Accidents happen. Accidents that occur in a dental office can be costly, painful and, in some cases, life threatening.

Occupational Safety and Health Administration (OSHA) regulations specifically address the safety and health of employees, including dental workers. OSHA regulations work with infection control and health guidelines, such as those provided by the Centers for Disease Control and Prevention (CDC), to provide a framework for minimum standards of care for employees, and ultimately, patients. But how does a dental office use these standards to develop a comprehensive and effective safety program that can help prevent accidents or mitigate the damage in the event of a problem?

This issue of Infection Control in Practice will help dental professionals implement a six week program to identify and assemble the components of a dental office safety program.

Assigning Responsibility
Step one in setting up a dental office safety program is to assign responsibility to one staff member to organize and supervise office safety, a "safety coordinator."

According to Drs. Miller & Palenik in their third edition text, Infection Control & Management of Hazardous Materials for the Dental Team, the safety coordinator must have a basic understanding of microbiology and modes of disease transmission, infection control and other safety procedures, products and equipment used with these procedures and related state and federal regulations. The safety coordinator should have good written and verbal communications skills, good organizational skills and must be given time to perform the duties related to office safety. See box on page 4 for office safety coordinator duties.

The Safety Manual
Step two is to develop a safety manual or binder that contains all of the required safety programs organized for easy access and maintenance. Depending on your local laws, you should include the following elements in the safety manual:

- Exposure Control Plan
- Hazard Communication Program
- General Safety
- Hazardous and Medical Waste
- Training Records
- Miscellaneous Records

Maintain confidential medical records regarding employees' hepatitis B vaccines and exposure incident follow-up separately from the safety binder.

Employee Training
Each of the Safety Manual topic areas also requires training. There are a variety of ways and numerous tools available for dental office safety training. It is important that the person providing the training

continued on page 2
Dental Office Safety Program

continued from front cover

understands the material and can answer staff questions. The dental team also may consider attending a continuing education program or hiring a qualified consultant. However, while seminars and consultants may provide important information and helpful ideas, the ultimate responsibility for an effective office safety program depends on the involvement of every member of the treatment team.

Records and Paperwork
Document in the Safety Manual safety inspections, occupational injuries and illnesses, hazardous and medical waste disposal, biological monitoring of sterilizers and training. Keep medical records for employees at risk of occupational exposure to blood and obtain the posters and documents required by Federal OSHA. Your state may require additional signage. Changes in the Bloodborne Pathogens Rule also require the annual evaluation of safety devices and documentation of the evaluation.

The length of time to maintain records varies. Keep training records for three years from the date of training, hazardous waste records for four years, and medical records for the length of employment plus thirty years. Always check with state or local regulatory agencies for additional requirements.

Reporting Injuries
Although the risk of being infected with a bloodborne disease in the dental office appears to be low, all exposure incidents require medical evaluation and follow-up care. Preparing a response to injuries before they occur is a good way to avoid confusion and unnecessary disruption to office routines.

In addition to exposure incidents, ergonomic injuries are a potential risk for clinical and non-clinical staff in a dental practice. The sooner injuries or illnesses are reported, the greater the chance that interventions will be effective and potential consequences minimized.

Clearly identify the procedures for reporting injuries and identify a healthcare provider before an injury occurs. Encourage all members of the dental team to report injuries by assuring them that no adverse consequences will result from reporting an injury.

Continuous Improvement
An effective safety program is not an unused manual that sits on a shelf as “evidence” of regulatory compliance. An effective safety program is one that provides the blueprint for safe dental care for the dental team and their patients. This can only be accomplished by regularly reviewing, documenting and updating all of the elements of the program with the help of the safety coordinator and the involvement of everyone in the office. Safety is no accident. —OSAP
Compliance Corner

CDC  A successful infection control program depends on developing standard operating procedures, evaluating practices, routinely documenting adverse outcomes (e.g., occupational exposures to blood) and work-related illnesses in dental healthcare providers, and monitoring healthcare-associated infections in patients. Strategies and tools to evaluate the infection control program can include periodic observational assessments, checklists to document procedures, and routine review of occupational exposures to bloodborne pathogens. Evaluation offers an opportunity to improve the effectiveness of both the infection control program and dental practice protocols.

CDC. Guidelines for Infection Control in Dental Health-Care Settings - 2003 MMWR, December 19, 2003:52(RR-17)

OSHA  Dental professionals are at risk for exposure to numerous biological, chemical, environmental, physical, and psychological workplace hazards. These hazards include but are not limited to the spectrum of bloodborne pathogens, pharmaceuticals and other chemical agents, human factors, ergonomic hazards, noise, vibration, and workplace violence.


In Next Month’s Issue...

Updated Chemical Agents Chart
last updated 1998

Glossary

Bloodborne Pathogens Rule: OSHA regulation that requires implementation of rules, practices and devices to reduce the potential exposure of employees to blood in healthcare settings.

Ergonomics: The science that studies the relationship of humans to their working environment and seeks to improve working conditions and increase efficiency.

Exposure Control Plan: The written program required by the Bloodborne Pathogens Rule to detail how the employer complies with the regulation.

Hazard Communication Rule: The OSHA-enforced regulation that requires employers to protect employees by preventing occupational exposure to hazardous chemicals in the workplace.

Material Safety Data Sheet (MSDS): Literature prepared by a chemical or chemical product manufacturer that contains hazard and safety information about the product. Information typically includes a list of hazardous ingredients, safety precautions for handling, spill or release response procedures, and first aid instructions.

Musculoskeletal Disorders: A group of conditions that involve the nerves, tendons, muscles, and supporting structures such as intervertebral discs. They represent a wide range of disorders, which can differ in severity from mild periodic symptoms to severe chronic and debilitating conditions. Examples include carpal tunnel syndrome, tenosynovitis, tension neck syndrome, and low back pain.

CDC. Guidelines for Infection Control in Dental Health-Care Settings - 2003 MMWR, December 19, 2003:52(RR-17)

OSHA

Infection Control In Practice is a resource prepared for clinicians by the Organization for Safety & Asepsis Procedures with the assistance and expertise of its member-contributors. 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:

Contributor

Mary Govoni, CDA, RDH, MBA has more than 30 years of experience in the dental profession as a chairside assistant, office administrator, clinical hygienist, educator, consultant and speaker. She has been an OSAP member since 1990, and has served on the Board of Directors.

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Bringing together all the components needed for an effective dental office safety program may seem a daunting task. Follow these instructions and in six weeks or less your safety program will be up to date.

Week one:
- Identify a safety coordinator (see duties in box below).
- Obtain and label two 3-inch binders “MSDS” and “Office Safety Manual,” obtain one set of dividers lettered A-Z and one set of dividers with blank labels.

Week two:
- Conduct an inventory of hazardous materials for the entire office. List any items that contain a hazard warning statement (such as "harmful if swallowed").
- Enter the hazardous materials list in a word processing program and sort alphabetically by product (brand) name.
- Place the alphabetically lettered divider tabs into the MSDS binder.
- Contact your distributor and collect MSDSs for each item on the list. File in MSDS binder.

Weeks three-five:
- Using the list below as a starting point to identify any related safety program in the office, label the set of blank dividers and insert written protocols for each in the Office Safety Manual.
  - Exposure Control Plan
  - Hazard Communication Program
  - General Safety (e.g., ergonomics, fire and emergency, first aid, evacuation)
  - Hazardous and Medical Waste
  - Training Records
  - Miscellaneous Records (e.g., weekly spore test results, dental waterline monitoring results, CE course information, a copy of the CDC guidelines)

Week six:
- Conduct training in the office safety programs
- Review the contents of both binders with all employees
- Indicate where the binders will be kept for easy access during working hours.

Special note: For a comprehensive explanation of safety training requirements, see the March supplement to the Compendium of Dental Education. Vol. 26, No. 3 (Suppl.), March 2005. “OSAP’s Comprehensive OSHA Training Guide - 2005.”

Maintenance
- Regularly review your written safety program to ensure it reflects changes in products, procedures and protocols necessary to continue to ensure regulatory compliance and safety in the dental office.
- Annually complete checklist on the next page. — OSAP

Office Safety Coordinator Duties: Continually review infection control, hazardous materials, and other office safety regulations.
- Prepare, review, and update the office exposure control plan, infection control procedures manual, hazard communication program, personnel health program, TB infection control plan, and other safety procedures for the office
- Develop protocols that provide step-by-step procedures to follow in practicing office safety
- Provide new and continuing team members with initial and updated training on all office safety policies and procedures
- Ensure that the janitorial staff receives proper training related to personal protection during office cleaning procedures
- Monitor compliance with office safety procedures and related regulations
- Organize and manage procedures for hepatitis B vaccination of new team members and procedures for postexposure medical evaluation and follow-up
- Review circumstances surrounding exposure incidents
- Evaluate, select and maintain the stock of products and equipment needed to accomplish office safety
- Ensure proper maintenance, availability, cleaning, and disposal of PPE and all other items needed for office safety
- Perform spore-testing and mechanical and chemical monitoring of office sterilizers
- Manage disposal of regulated medical waste
- Decontaminate equipment before shipping for repair
- Organize and maintain MSDS, proper labeling, the inventory list, and proper storage for all hazardous chemicals in the office
- Maintain smoke alarms and fire extinguishers and monitor electric cords and connections
- Keep exit doors and evacuation routes clear and ensure other compliance with local fire safety codes
- Maintain certification of radiographic equipment and operators
- Maintain appropriate documents and records
- Ensure that all members of the dental team have constant opportunity to voice concerns about and suggest improvements in office safety
- Conduct and document routine evaluations of the office infection control program
- Communicate with patients regarding safety procedures and practices in the office

The exposure control plan includes:

- List of job titles in which employees have occupational exposure.
- Schedule and methods of implementation.
- Policies and procedures that reflect the current infection control practices in the office. Indicate the dates of all changes.
- Records of hepatitis B vaccination on file for all employees identified in item “a” above.

The MSDS binder is up-to-date.

All employees received training regarding hazardous chemicals they encounter in the workplace.

Eyewash stations are available and in working order.

The written program reflects the current safety practices of the office.

Exits are marked and accessible.

Fire extinguishers have current tags and are checked monthly for operating pressure.

An evacuation plan is in place and communicated to all employees.

Appropriate PPE and emergency first aid supplies are available and up-to-date.

Written protocols exist for handling of medical and hazardous chemical wastes.

Sharps containers are available in each treatment room.

Hazardous chemical wastes and regulated medical wastes are clearly labeled.

Hazardous chemical and medical wastes are in containers that prevent leaks and spills.

There are records showing when medical or hazardous waste was removed and where it was transported to for destruction or disposal.

All employees at risk of occupational exposure received training.

Training records are up-to-date and present in the Office Safety Manual.

## Selected Resources

- **Evaluation of safety devices:**
  - [http://www.cdc.gov/oralhealth/infectioncontrol/forms.htm](http://www.cdc.gov/oralhealth/infectioncontrol/forms.htm)
  - [http://www.tdict.org/criteria.html](http://www.tdict.org/criteria.html)
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.

For a monthly dental office calendar you can customize to best meet the needs and schedules in your practice, visit osap.org/calendars/index.htm. (Adobe Acrobat Reader required.)

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<td>Update chemical inventory; discard expired supplies, drugs</td>
<td>Clean evacuation traps</td>
<td>Waterline monitoring</td>
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<td>Clean evacuation traps</td>
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1. Regulations and guidelines provide the framework for:
   a. Benchmark standards
   b. Minimum standards
   c. Maximum standards
   d. They are not related to standards of care

2. Medical records containing hepatitis B vaccine and exposure follow-up information should be kept:
   a. Only for currently employed workers
   b. In the safety manual
   c. In an area accessible during work hours
   d. In a confidential manner separate from the safety manual

3. Safety training may be provided by:
   a. A qualified consultant only
   b. A dentist only
   c. An approved CE program only
   d. A combination of means

4. In general, OSHA training records must be kept for:
   a. One year
   b. Three years
   c. Four years
   d. Employment plus thirty years

5. In general, hazardous waste records must be kept for:
   a. One year
   b. Three years
   c. Four years
   d. Employment plus thirty years

6. In general, employee medical records must be kept for:
   a. One year
   b. Three years
   c. Four years
   d. Employment plus thirty years

7. The risk of disease transmission from blood exposures in dentistry appears to be relatively:
   a. High
   b. Moderate
   c. Low
   d. Unknown

8. Federal OSHA does not require this document to be available in a dental office:
   a. OSHA Poster Form 1000
   b. Bloodborne Pathogens Standard
   c. HazCom Standard
   d. OSHA Poster Form 2203

9. Include in the general safety section of your office safety manual:
   a. Fire and emergency information
   b. Exposure control plan
   c. Hazardous materials inventory
   d. MSDS

10. Review the written safety programs in your safety manual at least:
    a. Monthly
    b. Quarterly
    c. Annually
    d. Bi-annually

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Name on Card: ________________________________ Card Number: ________________________________

Expiration Date: ________________________________ Signature: ________________________________
Pre-assembly Exposure Incident Response Packets

Dental office safety programs and annual training help dental professionals meet the challenges of everyday exposure to potential pathogens while also preparing for unexpected events and accidents. However, it is much easier to remember aseptic techniques that are routine and practiced daily than to remember the correct protocol for responding to accidental exposure incidents. Clinical educator Nancy Andrews, RDH, BS, offers some helpful suggestions for simplifying this process.

“A very effective way to prepare for the disruption, stress and emotions surrounding an exposure incident is to assemble packets in easily-identifiable envelopes or folders with clear instructions and all necessary information ahead of time.

‘Exposure Incident Response Packets’ should contain information and materials to make it easy for the exposed worker to understand what to do after an exposure incident. Each packet should contain information regarding the sequence of actions, first aid, an exposure reporting form, insurance information (if applicable), name and location of evaluating healthcare provider, a copy of the OSHA Bloodborne Pathogens Rule, and a form for the evaluating healthcare provider to return to the dental office detailing that the person received follow-up and appropriate treatment was offered."

Ms. Andrews also shared some tips, including: have someone accompany the injured worker to the physician; provide payment or insurance information at the time of initial medical evaluation/care; never allow scheduled patient care or other conditions to prevent proper professional medical evaluation and care; and make sure the injured worker and the source patient understand the importance of baseline blood testing at the time of the incident as well as follow-up testing if the physician deems it appropriate.

The packets should be kept current. Every dental worker should be trained (at least annually) on how to respond to an exposure, how to use the packet, and where it is located.

“Having the Exposure Incident Response Packets in place before an accident or exposure occurs will make it much easier to swiftly and carefully respond while minimizing confusion, costly mistakes and chaos,” Andrews concluded.

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!