A company that does not comply with the dentist's request for the MSDS should be reported to OSHA.

Keep a copy of all correspondence with the company as it might come in handy later to document your good faith effort to obtain a missing MSDS.

http://www.ada.org/sections/professionalResources/pdfs/ada_disaster_manual.pdf
The National Fire Protection Association’s color and number method is used to easily identify information about various hazardous ingredients on the MSDS and product labels.

- The color and number method is used to signify a warning to employees using the chemical.
- Four colors are used – this is changing….
National Fire Protection Association’s Color and Number Method

- **RED** = Fire
- **Blue** = Health
- **Yellow** – Reactivity
- **White** = PPE

**RED: FIRE HAZARD**

- 4 = Danger: Flammable gas or extremely flammable liquid
- 3 = Warning: Flammable liquid
- 2 = Caution: Combustible liquid
- 1 = Caution: Combustible if heated
- 0 = Non-combustible

**YELLOW: REACTIVITY**

- 4 = Danger: Explosive at room temperature
- 3 = Danger: May be explosive if spark occurs or if heated under confinement
- 2 = Warning: Unstable or may react if mixed with water
- 1 = Caution: May react if heated or mixed with water
- 0 = Stable: Non-reactive when mixed with water

**BLUE: HEALTH HAZARD**

- 4 = Danger: May be fatal
- 3 = Warning: Corrosive or toxic
- 2 = Warning: Harmful if inhaled
- 1 = Caution: May cause irritation
- 0 = No unusual hazard

**WHITE: PPE**

- A = Goggles
- B = Goggles, gloves
- C = Goggles, gloves, apron
- D = Face shields, gloves, apron
- E = Goggles, gloves, mask
- F = Goggles, gloves, apron, mask
- X = Gloves

*FIGURE 10-10 The National Fire Protection Association’s color and number method.*
Any hazardous chemical used in the workplace that is not in its original container must be labeled with the identity of the chemical and hazards.

MSDS information should be located in a place where it is accessible to all employees.

Label and MSDS information should be provided during the safety training program.
All hazardous chemicals must be identified on a form.

- Must include quantity stored.
- Physical state of substance (gas, etc).
- Hazardous Class.
- PPE required.
- Manufacturer’s name and address.
Numbers Used

- 0-4, what the number stands for varies according to the category/color.

- Overall 0 means “good” and 4 means “not good or DANGER!”
INTERNATIONAL LABEL SYSTEM

- Revised Hazard Communication Standard (HCS)

Globally Harmonized System
NEW TERM

SDS

MSDS = OLD TERM
SDS Information

Benefits of Revised HCS

- OSHA estimates that over 5 million workplaces in the United States would be affected by the revised Hazard Communication Standard (HCS).

- These are all those workplaces where employees—a total of approximately 43 million of them—could be exposed to hazardous chemicals.
GOOD NEWS IS ...

- OSHA estimates that the revised HCS will result annually:
  - Prevention of 43 fatalities
  - 585 injuries and illnesses
  - 318 non-lost-workday injuries and illnesses
  - 203 lost-workday injuries and illnesses, and
  - 64 chronic illnesses
Globally Harmonized System

The Globally Harmonized System (GHS) is an international approach to hazard communication, providing agreed criteria for classification of chemical hazards, and a standardized approach to label elements and safety data sheets.
OSHA is requiring that employees are trained on the new label elements (i.e., pictograms, hazard statements, precautionary statements, and signal words) and SDS format by December 1, 2013, while full compliance with the final rule will begin in 2015.

OSHA believes that American workplaces will soon begin to receive labels and SDSs that are consistent with the GHS, since many American and foreign chemical manufacturers have already begun to produce HazCom 2012/GHS-compliant labels and SDSs.
Employees MUST UNDERSTAND New Labels and SDSs

- It is important to ensure that when employees begin to see the new labels and SDSs in their workplaces, *they will be familiar with them, understand how to use them, and access the information effectively.*

- For more information, [http://www.osha.gov/dsg/hazcom/effectivedates.html](http://www.osha.gov/dsg/hazcom/effectivedates.html).
Three Major Areas of Change in Hazard Law

The three major areas of change are in hazard classification, labels, and safety data sheets.

1. **Hazard classification**: The definitions of hazard have been changed to provide specific criteria for classification of health and physical hazards, as well as classification of mixtures. These specific criteria will help to ensure that evaluations of hazardous effects are consistent across manufacturers, and that labels and safety data sheets are more accurate as a result.

2. **Labels**: Chemical manufacturers and importers will be required to provide a label that includes a harmonized signal word, pictogram, and hazard statement for each hazard class and category. Precautionary statements must also be provided.

3. **Safety Data Sheets**: Will now have a specified 16-section format.
MSDS’s Include Nine Sections
12/1/12 = 16 SECTIONS

1. Product Information
2. Hazardous Ingredients/identity info
3. Physical/Chemical Characteristic (Hazard Data)
4. Fire and Explosion Hazard Data
5. Reactivity Data
6. Health Hazard Information
7. Precautions for Safe Handling and Use – Including Spill and Leak Procedures
8. Additional Information – e.g. how to label the container or warning sign properly
9. Special Protection Information
16 Sections Required NOW!

- Section 1. Identification
- Section 2. Hazard(s) identification
- Section 3. Composition/information on ingredients
- Section 4. First-Aid measures
- Section 5. Fire-fighting measures
- Section 6. Accidental release measures
- Section 7. Handling and storage
- Section 8. Exposure controls/personal protection
- Section 9. Physical and chemical properties
- Section 10. Stability and reactivity
- Section 11. Toxicological information
- Section 12. Ecological information
- Section 13. Disposal considerations
- Section 14. Transport information
- Section 15. Regulatory information
- Section 16. Other information, including date of preparation or last revision
MUST KNOW!

Modification of the Hazard Communication Standard (HCS) to conform with the United Nations' (UN) Globally Harmonized System of Classification and Labeling of Chemicals (GHS)
NEW 2012 Labeling

1. **Pictogram:** a symbol plus other graphic elements, such as a border, background pattern, or color that is intended to convey specific information about the hazards of a chemical. Each pictogram consists of a different symbol on a white background within a red square frame set on a point (i.e. a red diamond). There are nine pictograms under the GHS.

2. **Signal words:** a single word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used are "danger" and "warning." "Danger" is used for the more severe hazards, while "warning" is used for less severe hazards.

3. **Hazard Statement:** a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.

4. **Precautionary Statement:** a phrase that describes recommended measures to be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling of a hazardous chemical.
Health Hazard

- Carcinogen
- Mutagenicity
- Reproductive Toxicity
- Respiratory Sensitizer
- Target Organ Toxicity
- Aspiration Toxicity
Flame

- Flammables
- Pyrophoric
- Self-Heating
- Emits Flammable Gas
- Self-Reactives
- Organic Peroxides
Exclamation Mark

1. Irritant (skin and eye)
2. Skin Sensitizer
3. Acute Toxicity (harmful)
4. Narcotic Effects
5. Respiratory Tract Irritant
6. Hazardous to Ozone Layer (Non Mandatory)
Gas Cylinder

- Gases under Pressure
Corrosion

- Skin Corrosion/burns
- Eye Damage
- Corrosive to Metals
Exploding Bomb

- Explosives
- Self-Reactives
- Organic Peroxides
Flame Over Circle

Oxidizers
Skull and Crossbones

- Acute Toxicity (fatal or toxic)
NOT MANDATORY IN TRAINING

 Aquatic Toxicity
Mandatory Red Borders!

- Pictograms must have red borders

- OSHA believes that the use of the red frame will increase recognition and comprehensibility.

- Therefore, the red frame is required regardless of whether the shipment is domestic or international.
Employee Training

- Employers must provide employees with information and training on ALL hazardous chemicals present in the workplace.
- This even includes chemicals that the employee does not use in the course of their normal work.
- Training must be at the time of the employee’s initial assignment (no matter how experienced or trained the employee may be).
- Training must occur whenever a new hazard is introduced into the work area.

- Annual Training is Expected and Must Be documented.
In general, it is the dentist's responsibility to obtain the MSDS

A company that does not comply with the dentist's request for the MSDS should be reported to OSHA.

Keep a copy of all correspondence with the company as it might come in handy later to document your good faith effort to obtain a missing MSDS.

http://www.ada.org/sections/professionalResources/pdfs/ada_disaster_manual.pdf
Written Hazard Communication Program

- Provide copies of the HazCom Standard to Each Employee
- Determine Who is Responsible for implementing the WHCP
- List all the chemicals Used or Produced in the Workplace
- Describe the method Used to Inform Employees of the Hazards of Non Routine Tasks
- Describe Methods Used to Inform Contract Employees of the Hazardous Chemical to Which they Could Be Exposed

- Workplace fires cause an average of $\approx 2.3$ billion in losses each year
- 3.5% occupational fatalities were results of fires and burns

- OSHA monitors employee compliance with Fire Safety Standard
- Best way to comply – have a written plan
In general, it is the dentist's responsibility to obtain the MSDS.

A company that does not comply with the dentist's request for the MSDS should be reported to OSHA.

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http://www.ada.org/sections/professionalResources/pdfs/ada_disaster_manual.pdf
The fire prevention portion of a dentist's Emergency Action Plan should list major workplace fire hazards, how to prevent them and who in the office is responsible for fire prevention.
Typical Duties of Emergency Response Staff Member

- Use of various types of fire extinguishers
- First aid, including cardiopulmonary resuscitation ("CPR")
- Shutdown procedures
- Evacuation procedures
- Chemical spill control procedures
- Search and emergency rescue procedures
- Incipient fire fighting
Everyone Better Know 
Escape Plan

Written escape procedures and routes are required in emergency plans
Working Equipment Can Be Tested By OSHA Inspector

- The automatic sprinkler system, fire detection and alarm system or fire door should be in proper operating condition.

- Smoke detector batteries should be checked for working condition once a month and changed each year.

- Install a replacement smoke detector every ten years or as often as recommended by the manufacturer.
Exits from the building should remain unobstructed, easily unlocked and clearly marked.
NO OBSTRUCTIONS

Obstructions such as file cabinets or boxes of supplies piled high that could prevent easy exiting from the dental suite might cause tragic delays during an evacuation, particularly if the office is plunged into darkness by a power failure or if dense smoke from a fire develops.
HELP OTHERS

- Visitors and patients who are unfamiliar with escape routes may need guidance in order to evacuate.

- Disabled persons, children, the elderly and patients in wheelchairs or on crutches may particularly need assistance.
The fire prevention portion of a dentist's Emergency Action Plan should list:

1. major workplace fire hazards
2. how to prevent them and
3. who in the office is responsible for fire prevention.
SIGNAGE A MUST
FIRE PREVENTION PLANS MUST INCLUDE:

- List of major workplace fire hazards
- Proper use, storage, and disposal of potential ignition sources
- Types of fire protection equipment or systems present
- Names or regular job titles of persons responsible for equipment/systems maintenance
- Employee training
- Escape Plan
- Signage
Fire Safety Plan – Includes **Emergency Plans** and **Prevention Plans**

- The employer must review with each employee on initial assignment all parts of the fire safety plan that the employee must know to protect co-workers and patients and must make it available for employee to review.

- For work sites with fewer than 10 employees, it can be communicated orally and the employer is not required to have a written plan.
Evacuation Plan

- Must list expected activities of each employee during a fire
- Must include accounting for all employees to ensure their escape (e.g. buddy system)
Alarm

- Employee notification system may be a voice communication – YELLING or a sound signal such as bells, whistles, horns, etc.
“Fire Drill”

- Training is essential
- Employees must have knowledge of plan – escape route, etc
- If plan ever altered, all employees must be notified

Drill helps ensure correct response in a true emergency – PRACTICE makes PERFECT!
The dentist should name and train an employee to act as the first line of defense in an emergency.
Fire Extinguishers

- Wall mounted extinguishers make locating an extinguisher easier when they are needed.

- Extinguishers should be operational at all times, inspected visually once a month (inverted) and tested annually.
Exists

- Fire exists are essential for efficient evacuation
- Must have two means of escape
- Routes must be marked clearly and free of obstructions
Alcohol-Based Hand Rub Solutions

- Flammable
- 60% ethyl alcohol or isopropyl alcohol by volume
- Genuine concerns exist as to the installation of dispensers and storage of product in mass

Maximum capacity of 2.0 L per container
A Few Other Reminders

North Carolina
5 National Championships

Duke
4 National Championships
Make Sure Your Team KNOWs
How Often Does the NCSBDE Require Biological Monitoring?
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Radiation Symbol
Biohazard Label/Symbol

- This is the warning of an **infectious hazard**
- Usually orange or red
- Indicates potential for exposure and signals the need for appropriate precautions
If you are stuck by a needle or other sharp or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available.

Report this immediately to your employer and seek immediate medical attention.
GREAT WEBSITE FOR NEEDLESTICK PREVENTION ADVICE

Gloving IS NOT A SUBSTITUTE

- For handwashing
- Just like deodorant does not replace the need for a shower/bath
When Should Mask Be Changed?

- **Between every patient!!!!**

  - **Why?** – The outer surface becomes contaminated with droplets from sprays of oral fluids or when touched by contaminated hands

- **After 20-30 minutes in a moisture producing environment** – become saturated a loose their filtration capabilities
Bottom line is if it is wet don’t touch it