# Punjabi Dental Society OSHA Compliance Training

Presented by: *Julian Goduci, CEO*

**A. Review of all required Cal-OSHA standards for dental facilities**

- Bloodborne Pathogens Exposure Control
- Hazard Communication and Globally Harmonized System (GHS)
- Aerosol Transmissible Diseases Exposure Control
- General Safety Order
- Fire Prevention and Emergency Response
- Ergonomics

**B. Your Compliance Check List**

**C. Inspections by regulatory agencies**

- What Causes regulatory inspections (2 case studies)?
- What would they look for during this inspection ("the walk-through")?
- What to expect during/ after a Cal-OSHA inspection

**D. Review Quiz**

**E. Seminar Evaluation**

# Introduction and Overview of OSHA Compliance

## OSHA (Occupational Safety and Health Administration/Act)

Focus is on _____

## Fed vs. CAL–OSHA (California Occupational Safety and Health Administration)

## Regulatory Inspections

**What is the most common Cause of OSHA inspections?** _____

**What is the definition?**

_____

_____

**When someone complains, remember to:**

1. Listen well and don't INTERRUPT.
2. Thank them for letting you know and promise to do your best to correct the issue.
3. Do not DEFEND, JUSTIFY, MAKE EXCUSES or BLAME someone else.
4. RESPOND Professionally vs. REACT Emotionally

**2nd Most Common Cause:** _____

5. Minimize Worker's Compensation Claims
6. Learn from past incidents.
7. Establish new Policies.
8. Train Staff (Quiz & Drill)
9. Document all training.

## What to do in case of a surprise inspection?

**The steps to follow in case of a Regulatory Inspection:**

1. ID the Inspector and ask for their mobile #.
2. Ask them to have a seat in your waiting area while you contact your representative.
3. CALL your expert consultant (i.e., Enviromerica) and give the agency's name, inspector's name, and mobile #.
4. Consultant will then call them and begin an 'Opening Conference.'
5. EnviroMerica will reschedule the inspection (99%) or may allow them to conduct inspection.

## What would they look for during the "Walk-Through"?

1. **Written Safety Plans – personalized and updated regularly.**
   - **BBP** – Blood Borne Pathogens Exposure Control Plan
   - **ATD** –Aerosol Transmissible Diseases Exposure Control Plan
   - **HCP** – Hazard Communication Plan
   - **IIPP** – Injury & Illness Prevention Plan
   - **FPERP** – Fire Prevention and Emergency Response Plan
   - **ERGO** – Ergonomics plan (11 or more employee facilities only)
2. **Safety Data Sheets (SDS)**
   - Organized
   - Customized
   - Complete with Janitorial & Household items
3. **Required Employee Posters**
4. **Physical Compliance**
   - Cal-OSHA Implementations

- Dental Board Implementations
- Fire Safety Implementations
- Earthquake Safety Implementations
- Cross Contamination Inspection
- Storage Inspection
- Safety Equipment Inspection
- Electrical Inspection

5. **Documentation (Records Manual)**
   - Vaccination Offer Form
   - Incident Investigation documents
   - Training Records
   - Waste Disposal Records
   - Monitoring Logs (i.e., Spore Testing)
   - Monthly Inspections
   - Cleaning Logs (i.e., Autoclave, Ultrasonic)
6. **Required Trainings – must be Cal-OSHA approved.**
   - **Regular Trainings:**
     - Annual Comprehensive Training
     - Quarterly Safety Meetings- assign someone to this task.
     - Fire Drill - 1 per year – schedule a day and month today.
     - Optional Earthquake Drill - 1 per year – What is a "Life Triangle"?
   - **Random Trainings:**
     - Change of Risk Category Training
     - New Hazard Introduction Training
     - Initial Employee Training (*Use "**New Hire Training Check List" and Video to assist)*
     - Record Keeping Training
   - **Closing Conference & Follow up.**

# REGULATORY COMPLIANCE INSPECTION CHECKLIST

**TRAINING and Maintenance**

Y/N Are employees provided annual training on all applicable OSHA regulations including BBP and ATD Exposure Control, Workplace Violence Prevention & Active Shooter, Hazard Communications, Injury and Illness Prevention, Sexual harassment Prevention, and Ergonomics (11+ Empl)?
Y/N Are new employees provided an Initial Employee training and required paperwork before they start performing duties?
Y/N Are all training records kept for a minimum of 3 years?
Y/N Are periodic Safety meetings held (at least quarterly) as well as an annual Emergency Evacuation Drill?
Y/N Does the facility provide Change of Risk Category and New hazard Introduction trainings when required?
Y/N Are all Safety manuals, Safety Data Sheets, protocols, practices, policies & procedures reviewed & updated annually and accessible to all employees?

**BLOODBORNE PATHOGENS EXPOSURE CONTROL**

Y/N Is there a written BBP Exposure Control plan that is customized, reviewed & updated annually, and accessible to all employees on several desktops?
Y/N Are waste containers present in each operatory?
Y/N Is there a centralized Sharps container in the sterilization area or lab where employees carry contaminated sharps to from operatories?
Y/N Are the treatment rooms labeled with biohazard labels or chemical labels wherever they are required?
Y/N Are waste containers covered or have a drop through opening in the counter?
Y/N Are employees offered the Hepatitis B vaccination free and within 10 days of task assignment?
Y/N Does a written exposure control plan exist and is it accessible to all employees?
Y/N Is the plan reviewed and updated at least annually?
Y/N Are all food and drink kept out of clinical and laboratory areas?
Y/N Is handwashing/sanitizing performed before and after treating patients and dawning gloves?
Y/N Is there a biohazard spill kit available?

**AEROSOL TRANSMISSIBLE DISEASES EXPOSURE CONTROL**

Y/N Is there a written ATD Exposure Control plan that is customized, reviewed & updated annually, and accessible to all employees?
Y/N Is the plan reviewed and updated at least annually?
Y/N Have you classified your facility for risk category classification for ATD and following the requirements based on that?
Y/N Have employees been trained on screening protocols when encountering a patient/employee displaying flu-like symptoms?

**WORKPLACE VIOLENCE PREVENTION & ACTIVE SHOOTER**

Y/N Is there a written WVP plan that is customized, reviewed & updated annually, and accessible to all employees?
Y/N Do you conduct WPV drills annually with all staff?
Y/N Have you designated a Safe Room in your facility?
Y/N Have you acquired non-lethal weapons for self-defense and placed them in safe locations throughout the facility?
Y/N Do you conduct criminal background checks on all non-licensed staff?

Y/N Do you repeat your WVP training every 2 years?

**HAZARD COMMUNICATION**
Y/N Is there a written hazard communication plan that is customized, reviewed & updated annually, and accessible to all employees?
Y/N Is there a Safety Data Sheets manual available to all staff that is updated, organized, and complete on several desktops?
Y/N Is there a written chemical inventory list containing all hazardous materials for your facility available to all employees?
Y/N Are all hazardous products and secondary containers labeled properly?
Y/N Do all employees understand the emergency spill procedures?
Y/N Have employees been trained in use of the eyewash station?
Y/N Is the eyewash station labeled and functioning properly?
Y/N Is the eyewash station maintained on a monthly basis?
Y/N Is there an Amalgam management Protocol (I/A) posted for employees to follow?

**INJURY AND ILLNESS PREVENTION**
Y/N Is there a written IIPP Plan in place that is customized, reviewed & updated annually, and accessible to all employees?
Y/N Have employees been trained properly before start of employment?
Y/N Are employees able to make safety suggestions and report unsafe conditions without fear of reprisal (form provided)?
Y/N Do you have a specific written Safety Policies & Procedures available for all employees?
Y/N Are all required Safety equipment present and in working condition (Eyewash, First aid kit, Emergency Kit, O2, Ambu Bag, etc.)?
Y/N Does everyone know the location of your Water Shut Off Valve and all electrical breaker panels in the facility?

**FIRE AND EMERGENCY RESPONSE**
Y/N Is there a written FER Plan in place that is customized, reviewed & updated annually, and accessible to all employees?
Y/N Are all passageways and aisles marked (I/A) and free from obstruction?
Y/N Are there at least 2 means of egress (exits) for your facility?
Y/N Do you have the correct # of Fire Extinguishers in your facility based on size?
Y/N Aree all your Fire Extinguishers maintained annually and relabeled with a new expiration date?
Y/N Do all your staff know the proper use of a Fire Extinguisher?
Y/N Is there a written Emergency Protocol in place, updated annually, and posted prominently?
Y/N Do all your telephones have your emergency #s near them?

**GENERAL HOUSEKEEPING, STORAGE, AND WALKING SURFACES**
Y/N Are all areas of the facility clean, uncluttered, and sanitary?
Y/N Are proper size Exit signs (lighted or glow in the dark when required) in place?
Y/N Does the office have proper ventilation and air quality control (HVAC fan on during working hours & filters changed regularly)?
Y/N Are electrical and medical gas closets free from stored items and properly secured?
Y/N Are there written cleaning and disinfection protocols to follow when performing these tasks?
Y/N Are all refrigerators properly labeled and maintained?

**ELECTRICAL**
Y/N Are all the electrical devices properly grounded?
Y/N Are all electrical outlets in kitchens, bathrooms, labs and areas near water (<3 feet) on a GFI circuit?
Y/N Are there any broken electrical cover plates throughout the facility?
Y/N Have you checked that extension cords with a surge protector are not in use?
Y/N Are all cords and plugs free of visible wear?
Y/N Are all the circuits in the breaker panel properly labeled?

**MEDICAL EMERGENCIES, SAFETY & FIRST AID**
Y/N Are all clinical staff trained in First Aid and Cardiopulmonary Resuscitation (CPR) (DAs after 4 mos. of employment)?
Y/N Do all staff members know the proper post exposure procedure?
Y/N Do all your employees know where to find your post exposure procedure protocol?
Y/N Is the eyewash station being inspected and tested and flushed weekly or at least monthly?
Y/N Are monthly inspections of the facility including all safety equipment being conducted by all employees (in rotation)?
Y/N Is there an eyewash station within 25 feet or 10 seconds of hazardous chemicals?
Y/N Do stairs have a handrail with adequate headroom and lighting?
Y/N Is your facility Americans With Disability Act (ADA) compliant?

**GRINDING EQUIPMENT & COMPRESSED GASES**
Y/N Is grinding equipment in good and safe condition with guards and shields?
Y/N Are the gas cylinders (nitrous oxide/oxygen) properly chained or cabled to a stud in the wall?
Y/N Are gas cylinders properly labeled with proper signage on the outside?
Y/N Are employees trained in compressed gas safety?
Y/N If Nitrous Oxide is being used, are all staff properly trained in its use?
Y/N Is your emergency O2 supply sufficient, in a case/cart, and ready for use (hoses attached and with an Ambu bag and right size masks)?

**EMPLOYEE FILES / RECORD KEEPING**
Y/N Do employee files contain medical reports of workplace accidents or injuries?
Y/N Do employee files contain vaccination history if provided by you?
Y/N Do employee files contain hepatitis B vaccination record or declination form?
Y/N Are medical records maintained for the duration of employment plus 30 years?
Y/N Do you keep monitoring logs (i.e., spore testing) for at least 2 years?

Y/N Do you keep all employee training records for at least 3 years?
Y/N Do you keep cleaning logs and monthly inspection logs for the previous year and the current year?

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**
Y/N Is proper personal protective equipment provided and maintained by the employer?
Y/N Are gloves and masks changed after each patient?
Y/N Are employees trained in the proper ways to put on and remove PPE?
Y/N Are protective eyewear/shields worn during clinical procedures?
Y/N Are you requiring your patients to wear eye protection during clinical procedures?
Y/N Are long sleeve lab coats and/or gowns worn and changed when visibly soiled and at the end of the day?
Y/N Are nitrile or synthetic gloves provided to those who have sensitivity to latex?
Y/N Is handwashing/sanitizing performed before and after gloving?
Y/N During laser procedures, is laser protective eyewear available and used?
Y/N During bonding/light curing procedures, are protective glasses or shields used?

**POSTERS AND SIGNS PROPERLY DISPLAYED**
Y/N Are all required employee posters filled out and posted in proper view of all employees?
Y/N Are all the proper postings present in the waiting area and other places throughout the facility?
Y/N Is the Federal Minimum Wage poster displayed?
Y/N Is the OSHA 3165 poster displayed?
Y/N Is the Equal Opportunity Employer poster displayed?
Y/N Is the Family Medical Leave Act poster displayed (50 or more employees)?
Y/N Is the Uniformed Service Employment and Reemployment Rights Act poster displayed?
Y/N Is the Employee Polygraph Protection Act poster displayed?
Y/N Is there an emergency evacuation plan?
Y/N Are all state specific posters displayed where required?
Y/N Is a housekeeping schedule posted?

**LAUNDRY**
Y/N Is soiled laundry placed in marked bags or containers labeled with the biohazard symbol?
Y/N Is protective clothing either laundered in-house or by a professional service?

**SHARPS**
Y/N Is there a sharps Injury log available for documenting exposure incidents?
Y/N Are sharps containers readily accessible in the area of use (every operatory and procedure room)?
Y/N Are filled biohazard waste containers transported by a licensed biohazardous waste hauler?
Y/N Are employees using a singled handed needle recapping technique or a needle recapping device?
Y/N Are filled sharps containers picked up at the time interval mandated by your state?
Y/N Are reusable-contaminated sharps transported in a closed leak-proof container?
Y/N Are empty carpules treated as a contaminated sharp?
Y/N Do you empty the partially filled carpules before placing them in a sharps container?
Y/N Are partially filled carpules treated as a contaminated pharmaceutical sharp waste?

**NON-SHARP REGULATED WASTE**
Y/N Are saturated gauze, cotton and other absorbent waste placed in a biohazard container lined with a red bag?
Y/N Are extracted teeth, metal crowns, and Amalgam filled teeth handled properly?
Y/N Is human tissue placed in a red bag?
Y/N Is regulated waste placed in closable, leak proof, biohazard labeled containers for pick up?

**MONITORING**
Y/N Are exposed employees wearing radiation dosimeters as required by your state?
Y/N If nitrous oxide is used, are nitrous monitors used quarterly as recommended?

## EPA: Environmental Protection Agency/Environmental Health Services Department

Focus is on _____

**DOT: Department of Transportation:** Focus is on _____

**Regulated Waste Classifications:**

1. **Contaminated Sharps (Autoclavable)** - must be removed 30 days after reaching fill-line
2. **Biohazard/Red Bags (Autoclavable)** - must be removed in 30 days after generation
3. **Pathological (Incinerable)** – Recognizable Soft tissue or bone removed from human body
4. **Pharmaceuticals (Incinerable)** - Must use Pharmaceutical Sharps Containers (can keep for 1 year)
5. **Hazardous Materials (Chemicals)** – i.e., Glutaraldehyde, Formaldehyde, X-Ray Solutions, etc. (1 year)

**Dental Board of California:** Focus is on _____

| | |
|---|---|
| 1. Expired Meds | 6. Medical Emergency Kit (see list below*) |
| 2. Weekly Spore Testing (past 24 months) | 7. Well-supplied First Aid Kit |
| 3. Eyewash Station (ANSI approved) | 8. Biohazard Spill kit (Bodily fluids) |
| 4. Portable Emergency O2 Supply (½ hr. supply @4l/m) | 9. Must cover disposables in operatory drawers |
| 5. Ambulatory Bags for adult and/or Children (I/A) | 10. Each clinical staff must have their own pair of utility gloves |

** Epinephrine injectable vials (EpiPens are not required) in adult and pediatric dosage, Benadryl injectable vials, Nitroglycerin, Albuterol inhalant, Glucose, Aspirin, and Ammonia inhalant (optional).*

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# Overview of all Cal-OSHA Required Standards

## Bloodborne Pathogens Exposure Control

**BBP Definition:** Disease causing microorganisms that live in the blood and are transferred through the blood or the mucus membrane (eyes, nose, and mouth)

- **HIV:** Fragile virus. It lasts only a fraction of a second on the surface. Incubation period: _____
- **HBV:** Vaccine available and can last up to 7 days on a surface. Incubation period: _____
- **HCV:** No vaccine and can last up to 7 days on a surface. Incubation period: _____
- **HAV** is a foodborne pathogen.
- There are other strands **of HDV, HEV, HFV, and HGV,** but they are very rare.
- **HAV and HBV** have a vaccine available, and **HCV** has an approved treatment available.
- Diagnosis only through a _____

**Hepatitis B Vaccination:**

- HBV Vaccination must be offered within _____ business days from date of assignment.
- No medical advice from employer for anything unless employer is their personal Physician.

### Hepatitis Symptoms:

- **Prodromal Phase** – Flu like symptoms like Fever, Chills, Aching, Runny Nose, Night Sweats, etc.
- **Icteric Phase** – Jaundice, Darkened Urine, Clay Colored Stool, Intense itching
- **Convalescent (Recovery) Phase** – Gradual decrease of symptoms followed by weakness.

## Definition of Terms: CCR 1005 (a) (1-13)

### Standard (Universal) Precautions:

"Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautionsshall be used for care of all patients regardless of their diagnoses or personal infectious status.

### OPIM (Other Potentially Infectious Materials):

"Other Potentially Infectious Materials" (OPIM) means any one of the following:

(A) Human body fluids that are visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

(C) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

(i) Cell, tissue, or organ cultures from humans or experimental animals.

(ii) Blood, organs, or other tissues from experimental animals; or

(iii) Culture medium or other solutions

### What is <u>not</u> considered OPIM?

Saliva (not from a dental procedure), Nasal Discharge, Sweat, Tears, Urine, and Feces

### DHCP – Dental Healthcare Personnel:

"Dental Healthcare Personnel" (DHCP) are all paid and non-paid personnel in the dental healthcare setting who might beoccupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory

technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involvedin patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel). All DHCP shall comply with infection control precautions and enforce the following minimum precautions to minimize the transmission of pathogens in health care settings mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

**Occupational Exposure Categories**

- Category 1 - High Risk - Direct contact with blood or Other Potentially Infectious Material (OPIM)
- Category 2 - Moderate Risk – Indirect contact with Blood or OPIM
- Category 3 - Low Risk – No direct contact with Blood or OPIM

**Critical, semi-critical and non-critical instruments:**

"Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin, or other potentially infectious materials (OPIM).

"Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, and OPIM and only come in contact with intact skin, but not oral mucous membranes.

**Low, Intermediate and High-Level Disinfectants:**

**"Low-level disinfection"** is the least effective disinfection process. It kills some bacteria, some viruses, and fungi, but does not kill bacterialspores or Mycobacterium Tuberculosis Var Bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

**"Intermediate-level disinfection"** kills Mycobacterium Tuberculosis Var Bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

**"High-level disinfection"** kills some, but not necessarily all, bacterial spores. This process kills Mycobacterium Tuberculosis Var Bovis, bacteria, fungi, and viruses.

**Germicides:** "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.

**Sterilization:** "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms.

**Sterilization and Disinfection: CCR 1005 (b) (10-17)**

- Use of germicides
- Cleaning prior to disinfection and sterilization procedures
- Cleaning, wrapping, and packaging of critical and semi-critical instruments prior to autoclaving
- Autoclaving and sterilization procedures; handling packages or containers following sterilization
- Handling of non-critical surfaces and patient care items
- Handling of hand pieces and motorized devices
- Handling of disposable items
- Use and disposal of non-reusable items; disposable defined
- Sterilization monitoring through biological indicators/testers

**Sterilization and Disinfection:**

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

(12) Critical instruments, items and devices shall be discarded or pre-cleaned packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat- sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices shall remain sealed and stored in a manner so as to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA) - registered hospital-grade disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA registered hospital-grade intermediate-level disinfectant with a tuberculocidal claim shall be used.

15) All high-speed dental hand pieces, low-speed hand pieces, rotary components, and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

(16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors,
air/water syringe tips, and gloves shall be used for one patient only and discarded.

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

**Facilities: CCR 1005 (b)(19-22)**

- Use of impervious barriers - defined
- Cleaning and disinfection - protocols and procedures for all clinical contact surfaces
- DUWL's and flushing of lines
- Disposal of contaminated solid waste; following local, state, and federal regulations

**Facilities:**

If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(19) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection
Agency (Cal-EPA) registered hospital-grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV.

Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (i.e., floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital-grade disinfectant. Products used to clean items or surfaces prior to disinfection proceduresshall be clearly labeled and follow all material safety data sheet (MSDS) handling and storage instructions.

(20) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged
(21) with air or flushed with water for at least two (2) minutes prior to attaching hand pieces, scalars, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

**Lab Areas: CCR 1005 (b) (23-24)**

- Use of splash shields and equipment guards
- Proper disinfection of intraoral devices and impressions prior to manipulation in a lab
- Requirement for sterilization or disposal of all rag wheels
- Required sterilization and packaging of all lab burs

**Lab Areas:**

(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new Rag wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be re-cleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

(24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

**Irrigation: (CCR 1005 (b) (18))**

Proper sterile procedure for bone and tissue involved surgical procedures using sterile water/device(s)

***Irrigation:***

(18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

- ***Cleaning:***

(10) "Cleaning" is the removal of visible soil (e.g., organic, and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

- ***PPE (Personal Protective Equipment) and attire:***

(11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear, and protective attire which are intended to prevent exposure to blood, body fluids and OPIM, and

chemicals used for infection control. General work attire such as uniforms, scrubs, pants, shirts, and shoes are not considered to be PPE.

- ***OPIM (Other Potentially Infectious Materials):***

(12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all bodyfluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

(i) Cell, tissue, or organ cultures from humans or experimental animals.

(ii) Blood, organs, or other tissues from experimental animals; or

(iii) Culture medium or other solutions.

**PPE: (CCR 1005 (b) (4-5))**

**Personal Protective Equipment:**

1) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there ispotential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical- resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed of.
2) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, CCR, section 5193).

**Hand Hygiene: (CCR 1005 (b) (6-7))**

**Hand Hygiene:**

3) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visiblysoiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol- based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from direct patient care if conditions are present that may render the DHCP or patients more susceptible to opportunistic infection or exposure.
4) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

**Gloves: (CCR 1005 (b) (8))**

Selection and use of gloves for clinical procedures involving soft tissue, bone, contact with oral mucosa, blood and OPIM

***Gloves:***

(4) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-
(5) clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCPshall wear heavy-duty utility gloves to prevent puncture wounds.
Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care
activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not
be washed before or after use.

**Needle and Sharps Safety: (CCR 1005 (b) (9))**

Proper recapping and re-sheathing of needles and sharps handling

***Needle and Sharps Safety:***

(6) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

# POST EXPOSURE INCIDENT PROTOCOL

To be implemented in the event that any staff member's Exposure Incidents.

1. ***DISINFECT IMMEDIATELY:***
   a. For Sharps Injuries squeeze the puncture area and wash with anti-bacterial soap or hand

sanitizers or spray an effectiveDisinfectant such as **Hypochlorous Acid** or **HOCl** solution directly over the exposed area.

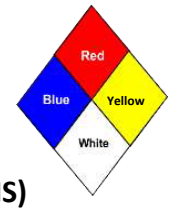
b. For Splash Incidents with blood or OPIM in the face, wash the eyes, nose or mouth with cold water using the Eyewash Stationor the nearest sink for at least 5 minutes.

2. **REPORT IMMEDIATELY TO SUPERVISOR**: Exposed employee will then report the incident immediately to the SafetyCoordinator/Supervisor.
3. **OBTAIN CONSENT FOR TREATMENT:** Safety Coordinator/Supervisor will then obtain employee's verbal consent for treatment of theexposure. The name, address and telephone number of the urgent care facility where injured employees are sent must be pre- determined and written in your Safety Manual. You must also include the name and telephone number of a nearby Physician in the Safety Manual for answering questions regarding non-emergency injuries and illnesses of employees and ordering blood tests for individuals if a staff physician is not available. You must also have the name of a facility to send employees for HBV vaccine written onthe same page. If verbal consent is given, Safety Coordinator/Supervisor then sends the exposed employee immediately to the nearestEmergency clinic. If consent is not given employee must sign a declination for post exposure evaluation.
4. **HAVE PROPER PAPERWORK READY:** When sending the injured employee to the urgent care facility, you must give them thefollowing documents to take with to the emergency room:
    a) Name, address, Phone # and driving direction to the urgent care facility and all other necessary info such as Worker's Comp
    Insurance name, Policy#, etc. needed by the urgent care
    b) A copy of the Blood Borne Pathogen Standard from OSHA's website at www.dir.ca.gov
    c) Copy of a Post Exposure Evaluation and follow-up form (Can be obtained through us). This form must be filled out by the urgent care Physician and returned to your facility within 10 business days. The management must give a copy of this result tothe injured employee within 15 business days from the date of injury. If the injury or illness results in permanent or prolongedimpairment of the body or dearth, this incident must be reported to Cal-OSHA within 8 business days.
5. **ASK SOURCE INDIVIDUAL (i.e., Patient) FOR BLOOD TEST CONSENT:** A staff physician will also contact the source individual & obtain a verbalconsent for a blood test. They source individual has the legal right to refuse consent. However, you should try your best to convince them and let them know that this test is at no cost to them and that the results will be strictly confidential.
6. **SEND EMPLOYEE TO URGENT CARE FACILITY:** Upon arriving at the urgent care facility, the exposed employee will then inform thehospital/clinic staff that he/she is a healthcare employee and has been exposed to possible HIV, Hepatitis B or C and asks to receive theappropriate treatment (meds/immune booster, etc.).
7. **FINISH PAPERWORK**: After the exposed employee returns to the facility, Safety Coordinator will then investigate and document theincident in writing using the forms provided in the Records Manual.
8. **OFFER FOLLOW-UP BLOOD TEST:** The employer will also offer, in writing, to send the employee for additional follow-up blood testduring the incubation period (retesting), especially if the source individual's blood results are positive for Hepatitis B, C or HIV or if the source individual refused to consent to a blood test. Blood tests are usually administered every three months for a period of one year.
9. **FILE CONFIDENTIAL RESULTS:** The employer treats all employee post exposure evaluation results as Protected Health Information
(PHI) and keeps them in the employee's private personnel file (under lock and key) and/or the patient's chart (for the source individual).
10. **KEEP THE RECORDS:** The Facility will keep these records for as long as the exposed employee is employed by the facility plus fiveyears.

# Hazard Communication (Chemicals only)

**Definition:** Warning employees of potential hazards associated with chemicals used in the workplace.
**Requirements:** Safety Data Sheets Manual, Prop 65 (IA), Chemical labeling, Physical Desk Report (PDR) or equivalent, & Training

## NFPA Rating Summary




## New Global Harmonized System (GHS)

In 2015 OSHA implemented the Global Harmonized System (GHS) to bring the classification and labeling of all chemicals in line with international standards. The Material Safety Data Sheets (MSDS) that are used to communicate hazard and safety information to workers are now called Safety Data Sheets (SDS) and the labels used to identify hazardous chemicals have alsochanged. Workers must be trained in not only the chemicals they use but also any chemicals that they are exposed to.

## HAZARD CLASSIFICATION:

Hazard classification is the process of assigning a chemical or mixture to a hazard or danger category based on its health and physical hazards

### Health Hazard Classifications:

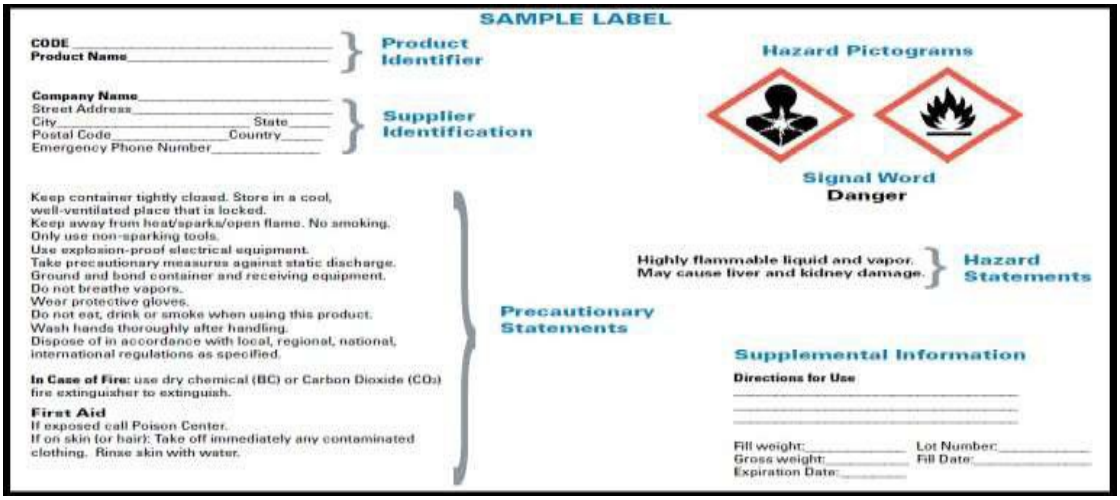
| | |
|---|---|
| 1. acute toxicity | 2. skin corrosion and irritation |
| 3. eye damage or irritation | 4. respiratory or skin sensitization |
| 5. germ cell mutagenicity (can cause Birth Defects) | 6. carcinogenicity (can cause Cancer) |
| 7. reproductive toxicology (can cause Infertility/Sterility) | 8. specific target organ toxicity from repeated exposures |
| 9. specific organ toxicity from a single exposure | 10. aspiration hazard (can cause Lung Damage) |

### Physical Hazard Classifications:

| | |
|---|---|
| 1. explosives | 2. pyrophoric (highly Flammable) liquids |
| 3. flammable gases | 4. pyrophoric solids |
| 5. aerosols | 6. self-heating substances and mixtures |
| 7. oxidizing gases | 8. substances and mixtures emitting flammable gases when contacting water |
| 9. gases under pressure | 10. oxidizing liquids |
| 11. flammable liquids | 12. organic peroxides |
| 13. flammable solids | 14. oxidizing solids |
| 15. self-reactive substances and mixtures | 16. substances corrosive to metal |

### "Hazard Communication Standard Labels"

Container labels should be read for every chemical that you handle or are exposed to in this new format.



## Hazard Communication Standard Pictogram

**Hazard Pictograms** – these are standard graphics that have been assigned to a specific hazard class. These are divided into three sections as follows:

### A. Physical Hazard Pictograms – there are 5 pictograms to demonstrate physical hazards of a chemical:

| | |
|---|---|
| **Exploding Bomb** – Signifies a chemical is an explosive, unstable organic peroxide or a self-reactive substance or mixture |  |
| **Flame** – Signifies flammable gases, liquids, solids, and aerosols as well as self-reactive substances. It may also indicate a material is an organic peroxide, pyrophoric liquid or solid, a self-heating substance or mixture that emits flammable gases when it contacts water. |  |
| **Flame Over Circle** – Signifies when a chemical is an oxidizing gas, liquid, or solid. |  |
| **Gas Cylinder** – Signifies when a substance is a compressed gas, liquid, or solid. |  |
| **Corrosion** – Signifies that a material is corrosive to metal. |  |

### B. Health Hazard Pictogram – There are 4 pictograms to demonstrate a health hazard:

| | |
|---|---|
| **Corrosion** – This pictogram signifies a chemical that may cause skin corrosion or serious eye damage. |  |
| **Skull & Crossbones** – signifies that this chemical is acutely toxic to the skin, lungs, or digestive system. |  |
| **Health Hazard** – Signifies respiratory sensitization, germ cell mutagenicity, carcinogenicity, reproductive toxicity, or an aspiration hazard. It is also used when a substance can cause specific target organ toxicity following single or repeated exposures. |  |
| **Exclamation Point** - Signifies health hazards of acute toxicity, skin irritation, eye irritation, skin sensitization and specific target organ toxicity following a single exposure in the form of narcotic effects or a respiratory tract infection. |  |

### C. Environmental Hazard Pictogram – There is only 1 pictogram that demonstrates this hazard.

| | |
|---|---|
| **Environmental Hazard -** This pictogram indicates environmental hazards and is used when a substance poses acute or chronic hazards to the aquatic environment. |  |

## "Hazard Communication Safety Data Sheets"

**Safety Data Sheets** – these have been called Material Safety Data Sheets (MSDS) but are being revised to provide a uniform format that allows workers to obtain information more easily. The new sheets are called Safety Data Sheets (SDS) and will have the following 16 sections that are always in the same order:

**Section 1: Product and Company Identification** – this section provides a number to call in case of emergency, the manufacturer, and the product name and use.

**Section 2: Hazards Identification** – this section contains the health, environmental, and physical hazards of the product and any hazard and precautionary statements found on the container label. Also included are the global harmonized system standard and transport pictograms.

**Section 3: Composition/Information on Ingredients** – The components of the substance and their concentration are listed in this section.

**Section 4: First Aid Measures** – This important section provides how to treat chemical exposure such as inhalation, contact with the eyes, contact with the skin, etc.

**Section 5: Firefighting Measures** – This section lists the appropriate and the inappropriate fire extinguishing methods to be used in case of a fire, it also includes the combustion products, the personal protection to be worn by firefighters, and exposure hazards.

**Section 6: Accidental Release Measure** – Methods for clean up in the event of a spill, environmental precautions, and personal precautions are identified in this section.

**Section 7: Handling and Storage** – This section provides the safe handling and storage of the substance.

**Section 8: Precautions to Control Exposure/Personal Protection** – The necessary personal protection needed to prevent exposure such as gloves, face shield, etc. are included here. Also, the exposure limits and controls, and the monitoring required to prevent exposure above the limits are identified in this section.

**Section 9: Physical and Chemical Properties** – The various properties of the substance such as odor, appearance, flash point, specific gravity, flammability limits and the vapor density are in this section.

**Section 10: Stability and Reactivity** – This section contains the identification of such issues as stability, hazardous decomposition products, conditions to avoid and incompatible materials.

**Section 11: Toxicological Information** – The symptoms and effects of exposure to the chemical and the routes of entry to the human body are explained here.

**Section 12: Ecological Information** – This section provides the product's effect on plants, animals and the

Environment.
**Section 13: Waste Disposal Considerations** – How to safely dispose of the chemical is identified in this section.
**Section 14: Transport Information** – This section lists the shipping name, hazard class, UN identification number, transport label, and other required information for transporting the chemical.
**Section 15: Regulatory Information** – The chemical's classification under federal regulations is documented in this section. Applicable state and federal regulations may also be included.
**Section 16**: **Other Information** – This section may have other information not in the first 15 sections such as the intended use of the product, full explanation of the risk and safety phrases, the manufacturer's email address, etc.

# Aerosol Transmissible Diseases Exposure Control

### What is the Newest Cal-OSHA Standard and its Requirements?

Cal-OSHA recently adopted a new standard, Title 8 CCR §5199 – Aerosol Transmissible Diseases, regulating employee exposure to aerosol transmissible diseases (ATDs). The standard became effective August 5, 2009, and is the first specific regulatory response, at either the state or federal level, to worker safety in the face of ATD diseases such as SARS, H1N1 (swine flu), and the West Nile virus.

### What is an Aerosol Transmissible Disease or ATD?

Aerosol Transmissible Disease (ATD) and Aerosol Transmissible Pathogen (ATP) is a disease or a pathogen in which bodily fluid droplet or airborne solids are inhaled and incubated in the lungs. Among the most notable ATDs are tuberculosis, SARS, H1N1 (swine flu), West Nile virus and other flu and respiratory diseases.
Appendix A of the Cal-OSHA ATD Standard contains a list of 31 diseases and pathogens that are considered Aerosol Transmissible Pathogens or diseases. Of particular note is that the list is subdivided into 9 diseases requiring Airborne Infection Isolation Room (AIIR) and 22 diseases requiring droplet precautions. The 9 diseases requiring AIIs are referred to as Airborne Infectious Diseases or AirIDs.

Table 1: ATDs transmissible by ***Droplet***:

| | | | | | |
|---|---|---|---|---|---|
| ***SARS (COVID 19)*** | ***Pneumonia*** | ***Parvovirus B19*** | ***Mumps*** | ***Pertussis or Whooping Cough*** | |
| ***Meningitis*** | ***Diphtheria*** | ***Hemophilus Influenzae Type b (HIB)*** | | ***Group A Streptococcus (GAS)*** | |
| ***Pharyngitis*** | ***Rubella*** | ***Viral Hemorrhagic Fevers (VHFs) / Ebola*** | | ***Mycoplasmal Pneumonia*** | |
| ***Meningococcal disease sepsis, pneumonia*** | | ***Pneumonic plague/Yersinia Pestis*** | | ***Adeno Virus*** | ***Streptococcus Grp A*** |

Table 2: ATDs transmissible by ***Airborne Solids****:*

| | | | | |
|---|---|---|---|---|
| **Avian Flu** | **Anthrax** | **Smallpox** | **Seasonal Flu** | **Novel H1N1 Flu** |
| **Any Novel Flu** | **Shingles** | **Chicken Pox** | **Measles** | **Tuberculosis** |
| **Monkeypox** | | | | |

## Aerosol Transmissible Diseases Facility Classifications:

1. Treating facility
2. Referring Facility
3. Conditionally Exempt facility
4. Medical Laboratory
5. Zoonotic Facility

## Required items to have for this standard:

- Must have an **ATD Exposure Control Plan**
- Must follow your Facility's **Classification** Guidelines
- Must Post **"COVER YOUR COUGH"** sign in the patient waiting area
- Must provide surgical **Face Masks** to all patrons
- Further screening of individuals is required **if there are any ATD symptoms present**

## Facility's Responsibilities:

1. Record Keeping: _____
2. New Hire Training: _____
3. Quarterly Safety Reviews: _____
4. Monthly Safety Inspections: _____
5. Safety Data Sheets Updates: _____
6. Annual Evacuation Drills: _____

# New Hire Training Check List

**Name:**_____ **Due Date:** _____

Video instruction is available on EnviroPortal (EnviroMerica's online web application): "**New Hire Training Video"**

☐ I have viewed the **"Bloodborne Pathogen Exposure Control"** video on EnviroPortal.

☐ HBV Vaccination has been offered to me using the form entitled **"HBV Vaccine Consent/Declination"**.
Please followthe following guideline:

- **a)** Anyone may decline the offer to be vaccinated (Please refer to Center for Disease Control's web site at: www.cdc.gov for more information)
- **b)** No medical advice should be given by employer to any employee regarding vaccination due to a conflict ofinterest
- **c)** If the employee is not sure what to choose, they must initially decline the offer, then check with their personalphysician and decide
- **d)** They may change their decision at any time after the initial offering of the vaccine

☐ I have read and understand the **"Code of Safe Practices"** provided in the Records Manual

☐ I have completed **"Initial Employee Safety Training Document"** during which I had to:

a) I have reviewed the location, proper use, and how to inspect the following important items:

☐ All manuals: Safety Manual, Safety Data Sheets Manual

☐ All hazardous Equipment: Compressors, Vacuum, Sterilizers, X-Ray Equipment, Laser Equipment, MRI, CTscans, etc.

☐ Labor Posters: All Labor Posters, NFPA Posters, Caution Radiation, Pregnancy Precautions, etc.

☐ All safety Equipment: Medical Emergency Kit/Crash Cart, AED, Portable Emergency O2 Supply, AmbulatoryBag and Masks, First Aid Kit, Bio-Hazard Spill Kit, Eye Wash Station, Fire Extinguishers, etc.

☐ Other Important items: Electrical Breaker Panels, Emergency Water Shut-off Valve, Fire Alarm,Emergency Meeting Location

☐ hazardous Waste Related items: Sharps Containers, Biohazard (Red Bag) Containers, Pharmaceutical WasteContainer, Amalgam Waste Containers, Personal Protective Equipment (PPE)

b) ☐ I have been taught the use of and given the form called **"Employee Safety Suggestions and UnsafePractice Report"** form.

c) ☐ I have been presented (in writing) the management's **"Disciplinary Procedures"** for not complyingwith all the required regulations and policies of the facility. (see example below)

The following is our employee disciplinary procedure to be followed in the event of an employee not following the facilities' regulatory compliance policies and procedures. These policies include but are not limited to the "Code of Safe Practices" (copy has been given to each employee) set for this facility. These steps are as follows:

1. On first occurrence, the employee shall receive a verbal warning, verbal explanation of the action, and what may result if continued
2. Upon a second occurrence, the employee shall receive a written warning, written explanation of the action, and what may result if continued.
3. Upon a third occurrence the employee receives an automatic suspension without pay for 3 days.

Signature:_____ Date: _____

# SEMINAR EVALUATION

Thank you for your time and attendance o this Training. We would greatly appreciate it if you would take a moment and fill out this survey. It will assist us to better serve you in the future. Your certificate of completion will be emailed to your organization:

Name and Title (DDS, DMD, RDH, RDA, etc.):_____Date: _____

Please print clearly

Facility Name:_____Tel #: _____

| | | Poor | Fair | Good | Excellent |
|---|---|---|---|---|---|
| a) | Overall Presentation | | | | |
| b) | Speaker Knowledge | | | | |
| c) | Speed of Delivery | | | | |
| d) | Handling of Questions | | | | |
| e) | Adequate Examples | | | | |
| f) | Overall Presentation | | | | |

**g) What did you especially like about the presentation?**

_____

**h) Have you attended any other compliance seminars? _Yes _No If yes, how did we compare?**

_____

**i) Other Comments or suggestions about how we can improve:**

_____

**If you liked what you've experienced with us, please list some of your business colleagues below and receive a $100 GIFT CARD whenever they become a customer:**

**1) Who do you currently refer patients to as a specialist?**

Name:_____, City: _____

Name:_____, City: _____

Name:_____, City:_____

**2) Which Dentists do you currently receive referrals from?**

Name:_____, City: _____

Name:_____, City: _____

Name:_____, City:_____

**3) Who do you know (Doctors) in your building or nearby whom you have good relationship with?**

Name:_____, City: _____

Name:_____, City: _____

Name:_____, City: _____