Infection prevention and safety is a discipline that requires constant attention. We need to chart a course to success by steering around obstacles and pitfalls, managing changes in regulations and recommendations and evaluating new products and procedures. So this year Infection Control in Practice will help you navigate a course to infection prevention and safety by presenting issues titled “Set Your Course for Safe Dental Care”, “Continuing Your Journey to Safe Dental Care”, “Microbes are Charting Their Journeys”, “Plotting a Course Around Infection Prevention Pitfalls”, “Plotting a Course to Prevention Through Immunization” and “Steering Toward Patient Safety”.

Set Your Course for Safe Dental Care

The Scenario

The Incident
Salen started her first job as Dr. Deeb’s sole dental assistant early on Wednesday. On her first day Dr. Deeb asked her to work on the upcoming Saturday morning to help with three extractions needed by Dr. Deeb’s wife. Salen arrived early on Saturday to set up the operatory and discovered a nitrous oxide system that she knew nothing about. Dr. Deeb explained that he had just borrowed the system from a fellow dentist for the occasion. Although Dr. Deeb normally referred all extractions, Mrs. Deeb was embarrassed about needing them and was scared of needles. So she convinced her husband to do the work. Salen told Dr. Deeb that she had no experience with nitrous oxide. He told her he would take care of it.

After seating Mrs. Deeb the doctor began to start the nitrous oxide, but discovered that both the oxygen and nitrous tanks were empty. This set the stage for some anxiety for the rest of the morning. Mrs. Deeb was clearly stressing out and Dr. Deeb was also a little upset, but he proceeded with the local anesthesia. The first two extractions went well, but when he started the third extraction, Mrs. Deeb felt some pain and asked for more anesthetic. After the injection Dr. Deeb quickly passed the anesthetic syringe to Salen, and in the process stuck her thumb with the needle. Dr. Deeb apologized and asked her if she had had the hepatitis vaccine. She said yes, so he told Salen to leave and see about the injury and that he would finish up with Mrs. Deeb. This was Salen’s first sharps injury, and she didn’t know what to do. She did ask Dr. Deeb for a copy of the office’s Exposure Control Plan, and Dr. Deeb said, “What’s that”? Salen knew her regular doctor was not on call on the weekends, so she washed her thumb with antibacterial soap and went home.

Potential Consequences
The chances that problems will develop from a contaminated dental sharps injury are rare but should not be ignored. Percutaneous injuries are modes of transmission for bloodborne diseases. Bacterial infections also may occur from inoculation with salivary bacteria. Medi-

Contents

1. Set Your Course for Safe Dental Care
2. Set Your Course for Safe Dental Care (continued)
   Be Prepared
3. Now is a Good Time to Review Documents and Records
   Consider the Following to Help Set Your Course for Safe Dental Care
4. Consider the Following...(continued)
   Be Aware of the Regulations
5. What’s Wrong With This Picture?
   What Can OSAP Do for You?
   Valued Newsletter Sponsors
6. Explore and Learn at OSAP
   Join OSAP
   Glossary
   Links to Resources
7. Continuing Education
8. What’s It All About?
Set Your Course for Safe Dental Care

Infection Control in Practice is a resource prepared for clinicians by the Organization for Safety, Asepsis and Prevention (OSAP) with the assistance and expertise of its members. OSAP is a nonprofit, independent organization providing information and education on infection control and prevention and occupational health and safety to dental care settings worldwide. Infection Control In Practice is published six times per year and is a trademark belonging to OSAP. OSAP assumes no liability for actions taken based on information herein.

Printing and mailing of ICIP is made possible through a generous support grant from Patterson Dental. Contents of the issue copyright © 2013 by OSAP. All rights reserved under international and Pan-American copyright conventions. Printed in USA. Reproduction in whole or part is forbidden without prior written permission. Back issues are available for a small fee. Send requests for permission, purchases of back issues and address changes to OSAP, P.O. Box 6297, Annapolis, MD 21401 or office@osap.org.

Editor-In-Chief
Chris H. Miller PhD

Dr. Miller is Professor Emeritus of Microbiology, Executive Associate Dean Emeritus and Associate Dean Emeritus for Academic Affairs and for Graduate Education at Indiana University School of Dentistry. He is past Chair and a Founding Member of OSAP. Email: cmiller005@indy.rr.com

Editorial Staff
Denise Sabol RDH MEd
Managing Editor
Alison Hird
Layout Editor
Therese Long MBA CAE
Executive Director

Editorial Review Board
Enrique Acosta-Gio DDS PhD
National University of Mexico
Linda Basquill DDS
Basquill & Robnett
Amy Collins RN MPH
Centers for Disease Control and Prevention
Jackie Dorst RDH BS
Safe Practices
Karen Gregory RN
Total Medical Compliance
Jennifer Harte DDS MS
United States Air Force (Ret.Col)
Michael Joseph DDS MSD
Veterans Administration
Leann Keefer RDH MSM
Crosstex International
Noel Brandon Kelsch RDHAP
Registered Dental Hygienist in Alternative Practice
Jonathan Lawoyin DDS MSc
Nigeria College of Medicine
Nita Mazurat MSc DDS
University of Manitoba
Sarah Parker RDH
Registered Dental Hygienist in Private Practice
Douglas Risk DDS ABGD
US Air Force
Jackie Sanders RDH BS
Sunstar Americas
Lakshman Samaranayake BDS DDS
University of Hong Kong

Infection Control In Practice
Navigating Your Course to Infection Prevention & Safety

Editorial Staff
Denise Sabol RDH MEd
Managing Editor
Alison Hird
Layout Editor
Therese Long MBA CAE
Executive Director

Editorial Review Board
Enrique Acosta-Gio DDS PhD
National University of Mexico
Linda Basquill DDS
Basquill & Robnett
Amy Collins RN MPH
Centers for Disease Control and Prevention
Jackie Dorst RDH BS
Safe Practices
Karen Gregory RN
Total Medical Compliance
Jennifer Harte DDS MS
United States Air Force (Ret.Col)
Michael Joseph DDS MSD
Veterans Administration
Leann Keefer RDH MSM
Crosstex International
Noel Brandon Kelsch RDHAP
Registered Dental Hygienist in Alternative Practice
Jonathan Lawoyin DDS MSc
Nigeria College of Medicine
Nita Mazurat MSc DDS
University of Manitoba
Sarah Parker RDH
Registered Dental Hygienist in Private Practice
Douglas Risk DDS ABGD
US Air Force
Jackie Sanders RDH BS
Sunstar Americas
Lakshman Samaranayake BDS DDS
University of Hong Kong

Infection Control In Practice is a publication member of the American Association of Dental Editors.

Be Prepared

Prevention and Empowerment

Not being prepared for an unlikely but possible problem can wreak havoc in an office. First of all, the owner of the nitrous system should have checked it over before loaning it out. Due to a lack of training and orientation, Salen couldn’t tell if the gas tanks were empty, for she knew nothing about the system. Dr. Deeb should have checked this out before treating his wife.

Salen’s sharps injury could have been avoided. Dr. Deeb should have never passed the syringe with an exposed contaminated needle to Salen. He should have safely recapped and disposed of the needle himself into a nearby sharps container. Equally bad was the absence of an Exposure Control Plan that includes a plan for post-exposure medical evaluation and follow-up. Dr. Deeb felt he had to attend to his stressed-out wife which left Salen “out in the cold” not knowing exactly what to do after being injured. When post-exposure plans are being organized, make sure they are workable at all times when the office could be used (e.g., evenings, week-days, week-ends, holidays). The post-exposure evaluations need to be activated for all contaminated sharps injuries even if the employee involved has been immunized against hepatitis B. Providing proper training at the time of Salen’s employment may have given her an opportunity to ask important post-exposure and other questions before such problems arose.

P.S.: Mrs. Deeb recovered nicely from the extractions but decided to increase the frequency of her oral hygiene home care. Fortunately, Salen did not acquire any symptoms from her sharps injury, but she did wisely decide to seek employment at another dental office. Dr. Deeb continued with his head buried deep in the sand and sooner or later will be visited by OSHA.

• What good are Safety Data Sheets (SDSs) if no one knows where they are kept?
• What good is an eyewash station if it doesn’t work properly?
• How can everyone evacuate the office safely if there is no emergency egress plan?
• How do you know if instruments are really being sterilized if the process is not properly monitored?
• How can an outdated OSHA-required Exposure Control Plan be used to train new employees?
• How can an exposed employee get rapid medical help if there is no post-exposure medical evaluation plan?
Now is a Good Time to Review Documents and Records

Wrap up the first quarter of the year by reviewing and updating infection prevention and safety documents and programs. It’s important to ensure that all documents and records are in order and available when needed; that training on new procedures, regulations and products is planned or completed; that procedures are being performed correctly; and that equipment is being properly maintained.

These activities can be spaced out over a period of time but should not be delayed for too long.

Examples include:

**Regulatory Documents**
- Occupational Safety and Health Administration (OSHA) blood-borne pathogens standard
- OSHA’s hazard communication standard
- State, local, or other regulatory documents that may apply (e.g., instrument sterilization, sterilization monitoring, and waste disposal)

**Policy Documents**
- Written exposure control plan for the office as required by OSHA
- Written hazard communication program for the office as required by OSHA
- Centers for Disease Control and Prevention (CDC) Infection Control Guidelines
- CDC recommendations for a tuberculosis infection control plan
- Management of fire and other emergencies
- Policies not covered by OSHA standards (e.g., state regulations on instrument sterilization, sterilization monitoring, and waste disposal)
- OSHA poster (Form 3165) “Job Safety and Health” and any state-required safety documents

**Records**
- OSHA blood-borne pathogens training records
- OSHA hazard communication training records
- OSHA written schedule for cleaning and disinfecting areas in the office
- OSHA employee medical records
- Signed hepatitis B vaccination refusal forms
- Written opinions from physician on vaccination of employees
- Exposure incident reports
- Written opinion from physician on post-exposure medical evaluation and follow-up
- Sterilizer spore testing, mechanical monitoring, and chemical monitoring results
- Radiographic equipment certification
- Fire extinguisher certification
- Manifests from regulated medical waste haulers
- Verification of on-site treatment of regulated medical waste
- Material Safety Data Sheets (MSDS)/Safety Data Sheets (SDS) for hazardous chemicals
- List of hazardous chemicals used in the office cross-referenced to the SDS

**Other Information**
- Contact information for sales representatives, infection prevention consultant, repairpersons and providers of back-up equipment (e.g., sterilizers).
- A Written Emergency Action Plan and Fire Protection Plan are required if the facility has 11 or more employees. If there are 10 or fewer employees, the plans may be presented orally.
- OSHA requires these records to be maintained for 3 years.
- OSHA does not require such records, but it’s wise to document that training was provided.
- Records to be maintained indefinitely.
- These confidential records are to be maintained for the duration of employment plus 30 years.
- Check with state and local authorities for maintenance of these records.
- Maintain these for as long as the chemical is present in the office.

Consider the Following to Help Set Your Course for Safe Dental Care

- Update the collection of SDSs for all hazardous chemicals in the office and document when the update(s) occurs.
- Review the list of hazardous chemicals in the office and make sure it is cross-referenced to the SDS’s.
- Update the Exposure Control Plan (at least annually and whenever changes in the infection prevention program occur) to:
  - describe any changes in infection prevention procedures, communication of biohazards to employees, and methods of recordkeeping.
  - confirm the procedures for evaluating circumstances surrounding exposure incidents.
  - note any changes in the post-exposure evaluation plan.
  - document changes in employee positions, job responsibilities, and exposure determination.
  - document the consideration of any safer medical devices to prevent sharps injuries and be sure to get input from the involved staff.
  - document when the update(s) occur.
- Prepare a packet of information to be sent to the evaluating healthcare professional that will provide post-exposure care to employees. Having such a packet available will expedite the post-exposure evaluation.

*continued on page 4*
An example would include:

- a copy of the Bloodborne Pathogens Standard
- a form to describe the exposed employee’s duties as they relate to the exposure incident
- a form to document the routes of exposure and the circumstances under which the exposure occurred
- a form to identify the source individual (if possible) and the results of bloodborne pathogens blood testing (if available)
- a section that will contain the medical records and hepatitis B vaccination status of the exposure person

Make sure all personnel know where important documents are kept (e.g., SDSs, list of chemicals, Bloodborne Pathogens Standard, Hazard Communication Program). These documents are easiest to locate if they are all kept in one place.

- Educate employees how to quickly find the proper SDS during an emergency.
- Check all electrical cords for breaks in the insulation.
- Restock first aid kit and discard expired items.
- Make sure all “Exit” signs are visible and (if required) lighted.
- Check the smoke alarms and fire extinguishers.
- Confirm the proper operation of eyewash stations.
- Review the inventory of infection prevention supplies and the reordering system used.

### Be Aware of the Regulations

There are several OSHA standards that relate to dentistry. The following is a list of OSHA standards that were the most frequently cited, in order, for noncompliance by Federal OSHA from October 2011 to September 2012 in U.S. dental offices.

- Bloodborne pathogens (Standard #1910.1030)
- Hazard communication (Standard #1910.1200)
- Formaldehyde (Standard #1910.1048)
- General requirements (Walking-working surfaces) (Standard #1910.22)
- Emergency action plans (Standard #1910.38)
- Compressed gases (general requirements) (Standard #1910.101)
- General requirements (Personal protective equipment) (Standard #1910.132)
- Hand protection (Standard #1904.138)
- Powered industrial trucks (Standard #1910.178)
- Mechanical power-transmission apparatus (Standard #1910.219)

### Some Related Regulations

- Each employer having an employee(s) with occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

**The plan shall contain:**

- The exposure determination.
- The schedule and method of implementation for methods of compliance; hepatitis B vaccination and post-exposure evaluation and follow-up; communication of hazards to employees; and recordkeeping procedures.
- The procedure for the evaluation of circumstances surrounding exposure incidents.
- Documentation of at least annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

A copy of the Exposure Control Plan is to be accessible to employees, and the plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure (OSHA).³

- After a report of an exposure incident, the employer must make immediately available to the exposed employee a confidential medical evaluation and follow-up at no cost to the employee at a reasonable time and place and performed or supervised by a licensed-physician or other licensed healthcare professional. The employer must document the exposure and surrounding circumstances, and give this documentation and a job description of the employee as related to the incident, any information documenting the exposed employee’s hepatitis B vaccination status (e.g., past written opinions from the health care professional), any written opinions of a health care professional from past exposure incidents, and a copy of the OSHA standard to the evaluating health care professional. See the Bloodborne Pathogens Standard for additional requirements (OSHA).³

- Employees with possible exposure to human body fluids must be offered the hepatitis B vaccination series free of charge after they have received the training required by the OSHA Bloodborne Pathogens Standard and within 10 days of their employment (OSHA).³

- Employers shall ensure that all employees with occupational exposure participate in a training program that must be provided at no cost to the employee, during working hours, at the time of initial assignments to tasks where occupational exposure may take place, and updated at least annually. The contents of the training programs are described in the Bloodborne Pathogens Standard and include information on what to do if an exposure incident occurs (OSHA).³
What’s Wrong With This Picture?

Can you identify any breach in infection prevention and safety procedures in this photo? Check your answers below.

A. The dentist is not wearing protective outerwear over street clothes.
B. The dental assistant and the patient are not wearing protective eyewear.

What Can OSAP Do for You?

Dental health care clinicians are the front lines of dental infection prevention and safety. Here is what one registered dental hygienist values about OSAP membership.

I was first introduced to OSAP when I was given the opportunity to attend a national conference with Executive Director, Therese Long. As an assistant exhibitor of the OSAP booth, I helped promote the organization, while educating attendees on what the mission statement and purpose of OSAP is within the field of dental hygiene.

Being involved as a member of OSAP allowed me to network with other practicing hygienists while educating myself on issues in prevention, of which I was previously unaware. The educational articles and instructional videos allow me to apply knowledge and actively participate in staff meetings within the private practice, while helping to educate fellow staff members on current issues and topics related to safety and prevention. As such, I have become a more active team member, who is better able to adapt to everyday problems. OSAP’s robust online resources are organized in a succinct manner that is clinically relevant to existing safety issues, providing me with a mechanism to remain current in safety, asepsis, and prevention issues in the dental field. As a practicing hygienist my favorite resource on OSAP.org would be the Toolkit index. The online database has helped me organize SDS binders, retain a safe operatory, and has assisted me in disease transmission prevention. The Toolkit index is a quick way for hygienists to become informed about various concerns in the dental office. You too should become a member of OSAP to benefit from its valuable resources.

Sarah Parker, RDH, CDA, BSDH

"Thanks" to Our Sponsors

OSAP thanks the following companies that help to underwrite each issue of this special series of Infection Control In Practice in 2013.

SUPER SPONSORS
- Air Techniques ► www.airtechniques.com
  Equipped for life.
- Biolase ► www.biolase.com
  Revolutionizing Surgery in Medicine and Dentistry with Patented, Break-through, Antibacterial, Safe and Biological Laser Technology.
- Crosstex ► crosstex.com
  A leading global manufacturer of infection control and single-use disposable products for the healthcare industry.
- Hu-Friedy ► hu-friedy.com
  Hu-Friedy helps dental professionals perform at their best by providing superior products, knowledge and support.
- Medicom ► medicom.com
  Medicom, proud leaders in disposable infection control products since 1988.
- SciCan ► scican.com
  SciCan Inc., the final word in all dental instrument reprocessing.
- Sultan Healthcare ► sultanhealthcare.com
  Products to complete the cycle of infection control.
- TotalCare ► kentotalcare.com
  Offering high-quality infection prevention products to protect staff and patients in the dental operatory.

SPONSORS
- A-dec ► a-dec.com
  Enriching the lives of dental professionals by providing simple and creative solutions.
- Biotrol ► biotrol.com
  E-mail sciencegeeks@biotrol.com for infection control answers. Infection control down to a science.
- Bosworth ► bosworth.com
  Your Source for Quality Dental Materials Since 1912.
- Certol International ► certol.com
  Focused on cleaning technology and products to support your infection prevention program.
- Coltene/Whaledent ► coltene.com
  A worldwide and highly innovative developer, manufacturer and provider of dental consumables.
- DentalEZ Group ► dentalez.com
  DentalEZ’s six brands provide a full line of products for the operatory.
- DUX ► duxdental.com
  Trustworthy innovation for superior infection control products, staff safety and patient comfort.
- Hager Worldwide ► http://www.hagerworldwide.com
  Specializing in Dental Products Worldwide.
- Henry Schein ► henscheindental.com
  We’re here for you! Supplies, equipment, services and technology for dental practices.
- Midmark ► midmark.com
  Midmark Corporation, a provider of innovative solutions that work for you.
- Miele ► miele.com
  Developed specifically to clean dental instruments and accessories and to reduce the risk of infection by providing high-level disinfection.
- North Bay/Bioscience ► nbbs.com
- Palermo Health Care ► palmerohealth.com
  DisCide Ultra Spray & Wipes • DisCideXRA Hand Wipes • TeiAseptic Wipes • Barriers • Safety & Disposable Eyewear.
- Patterson Dental ► pattersondental.com
  Dental’s most trusted partner for service, supplies, equipment and technology.
- SmartPractice ► smartpractice.com
OSAP Membership

EVERYONE has a role to play in ensuring safe, infection-free access to oral healthcare. If you know someone who can benefit from OSAP membership please encourage them to visit OSAP.org to learn more about the benefits of OSAP membership. OSAP offers ways to stay current, informed and connected through several membership categories.

OSAP member categories are designed to meet the needs of dental health care professionals in a variety of job roles:

► **Professional Practice:** Includes up to 10 individual email address log-ins $150
► **Academic I:** Includes up to 10 individual email address log-ins $150
► **Academic II:** Includes up to 25 individual email address log-ins $250
► **Associate:** Nonprofit or consulting organizations serving dental or healthcare professions $250. Includes up to 25 individual email address log-ins.
► **Individual:** Anyone interested in or involved with infection prevention in oral healthcare $115
► **Web-only:** Anyone who wishes to receive member benefits electronically $100
► **Student:** Must provide proof of full-time enrollment $25
► **Corporate** memberships are welcome; please contact OSAP for information.

Contact us at [www.osap.org](http://www.osap.org), or by phone: 1-800-298-OSAP (6727) within the U.S. or 1-410-571-0003 outside the U.S.

Glossary

**Safety Data Sheet (SDS):** Also known as Material Safety Data Sheet (MSDS) – Required by OSHA to be present in the office for each hazardous chemical used. It includes descriptions of the chemical and physical nature of the chemical, related hazards, and safety procedures to use when handling the chemical.

**Emergency Action Plan:** Required by OSHA to include at a minimum: procedures for reporting a fire or other emergency; procedures for emergency evacuation, including type of evacuation and exit route assignments; procedures to be followed by employees who remain to operate critical operations before they evacuate; procedures to account for all employees after evacuation; procedures to be followed by employees performing rescue or medical duties; and the name or job title of every employee who may be contacted by employees who need more information about the plan or an explanation of their duties under the plan.

Links to Resources

If you wish to obtain one (1) hour of continuing education (CE) credit, complete the following test by selecting the best answer and fax or mail it to the OSAP Central Office for grading. Please include a check or credit card to cover the handling charges. Pending satisfactory results (at least seven out of ten), you will be issued a letter for one (1) CE credit hour. Educational Method: Self-Instruction. OSAP is recognized by the American Dental Association as a CERP Provider.*

For each item, select the best answer.

1. A packet of information to be completed and sent to the healthcare professional evaluating an employee’s needle stick should include:
   a. a form to describe the exposed employee’s duties as they relate to the exposure incident;
   b. a form to document the routes of exposure and the circumstances under which the exposure occurred;
   c. a form to identify the source individual (if possible) and the results of bloodborne pathogens blood testing (if available);
   d. a section that will contain the medical records and hepatitis B vaccination status of the exposure person and:
      a. names of all patients seen in the office up to the time of the exposure.
      b. the hepatitis B vaccination status of all employees in the office.
      c. a copy of OSHA’s Bloodborne Pathogens Standard.
      d. the list of all hazardous chemicals in the office.

2. How soon after the initial appointment of a healthcare worker must the new employee be offered the hepatitis B vaccination series?
   a. 12 hours  b. 10 days  c. Two weeks  d. One month

3. What two OSHA standards were the most frequently cited by OSHA for noncompliance in U.S. dental offices from October 2011 to September 2012?
   a. Emergency action plans and bloodborne pathogens
   b. Hazard communication and bloodborne pathogens
   c. Formaldehyde and compressed gases
   d. Hazard communication and hand protection

4. Emergency action plans may be presented orally rather than having to be written, if there are _______ or fewer employees in the office.
   a. 2  b. 5  c. 10  d. 15

5. The list of hazardous chemicals used in the office must be cross-referenced to:
   a. written exposure control plan.
   b. sterilization monitoring records.
   c. emergency action plan.
   d. safety data sheets.

6. OSHA-required training related to bloodborne pathogens must be updated at least:
   a. annually.  b. every 6 months.  c. monthly.  d. bi-monthly.

7. What dental office infection prevention procedure is not covered by OSHA standards?
   a. Hand hygiene  b. Instrument sterilization  c. Surface disinfection  d. Use of utility gloves

8. Which agency indicates the need for a tuberculosis control plan for dental offices?
   a. CDC  b. OSHA  c. EPA  d. FDA

9. What should a dentist do with the anesthetic syringe and needle after giving an injection?
   a. Place it on the instrument tray to be taken to the sterilizing room
   b. Recap the needle, then place it on the instrument tray to be taken to the sterilizing room
   c. Recap the needle and dispose of it in a sharps container
   d. Pass it to the chairside assistant for needle disposal in a sharps container

10. What is the main problem in not having the OSHA-required written exposure control plan in the office?
    a. No one will know how to safely handle hazardous chemicals
    b. Evacuation of the office during an emergency will be chaotic
    c. The location of the safety data sheets will be unknown
    d. New and continuing employees will not know what infection prevention procedures to use

*ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the CE Provider or to ADA CERP at ADA.org/goto/cerp. Please email the OSAP central office at office@osap.org or call 410-571-0003 if you wish to be in contact with the course author/creator(s) with any questions or for clarification of course concepts. All participants assume individual responsibility for providing evidence of contact hours of continuing education to the appropriate authorities and for the maintenance of their individual records. Publication date: March, 2013. Expiry date: March, 2016.

Please mail or fax completed test with the appropriate payment to receive one (1) hour of continuing education credit.

Date: _____________

Your Name: ____________________________________________  OSAP Member Name: ____________________________
Address: __________________________________________________  City: ____________________  State: _______  ZIP: _______
Email:__________________________________________________________
Fees:  ○ OSAP MEMBER $15  ○ NON-MEMBER $20  Payment:  ○ MASTERCARD  ○ VISA  ○ CHECK ENCLOSED
Name on Card: ____________________________________________  Card Number: ____________________________  Exp. Date: ___ / ___

After completing the information above:
mail to: OSAP CE, P.O. Box 6297, Annapolis, MD 21401, USA or fax to: 1-410-571-0028
What’s It All About?

This issue emphasizes ways to set the course for safe dental care in the year ahead by bringing infection prevention procedures to the forefront for review and making sure all documents, policies, and records are present and up-to-date.

Have you updated your exposure control plan?

Does your eyewash station work?

Is your sterilizer electrical cord in good shape?

Read On!

In the next issue: Continuing Your Journey to Safe Dental Care