

Safety and Health Guidelines For Dental Office Workers



Compiled by
Utah Occupational Safety and Health (UOSH)
and Utah Dental Association
November 2006



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A. Definitions: [See 29 CFR 1910.1030(b) for a complete list of definitions]

- 1. Bloodborne pathogens:** pathogenic microorganisms that are present in human blood and can cause disease in humans, including but not limited to hepatitis B virus (**HBV**), hepatitis C virus (**HCV**), and human immunodeficiency virus (**HIV**).
- 2. Blood or other potentially infectious materials (OPIM):**
 - a. The following human body fluids: saliva in dental procedures, any body fluid that is visibly contaminated with blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, 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); and
 - c. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 3. Biohazard:** a biological agent, such as a virus or a condition that constitutes a threat to humans.
- 4. Exposure determination:** identify which employees have the risk of exposure to blood or other infectious materials.
- 5. Exposure control plan:** a written plan explaining the employers detailed steps to reduce or eliminate exposure to blood or other infectious materials in a dental clinic.
- 6. Exposure incident:** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- 7. Hazard communication program:** communicating to employees the hazards of all chemical substances used (for example, mercury, beryllium, nitrous oxide, and skin irritants such as methyl methacrylates) by means of a comprehensive hazard communication program, which are to include container labeling and other forms of warning, material safety data sheet (MSDS) and employee training.
- 8. Material Safety Data Sheets (MSDSs):** written or printed material concerning a hazardous chemical.
- 9. Occupational exposure:** reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- 10. Personal protective equipment (PPE):** specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE. Examples of PPE include, but are not limited to, gloves, masks, gowns, aprons, lab coats, clinic jackets, safety glasses, and face shields.
- 11. Sharps:** needles, scalers, laboratory utility knives, burs, explorers and endodontic files.
- 12. Universal precautions:** all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

B. Dental office exposure to bloodborne diseases

1. Introduction: OSHA estimates that over 300,000 dental health care workers are at risk for exposure to the HBV, HCV and HIV. Information in this guideline is mostly from the OSHA standard for Occupational Exposure to Bloodborne Pathogens, 29 CFR 1910.1030.

2. Employees covered by the standard: dentists who work as employees, dental hygienists, dental laboratory technicians, dental assistants, and other dental health care employees who have *occupational exposure* to bloodborne pathogens.

3. Common workplace hazards in the dental office:

- a. Exposure to pathogens (biohazards) in the blood and OPIM.
- b. Exposure to hazardous substances (chemicals) used by dental office personnel and dental lab technicians.
- c. Ionizing radiation

4. Types of pathogens mentioned in the OSHA standard: all pathogens such as HBV, HIV and HCV that can be transmitted via blood or OPIM. See Compliance Directive CPL 02-02-069 Paragraph B for definition for different types of pathogens transmitted via blood or OPIM.

5. How to comply with the bloodborne pathogen standard, 29 CFR 1910.1030:

- a. Develop a written exposure control plan to eliminate or minimize employee exposure to blood and OPIM.
- b. Review and update the plan annually to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The annual review and update of the plan shall include:
 1. Changes in technology that eliminate or reduce exposure to bloodborne pathogens;
 2. Consideration of implementation of appropriate commercially available, effective safer dental devices designed to eliminate or minimize occupational exposure;
 3. Documentation of input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls;
 4. An exposure assessment which includes a list of all job classifications and job tasks where there is exposure to blood or to OPIM; and
 5. A schedule of implementation of the following provisions:
 - i. Exposure determination (employees' job titles and job duties help determine their exposure)
 - ii. Methods of compliance (work practices that reduce or eliminate exposure to blood or OPIM)
 - iii. Hepatitis B vaccination, post-exposure evaluation, and follow-up
 - iv. Communicating of hazards to employees through warning signs, labels, and training (explain the hazards of blood or OPIM)
 - v. Record-keeping of medical records and of training records

C. Written programs required by OSHA (Additional programs may apply to some dental offices)

1. *Written Exposure Control Plan* (blood and other potentially infectious materials)

a. Exposure determination: required to identify employees with potential for exposure to blood and other infectious materials in order to prevent or reduce their exposure by training about safe work practices and control methods.

1. *Job classifications:* list specific classifications that identify all employees with the same title who have occupational exposure (example: dentists, dental hygienists or chair-side assistants would be included in this category).

2. *Job tasks:* identify the tasks of each employee who has exposure. Job tasks are procedures in which workplace exposure occurs and that are performed by employees listed in the job classifications. *See Appendix F for a list of job tasks; modify these job tasks based on the duties in your dental office.*

Note: Employees, such as receptionists, who perform dual roles (e.g., dental assistants) must be included in the job classifications list and a job tasks list for these employees needs to be included in the written exposure control plan.

b. Methods of compliance used to control the transmission of HBV, HIV and HCV in dental offices include the use of:

1. **Universal precautions:** all blood and OPIM (including saliva) must be treated and handled as if infectious with HBV or HIV.

2. **Engineering controls:** these controls isolate or remove the bloodborne pathogens hazard from the workplace (examples include sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with sharps injury protections and needle-less systems).

3. **Work practice controls:** Procedures developed must minimize splashing, spraying, or spattering of blood or OPIM such as:

- i. Readjusting the position of the dental chair.
- ii. Hands should be washed immediately.
- iii. Eyes or other mucous membrane should be flushed immediately after contact with blood or OPIM.
- iv. Promptly dispose of used needles and sharps in puncture resistant leak-proof labeled containers without bending, recapping or removing.
- v. Avoid procedures which aerosolize or splash blood or OPIM.
- vi. Food or drink must not be stored or handled with blood or OPIM.

4. **Personal protective equipment:**

- i. Employers must provide, launder at no cost, and ensure that employees wear appropriate PPE during dental procedures.
- ii. Lab coats and impervious gloves may be appropriate for routine procedures. Safety glasses, goggles, face shields, lab coats and gloves may be required for procedures that result in the splashing or spraying of blood or OPIM.
- iii. PPE must be maintained in good repair and changed immediately if contaminated.

5. **Housekeeping:**

- i. Employers must develop a written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
- ii. All spills and visible contamination must be cleaned and disinfected promptly.
- iii. Sharps and contaminated waste must be disposed of in puncture resistant, leak-proof, labeled containers. State and local regulations may apply for disposal.

c. Hepatitis B vaccination: as an employer you are required to make HBV vaccination available to employees at no cost, at a reasonable time and place, within 10 working days of assignment, and after an exposure incident. If an employee declines the vaccination that employee must sign and date this statement of declination:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B virus, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

d. Post-exposure evaluation and follow-up: when an employee experiences an exposure incident (example: a needle-stick):



1. The employer is required to conduct an evaluation immediately.
2. Post exposure prophylactic treatment, if warranted, must be initiated within 24 hours of exposure.
3. The evaluation must include the source individual, testing of the source individual with consent, the results of serological testing of the exposed employee, post-exposure prophylaxis if medically indicated, and counseling.
4. The employer must provide the following information to the medical professional attending an exposed employee, and request a written opinion: the standard, employee duties, conditions of exposure, blood testing of source individual, and relevant medical records.

e. Biohazard communication: hazards of blood or OPIM must be communicated to employees as follows:

1. Labels: biohazard warning labels must be affixed to containers and equipment containing blood and OPIM. Red bags may be used in lieu of labels.
2. Training: employers must provide training to employees with workplace exposure prior to initial exposure and annually thereafter about:
 - i. the content of the standard
 - ii. epidemiology and symptoms of bloodborne diseases
 - iii. methods of transmission of bloodborne diseases
 - iv. your written exposure control plan
 - v. work practices, preventive measures and controls
 - vi. availability of HBV vaccination
 - vii. post-exposure procedures
 - viii. labels and training requirements

f. Recordkeeping: as an employer you must retain two types of employee-related records, medical and training:

1. Medical records include hepatitis B vaccination status and medical records associated with an exposure incident. These records must be maintained for 30 years past the last day of employment of the employee.
2. Training records of each training session, to include the date of training, course outline, trainer's name and qualifications, and names of all attending. These records must be maintained for 3 years.
3. Dental offices are exempt from maintaining OSHA 300 Injury and Illness Logs unless they are asked in writing to do so by the Bureau of Labor and Statistics, Utah Labor Commission.

2. Written Hazard Communication Program (chemicals): this program ensures that the hazards of chemicals are communicated to employees through:

- a. a comprehensive written program,
- b. including provisions for chemical labeling (e.g., gluteraldehyde container),
- c. material safety data sheets (MSDSs), and
- d. employee training.

The regulation 29 CR 1910.1200 applies to you if your employees handle chemicals (e.g. dental amalgams, sealants) or other hazardous substances such as beryllium (chronic beryllium disease CBD is a debilitating and often fatal lung disease or lung cancer), mercury, dental sealants, oxygen, chlorhexidine (mouthwash), general anesthetic agents, analgesics, and sedatives such as nitrous oxide.

Maintain MSDSs for all hazardous substances in the office where they are readily available for all employees. Conduct periodic training on the hazards and safe handling of these chemicals.

3. **Emergency action plan:** When employees are required to evacuate the workplace in the event of an emergency and fire extinguishers will not be used by employees, a written emergency action plan, as required by 29 CFR 1910.38, needs to be developed by the employer and must cover those designated actions employers need to take to ensure employee safety from fire and other emergencies. An employer with 10 or fewer employees may communicate the emergency action plan orally to employees. Fire extinguishers must be inspected annually and maintained in a readily accessible location to aid evacuation from the building in the event of a fire.
4. **Fire Prevention Plan:** A fire prevention plan, as required by 29 CFR 1910.39, must be in writing, be kept in the workplace, and be made available to employees for review. However, an employer with 10 or fewer employees may communicate the plan orally to employees.

D. Other safety and health requirements that apply:

1. **Utah Job Safety and Health poster:** this poster must be posted in the work place. The poster describes employer and employee responsibilities, discrimination, and inspection procedures under the Utah statutes [R614-1-7-B.1](#) .

2. **General safety:** in the interest of general safety Utah OSHA standards require that workplaces be maintained clean and free from clutter. Electrical equipment must be maintained in good working order. A floor plan should be posted that identifies exits and a meeting place outside the building in the event of an emergency evacuation.

3. **Latex allergies:** the National Institute for Occupational Safety and Health (NIOSH) reports that work- related allergic reactions to latex have increased in recent years, especially among health care and dental employees. Studies indicate that 8 to 12% of health care workers regularly exposed to latex are sensitized, compared with 1 to 6% of the general population. NIOSH recommends the following practices to help prevent latex allergies:

- a. if you choose latex gloves, use powder-free gloves with reduced protein content
- b. when wearing latex gloves, do not use oil-based hand creams or lotions unless they have been shown to reduce latex-related problems
- c. frequently clean work areas contaminated with latex dust: upholstery, carpets, ventilation ducts
- d. learn to recognize symptoms of latex allergy: skin rashes, hives, flushing, itching, nasal, eye, or sinus symptoms, asthma, and shock.
- e. if you develop symptoms of latex allergy, avoid direct contact with latex gloves and products until you can see a physician experienced in treating latex allergies
- f. if you have latex allergy consult your physician regarding avoiding contact with latex gloves and products, and avoiding areas where you might inhale powder from latex gloves worn by others.
- g. tell your employer and health care providers that you have latex allergy. Wear a medical alert bracelet.
- h. employers covered under this standard must provide and make accessible hypoallergenic gloves, glove liners, powder-free gloves, or other similar alternatives to those employees allergic to the type of gloves normally provided.

4. Ionizing Radiation (29 CFR 1910.1096)

This standard applies to facilities that have an x-ray machine and requires the following:

- a. survey of the types of radiation used in the facility, including x-rays
- b. restricted areas to limit employee exposures
- c. employees working in restricted areas must wear personal radiation monitors such as film badges or pocket dosimeters
- d. rooms and equipment may need to be labeled and equipped with caution signs

5. Exit Routes (29 CFR Subpart E 1910.35, 1910.36, 1910.37, and 1910.38 and 1910.39)

These standards include the requirements for providing safe and accessible building exits in case of fire or other emergency. It is important to become familiar with the full text of these standards because they provide details about signage and other issues. Utah OSHA consultation services (801-530-6855) can help or your insurance company or local fire/police service may be able to assist you. The basic responsibilities include:

- a. Exit routes sufficient for the number of employees in any occupied space
- b. A diagram of evacuation routes posted in a visible location.

6. Electrical (29 CFR Subpart S- Electrical 1910.301 to 29 CFR1910.399)

These standards address electrical safety requirements to safeguard employees. Utah OSHA electrical standards apply to electrical equipment and wiring in hazardous locations. If you use flammable gases, you may need special wiring and equipment installation. In addition to reading the full text of the Utah OSHA standard, you should check with your insurance company or local fire department, or request a Utah OSHA consultation (801-530-6855) for help.

7. Reporting Occupational Injuries and Illnesses (R614-1-5-C.1) - All serious accidents must be reported to UOSH within 8 hours of occurrence at (801)530-6901.

E. Contacts and references

- 1. Contacts:** Utah OSHA consultation services, 801-530-6855
www.uosh.utah.gov
www.osha.gov

- 2. References:**

- a. Occupational Exposure to Bloodborne Pathogens, *Title 29CFR 1910:1030, Federal Register 56(235): 64004-64182*, December 6, 1991
- b. Controlling Occupational Exposure to Bloodborne Pathogens in Dentistry, *U.S. Department of Labor, Occupational Safety and Health Administration, Publication 3129*, 1992
- c. Hazard Communication:, February 9, 1994
- d. *Title 29 CFR 1910.1200, Federal Register 59(6170)*
- e. Latex Allergy, *NIOSH Facts*, June, 1997 (<http://www.cdc.gov/niosh/latexfs.html>)

- 3. Suggestions:**

Please communicate suggestions to improve these guidelines to UOSH, 801-530-6494.

F. Sample list of *dental job tasks* that may cause exposure – This list is part of the exposure control plan.

Percutaneous or mucous membrane exposures to non-sterile sharps or splashes place dental staff at risk for bloodborne diseases such as HBV, HIV and HCV. A *sharp* is any object that can pierce the skin or mucous membranes, including blades, sharp-pointed objects like explorers, and dull pointed objects like round burs and periodontal probes. The majority of exposures in dentistry are preventable and avoiding occupational exposure to blood is the primary way to prevent transmission.

In a recent study, instruments most commonly involved in exposures were needle-sticks, followed by periodontal instruments, burs, endodontic instruments and surgical scalpels. The study also found that injuries occurred most commonly when cleaning up, followed by performing procedures, picking up instruments by the handful, using instruments under force, re-capping needles, and inserting needles into tissue.

This list is not all-inclusive. You will need to add or delete job tasks according to the work performed in your office. These are examples of tasks that many employee dentists, dental assistants, dental hygienists, dental laboratory technicians and other dental office personnel perform that expose them to biohazards of blood and OPIM:

Sample Dental Job Tasks	
Arch wire adjustments	Place, remove
Brush biopsies	
Cement	Remove excess
Crowns, stainless steel	Prepare, fit, cement
Crowns, temporary	Prepare, remove
curettage	
Extract tooth	
Hand pieces, high speed	Use intraorally
Handing instruments to others	
Local anesthesia	Administer, re-capping
Loose bands	Check
Matrix bands	Place, remove
Orthodontic bands	Prepare, place, cement, remove
Orthodontic attachments	Place, cement, remove
Periodontal dressings	Place, remove
Permanent, temporary crowns	cement
Permanent, temporary restorations	cement
Restorative materials	Deliver at chair-side, condense, carve, finish
Retraction cords	Place, remove
Root canals	drying
Rubber dams	Place, remove
Sanitize and disinfect instruments	
Scaling and root planing	
Socket dressings	Place, remove
Subgingival medicaments	place
Suction and spray of patient's mouth	
Sutures	Place, remove
Take impressions	
Temporary restorations	Place, remove
Wedges	Place, remove

G. Sample *Exposure Control Plan*

This sample is intended to serve employers as an easy-to-use format to draft a written **Exposure Control Plan (ECP)** as required by the OSHA Bloodborne Pathogens Standard. A main component of that standard is a written exposure control plan. Each employer needs to adapt the sample to their specific use. These guidelines are not a substitute for the OSHA Act or any OSHA standards. These are general guidelines on standard-related topics, but should not be considered definitive interpretations for compliance with OSHA requirements. You should consult the entire OSHA standard for specific compliance requirements. Here is a sample ECP.

1. Policy

The _____ (*practice name*) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030 *Occupational Exposure to Bloodborne Pathogens*. This ECP is a key document to assist our practice in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- a. determination of employee exposure
- b. implementation of various methods of exposure control, including:
- c. universal precautions
- d. engineering and work practice controls
- e. personal protective equipment
- f. housekeeping
- g. hepatitis B vaccination
- h. post-exposure evaluation and follow-up
- i. communication of hazards to employees and training
- j. recordkeeping
- k. evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in this ECP.

2. Program Administration

- a. _____ is the **responsible person** for the ECP in our office. He/she is located at _____ (address) and can be contacted at _____ (phone). The **responsible person** sees that the ECP is implemented, maintains, reviews, and updates the ECP at least annually, and whenever necessary will include new or modified tasks and procedures.
- b. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- c. *Responsible person* will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. *Responsible person* will ensure that adequate supplies of the PPE are available in the appropriate sizes.
- d. *Responsible person* is responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
- e. *Responsible person* is responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

3. Employee Exposure Determination

- a. This is a list of **all** job classifications in which **all** employees have occupational exposure:

Job Title (e.g. hygienist)

Job Location (e.g. operatory)

- b. This is a list of job classifications in which **some** employees have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals (see Appendix F, sample list of job tasks for exposure control plan).

Job Title (e.g. housekeeper)	Job Location (e.g. operatory)	Job Task (e.g. cleaning traps)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

4. Methods of Implementation and Control

a. **universal precautions** All employees will utilize universal precautions.

b. **exposure control plan** Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting *responsible person*. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. *Responsible person* reviews and updates the ECP annually or more frequently if necessary, to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

c. **engineering controls and work practices** Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below: *(e.g. sharps containers, needles)*

Sharps disposal containers are inspected and maintained or replaced by *responsible person* every _____ *(list frequency)* or whenever necessary to prevent overfilling. This office identifies the need for changes in engineering controls and work practices through _____ *(e.g. review of OSHA records, employee interviews, committee activities)*. We evaluate new procedures or new products regularly by _____ *(describe the process, literature reviewed, supplier info, products considered)*. Both front office workers and managers are involved in this process: _____ *(describe how employees will be involved)*. *Responsible person* will ensure effective implementation of these recommendations.

d. personal protective equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by *responsible person* in the use of the appropriate PPE for the tasks or procedures employees will perform. The types of PPE available to employees are as follows: _____ *(e.g. gloves, eye protection)*. PPE is located _____ *(list location)* and may be obtained through *responsible person*. Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available: _____. All employees using PPE must observe the following precautions:

1. wash hands immediately or as soon as feasible after removal of gloves or other PPE.
2. remove PPE after it becomes contaminated, and before leaving the work area.
3. used PPE may be disposed of in _____ *(list appropriate containers for storage, laundering, decontamination, or disposal.)* Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
4. utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
5. never wash or decontaminate disposable gloves for reuse.
6. wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM

pose a hazard to the eye, nose, or mouth.

7. remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: _____ (may refer to specific procedure and last date of review) (examples: how and where to decontaminate face shields, eye protection, resuscitation equipment).

e. housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharps disposal containers are handled as follows: _____ (may refer to specific procedure and last date of review)

Other regulated waste is handled as follows: _____ (may refer to specific procedure and last date of review)

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at _____ (must be easily accessible and as close as feasible to the immediate area where sharps are used).

Bins and pails (e.g. wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

5. Laundry

The following contaminated articles will be laundered by _____ (company). Laundering will be performed by _____ (person) at _____ (time, location). The following laundering requirements must be met:

- a. handle contaminated laundry as little as possible, with minimal agitation
- b. place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags marked with biohazard symbol) _____ for this purpose.
- c. wear the following PPE when handling and/or sorting contaminated laundry (list appropriate PPE)

6. Labels

The following labeling methods are used in this office:

Equipment to be Labeled

(e.g. specimens, contaminated laundry)

Label Type (e.g. size, color)

(e.g. red bags, biohazard labels)

Responsible person will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify him/her if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

7. Hepatitis B Vaccination

Responsible person will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within ten days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept by responsible person. Vaccination will be provided by _____ (name of medical professional) at _____ (location). Following the medical evaluation a copy of the health care

professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

8. Post-exposure Evaluation and Follow-up

Should an exposure incident occur, contact the *responsible person*. An immediately available confidential medical evaluation and follow-up will be conducted by (*medical professional*). Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- a. document the routes of exposure and how the exposure occurred.
- b. identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- c. obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- d. if the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- e. assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- f. after obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- g. if the employee does not give consent for HIV serological testing during collection of blood for baseline testing preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

9. Administration of Post-Exposure Evaluation and Follow-up

Responsible person ensures that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of the OSHA bloodborne pathogens standard. *Responsible person* ensures that the medical professional evaluating an employee after an exposure incident receives the following:

- a. a description of the employee's job duties relevant to the exposure incident route of exposure circumstances of exposure
- b. if possible, results of the source individual's blood test
- c. exposed employee medical records, including vaccination status *responsible person* provides the employee with a copy of the evaluating medical professional's written opinion within 15 days after completion of the evaluation.

10. Evaluating an Exposure Incident

Responsible person will review the circumstances of all exposure incidents to determine:

- a. engineering controls in use at the time
- b. work practices followed
- c. a description of the device being used (including type and brand)
- d. protective equipment or clothing that was used at the time of the exposure incident (e.g. *gloves, eye shields*) location of the incident (e.g. *operatory*)
- e. procedure being performed when the incident occurred employee's training

If it is determined that revisions need to be made *responsible person* will ensure that appropriate changes are made to this ECP. Changes may include an evaluation of safer devices, adding employees to the exposure determination list, and so on.

11. Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training conducted by *responsible person*. Attach a brief description of their qualifications. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following:

- a. copy and explanation of the standard

- b. explanation of our ECP and how to obtain a copy
- c. explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- d. explanation of the use and limitations of engineering controls, work practices, and PPE
- e. explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- f. explanation of the basis for PPE selection
- g. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- h. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- i. explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- j. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- k. explanation of the signs and labels and/or color coding required by the standard and used at this facility
- l. opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at this dental office.

12. Record-keeping

a. Training Records Training records are made for each employee upon completion of training. These documents will be kept for at least **three years** by *responsible person*. The training records include:

- 1. dates of the training sessions
- 2. contents or a summary of the training sessions
- 3. names and qualifications of persons conducting the training
- 4. names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to *responsible person*.

b. Medical Records *Confidential* medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." *Responsible person* maintains the required medical records at this dental office for at least the *duration of employment plus 30 years*. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be communicated to *responsible person*.

H. Sample *Hazard Communication Program*

This sample is provided only as guidelines to assist in complying with 29 CFR 1910.1200. It is not intended to supersede the requirements of 29 CFR 1910.1200. Employers should review the Hazard Communication Standard for particular requirements which are applicable to their workplaces.

1. Policy.

To ensure that information about the dangers of all hazardous chemicals used by (Practice name) are known by all affected employees, the following hazard communication program (HCP) has been established.

All work units of this company will participate in the HCP. This written program will be available in the (location) _____ for review by any interested employee.

2. Container Labeling.

_____ is the *responsible person* for the HCP in our office. He/She will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning and ensure the name and address of the manufacturer is listed on the label. Existing labels on incoming containers of hazardous chemicals will not be removed or defaced, unless the container is immediately marked with the required information.

The (*responsible person*) will ensure that all secondary containers are labeled with either an extra copy of the original manufacturers label or with labels that have the identity and the appropriate hazard warning. For help with labeling, see *responsible person*.

On the following individual stationary process containers, we are using (description of labeling system used, for example signs, placards, process sheets, batch tickets)

_____ rather than an affixed label on the container to convey the required information.

3. Material Safety Data Sheets (MSDSs)

The *responsible person* establishes and monitors the office MSDS program. He/she will make sure procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to affected employees. If the MSDS is not provided with the shipment the MSDS will be obtained from the manufacturer or importer as soon as possible.

Copies of MSDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in the office.

MSDSs will be readily available, with no barriers, to all employees during work. If an MSDS is not available, contact *responsible person*.

MSDSs will be readily available to employees in each work area as follows: (e.g., paper copies of MSDSs, electronic access, microfiche or other alternatives for maintaining MSDSs)

When MSDSs are revised, they will be updated with current ones and the out of date MSDSs will be maintained as an employee exposure record in accordance with 29 CFR 1910.1020.

4. Employee Training and Information

The *responsible person* implements and maintains the hazard communication program. He/she will ensure that all program elements specified below are carried out.

Prior to starting work, each new employee will attend a health and safety orientation that includes the following information and training:

- a. An overview of the requirements contained in the Hazard Communication Standard.
- b. The hazardous chemicals present at his/her work area.
- c. The physical and health hazards of the hazardous chemicals and potential risks.
- d. Symptoms of overexposure.
- e. How to determine the presence or release of hazardous chemicals in the work area (methods and observations, such as continuous monitoring devices, visual appearance or odor of chemical).
- f. How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment.
- g. Specific emergency procedures.
- h. Steps the company has taken to reduce or prevent exposure to hazardous chemicals.
- i. Procedures to follow if employees are overexposed to hazardous chemicals.
- j. How to read labels and MSDSs to obtain hazard information.
- k. Location of the MSDS file and written hazard communication program.
- l. Hazards of non-routine tasks (for example, the cleaning of tanks) and the hazards associated with chemicals contained in unlabeled pipes in their work area.

Prior to introducing a new chemical hazard into the office, each employee will be given information and training as outlined above for the new chemical hazard.

5. Informing other Employers

The *responsible person* will provide other employers with information about hazardous chemicals, as well as copies of MSDSs, to which their employees may be exposed to on a job site and suggested precautions for employees. The *responsible person* obtains information about hazardous chemicals used by other employers to which employees of this office may be exposed.

On-site access to MSDSs will be provided to other employers for each hazardous chemical in the office.

6. List of Hazardous Chemicals

Following is a list of all known hazardous chemicals used by our employees. This list includes the name of the chemical manufacturer, the work area the chemicals are used in, the dates of use, and the quantity used. Further information on each chemical may be obtained from the MSDSs which are located in the office.

HAZARDOUS CHEMICAL INVENTORY

Chemical
Manufacturer
Work Area
Start Date
Finish Date
Quantity

(Include here the chemical list developed during the inventory. Arrange this list so that you are able to cross-reference it with your MSDS file and the labels on your containers. Additional information such as the manufacturer's telephone number, an emergency number, scientific name, Chemical Abstract Service (CAS) number, the associated task, could be included and might be found useful to employees and the employer.)

When new chemicals are received, this list is updated (including date the chemicals were introduced), within 30 days of introduction into the workplace. To ensure that the chemical is added in a timely manner, the following procedures shall be followed: (State procedures to be followed). The hazardous chemical inventory was compiled and is maintained by *responsible person*.

7. HCP Availability

A copy of this HCP will be made available, upon request, to employees and their representatives.

Examples of required work practices in a dental office



One-handed technique for recapping needle



Employee washing hands after removing gloves

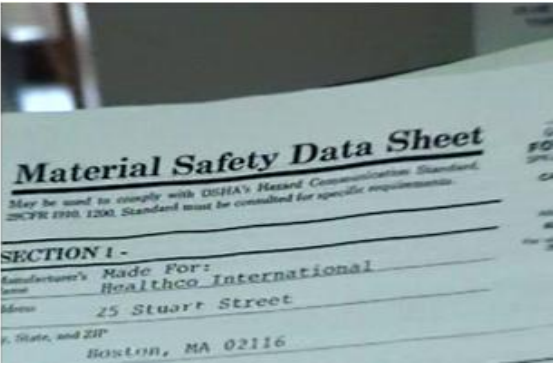


Wear safety glasses or other appropriate eye/face protection, such as goggles or face shields, to protect eyes and/or face.



Wear appropriate gloves such as latex, nitrile or utility gloves for hand protection.

Examples of other requirements in a dental office



Maintain MSDS for each hazardous chemical

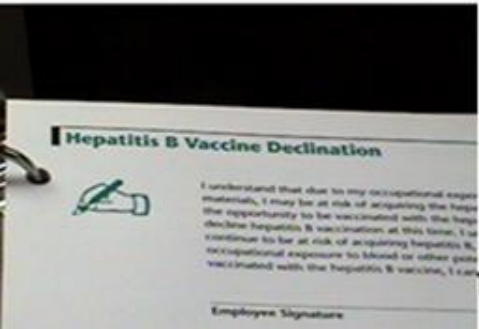


Readily accessible eye wash when working with corrosive chemicals

Sample elements of a bloodborne pathogen program (Exposure Control Plan)



Written Exposure Control Plan (ECP)



Hepatitis B declination Form



Post-exposure follow-up procedures

Examples of workpractices that may expose employees to safety and health hazards



Unlabeled container of alginate powder. Also use ventilation when handling powders to eliminate dust. Work station not designed properly to prevent ergonomic stressors.



Access to sharps container is limited due to improper storage of container beneath the sink and under other containers.



Unlabeled glutaraldehyde container.



Use utility gloves instead of examination gloves when handling sharps