A Visit from the Safety Inspector

Are you prepared for an inspection from the Occupational Safety and Health Administration (OSHA), a State Dental Board examiner, or an attorney? If you have even the slightest anxiety about your facility’s policies and practices, walk through your office with the checklist presented in this issue of Infection Control in Practice (ICIP) and identify any changes necessary to ensure you are in compliance and ready for inspection. While not all inclusive, the checklist addresses many of the current regulations and recommendations that constitute best practice.

For each item on the list, consider the corresponding written safety program, then observe physical office conditions, employee compliance and how patients interface with the conditions. Be sure to consult your state and local authorities to ensure compliance with all safety requirements and standards. — OSAP

**Measure Your Office’s Compliance with Best Safety Practices:**

<table>
<thead>
<tr>
<th>Safety Issue</th>
<th>Details of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control Program</td>
<td>▶ Written program updated at least annually and for new employees, equipment or tasks</td>
</tr>
<tr>
<td></td>
<td>▶ Known &amp; accessible to all employees</td>
</tr>
<tr>
<td>Education and Training on Infection Control and Occupational Safety and Health</td>
<td>▶ Provided for all employees including contract workers &amp; students</td>
</tr>
<tr>
<td></td>
<td>▶ Appropriate content, vocabulary</td>
</tr>
<tr>
<td></td>
<td>▶ Training records complete &amp; kept for 3+ years</td>
</tr>
<tr>
<td>Hepatitis B Vaccination</td>
<td>▶ Vaccination, testing and follow-up offered to employees with occupational exposure at no cost</td>
</tr>
<tr>
<td></td>
<td>▶ Education &amp; counseling provided to all</td>
</tr>
<tr>
<td></td>
<td>▶ Written policy &amp; records current (including declination forms)</td>
</tr>
<tr>
<td></td>
<td>▶ Prearranged designated healthcare provider</td>
</tr>
<tr>
<td>Post-exposure Management</td>
<td>▶ Written program that follows CDC guidelines and OSHA regulations for exposure to blood or OPIM</td>
</tr>
<tr>
<td></td>
<td>▶ Prearranged MD &amp; protocol for referral</td>
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<tr>
<td></td>
<td>▶ Packet of OSHA PEP forms and documents ready</td>
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<tr>
<td></td>
<td>▶ Baseline TB test (TST) conducted on workers who might contact suspected or confirmed TB (+) people</td>
</tr>
</tbody>
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**Learning Objectives**

After reading this article, the reader should be able to:

▶ identify office safety issues that need to be reviewed at least annually.
▶ perform a thorough inspection of the facility.
▶ identify and implement appropriate changes.
**A Visit from the Safety Inspector**

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<table>
<thead>
<tr>
<th>Safety Issue</th>
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| **Medical Conditions, Work-Related Illness and Work Restrictions** | ▶ Written policy and procedures (to include accommodations, e.g., for latex sensitive employees)  
▶ Mechanism for diagnosis, medical management  
▶ Person with authority to enforce restrictions |
| **Employee Medical Records** | ▶ Records on file for all employees for duration of employment plus 30 years  
▶ Comply with federal and state confidentiality laws |
| **General Safety** | ▶ General safety rules understood and followed  
▶ Eyewash station operational  
▶ Fire extinguishers mounted at eye level, fully operational & inspected annually  
▶ Bloodborne pathogen and chemical spill kit available  
▶ Fire drills conducted annually  
▶ Emergency kit for patients available, complete & current (includes EPI-pen, etc.)  
▶ X-ray equipment calibrated as required |

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<table>
<thead>
<tr>
<th>Safety Issue</th>
<th>Details of Compliance</th>
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</thead>
<tbody>
<tr>
<td><strong>General Safety, continued</strong></td>
<td>▶ All required/recommended safety-related posters such as the following are posted, visible and readable:</td>
</tr>
<tr>
<td></td>
<td>- OSHA Job Safety and Health Protection poster</td>
</tr>
<tr>
<td></td>
<td>- Access to Medical and Exposure Records poster</td>
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<tr>
<td></td>
<td>- Notice of Workers’ Compensation Carrier and Coverage poster</td>
</tr>
<tr>
<td></td>
<td>- Evacuation Map and Meeting Place</td>
</tr>
<tr>
<td></td>
<td>▶ Emergency phone numbers and information current, accessible and known to employees</td>
</tr>
<tr>
<td><strong>Hazard Communication</strong></td>
<td>▶ Employees have copy of OSHA HazCom Standard</td>
</tr>
<tr>
<td></td>
<td>▶ Written HazCom implementation plan for facility</td>
</tr>
<tr>
<td></td>
<td>▶ Responsibility assigned for implementation</td>
</tr>
<tr>
<td></td>
<td>▶ Inventory list and MSDSs for hazardous chemicals</td>
</tr>
<tr>
<td></td>
<td>▶ All products containing hazardous chemicals properly labeled</td>
</tr>
<tr>
<td></td>
<td>▶ Employees trained to locate, read and use hazardous chemical labels and MSDSs</td>
</tr>
<tr>
<td></td>
<td>▶ Compliance with written chemical safety plan in dental laboratories</td>
</tr>
<tr>
<td><strong>Equipment Condition</strong></td>
<td>▶ Broken, faulty equipment replaced</td>
</tr>
<tr>
<td></td>
<td>▶ Hoses and tubes checked for leaks</td>
</tr>
<tr>
<td></td>
<td>▶ Electrical hazards fixed</td>
</tr>
<tr>
<td></td>
<td>▶ Nitrous oxide scavengers functional</td>
</tr>
<tr>
<td><strong>Preventing Exposures to Blood and OPIM</strong></td>
<td>▶ Standard Precautions understood and used with every patient</td>
</tr>
<tr>
<td></td>
<td>▶ Engineering and work practice controls used on all potentially contaminated sharps</td>
</tr>
<tr>
<td><strong>Engineering &amp; Work-practice Controls</strong></td>
<td>▶ Assess and evaluate sharps safety devices and other engineering controls at least annually</td>
</tr>
<tr>
<td></td>
<td>▶ Assess all work practice controls (e.g., no at-risk needle re-capping or handling) at least annually</td>
</tr>
<tr>
<td><strong>Personal Protective Equipment (PPE): Masks, Protective Eyewear &amp; Face Shields</strong></td>
<td>▶ Appropriate ASTM mask selection criteria available, understood</td>
</tr>
<tr>
<td></td>
<td>▶ Surgical mask &amp; full eye protection (face shields or eyewear with side protection) worn correctly</td>
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<tr>
<td></td>
<td>▶ Masks changed between patients and when damp</td>
</tr>
<tr>
<td></td>
<td>▶ Reusable PPE cleaned, decontaminated correctly between uses</td>
</tr>
</tbody>
</table>

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# A Visit from the Safety Inspector

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</table>
| **PPE: Protective Clothing** | - Worn over street cloths and skin  
- Changed daily or when visibly soiled  
- Removed when leaving work area |
| **PPE: Gloves** | - Worn for potential exposure to blood and OPIM  
- Removed promptly after use and if compromised  
- Hand hygiene performed immediately before donning and after glove removal  
- Patient treatment gloves never washed, disinfected or re-used  
- Correct type and size available for all uses  
- Employees aware of glove - chemical compatibilities  
- Utility gloves worn for instrument processing, environmental surface clean-up and mixing of chemicals |
| **PPE: Sterile Gloves** | - Worn for all surgical procedures |
| **Contact Dermatitis, Latex Hypersensitivity** | - All staff trained on skin reactions to irritants and allergens in hand-hygiene and glove products  
- Latex-free products and emergency kits available  
- All patients screened for latex allergy  
- Latex sensitive patients scheduled for first appointment of day |
| **Hand Hygiene** | - Perform when hands are potentially contaminated with blood or OPIM  
- Perform before and after treating patients and wearing gloves  
- Facility’s hand hygiene procedure involves washing hands thoroughly with soap and water (at least 15 seconds) and drying hands completely and aseptically or using a waterless hand rub after first wash if hands are not visibly soiled  
- Hand hygiene products stored aseptically  
- Hand products are compatible with gloves  
- Evaluate hand hygiene products for skin protection and employee acceptance  
- Dispensers function properly, are not topped off and are thoroughly cleaned before adding new product  
- Jewelry and fingernail adornment that might compromise hand antisepsis is discouraged |
| **Sterilization, Disinfection of Patient-Care Items** | - Only U.S. Food and Drug Administration (FDA) cleared medical devices used to sterilize  
- Clean and heat sterilize critical and semi-critical items before each use  
- Heat sensitive items processed in chemical high-level disinfectant/sterilant according to label instructions  
- Heat-stable or disposable alternatives used if possible  
- Use disposable items as directed (once only)  
- Use high-level disinfectants/sterilants only for immersion  
- Barrier-protect or clean non-critical items and disinfect if blood or OPIM is present |
| **Instrument Reprocessing Area** | - Organized: dirty to clean without cross-over |
| **Contaminated Instruments** | - Transported from operatory to reprocessing area in covered container  
- Automated cleaning equipment used or work-practice controls in place that minimize contact with sharp instruments if manual cleaning is necessary  
- PPE (heavy gloves, face, eye protection and gown) worn |
| **Instrument Packaging** | - Instruments inspected and wrapped prior to sterilization  
- Implantable devices always wrapped  
- Correct packaging material for type of sterilizer used  
- Internal/external monitors used for all packages |

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### Sterilizer Monitoring
- Use mechanical, chemical, biological monitors correctly
- Monitor time, temperature and pressure of each load
- Sterilizer packed loosely, i.e., never overloaded
- Packages always dry before handling
- NEVER use packages if chemical indicators show inadequate processing
- Use biological monitor weekly and for every implantable device
- If biological monitor shows sterilizer failure:
  - Remove sterilizer from service and check for operator error
  - Retest sterilizer using all indicators. If repeat test is negative, put back in service
  - If repeat test is positive, determine exact reason for failure, repair sterilizer, recall and reprocess all items processed since last negative test
- Keep records according to state and local regulations

### Instrument Storage
- Date- or event-related system identified and followed
- Label packages with date and sterilizer (if more than 1 sterilizer)
- Examine packages for openings, damage
- Re-package and re-process every compromised package
- Store packages aseptically (in closed cabinets, dry)

### Environmental Asepsis
- Wear appropriate PPE (heavy gloves, gown, eye & face protection)
- Clean and disinfect with Environmental Protection Agency (EPA) registered low- to intermediate-level hospital disinfectants appropriate for level of contamination, following label directions

### Clinical Contact Surfaces
- Cover with barriers and change barriers between patients
- Clean and disinfect barrier-covered surfaces as needed and daily
- Clean and disinfect exposed surfaces between each use

### Housekeeping Surfaces
- Clean with detergent and water or an EPA-registered hospital disinfectant/detergent appropriate to level of contamination and surface
- Clean and dry mops and cloths or use disposable products
- Use fresh cleaning/disinfecting solutions daily
- Clean visibly dirty areas and surfaces

### Spills of Blood and Body Substances
- Clean and decontaminate surface with EPA-registered hospital disinfectant with low- to intermediate-level activity, depending on size of spill and surface porosity

### Carpet & Cloth Furnishings
- Avoid absorbent and difficult to clean surfaces in operatories, laboratories and instrument processing areas

### Waste Management
- Use leak-proof containers with biohazard label or color-coded as biohazardous
- Use sharps containers appropriately and correctly (3/4 filled for disposal)
- Liquid waste safely disposed of according to state and local laws

### Dental Unit Waterlines, Biofilm & Water Quality
- Use (output) treatment water that meets EPA regulatory standards for drinking water, i.e., <500 CFU/mL of heterotrophic water bacteria for routine dental procedures
- Consult with dental equipment manufacturer for appropriate methods and products to manage quality of water
- Employ means of controlling waterline contamination
- Monitor waterline output quality at intervals recommended by equipment and waterline treatment manufacturer
- Discharge water and air for at least 20-30 seconds after each patient, from all devices connected to waterlines (e.g., handpiece, ultrasonic scaler, air-water syringe)
- Follow manufacturer’s directions for maintenance of antiretraction mechanisms
- Understand and are prepared to follow boil water advisories if necessary
**Glossary**


**CFU/mL** - Colony forming units per milliliter

**Clinical contact surfaces** - surfaces that are touched by contaminated hands, instruments, devices or other items during dental or related procedures.

**Critical** - category of medical devices or instruments that cut or otherwise penetrate bone or soft tissue.

**Date related instrument storage** - sterile, packaged instruments are stored for a pre-determined period of time, based on time.

**Engineering controls** - controls that isolate or remove bloodborne pathogens hazards from the workplace, such as sharps disposal containers.

**Event-related instrument storage** - sterile, packaged instruments are stored until sterility is compromised (such as a tear in the package).

**High-level disinfectants/sterilants** - chemicals regulated by the FDA for immersion use on heat-sensitive critical and semicritical patient care items.

**Housekeeping surfaces** - environmental surfaces that are not involved in the direct delivery of dental care, such as floors or walls.

**Intermediate-level disinfectants** - liquid chemical germicides registered by the EPA as a hospital disinfectant with TB activity.

**Internal/external monitors** - sterilization monitors placed inside or on the outside surface of instrument sterilization wrapping/packaging.

**MSDS** - Material Safety Data Sheet. Written or printed material concerning a hazardous chemical. Prepared by the manufacturer or distributor, they must be present for each hazardous chemical listed within a facility.

**Non-critical** - instruments or surfaces that contact only intact skin.

**OPIM** - Other Potentially Infectious Material. Body fluids or tissues that may contain bloodborne pathogens, or body fluids that are visibly contaminated with blood.

**Parenteral** - piercing mucous membranes or the skin barrier through events such as needlesticks, human bites, cuts and abrasions.

**Plume** - airborne matter emitted from equipment or devices that may contain very small particles of potentially infectious materials.

**PEP** - Postexposure Prophylaxis. The administration of medications or immunizations following an occupational exposure with the intent of preventing infections.

**Semi-critical** - category of instruments or devices that contact but do not cut or penetrate mucous membranes.

**Standard Precautions** - collection of PPE, materials and procedures designed to prevent exposure to blood, all body fluids, secretions and excretions except sweat, regardless of whether or not they contain blood.

**State Dental Board** - State Board of Dental Examiners: A U.S. State regulatory division, dedicated to setting and enforcing standards of care necessary to protect patients.

**TB (tuberculosis)** - an infectious disease caused by *Mycobacterium tuberculosis* that usually involves the lungs but may also involve skin and other tissues including the oral cavity.

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

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**Resources**

The following scientific and regulatory resources support the content of this ICIP:

2. OSAP, From Policy to Practice: OSAP’s Guide to the Guidelines, 2004
4. OSHA Bloodborne Pathogens. 1910-1030
4. Standard Specification for Performance of Materials Used in Medical Face Masks, ASTM International, Designation F 2100-04. 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA 19428-2959, USA.

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**PLEASE NOTE:**

Infection Control in Practice is a publication of the Organization for Safety and Asepsis Procedures (OSAP). OSAP assumes no liability for actions taken based on the information herein.
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 handling charges. Pending satisfactory results (at least seven out of ten), you will be issued a letter for one (1) CE credit hour. OSAP is recognized by the American Dental Association as a CERP Provider. For more information, call OSAP at 800-298-6727 (410-571-0003). For each question, pick the best answer.

1. How often should dental office sterilizers be biologically monitored?
   - a. Quarterly
   - b. Monthly
   - c. Weekly
   - d. Daily

2. According to the EPA Standard, what is the maximum level of bacteria that can be present in dental unit water used for routine dental procedures?
   - a. 10 CFU/mL
   - b. 100 CFU/mL
   - c. 200 CFU/mL
   - d. 500 CFU/mL

3. Which Federal agency clears sterilizers for use as medical devices?
   - a. EPA
   - b. FDA
   - c. OSHA
   - d. CDC

4. How long must employee medical records be kept?
   - a. Duration of employment plus 30 years
   - b. Ten years if there has been an exposure
   - c. Three years
   - d. For the last 12 months

5. How long should hands be washed when using soap and water for routine hand hygiene?
   - a. Around ten seconds
   - b. For at least 15 seconds
   - c. Ideally, for 60 seconds
   - d. Soap and water should be used

6. How often should eye/face wash stations tested for effectiveness?
   - a. Once a year
   - b. Every six months
   - c. Every month
   - d. Weekly

7. Employee safety training records must be retained for what amount of time?
   - a. One year
   - b. At least three years
   - c. Seven to ten years, depending on location
   - d. Duration of employment plus 30 years

8. Which of the following is a single-use, disposable type of PPE?
   - a. Masks
   - b. Gowns/jackets
   - c. Face shields
   - d. Protective eyewear

9. Which of the following best describes housekeeping surfaces?
   - a. Require alcohol-based wipes
   - b. Must be sterilized daily
   - c. Non-critical
   - d. Semi-critical

10. How frequently are dental offices required to review sharps safety devices?
    - a. After a needlestick accident
    - b. Monthly
    - c. Every six months
    - d. At least annually
For the front desk:
- Keep a box of sandwich size zip lock bags at the front desk area. These can be provided to patients who bring in crowns that have fallen off, broken partials, retainers, dentures or any other contaminated items and used for safe transfer. Label the bag with the patients name using a sharpie or a stick-on label. Ask the patient to place the item in the bag and either keep it until called for their appointment, or give the bagged item to an office member who can track and handle it without risk of cross-contamination or personal exposure. Never offer to take the item(s) in your hand or a tissue.
- Place a CPR pocket mask where it is easily accessible from the front desk, reception room and common areas. This can be mounted with Velcro to allow ready access and visibility.
- Place a dispenser of waterless hand sanitizer at the front desk where it will be convenient for both patients and office workers.
- Have a specific style of pen that is only used in the business office, front desk and by patients. These pens should be obviously different than those used in the clinical area to avoid issues of cross-contamination.

For anyone using heavy-duty gloves:
- Be sure user names are written on the inside cuff of heavy duty gloves utilized for operatory clean-up and instrument processing. A “Sharpie” permanent ink marker works great. This will help alleviate using someone else’s gloves by mistake.
- 3M makes a white plastic clip that is handy for hanging gloves up and it can be moved easily without wall damage. Labeling the hook with the proper name is helpful for proper storage too.

A consultant and speaker with Professional Health Horizons, she uses humor to present occupational safety education in an entertaining, informative style. She can be reached at ndreves@aol.com