

Mock OSHA Inspection:

PASS or FAIL?

Infection Control
OSHA
Dental Practice Act
HIPAA



May 15-19
San Francisco, CA



115th
ANNUAL
SESSION

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In the dental field since 1972, Leslie helps simplify complex regulations. She provides in office training, compliance audits, consulting, workshops, and mock inspections. For the 4th year in a row, she has been listed as a "Leader In Consulting" by Dentistry Today. She is authorized by the Department of Labor, The Academy of General Dentistry, and the California Dental Board to provide continuing education. Leslie is the founder of Leslie Canham and Associates.

Quick Guide to OSHA

- OSHA Training conducted annually and documented-Keep 3 years
- Hepatitis B vaccine offered to clinical employees within 10 ten days
- Documentation of immunity to Hepatitis B on file
- If employee declines Hepatitis B vaccine, signature on file
- OSHA manual up to date www.osha.gov/Publications/osha3186.pdf for Model Plans
- OSHA Poster present www.osha.gov/Publications/osha3165.pdf
- Copy of the Bloodborne Pathogen Standard available
- Employee record keeping and health forms on file-Keep duration of employment + 30 yrs
- Eye wash station working properly, cold water only
- Fire Extinguishers mounted on wall, currently charged
- Emergency exits marked and unobstructed
- Evacuation plans and protocols reviewed
OSHA eTools www.osha.gov/SLTC/etools/evacuation/evaluate.html
- First Aid Kit available for employees
- Hand Hygiene policies in place
- Exposure Incident Protocol current, reviewed annually (see over for sample Exposure Incident Protocol)
- Personal Protective Equipment (PPE) provided
 - Clinical Jacket
 - Protective Eyewear
 - Mask
 - Gloves-exam and utility
- Engineering Controls used -needle recapping devices, safer sharps evaluated
- Work Practice Controls employed to reduce risks when safely handling sharps
- Hazard Communication Standard- www.osha.gov/dsg/hazcom/HCSFactsheet.html
 - Inventory Hazardous Substances
 - Organize Safety Data Sheets (formerly called MSDS)
 - Label containers not identified chemical Label on all secondary containers
 - Employee training conducted on **NEW 2013 Hazard Communication Standard**
 - Instructions on handling hazardous substances, spills, disposal, & PPE
- Inspection of dental office for safe work conditions
- Ergonomic Plan to reduce incidents of muscular-skeletal injuries
- Sharps containers located as close as possible to where sharps are used, must be Spill proof Container, color Red or Orange-Red, puncture resistant, bio-hazard label
- Explanation of what labels, signs and symbols mean
- Online OSHA Training for Orthodontic Teams- Trapezio www.Trapezio.com**
- OSHA Website Resources for Dentistry - www.osha.gov/SLTC/dentistry/recognition.html**
- OSAP Best resource for Dental Office OSHA Compliance and Safety www.OSAP.org**



OSHA Training Documentation:

1. Injury and Illness Prevention Plan for the Dental Office
2. Dental Office Exposure Control Plan
3. Hazard Communication Plan
4. Employee Ergonomics Plan
5. Dental Office Fire and Emergency Plan
6. General Office Safety Plan
7. Medical Waste Disposal Plan
8. Airborne Pathogen Training

Name of Trainer: _____

Training Methods Used: _____

Date of Training: _____

Name of Employee: _____

Date of Hire/Assignment: _____

Job Title: _____

I, _____ hereby

(Employee Name)

certify that I have received training as described above. I understand this training and agree to comply with the Safe Practices Plan for my work area.

Employee Signature

Date

Employee Medical Recordkeeping Form

Name: _____ Social Security No: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Employment Start Date: _____ Termination Date: _____

Immunity & Vaccinations:

	Dates Administered	By Whom?	Copy of Bloodborne Pathogens Standard given to provider? Yes/ No
HBV Vaccine:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Anti-HBs test:	_____	_____	_____

() Declined vaccine. (See *Informed Refusal for HBV Vaccine* at bottom of page-Employee must sign)

() Vaccine unnecessary. Employee has no exposure potential.

History of Exposure Incidents:

Date & Brief Explanation	Checklist for Follow Up Completed? Yes/ No	Incident Report Completed? Yes/ No	Source Individual Tested? Yes/ No	Name of Source Individual
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Results of Medical Follow-Up Procedures for Exposure Incident:

Date	Refusal of Care or Testing	Written opinion of physician obtained? Yes/No	Care Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Employee Declines Hepatitis B Vaccination this Informed Refusal for Hepatitis B Vaccination Must Be Signed

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

Employee signature: _____ Date: _____

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EXPOSURE INCIDENT PROTOCOL

OSHA defines an *exposure incident* as a specific incident involving contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, other mucous membrane, non-intact skin, or parenteral under the skin (e.g. needlestick) that occurs during the performance of an employee's duties.

When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee.

- 1. Provide immediate care to the exposure site.**
 - Wash wounds and skin with soap and water.
 - Flush mucous membranes with water.
 - DO NOT RE-USE the instrument that caused the injury for patient care as it may have the employee's blood on it!
 - Employee must report incident immediately to supervisor/employer
- 2. Determine risk associated with exposure by**
 - Type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue).
 - Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure).
- 3. Evaluate exposure source**
 - Assess the risk of infection using available information.
 - The source individual (patient) must be asked if they know their Hepatitis B, Hepatitis C, or HIV status. If not known, will they consent to testing.
- 4. The exposed employee is referred as soon as possible * to a health care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.**
 - Note "ASAP*" because certain interventions that may be indicated must be initiated promptly to be effective.
 - The exposed employee may refuse any medical evaluation, testing, or follow-up recommendation. This refusal is documented.
- 5. Send all of the following with the exposed employee to the health care provider:**
 - A copy of the Bloodborne Pathogen Standard.
 - A description of the exposed employee's duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form)
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form).
 - All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual's HBV/HCV/HIV status, if known.
 - While not required by OSHA having the name, address and policy number of worker's compensation carrier is helpful for billing purposes.
- 6. Health Care Provider (HCP)**
 - Evaluates exposure incident.
 - Arranges for testing of employee and source individual (if status not already known).
 - Notifies employee of results of all testing.
 - Provides counseling and post-exposure prophylaxis.
 - Evaluates reported illnesses.
 - HCP sends written opinion to employer:
 - Documentation that employee was informed of evaluation results and the need for further follow-up.
 - Whether Hepatitis B vaccine is indicated and if vaccine was received.
- 7. Employer**
 - Receives HCP's written opinion.
 - Provides copy of HCP written opinion to employee (within 15 days of completed evaluation).
 - Documents events on
 - Employee Accident/Body Fluid Exposure and Follow- Up Form
 - Employee Medical Record Form.
 - Treat all blood test results for employee and source individual as *confidential*.

MOCK OSHA Inspection This checklist is not all inclusive, but it is a good starting point for what OSHA might look for during an inspection of your dental office.

- Do you have an OSHA manual?
- Is OSHA manual up to date?
- Does employer have employee medical records on all employees?
- Do medical records include documentation of Hepatitis B vaccination, immunity or declination of Hepatitis B vaccination?
- Have new clinical employees been offered the Hepatitis B vaccination within 10 days of employment?
- Are recordkeeping and health forms maintained duration of employment PLUS 30 years?
- Are new employees with risk of bloodborne pathogen exposure trained prior to assignment?
- Do you have a copy of the Bloodborne Pathogen Standard available?
- Do clinical employees receive annual bloodborne pathogen training?
- Does facility have documentation of above training records?
- Are employee work areas adequately lighted?
- Is there adequate ventilation in employee work areas?
- Are compressed gas containers securely fastened in an upright position?
- Are empty and unused compressed gas cylinders capped and properly labeled?
- Are all exits properly marked?
- Are there any doors that could be mistaken for an exit?
- Are the above doors properly marked?
- Are the exits and exit paths clear of obstruction, both inside and outside?
- Are all exit doors unlocked so emergency egress does not require keys?
- Have you reviewed emergency escape procedures and route assignments, such as floor plans, workplace maps, and safe or refuge areas?
- Are employees aware of the fire and emergency plan(s)?
- Do employees know the location of fire extinguishers and how to use them?
- Are all fire extinguishers currently charged and is an inspection tag present?
- Are fire extinguishers mounted at eye level?
- Does location of fire extinguisher need a sign?
- Have you conducted a fire drill?
- Is there an eyewash station?
- Is eyewash station in good working condition?
- Does eyewash station deliver cold water to avoid thermal injury to eyes?
- Does sign designate the location of eyewash station?
- Have employees been trained on how to use the eyewash station.
- Are all storage areas clean and orderly?
- Are articles stored on shelves stored so they can't fall on employees?
- Are areas under sinks and trash areas clean and orderly?
- Are machines and equipment in good working order with adequate safety guards?
- Are electrical cords in good condition?
- Have grounded outlets/cords been bypassed or modified?
- Are the circuit breakers properly marked?
- Do employees know where circuit breakers are and how to cut power?
- Is there a properly stocked first aid kit?
- Do employees know location of first aid kit?
- Are emergency phone numbers posted?
- Are there any trip and fall hazards?
- Are handrails present on stairs?

- Is the Safety Data Sheet (SDS) file being maintained correctly?
- Do you have an SDS for all hazardous chemicals including injectable pharmaceuticals ?
- Are all containers labeled so contents and hazards are properly identified?
- Have employees been trained on what labels, signs and symbols mean?
- Are labels on secondary containers readable?
- Is the Master List of Hazardous Chemicals set up and maintained?
- Are chemicals stored properly?
- Have chemical containers been inspected for leaks?
- Have employees been trained on your Hazard Communications plan?
- Do employees know where SDS information is located and understand how to read an SDS?
- Does the employer have a written Exposure Control plan?
- Is the exposure control plan current?
- Is the exposure control plan reviewed annually?
- Have all employees and tasks at risk of exposure been identified in the plan?
- Have all employees at risk been offered the Hepatitis B vaccinations?
- Have hand hygiene policies been reviewed?
- Are appropriate Personal Protective Equipment (PPE) provided at no charge to clinical employees?
- Does Personal Protective Equipment include: Clinical Jacket, Protective eyewear, surgical face masks, and Gloves-exam and utility?
- Is PPE provided in appropriate sizes and materials for employees?
- Are employees aware of the location of PPE?
- Is the laundry policy in compliance with OSHA requirements?
- Have employees received annual training on bloodborne pathogens and how to comply with the facility's plans to reduce the risk of infection?
- Does the training include modes of transmission of bloodborne pathogens and the symptoms of HIV and Hepatitis?
- Are employees aware of the concept of Standard Precautions?
- Have conducted an annual evaluation of engineered sharps? Is there documentation of the evaluation?
- Are Work Practice Controls employed to reduce risks when handling sharps?
- Are the employees aware of the office policy for an exposure incident?
- Does the exposure incident plan list the healthcare provider's phone number and address?
- Are all work areas orderly and easy to clean and disinfect?
- Are food or drink stored or consumed in areas where they could be contaminated?
- If required by your state, have employees received training on Aerosol Transmissible Diseases?
- Are all bio hazardous containers labeled?
- Are sharps disposed of at point-of-origin locations?
- Are any sharps containers over-filled?
- Do you have the licensed waste transporter receipts/manifests on file ?
- Have employees been trained on the office bio hazardous waste plan?
- Are appropriate disinfectants used for disinfecting surfaces?
- Are instruments sterilized or disinfected according to CDC and/or state requirements?
- Is biological monitoring performed weekly to ensure each autoclave or other mechanical sterilizers are functioning properly?
- Are the required state and federal employment posters and notices present?
- Is the OSHA poster present?
- Is there an Ergonomic plan to reduce incidents of muscular-skeletal injuries?