In 1987, the Occupational Safety & Health Administration (OSHA) published the Hazard Communication (HAZCOM) final rule, which became effective in 1989. OSHA, in passing this regulation recognized that improper handling of chemicals often leads to hazardous chemical exposures with the potential for serious health consequences. The regulation is based on the simple concept that “employees have both a need and a right to know the hazards and identities of the chemicals they are exposed to when working.”

Issued long before the Bloodborne Pathogens rule that we are all familiar with, this regulation requires employers to inform their employees of hazardous chemicals they may encounter in the workplace, and to provide information and training regarding their safe handling.

Chemicals are so common today that it can be easy to overlook or underestimate the potential harm that is the flip side to their benefits. Can you and your coworkers answer the following questions?

- What would you do if you accidentally splashed acid etch in your eye; where is the eyewash station, how long should you flush your eye; is medical follow-up necessary?
- What labels or other visual warnings do you have regarding chemicals used in your facility?
- What personal protection are you supposed to use when mixing, spraying, or handling your surface disinfectant; should you wear heavy-duty gloves; exam gloves; eye protection; a mask?

Developing your program

The HAZCOM regulation specifies the minimal elements to ensure a safer workplace when using chemicals or products “known to be present” that contain chemicals. As with many safety and health regulations, it is important to remember that the regulation is not industry specific. In other words, the same regulation applies to dental offices, hospitals, manufacturing plants, retail stores, and any other workplace where there are chemicals.

The first step in preparing a comprehensive program is to identify the hazardous materials that are in the office or clinic. Fortunately for us, the law requires that the manufacturer, importer or distributor determine if a specific product is hazardous and to label the product accordingly. All we have to do is take a look at the products in the office for the telltale warning label that indicates any safety concerns (e.g., harmful if swallowed, avoid contact with eyes). If the label on the product contains such statements, you should consider it a hazardous material under the OSHA regulation.

Compliance

There are several key elements to compliance with the hazard communication standard. These include keeping track of which hazardous chemicals are present in the workplace by developing an invento-

continued on page 2
Where Are Your MSDSs?
continued from front cover

ry list, maintaining safety information on each, ensuring containers are properly labeled, understanding how to identify a hazardous materials release and training of all employees. At times, it may seem overwhelming to put all this together in a format that is both compliant with the regulation and practical to implement and maintain in the office. A systematic approach to identify the tasks and duty assignments will help the dental team produce a program that meets the regulatory requirements and improves the safety of the office.

Training
Once the inventory is complete, collect the MSDSs and write the program. At this point, it is time to train the employees in all aspects of the program. Be sure to include the hazards associated with chemicals in the workplace, the location and availability of the MSDS binder, ways to identify an accidental release of chemicals, first aid and the other items listed in the “Putting It All Together” section of this issue. Initial training will take some time, and you may wish to set aside a staff meeting for this purpose. After that, ensure that all new employees receive training before handling chemicals and provide additional training when introducing new products that have hazard warnings. Use the resources available from OSAP and other organizations and agencies to assist in developing your training program. Materials such as training outlines, power point slides and sample programs are available at no charge at the websites listed in this issue.

— OSAP

Employee Responsibilities for HAZCOM Program

You must know where to find and how to use:

1. Written Hazard Communication Program
2. Chemical Inventory
3. MSDS File/Binder
4. Eyewash Station
5. First Aid Kit(s)
6. Appropriate PPE and Engineering Controls

(from OSAP’s Interact Infection Control and Safety Training System)
Compliance Corner

According to the OSHA Hazard Communication Guidelines for Compliance (HCS), “an OSHA compliance officer is likely to ask the following questions during an inspection:

- Does a list of the hazardous chemicals exist in each work area or at a central location?
- Has the employer outlined methods to inform employees of the hazards of non-routine tasks?
- Are employees informed of the hazards associated with chemicals contained in unlabeled pipes (found in larger institutions such as schools or hospitals) in their work areas?
- If other employers bring their employees into the workplace, has the owner provided information about labeling systems and precautionary measures?
- Is the written program available to employees and their designated representatives?”

What is considered proper training under the HAZCOM standard?

“Employees are to be trained at the time they are assigned to work with a hazardous chemical. The intent of this provision is to have information prior to exposure to prevent the occurrence of adverse health effects. This purpose cannot be met if training is delayed until a later date.

The training provisions of the HCS are not satisfied solely by giving employees the data sheets to read. An employer’s training program is to be a forum for explaining to employees not only the hazards of the chemicals in their work area, but also how to use the information generated in the hazard communication program. This can be accomplished in many ways (audiovisuals, classroom instruction, interactive video), and should include an opportunity for employees to ask questions to ensure that they understand the information presented to them.”


Hazardous Chemical: Any chemical that presents a physical or health hazard.

Hazard Communication Program: A workplace program intended to inform employees about hazardous substances in the workplace, potential harmful effects of these substances and appropriate control measures.

Hazard Communication Standard: An OSHA regulation that requires chemical manufacturers, suppliers, and importers to assess the hazards of the chemicals that they make, supply, or import, and to inform employers, customers, and workers of these hazards through MSDS information. Employers must then inform employees of the hazards and preventive measures when handling hazardous materials.

Hazardous Material: Substances that can cause harm to people, facilities or the environment when improperly handled.

Material Safety Data Sheet (MSDS): The MSDS is a document containing details of the hazards associated with a chemical, and gives information on its safe use.

Glossary

Infection Control In Practice is a resource prepared for clinicians by the Organization for Safety & Asepsis Procedures with the assistance and expertise of its members. OSAP is a nonprofit, independent organization providing information and education on infection control and occupational health and safety to dental care settings worldwide.

Information in this issue has been brought to you with the help of the following individuals:

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This checklist identifies the individual steps that will build a comprehensive dental office hazard communication program. Involve multiple team members in the process of developing and maintaining your hazard communication program to make the task less daunting and to increase buy-in and compliance.

Delegate responsibility for
- Written plan
- MSDS
- Inventory
- Training

Inventory hazardous materials
- Create a list for each room in the office, this may be separate or combined, depending on your preference.
- Use inventory sheet template provided in this publication
- Reference brand name (not chemical ingredients)
- List all materials that have a hazard warning label

Enter list into computer and arrange alphabetically
- Review inventory at least annually
- Update inventory when ordering materials not previously used
- Update inventory when switching brands of any product on inventory list
- Do not include:
  - Household products unless used for non-household use
  - Drugs
  - Medical waste
  - Pesticides

Collect Material Safety Data Sheets
- For all products
- Highlight product name on MSDS
- Arrange alphabetically in binder
- Ensure MSDSs are available at all times

Evaluate your management of chemicals
- Products received in the office are properly labeled
- Label products taken from original container with product name and hazard warning
- Chemicals are stored in appropriate containers

Train employees
- Provide a copy of the HAZCOM Regulation for review
- Review MSDS information and how to access it
- Review hazardous materials inventory list
- Instruct in proper personal protective equipment
- Review emergency response for spills and exposures
- Instruct in proper handling and disposal methods
- Explain how to identify a hazardous release
- Document training
- Maintain training records for three years from the date of training

 unpleasant smell

Ask OSAP

Q: Are dental offices required to install eyewash stations?

A: Eyewash stations are required for all workplaces that have hazardous chemicals. Eyewash stations should allow for flushing of both eyes at once and have a sufficient flow for prolonged rinsing (e.g., at least five minutes). It is preferable to have a dedicated eyewash station with a regulated flow and the ability to ensure good water quality. Since this is not always possible in a dental office, many practitioners use eyewash stations that attach to existing sink faucets. This type of eyewash device must be supplied with cold water only to avoid thermal injury to the eyes. When determining the appropriate location for the eyewash station keep in mind that employees should be able to reach the eyewash station within ten seconds if they accidentally splash a chemical into their eye. Larger offices may require more than one station. There also are eyewash stations that hang on the wall and consist of a tank of water that must be filled and checked regularly. Test your eyewash station at least monthly by activating the waterspouts and ensuring the flow passes through the spouts and is adequate to reach an employee’s eyes when in use. While OSHA focuses on eyewash stations as a means to deal with chemical exposures, eyewash stations can also be used when workers experience splashes of blood or other potentially infectious materials to the eye.

Q: What if I am using some of the same products in the office that I use at home?

A: The standard contains an exemption for household or consumer products such as cleaning agents (but not disinfectants) that are used in the workplace. If you use household products extensively, you should include this product in your HAZCOM program and provide labeling, MSDS and training.
Hazardous Materials Inventory

Include all materials that contain a hazard warning statement on the original label. The first line provides an example.

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<th>Product Name</th>
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<td>Bleach</td>
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Internet Resources

U.S. Department of Labor Occupational Safety and Health Administration

✓ Hazard Communication. - 1910.1200

✓ OSHA Draft Model Training Program for Hazard Communication.
  http://www.osha.gov/dsg/hazcom/oshacomplianceassistance.html

✓ Free online training program
  http://www.free-training.com/osha/hazcom/hazmenu.htm
To help practices stay on track, OSAP provides this calendar listing typical schedules for periodic maintenance, record-keeping, and infection control activities. This schedule is intended only to serve as a guide. Proper practices, procedures, and maintenance schedules can vary according to the kinds of products used, the practice type, and patient volume. Always follow the device or equipment manufacturer’s instructions for maintenance and infection control.

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*Oregon Dental Conference April 8-8*

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1. The Hazard Communication Standard applies to:
   a. dentistry only   b. healthcare facilities only   c. all workplaces   d. manufacturers only

2. Who is responsible for determining if a product is hazardous?
   a. the manufacturer   b. the dentist   c. the assistant   d. OSHA

3. After the initial training session, retraining is required:
   a. every 3 years   b. annually   c. when a new hazard is introduced   d. never

4. The MSDS must reference:
   a. the brand name   b. the distributor   c. the dentist’s name   d. the price

5. Which of the following does not have to be included in the hazard communication program?
   a. bleach for endodontic procedures   b. anesthetic   c. acid etch   d. chloroform

6. When receiving products in the office you must:
   a. add a hazard label   b. wear protective attire   c. ensure there is an MSDS   d. place in secondary container

7. Employees working with hazardous chemicals must be able to reach an eyewash station within:
   a. one minute   b. 30 seconds   c. 15 seconds   d. 10 seconds

8. Test eyewash stations at least:
   a. weekly   b. biweekly   c. monthly   d. annually

9. Maintain hazard communication training records for:
   a. one year   b. two years   c. three years   d. four years

10. Chemicals are responsible for over __________ workplace injuries each year in the United States.
    a. 100,000   b. 250,000   c. 400,000   d. 600,000

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Today, more than ever before Americans are acutely aware of the importance of handwashing. Dental patients are accustomed to watching the members of the dental team frequently wash their hands with soap and water. The sound of running water and seeing you wash your hands is reassuring and a sign of good infection control.

With the use of the new alcohol-based hand rubs that do not require the use of water, some patients may perceive this as a shortcut to thorough hand washing. If patients ask questions, you can explain that these products are more effective than plain soap, or even antimicrobial soap, and that the CDC supports their use. However, what about the concerns of those patients who notice a change in hand hygiene, but do not ask, “Did you wash your hands?”

Doni Bird, RDH, MA, Director of Allied Dental Education at Santa Rosa Junior College, shares a tip that will help educate your patients and assure them that the infection control in your office is state-of-the-art. Place a basket filled with the sample size of alcohol-based hand rub products on the counter in the reception area, and invite your patients to take a sample. Then use this opportunity to explain how the alcohol-based products reduce the number of microorganisms on the hands, and describe how to best use them. Patients will be happy to know that in addition to reducing the microbial flora on their hands, these products contain emollients that will actually reduce the incidence of chapping, irritation, and drying of the skin. Be sure to remind your patients to continue to wash their hands with plain soap or antimicrobial soap and water when their hands are visibly soiled, or before eating, and after using a restroom.

Patients will leave secure in the knowledge that your office is practicing the highest level of infection control, and happy with the free sample.

Do you have a practice tip you’d like to share with other OSAP members and subscribers? Send your suggestions for enhancing dental infection control and safety in practice to editor@OSAP.org. Be sure to include contact information, a photo, and a brief bio. Thanks!