2024
OSHA eManual

HealthFirst
COMPLIANCE SOLUTIONS

10564 v002 11/2023

2024
PPP
V-1

OSHA
EASY-GUIDE

Follow these easy instructions to get the most out of your OSHA Manual. There are several pages in this OSHA Manual that require you to "fill-in-the-blanks." Turn to the pages marked below to fill-in the appropriate blanks on each page. *OSHA Inspectors will inspect these pages so be sure to complete them.*

There are **(2) important forms**:

1. **OSHA THINGS TO KNOW** Use this for a reference and handout during your Annual OSHA Employee Training.
2. **OSHA INSPECTION EASY ACCESS TO COMMON OSHA WRITTEN REQUIREMENTS** This is a reference page for OSHA INSPECTORS should you have an inspection. Inspectors will be able to navigate around this manual to find the page numbers of common regulations.

Also Needed:

1. **FREE OSHA POSTERS SHEET**
   Reference this sheet to sign onto web-links, then download and print your Federal & State required OSHA posters for free!
2. **OSHA WORK RELATED INJURY LOG / FORM 300- 300A**
   Post this in your office dwelling near other OSHA and Workplace Related Posters. Fill this log in if you have a work related injury, COVID-19 has been added to the exposure incident injury list. It needs to be sent into Centers for Disease Control at the end of the year if you have injuries listed. Post a fresh log each year. Section #6 of this OSHA Manual has master copies of this form. REPORT to OSHA within 24 hours: loss of an eye, in-patient hospitalization or amputation

Pages you will need to customize / Fill-in-the-blank:

Pg 4	**SAFETY POLICY STATEMENT** Get signatures of management and date this form.
Pg 14	**EMERGENCY EVACUATION / FIRE SAFETY** List # of Exit signs in Office; Place a copy of your Office Emergency Evacuation drawing behind pg 14.
Pg 15	**EMERGENCY & FIRST AID INSTRUCTIONS** Circle or fill-in-blank—who would be most likely to dial 911 in an emergency.
Pg 17	**EMERGENCY PROTOCOL LEADER** Fill in name or title of your Emergency Protocol Leader
Pg 22	**NATIONAL DISASTER & HOMELAND SECURITY PLAN** Check the box next to First Aid Kit and write in where yours is located • Check the box next to AED • Check the box next to H2O on site • Check where your employee phone #'s are stored • Write no other concerns for the last question.
Pg 41	**GENERAL RESPONSIBILITIES** Fill-in the official name of the practice on all 3 available lines.
Pg 44	**SAFETY DATA SHEETS (MSDS CONVERSION TO SDS)** *Top & Bottom blanks*: Fill in the official name of the practice here. *Middle Box*: Customize the center as follows: You must have (3) copies of your new SDS. Compile a working copy on-site; First, choose a paper copy, alphabetized in a 3 ring binder clearly marked with a contents page in the front • OR • Choose a digital copy, clearly marked and copied to all desktop computers • the 2nd will be a back-up copy; place it on the practice cloud server just in case there is a fire or a flood. The 3rd copy will need to be available for your employees 24/7 access; your on-site copy will comply if all of your employees have office access; if not then set up a free Google Gmail account and upload your digital copy to the Google Drive.
Pg 99-111	**INFECTION CONTROL PLAN** **Fill-in pages: 99-111 as they apply to your office** Be sure to fill in your office specifics here. Have a staff meeting to review this information with all team members for consistency in your policies. It is very important that you fill in these specifics as an OSHA Inspector will review these.
Pg 136	**INFECTION CONTROL PLAN TRAINING ACKNOWLEDGEMENT FORM** This is a Master Form. This form is optional for you to print and have each employee sign. If used, keep with your other OSHA Employee Required Forms.
Pg 137-138	**EMPLOYEE NON-COMPLIANCE CITATION** This is a master form. Use this when an employee does not follow the Infection Control Guidelines for your office. Get employees signature and keep in their employee file.
Pg 163	**BIO MEDICAL WASTE PLAN: GENERATOR INFO** Put in the Name, Address & approximate Commencement Date of start of your contract with current Biomedical Hazardous Waste Hauler.
Pg 166	**Fill in as follows:** **Biomedical Soft Waste:** Blood or Saliva Splattered or Saturated Items, Soft Tissue, Teeth or Bone. **Biomedical Sharps:** Soiled sharps to include needles, blades, files, ortho wires & brackets, burs and empty anesthetic carpules. **Pharmaceutical Waste:** Partially full anesthetic carpules, topical anesthetic container, fluoride varnish dish and brush, and expired meds will go into RX waste containers as required by law.
Pg 167-168	**STORAGE & CONTAINMENT of BMW** Fill-in the locations of the containers in your facility.
Pg 169-171	**Pg 169** Fill in where you keep your large waste hauler • what type of flooring is under it (carpet is not allowed) • write in the name of your hauler and check hauler or mail back. **Pg 170** write in the name of your current hauler • under contingency plan, write in the name of an additional Biomedical waste hauler as a back-up company, just in case your current hauler is not able to collect your waste. **Pg 171** write in the alternate Biomedical Waste hauler company you chose from the previous page.
Pg 172	**MULTIPLE OFFICE LOCATIONS** Write in the name, address & the Biomedical Waste Hauler that picks up for each location on this page.
Pg 177-216	**OSHA MASTER FORMS** (TAB #6) All of your master forms are located in this section.
Pg 214	(TN OSHA Required) **MAINTENANCE & REVIEW of ENGINEERING CONTROLS: Use these charts routinely as OSHA Inspectors will check that you are using/ adding Safety Medical Devices** (with employee input) & that you are maintaining your equipment to manufacture standards.
Pg 217-238	**BLOODBORNE PATHOGENS SECTION** There are no blanks to fill in here, but an inspector may ask to see this section
Pg 239-243	**STATE REQUIRED FORMS** Print your documents by going to https://www.healthfirst.com/mystateosha/ Use password: MYSTATEOSHA and print your state's required extra documents. Follow the instructions for each document, fill-in-the-blanks then place them in the STATE Documents section of this manual.
Pg 245-269	**CUSTOMIZABLE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN** Please customize this section to reflect your offices current BBP protocols. Be sure section reflects current BBP requirements. See your Annual OSHA Training Facility Report for correct, current BBP standards.
Pg 270-274	**CUSTOMIZABLE GHS COMMUNICATION PLAN CUSTOMIZABLE** Please customize this section to reflect your offices current GHS protocols. Be sure section reflects current GHS requirements. See your Annual OSHA Training Facility Report & GHS Guidebook for correct, current GHS standards.
Pg 275-293	**CUSTOMIZABLE PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT CHECKLIST** Please customize this section to reflect your offices current PPE protocols. Be sure this section reflects current PPE requirements. See your Annual OSHA Training Facility Report for correct, current PPE standards.
Pg 294-309	**CUSTOMIZABLE EMERGENCY ACTION PLAN** Please customize this section to reflect your offices Emergency Action Plans & Protocols. Be sure to review this section with your team. Then have all Emergency Action Leaders, sign the Training Certificate on page 310. Keep this on file in this manual.
CDC Tab	**CUSTOMIZABLE CDC INFECTION CONTROL GUIDELINES FOR THE DENTAL OFFICE SETTING.** Please customize this section to reflect your offices current Infection Control Practices to this current CDC Standard. Read pgs: 4-16 Fill-in pgs: 19-35
PPP Tab	**CUSTOMIZABLE PANDEMIC PREPAREDNESS PLAN** Please customize this section to reflect your offices policies for Pandemic Preparedness. Be sure to fill out all applicable check boxes & blanks that ask for customized answers. Most importantly, be sure to fill in the RESPIRATORY PROTECTION PLAN.

IMPORANT: OSHA Employee Documents must be saved for 3 consecutive years.

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DENTAL OFFICE / OSHA COMPLIANCE MANUAL

COMPREHENSIVE COMMUNICATION GUIDE

HealthFirst
COMPLIANCE SOLUTIONS

Disclaimer

The content is being provided only for educational and informational purposes. HealthFirst attempts to ensure that the content is accurate and obtained from reliable sources, but does not represent that it is error-free.

HealthFirst Compliance Solutions

941.587.2864

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SAFETY POLICY STATEMENT

The management at _____is committed to employee safety. Our safety program is designed to aid us in preventing accidents. While the responsibility for safety begins and ends with management, this responsibility is shared throughout the organization.

Every EMPLOYEE has the responsibility for enforcing and re-enforcing safety policies and for maintaining safe conditions and practices within his or her work area. We have assigned the office manager as the person to coordinate these efforts.

All employees are expected to fully accept responsibility for their work safety and for the safety of those with whom they work. Every employee in the company has the responsibility for observing safe work habits, TAKING ALL REQUIRED SAFETY TRAINING, MAKING SURE THEY FULLY UNDERSTAND AND CAN CARRY OUT ALL SAFETY PROCEDURES EXPECTED OF THEM, reporting any situation that could lead to an accident and recommending new ways to prevent injury.

In order for our program to be successful, we must all participate in our ongoing effort to prevent accidents. Always remember, when there is the possibility for one person to suffer an injury, we have a need to improve.
This policy, and our OSHA Compliance Manual is designed, written and updated to uphold the most current know protocols for Federal, State & County mandates, in accordance with OSHA and GHS law.

_____ _____

Date Doctor

_____ _____

Date Office Manager

1 EMPLOYEE SAFETY & HEALTH

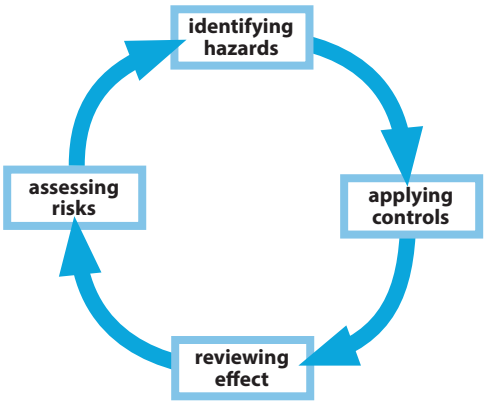
EXIT ROUTES STANDARDS (29 *CFR* SUBPART E 1910.35, 1910.36, 1910.37, 1910.38 AND 1910.39)

ELECTRICAL STANDARDS (SUBPART S - ELECTRICAL 29 *CFR* 1910.301 TO 1910.399)

IN THIS SECTION

A. SAFETY RULES

General Safety Rules (All Employees)



- Report all unsafe conditions to your supervisor.
- Promptly report all injuries to your supervisor, no matter how minor.
- Practice good housekeeping at all times.
- Follow the instructions on the "pictogram" / labels and in the corresponding Safety Data Sheets (MSDS / SDS) for each chemical product used in performing your job.
- "Horseplay" causes accidents and will not be tolerated.
- Use proper lifting techniques at all times and transfer devices as needed, one or more co-employees should assist with heavy or combative patents.
- Keep floors and aisles clean, dry and unobstructed at all times.

Infection Control

- Know, understand, and follow your facilities Bloodborne Pathogen policy. If you have any questions, contact your supervisor immediately. Disinfect all work surfaces with Federal Accepted Grade of Disinfectant for proper amount of time & Sterilize or discard of all used items from prior patient.
- All needle sticks must be reported to your supervisor immediately.
- Discard disposable needles or medical sharps into the containers labeled "Biohazard Sharps" only; do not reach into the containers when discarding the sharp items.
- Wash hands and other exposed skin surfaces on the arms and fore-arms using soap and water or the waterless cleaner immediately upon the removal of protective gloves.
- Wear all PPE: Eye & Face Protection (shields / mask), Gloves, Fluid Resistant Lab Coat / Long Sleeved, Feet covered fully.

KEY POINTS

- Safety is everyone's responsibility.
- As an employee, you are responsible to adhere to these safety rules.
- Always check with your supervisor when unsure about how to safely do your job.

B. PATIENT HANDLING

POLICY – Patient Handling Guidelines

- Never seat a patient until the Treatment Room is disinfected and has new sterile and disposable items ready for use.
- Always assume a sedated or recovering patient will fall. Keep them safe and comfortable.
- Advise the patient of what you will be doing, eliciting as much help from them as possible.
- Assist patient to sit up slowly, using chair lifts or other devices if possible.
- Have patient sit quietly for a few minutes before attempting to stand. Stay nearby in case patient becomes dizzy or lightheaded. If either occurs, he/she may need to lie down again for a short time.
- Once patient can sit for a short time, assist him/her to stand, staying in front of him/her with your feet spread at a comfortable space. Allow him/her to stand for a short time again watching for signs of dizziness or lightheadedness. If either occurs, have the patient sit down again and rest for several minutes.
- Assist the patient to walk to the waiting area or car if needed, keeping him/her on your dominant side (right if right handed). In most cases, the only support needed will be your arm under their hand. If necessary, get a co-worker to assist on the other side.
- When assisting a wheelchair bound patient, if no family members are present to do so, use the lift and pivot method keeping one foot between the patient's feet, the patient's arms around your shoulders and yours around their midsection. Always make sure the breaks are on, the path is clear and the foot supports are in the upright position.

In all cases, if a family member is available to assist the patient, have them do so, as soon as possible.

Special Circumstances When Personal Protective Equipment Use May Be Exempted:

Occasionally, situations may arise in which the use of personal protective equipment may not be possible. These emergency situations may be interpreted to mean extraordinary, unexpected events that threaten the life or safety of a patient or fellow worker.

It may be judged that the time required to use personal protective equipment is critical to saving the person's life. However, use of the exemption is meant to be limited in extent and time. Those practices associated with universal precautions that can be used without jeopardizing the victim's life are to be implemented whenever possible. Moreover, as soon as the situation changes as, for example, the patient's condition stabilizes; the employee is expected to implement use of full universal precautions.

The decision not to utilize personal protective equipment in such situations rests with the employee, not the employer. Employees must exercise their professional judgment in making such a decision, but they should be aware that they may be asked to explain the reasons for their course of action.

Saliva has been linked to Hepatitis B transmission. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices are to be kept in the office.

In case of emergency, each employee must be aware of his or her responsibility. One of the responsibilities is to contact the local hospital or rescue squad. The telephone number to call in case of an emergency is 911.

PLAN & REHEARSE EMERGENCY PROTOCOL AT WORK...

WILL CALL 911

GET EMERGENCY KITS

HELP PATIENT(S)

C. ERGONOMICS AND MATERIAL HANDLING

What are the Hazards?

The following actions and/or situations can cause back strains:

- Heavy lifting (more than 50 lbs.)
- Twisting and lifting at the same time
- Lifting objects that have odd shapes
- Reaching and lifting objects (Lifting overhead is unnatural)
- Bending and overexerting (Lifting from floor)
- Lifting items whose weights vary
- Sitting or standing too long in one position / Adjust Chair
- Repetitive lifting or motion

The Prevention Program

- Avoid or limit lifting tasks whenever possible.
- Use dollies for load weighing more than 30 lbs.
- Store material properly.
- Train and implement employee trainings

Training Tips

- Get a good grip on the load. Test the weight before trying to move it. If it is too bulky or heavy, use a dolly or ask someone for help or both.
- Keep the load close to the body. The closer the load is to the body, the less it affects the lower back. To do this, the arms should be close to the body and remain straight whenever possible. Flexing the elbows and raising the shoulders imposes unnecessary strain on the upper arm and chest muscles.
- A full-palm grip reduces local muscle stress in the arms and decreases the possibility that a load will slip. Handles or handholds are preferable because greasy surfaces often prevent a secure hold.

MATERIAL HANDLING – Struck By / Caught Between Hazards:

- Swinging doors
- Fire Hazards / Flammable Items
- Needle sticks due to improper disposal or patient contact
- Spills / Hazardous Chemical Spills / Wet Slip-n-Fall Areas / Electrical near Water
- Infectious Waste Handling & Disposal
- Storage items in stockrooms falling from shelving
- Cuts from protruding, sharp edges when handling equipment or paper
- Equipment falling off carts/ Clutter in Rooms & Halls
- Pinching of hands or arms from office copy/fax machines

MATERIAL HANDLING – Contact With / Contact By Hazards:

- Burns from handling heat sterilizer, bunsen burners, wax, etc
- Infectious diseases when in contact with bodily fluids
- Chemical reactions to cleaning or work solutions / follow GHS
- Electrical shocks from office equipment

CONTROLS:

- Safety Inspection Program + Supervision and Accountability + Use of PPE
- Training to increase awareness and prevent accidents
- Bloodborne Pathogens Safety
- Electrical, Wiring & Fire Safety
- Hazard Communication
- Respiratory Protection
- First Aid & CPR
- Infection Control
- Ionizing Radiation Safety

ELECTRICAL SAFETY

Moisture + Electricity must be safely managed

HEAT STERILIZERS / AUTOCLAVE

ULTRASONIC CLEANERS

- No overloaded circuits
- No extension cords should be used
- No frayed cords
- UL approved equipment
- Grounded plugs (3 prongs)
- Anywhere moisture is present a ground fault interrupter should be present

D. FIRE SAFETY PROGRAM

Sprinkler Evacuate

Fire Extinguisher Directions:

1. Pull Pin
2. Raise Handle
3. Press Lever
4. Direct Discharge at Base of Flame

Classes of Fire	Types of Fires	Picture Symbol
A	Wood, paper, cloth, trash & other ordinary materials.	
B	Gasoline, oil, paint and other flammable liquids.	
C	May be used on fires involving live electrical equipment without danger to the operator.	
D	Combustible metals and combustible metal alloys.	
K	Cooking media (Vegetable or Animal Oils and Fats)	

Fire Safety

When a fire is spotted, your first action is to set off an alarm or alert people accordingly. When the alarm goes off, call the fire department and evacuate quickly but calmly. Small fires less than the size of a wastebasket may be extinguished if not near compressed gases. (Take the Hazardous Chemical List outside and give it to the Fire Department when they arrive).

TYPE A Extinguisher 	For putting out burning wood, paper and trash. Classifications like 1-A, 2-A, 3-A indicate the higher the number, the bigger the area of fire to be extinguished.
TYPE B Extinguisher 	For flammable liquid and gas fires. This type smothers the oxygen.
TYPE C Extinguisher 	For electrical fires. Do not use water on electrical fires.
TYPE D Extinguisher 	Used for fires in combustible metals like zinc, magnesium, sodium, etc.
TYPE A B C Extinguisher 	For combination fires.

Dental facilities that use regulated chemicals must be concerned about fire because burning chemicals create toxic gases.

Common sense devices such as smoke detectors, alarms and fire extinguishers are part of your hazard communication program that protects our facility and our employees.

Flammable Liquids & Gases (oil, gasoline, kerosene, solvents) are a common fire hazard. Vapors become flammable when they mix with air and an ignition source. Flammable vapors are very dangerous.

IMPORTANT — When using **FLAMMABLE LIQUIDS/ GASES** in the workplace:

- Wear Proper PPE
- Use only in areas with plenty of ventilation
- Do not use near heat or fire
- Do not smoke around flammable liquids
- Do not use sparking tools in the area they are used or stored
- Store them in approved, tight metal containers
- Clean up leaks and spills immediately according to GHS Standards
- Remove clothing that has absorbed a flammable liquid
- Oxygen & Gas Cylinders to meet DOT Specifications
- Gas Cylinders securely chained or in a storage rack
- Call 911 at sign of Fire

EMERGENCY EVACUATION/FIRE SAFETY

_____

(Your Office Name Above)

Number of Exit Signs at this Facility: _____

— EMERGENCY EXIT PLAN —

POST YOUR OFFICE MEANS OF EGRESS EXIT DRAWING HERE

– OR –

SEE ATTACHED COPY

CLICK TO INSERT IMAGE HERE

EMERGENCY & FIRST AID INSTRUCTIONS

In all cases requiring emergency medical treatment, immediately call or have a co-employee call 911.

Emergency Phone Numbers

Our Safety Coordinator, **who is most likely to dial 911** in case of emergency is:

☐ Office Manager ☐ Receptionist(s) ☐ 1st Available Employee

☐ Other _____

Fire Department **911**

Police Department **911**

Ambulance **911**

Poison Control **911**

Administer First Aid to Patient or Co-Workers

Administer CPR to Patient or Co-Workers

Implement Emergency Response Program

Keep Infection Control when administering Emergency Responses

E. Natural Disasters & Homeland Security Alerts

What's ***Your*** Plan?….

Federal and local governments now require safety evacuation and shelter plans be in place and practiced for all employees to adhere to in the event that an emergency happens during work hours. Emergencies include, but are not limited to:

Natural Disasters

- Earthquake
- Fire or Wildfire
- Flood & Dam Failure
- Hurricane & High Wind
- Landslide
- Thunderstorm
- Tsunami
- Volcano
- Extreme Cold
- Extreme Heat

Man-made Disasters

- Bioterrorism
- Chemical Agents
- Pandemic Influenza and Diseases
- Radiation Emergencies
- Terrorism

The following information provides the basic emergency guidelines to protect you and your staff. You can plan for more specific emergencies that your office may be susceptible to by going to http://www.hhs.gov/disasters/discussion/planrespond/plan/index.html

Workplaces

If you are an employer, make sure your workplace has a building evacuation plan that is regularly practiced. Visit ReadyBusiness.com for more

information. Make an evacuation route and post it in your office in two places. One that is in open viewing for patients, the other in open viewing for employees. Site the closest exits and what to do in an emergency.

In our office the Emergency Protocol Leader (EPL) is:

_____.

Our leader will be in charge of calling emergency dispatch and coordinating efforts for safety in times of distress. Our **EPL** will know how to and turn off all water, gas and other utilities in times of an emergency. Our entire team agrees to follow our **EPL**'s recommendations and help to maintain calm and cooperation during these times.

Points to remember in times of Emergency:

- Take a critical look at your **heating, ventilation and air conditioning system** to determine if it is secure or if it could feasibly be upgraded to better filter potential contaminants, and be sure you know how to turn it off if you need to.
- Think about what to do if your employees **can't go home.**
- Make sure you have appropriate **supplies** on hand.
- Know the office plan to ***evacuate*** or ***stay put*****.**

For more information on working together, visit CitizenCorps.com

Deciding to Stay or Go

Depending on your circumstances and the nature of the attack, the first important decision is whether you stay put or get away. You should understand and plan for both possibilities. Use common sense and available information, including what you are learning here, to determine if there is immediate danger.

In any emergency, local authorities may or may not immediately be able to provide information on what is happening and what you should do. However, you should monitor TV or radio news reports for information or official instructions as they become available. If you're specifically told to evacuate or seek medical treatment, do so immediately. **Make sure to have a battery powered radio, TV or weather-band radio in your office, and extra batteries. This is mandatory for safety.**

Stay Put…

If you find yourself at work and you would rather be home, as we all would, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside.

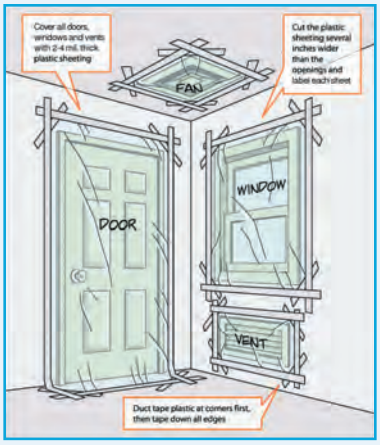
There are other circumstances when staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as "sealing the room," is a matter of survival. Use available information to assess the situation. If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to take this kind of action.

The process used to seal the room is considered a temporary protective measure to create a barrier between you and potentially contaminated air outside. It is a type of sheltering in place that requires preplanning.

To "Shelter in Place" and "Seal the Room"

- Bring employees and patients **inside.**
- Coordinate efforts to be resourceful and work together.
- **Lock** doors, **close** windows, air vents and fireplace dampers.
- **Turn off** fans, air conditioning and forced air heating systems.
- **Take your emergency supply kit** unless you have reason to believe it has been contaminated.
- **Go into an interior room** with few windows, if possible.
- **Seal** all windows, doors and air vents with plastic sheeting and duct tape. Consider measuring and cutting the sheeting in advance to save time.
- Be prepared to **improvise** and use what you have on hand to **seal gaps** so that you create a barrier between yourself and any contamination.
- Local authorities may not immediately be able to provide information on what is happening and what you should do. However, you should **watch TV, listen to the radio or check the Internet often for official news** and instructions as they become available.

Shelter-In-Place Diagram



- Cover all doors, windows and vents with 2-4 mil. thick plastic sheeting.
- Cut the plastic sheeting several inches wider than the openings and label each sheet.
- Duct tape plastic at corners first, then tape down all edges.
- Seal & protect internal space from dangerous or flammable gases

Learn how and when to turn off utilities:

If there is damage to your home or you are instructed to turn off your utilities:

- Locate the electric, gas and water shut-off valves.
- Keep necessary tools near gas and water shut-off valves.
- Teach team members how to turn off utilities.
- If you turn the gas off, a professional must turn it back on. Do not attempt to do this yourself.

Evacuating

There may be conditions under which you will decide to get away, or there may be situations when you are ordered to leave. Plan how you will assemble, contact and meet your family and anticipate where you will go. Choose several destinations in different directions so you have options in an emergency.

Create an evacuation plan:

- **Plan places** where employees will meet their families, both within and outside of your immediate neighborhood.
- If you have a car, keep at least a **half tank of gas** in it at all times in case you need to evacuate.
- Become familiar with **alternate routes** and other means of transportation out of your area.
- If you **do not have a car,** plan how you will leave if you have to.
- **Take your emergency supply kit** unless you have reason to believe it has been contaminated.
- **Lock** the doors of the office behind you.

  If time allows:
  - Call or email the "out-of-state" contact in your family communications plan. Tell them where you are going.
  - Tell co-workers where you will be going.
  - If there is damage to the office and you are instructed to do so, shut off water, gas and electricity before leaving.
  - Check with co-workers who may need a ride.

When preparing for a possible emergency situation, it's best to think first about the basics of survival: **fresh water, food, clean air** and **warmth.**

Recommended Items to Include in a Basic Emergency Supply Kit:

- **Water,** one gallon of water per person per day for at least three days, for drinking and sanitation
- **Food,** at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- **First aid kit**
- Whistle to signal for help
- **Dust mask,** to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Heavy Tape and Tarp to construct an in-place shelter" in need be.
- Local maps

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications for employees and additional glasses
- Important family documents such as copies of office insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Emergency reference material such as a first aid book
- Sleeping bag, warm blankets and pillows for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long-sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper — When diluted nine parts water to one-part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

- Fire Extinguisher
- Matches in a waterproof container
- Feminine supplies
- Personal hygiene items & wipes
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities

Schools and Daycare

If you are a parent, or guardian of an elderly or disabled adult, make sure schools and daycare providers have emergency response plans and your contact information at work.

- Ask how they will **communicate** with families during a crisis.
- Ask if they **store** adequate food, water and other basic supplies.
- Find out if they are **prepared** to "shelter-in-place" if need be, and where they plan to go if they must get away.
- Ask if they have these same procedures in place. Recommend us or a similar firm if they do not.

For more information on developing emergency preparedness plans for schools, please visit the U.S. Department of Education at http://www.ed.gov/emergencyplan.

In Conclusion

Emergency plans and drills may seem boring or logical but they do help prepare you to have forethought for times when the most unexpected occurs. Please take the time NOW, to assign each team member in your office specific tasks to carry out before and during emergency situations in your office.

OUR WRITTEN NATIONAL DISASTER & HOMELAND SECURITY ALERT PLAN

Our **Office Emergency Kit** consists of?

❑ Food Rations, water, bedding, needed medications for our staff, etc.

❑ Our First Aid Kit serves as our Office Emergency Kit and is located:_____

❑ Our AED is located: _____

❑ Our Oxygen is located: _____

❑ Other: _____

Our **Emergency Contact Phone Numbers** for each employees are located…

❑ In each Employees File which is secured by management

❑ In our computer software system

❑ Other: _____

(You can post one copy and distribute one to team. Keep on computer for easy updating) A HealthFirst Compliance trainer will contact your office with for periodic updates regarding this mandate.

Other Concerns in an Emergency…

❑ None at this time.

_____

_____

_____

_____

More Questions? Contact us:

941-587-2864

F. FIRST AID INSTRUCTIONS

EYE INJURY

- Small particles
  - Do not rub your eyes.
  - Use the corner of a soft, clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water. Use Eyewash Station
- Large or stuck particles
  - If a particle is stuck in the eye, do not attempt to remove it.
  - Cover both eyes with bandage.
- Chemical
  - Immediately irrigate the eyes and under the eyelids, with water, for 30 minutes.

NECK AND SPINE INJURY

- If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

HEAT EXHAUSTION

- Loosen the victim's tight clothing.
- Give the victim "sips" of cool water.
- Make the victim lie down in a cooler place with the feet raised.

WOUNDS

- Minor: Cuts, lacerations, abrasions, or punctures
  - Wash the wound using soap and water; rinse it well.
  - Cover the wound using clean dressing.
- Major: Large, deep, and bleeding
  - Wash the wound using soap and water; rinse it well.
  - Cover the wound using clean dressing, pressure or tunicate to stop bleeding.
  - Call 911 as necessary

BROKEN BONES

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard, or rolled newspaper as a splint.

BURNS

- Thermal (Heat)
  - Rinse the burned area, without scrubbing it, and immerse it in cold water. Do not use ice water.
  - Blot the area dry and cover it using sterile gauze or a clean cloth.
- Chemicals
  - Flush the exposed area with cool water immediately for 15 to 20 minutes.

FIRST AID KIT AT WORK...

CHECK & FRESHEN YOUR <u>EMERGENCY KIT</u> ANNUALLY

WHAT TO KEEP IN IT?

- ❑ ASPRIN
- ❑ ANTIHISTIMINE
- ❑ EPI-PEN
- ❑ RESUSCITATION DEVICE
- ❑ SUGAR ICING TUBE
- ❑ VARIOUS SIZE BANDAGES
- ❑ INFECTION OINTMENT
- ❑ FAINTING SALTS

G. ACCIDENT REPORTING PROCEDURE

1. Our first priority is the injured employee. Direct care for the injured employee to the physician or medical facility provided.
2. Safety Manager will complete a report on the incident. The pertinent information required is listed on the enclosed Notice of Injury Intake Form.
3. If after hours, leave message on voice mail for Safety Manager, with the employee's name, injury, and the name of the medical facility that provided medical treatment.

   We encourage employees to report all accidents immediately, regardless of how minor. Failure to do this may jeopardize their bene-fits under workers' compensation.
4. We will conduct an accident investigation within 24 hours. If assis-tance is needed, call a HealthFirst Compliance trainer for OSHA coaching. A copy of the investigation report will be kept in the employee's permanent record and sent to proper authorities.
5. The employee will not return to modified or regular duty without medical authorization.

GET SMART…GET A DEFIBRILATOR…

NOT EVERY STATE REQUIRES ONE,
BUT OSHA REQUIRES A SAFE WORKPLACE, AND…

IT IS THE AMERICAN DENTAL ASSOCIATION'S STANDARD-OF-CARE TO HAVE AN AED IN YOUR DENTAL WORK PLACE.

INVEST IN ***AED*** AND BE PREPARED TO SAVE A LIFE! IT COULD BE YOUR OWN!

NOTICE OF INJURY INTAKE FORM

Reported By: _____ Date: _____

Client Name: _____ Phone: _____

Injured Employee: _____ Home Phone: _____

Date of Injury: _____ Time of Injury: _____

Type and Extent of Injury (i.e., left arm, right leg, laceration, fracture, 2nd degree burn):

_____

_____

_____

How did injury occur? _____

_____

Job Site Name & Address: _____

_____

Medical Provider: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Employee Job Title: _____ Employee Work Schedule (Days & Hours):

Has the employee returned to work? ❑ Yes Date Returned: _____

❑ No Anticipated Return Date: _____

Will you provide light duty? ❑ Yes ❑ No Same Pay? ❑ Yes ❑ No

Witnesses, if any: _____ Comments:

_____

Signature: _____ Date: _____ Time: _____

REMEMBER TO REPORT/RECORD ALL INJURIES IMMEDIATELY OR WITHIN 24 HOURS

ACCIDENT INVESTIGATION REPORT

Employee Name: _____

Client Company: _____

Date of Accident: _____ Time of Accident: _____

Date Reported: _____

Job Site Name & Address: _____

Describe Accident: _____

_____

Witnesses: _____

_____

Type and Extent of Injury: _____

Medical Provider: _____

Has the employee returned to work? ❑ Yes ❑ No Date Returned: _____

Did employee violate any established safety rule? ❑ Yes ❑ No

If yes, explain: _____

Was there an equipment malfunction? ❑ Yes ❑ No

If yes, explain: _____

Was personal protection required? ❑ Yes ❑ No Was it worn? ❑ Yes ❑ No

What acts, failures to act, and/or conditions contributed most directly to this accident?

_____

_____

What are the reasons for the existence of these acts and/or conditions? _____

_____

_____

What is the plan of action to prevent recurrence? _____

_____

_____

Comments: _____

Investigated by: _____

Action Plan completed by: _____

H. Best Management Practices for Common Dental Office Wastes

Excerpt from HEALTHCARE ENVIRONMENTAL RESOURCE CENTER
https://www.hercenter.org/dentistwastes.php

- Regulatory Considerations
- Best Management Practices
- Dental Amalgam
- X-ray Fixer
- X-ray Developer
- Dental Film / Lead Foil
- Digital Dental Film
- Cleaners for X-ray Developer Systems
- Sterilizing and Disinfectants
- Ultrasonic Cleaners
- Expired Pharmaceuticals
- Universal Wastes
- Regulated Medical Waste
- Office Waste
- More Resources
- State Resources AK | AZ | CA | CT | HI | IL | IA | MA | MI | MN | NC | NJ | NY | OR | SC | TN | TX | VA | WA | WY

This fact sheet provides an overview of best management practices for handling and recycle/disposal of wastes commonly generated at dental offices. Some of these wastes are designated as hazardous wastes, and in some cases universal wastes. Such designations require that you follow special federal and state regulations for management of these materials. The best management practices presented here are to the best of our knowledge, consistent with the federal hazardous and universal waste regulations, however, these practices should be used in conjunction with an overall program that assures compliance with all applicable federal and state rules. To assist you in investigating and complying with the regulations, a short discussion on regulations with links to more detailed information has been included in this section.

Regulatory Considerations

The focus of this section is on best management practices for wastes that are commonly generated in dental offices. Some of these wastes are defined as hazardous waste under the Resource Conservation and Recovery Act (RCRA) and therefore require special attention.

Federal Hazardous Waste Regulations. From a regulatory standpoint, nearly all dental offices meet the RCRA definition of Conditionally-Exempt Small Quantity Generators (CESQGs), which are businesses who generate less than 100 kg of non-acute hazardous waste a month and less than 1 kg of acute hazardous waste a month. As such, the vast majority of dental offices are exempt from the federal hazardous waste regulations as long as they comply with three basic management requirements:

1. You must identify all hazardous waste that you generate.
2. You may not store more than 2,200 lbs (1,000 kg) of hazardous waste on site at any time.
3. You must ensure delivery of your hazardous waste to an off-site treatment, recovery or disposal facility.

For a detailed discussion of hazardous waste regulations, see HERC's Hazardous Waste section. You must follow State Guidelines for hazardous waste if restrictions are stricter.

State Hazardous Waste Regulations. It is very important to note that some states have additional requirements for CESQGs and several states do not recognize this category and therefore have fewer

exceptions from the rules. For example, some states require CESQGs to follow some or all of the requirements of "small quantity generators" (SQGs) such as obtaining an EPA identification number, or complying with storage standards. You can investigate your state requirements using the HERC Hazardous Waste State Locator. This locator will provide an overview of your state rules, specific information for CESQGs, links to guidance documents and a point of contact at your state environmental agency.

Universal Wastes. Certain types of hazardous wastes that are discussed in this section have been designated by EPA as universal wastes. The universal waste regulations streamline collection requirements for certain hazardous wastes in the following categories: batteries, pesticides, mercury-containing equipment (e.g., thermostats) and lamps (e.g., fluorescent bulbs). The universal rule is designed to reduce hazardous waste in the municipal solid waste stream by making it easier for businesses to collect these items and send them for recycling or proper disposal. For more information on universal waste regulations, see HERC's Universal Waste section.

State definitions and regulations relating to universal wastes often differ from the federal rules. Therefore, you are encouraged to check the page for your state on the HERC Universal Waste State Resource Locator for state-specific information.

Best Management Practices

The following provides an overview of best management practices and links to more detailed information for common dental office wastes. Be certain to check your state hazardous and universal waste rules to make sure that these practices do not violate state regulations.

Portions of the information in this section are drawn from several sources, including:

- ***A Guide for Dentists – How to Manage Waste Solid & Hazardous Waste,*** University of Wisconsin, Solid & Hazardous Waste Education Center (SHWEC).
- ***Dental, Medical and Veterinary Offices: Managing Your Hazardous Waste,*** California Department of Toxic Substances Control.
- ***Best Management Practices for Amalgam Waste,*** American Dental Association.

Dental Amalgam

Dental amalgam waste can be recycled to help prevent the release of mercury to the environment. Following the simple suggestions outlined in this document will help protect the environment. Concern about the effects of mercury in the environment has increased over the years. Mercury in the environment is bioaccumulative, which means that it can build up in fish and cause health problems in humans and other animals that eat fish. Many state health professionals recommend limiting fish consumption, especially for children and pregnant women.

Mercury is a naturally occurring metal; however, about half of the mercury released to the environment comes from human activity. Of that amount, 53% is emitted from combustion of Sources associated with fuels for energy production and 34% is from the combustion of waste. manufacturers and consumers make up the remaining 13%, with dentistry contributing less than one percent. Some mercury released into the air eventually collects in the waterways, where it enters the food chain. As a precautionary measure, U.S. regulators typically assume that all or most of the mercury released into the air or surface water may accumulate in fish. According to the EPA in 2000, metals (mainly due to the detection of mercury in fish tissue samples) were the second most common pollutant impairing 3.2 million acres of the 17.3 million acres of assessed lakes (the assessed lakes comprised 43% of the total lake acres).

Although mercury in the form of dental amalgam is stable, amalgam should not be disposed of in the garbage, infectious waste "red bag," or sharps container. Amalgam also should not be rinsed down the drain. **It is "best practices" to have an Amalgam Separator as part of our offices amalgam filtering practices. We abide by this doctrine, in accordance with our State Mandate regarding Amalgam Separators.**

These cautions are important because some communities incinerate municipal garbage, medical waste, and sludge from wastewater treatment plants. We understand if amalgam waste ends up in one of these incinerated waste streams, the mercury can be released to the environment due to the high temperatures used in the incineration process. Increasingly, local communities are enacting restrictions on the incineration of wastes containing mercury. The good news is that amalgam waste, kept separate from other waste, can be safely recycled. The mercury can be recovered from amalgam wastes through a distillation process and reused in new products. The ADA

Amalgam Waste

Amalgam Recycling Containers are required if your daily practice includes:

- Placing Amalgam Fillings
- Removing Amalgam Fillings
- Removing Teeth that have Amalgam Fillings

Place all Amalgam Scrap, Amalgam Capsules, Suction Traps—Filters & Screens into an Amalgam Recycling Container for proper processing, pick up, mail back.

strongly recommends recycling as a best management practice for dental offices.

The following information demonstrates how to manage and recycle dental amalgam waste to help protect the environment. Amalgam Recycling Containers are used where applicable at the facility.

Best Management Practices for Amalgam Waste

DO	DON'T
Do use precapsulated alloys and stock a variety of capsule sizes	***Don't*** use bulk mercury
Do recycle used disposable amalgam capsules	***Don't*** put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage
Do salvage, store and recycle non-contact amalgam (scrap amalgam)	***Don't*** put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
Do salvage (contact) amalgam pieces from restorations after removal and recycle the amalgam waste	***Don't*** put contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
Do use chair-side traps, vacuum pump filters and amalgam separators to retain amalgam and recycle their contents.	***Don't*** rinse devices containing amalgam over drains or sinks
Do recycle teeth that contain amalgam restorations. (Note: Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection)	***Don't*** dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage
Do manage amalgam waste through recycling as much as possible	***Don't*** flush amalgam waste down the drain or toilet
Do use line cleaners that minimize dissolution of amalgam	***Don't*** use bleach or chlorine-containing cleaners to flush wastewater lines

Source: American Dental Association

X-ray Fixer (if used)

Used X-ray fixer is a hazardous waste (RCRA waste code D011) because of its high silver content (the regulatory level is 5 mg/l silver, used fixer typically contains 3,000 to 8,000 mg/l of silver). As such, it cannot be sewered or disposed of as common solid waste.

There are three common ways of dealing with used fixer:

- dispose of it off-site as a hazardous waste,
- pay someone that operates a silver recovery unit to take your fixer
- use a silver recovery unit on-site.

From a regulatory standpoint, sending fixer off-site for recovery is significantly less burdensome than sending it to a disposal site. For starters, to send used fixer to a disposal site, you must contract with a registered hazardous waste transporter; whereas, a common carrier can be used to send silver-bearing materials to a recovery facility, such as a refiner. In general, under RCRA, if waste is destined for precious metals recovery then reduced standards apply. These materials are subject to administrative requirements only, including obtaining an EPA identification number, complying with recordkeeping requirements, using a manifest when shipping materials off site, and complying with land disposal restrictions notification requirements (40 CFR 261.6 Requirements for recyclable materials).

On-site silver recovery is a possibility, but, it is often the most expensive alternative. Most dental offices generate between 0.5 and 1.0 gal./month of used fixer. The cost of a silver recovery unit ($200 or more) to process this quantity, plus the operation and maintenance costs (typically $100 to $400/year) generally exceed the cost of having an outside service pick-up and process the waste (usually about $4/gal.).

If you use a silver recovery unit, the liquid that has run through the unit may be sewered if approved by your city/county wastewater treatment plant and the discharge meets your state and local standards (most state/local standards are between 0.1 ppm to 5.0 mg/l silver). To meet discharge standards, you may need to use two recovery units in series to be certain that most of the silver is recovered. Although recovering silver on-site can eliminate off-site shipping, in most states, hazardous waste rules still require you to report the fixer waste on your Hazardous Waste Annual Report and the Notification of Hazardous Waste Activity (if these rules apply).

For additional information and guidance, see EPA's publication: *RCRA in Focus — Photo Processing.*

Many dental offices are now avoiding the hassles and costs associated with used photographic fixer and associated wastes by installing digital imaging (dental radiographs) equipment. Digital imaging is a dry system; no liquid chemicals are used in taking and developing the image. Because digital imaging uses a laser and computer system, no waste is produced from the imaging process. Ultimately waste will include outdated electronics, video cards and possibly paper images, if they are printed. The American Dental Association website has various resources that describe this process. For starters, see Digital radiographs Imaging technology for the dental office. ADA also sponsors workshops covering this topic.

X-ray Developer (if used)

Developer solutions are typically not hazardous waste because of their low silver content (usually below the regulatory level of 5 mg/l silver) and lack of other constituents or characteristics that would make it hazardous waste. However, keep in mind that the burden of determining if your waste is hazardous is your responsibility and if there is any concern, then testing should be performed.

Waste developer should not be mixed with fixer, otherwise, the combined solution will most likely be a hazardous waste. Unfortunately, some development units mix the fixer and developer after they are spent, making the entire solution hazardous waste. In such cases, consider changing or modifying your equipment (you may be able to purchase an adapter kit to keep the fixer and developer separate).

In most areas, used waste developer can be sewered, although, you should check with your local wastewater treatment plant for any restrictions or guidance.

Unused developer typically cannot go down the drain because it contains 1 to 5% hydroquinone. Although unused developer is not hazardous under RCRA (either by listing or characteristic), many states and local governments restrict disposal of hydroquinone. This is not an issue with used developer since hydroquinone is consumed in the developing process.

Dental Film (if used)

Used x-ray film may contain sufficient amounts of silver to be a hazardous waste (film with large dark areas contains more silver than film with smaller dark areas). The silver on film can be reclaimed. Often reclamation companies that accept used fixer also often take x-ray film.

Lead Foil (if used)

Lead foil that shield X-ray film or protective lead shields should not be disposed of in the trash. These materials are hazardous waste (D008) unless

they are recycled for their scrap metal content. Studies suggest that a high percentage of dentists are presently recycling lead foil. Companies which recycle dental amalgam or fixer often also accept lead waste.

Digital Dental Film

Digital sensors and cords should be cared for per manufacturers instructions. Please call manufacturer or purchasing vendor for Training Instructions. Always use protective sheaths, recommended for your digital sensor during patient use. Disinfect & store digital sensor according to manufactures specifications. Sensor holders should be disposable or disinfected / sterilized per manufactures directions. Sensor holders are generally not categorized as a critical item. Usually, they are easier to bag and store in sterilizer bags until use.

Cleaners for X-ray Developer Systems

Many cleaners for X-ray developer systems contain chromium (or "chromate") and are hazardous waste (D007) when discarded. Also, some developer system cleaners meet the definition of corrosiveness or reactivity (contain oxidizing chemicals) and may need to be handled as hazardous waste when spent. The onus for such determinations is on the generator of the waste, so be certain to fully investigate these materials. One source of information is the Safety Data Sheet (MSDS / SDS). New SDSs contain more uniform information with regard to RCRA, you can determine if the product contains chromium and how to proceed with handling it.

As an alternative, it is easier and cheaper to use a system cleaner that does not contain chromium or other components that would cause it to be hazardous when spent. Often "environmentally safe cleaners" are as effective as the chromium-based products.

Sterilizing and Disinfectants

In a dental office, it is essential to be able to control infectious organisms. Sterilants and disinfectants are important tools for meeting that need. But because they are necessarily toxic to living organisms, sterilants and disinfectants must be handled carefully, and their associated wastes must be managed properly, to avoid causing unintentional harm as they fulfill their intended function.

Our office only uses FDA approved, Medical-Grade Disinfectants that are tuberculociden and appropriate for the management of COVID-19.

Ultrasonic Cleaners

These cleaners may be enzymatic, or contain alcohol, glutaraldehyde, or potassium hydroxide. The least toxic of these are the enzymes, although they may contain hazardous ingredients such as butoxy ethanol or

nonylphenol ethoxylates. After use these cleaners must be evaluated to determine if they are hazardous waste. They may be flammable or corrosive. Hazardous waste can be minimized by using enzymatic cleaners without butoxyethanol or other hazardous materials. Used cleaners will be disposed of in accordance with our State & County regulations.

Pharmaceuticals

All dental offices have some pharmaceutical materials in inventory. Any of these materials can enter the waste stream, and some must be managed as hazardous wastes. For information on this topic, see HERC's special section that deals with Pharmaceutical Wastes in Healthcare Facilities. We will utilize Pharmaceutical Waste Pick-Up Services as they are available to our office. This will ensure proper disposal of our-of-code medications. If they services are not available we will check with State and County to dispose of these out-of-code medications properly. Glass carpules that have residual anesthetic will be disposed of in an EPA approved Rx Waste container and disposed of according to State law and manufacturer's directions. Tracking of all pharmaceutical waste removal will be part of our protocols, either via purchasing receipts and/or disposal logs.

Biomedical Waste

This will include blood or saliva saturated items to be disposed of into an approved in an approved red bag or State approved mail-back BMW containment system.

Soiled sharps would be considered BMW and would need to be contained and processed via only approved sharps containers or mail-back / pour-n-cure containment systems in accordance with State and Federal acceptable guidelines.

Used Carpules will be disposed of in State & federally approved Rx Waste Containers.

Universal Wastes

EPA developed the universal waste rule as a way of streamlining the recycling efforts for businesses. Under this rule, a hazardous waste generator has the option of designating certain hazardous waste as universal waste, making them subject to less stringent environmental regulations. These wastes include, among others batteries, mercury-containing thermostats, and certain fluorescent lamps.

All handlers of universal waste, whether one fluorescent light bulb or a million fluorescent light bulbs, need to manage their universal waste in such a way as to prevent releases of the universal waste or component of the universal waste to the environment. For example, lamps, because

CARPULES DISPOSAL

Used Carpules will be disposed of in State & federally approved Rx Waste Containers.

they can easily break, must always be kept in containers or packages that are closed, structurally sound, adequate to prevent breakage, and compatible with the contents of the lamp.

For information on this topic, visit your local Waste Management website regarding Managing Universal wastes.

Regulated Medical Waste

Regulated medical waste (RMW), also known as 'biohazardous' waste or 'infectious medical' waste, is the portion of the waste stream that may be contaminated by blood, body fluids or other potentially infectious materials, thus posing a significant risk of transmitting infection.

RMW is unique to the healthcare sector and presents a number of compliance challenges. Unlike many regulations that apply to healthcare, most regulations governing medical waste are defined at a state, rather than a federal level. Adding yet a further level of complexity, authority for medical waste rules often comes from multiple agencies at the state level. HERC has prepared a detailed section covering Regulated Medical Waste, ***including state-specific rules, disposal options, and suggestions for reducing the volume of RMW generated.*** We will have the required Regulated Waste Certificate appropriate for our County and State. A copy will be posted with our other Professional Licenses within our office.

Office Waste

Although office waste is usually not hazardous, we wish to remind you that aluminum, glass, plastics, newspaper, corrugated paper, and office paper can be recycled through your trash hauler or recycling center. It is mandatory to do so under many state and local laws.

For more information, visit your local Waste Management website regarding Solid Waste Reduction.

More Resources

- National/Global Resources
- U.S. Environmental Protection Agency (EPA)
- State Mercury Medical/Dental Waste Programs
- American Dental Association (ADA)
- Best Management Practices for Amalgam Waste (American Dental Association (ADA).
- ADA "Best Management Practices for Amalgam Waste" Brochure (PDF)
- State Dental Associations

- Center for Disease Control (CDC)
- Naval Dental Research Institute (NDRI) Mercury Publications.
- Northeast Waste Management Official's Association (NEWMOA)
- Mercury Management Guidance for Dental Offices / Quicksilver Caucus
- Dental Mercury Amalgam Waste Management White Paper

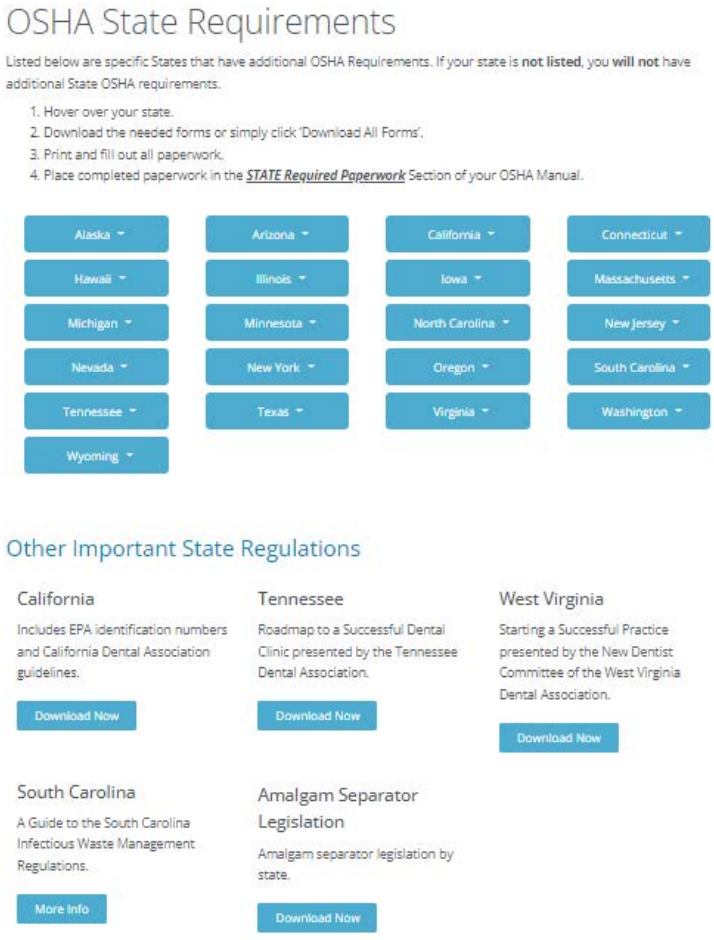
State Resources

Many States have additional OSHA mandates. Following Federal & State OSHA law is required. Here is a list of States that have additional OSHA compliance protocols for the dental office: (Please check the HealthFirst Compliance Solutions STATE OSHA Portal for the most up-to-date list): AK / AZ / CA / CT / HI / IL / IA / MA / MN / NC / NJ / NV / NY / OR / SC / TN / TX / WA / WV / WY

Access to the HealthFirst Compliance Solutions STATE OSHA Portal is prohibited and designed for our customers only. Do not share access to this portal as it will come with penalty. Please use it responsibly.

For the most recent State OSHA Requirements, go to https://www.healthfirst.com/mystateosha/

1. Enter MYSTATEOSHA
2. Check your specific State for current required forms.
3. Print these and place them in the STATE REQUIRED FORMS section of this manual.
4. Fill-out any forms that require customization



2 GHS HAZARD COMMUNICATION PROGRAM

HAZARD COMMUNICATION STANDARD (29 CFR 1910.1200)

IN THIS SECTION

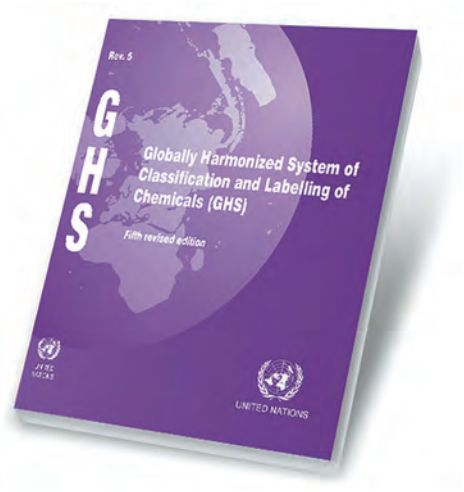
GHS HAZARD COMMUNICATION PROGRAM

INTRODUCTION

This written Hazard Communication Program was prepared for use to explain how you can meet the requirements of the Federal Occupational Safety and Health Administration's hazard communication standard (29 CFR 1910.1200) as well as the Right-to-Know Law if applicable in your state and Globally Harmonized System Federal Standards. It spells out how you will inventory chemicals in use, obtain and use Safety Data Sheets (SDS), maintain labels on chemical substances and train employees and contract work-ers about the hazards of chemicals they are likely to encounter on the job.

Preparation of this program indicates your continuing commitment to safety among each employee. Each supervisor is expected to follow this program and maintain his or her work area in accordance with the same. Employees, their designated representatives, and government officials must be provided copies of this program upon request. Asking to see this information is an employee's right. No one will be penalized in any way for asking to review it. Using this information is part of your commitment to a safe, healthy workplace.

A. GENERAL RESPONSIBILITIES



The purpose of this written GHS Hazard Communication Program is to explain how _____ meets the requirements of federal, state, and local rules on informing employees about the possible hazards of chemicals in the workplace.

The person with overall responsibility for hazard communication compliance may delegate on-site responsibility to a designee. In this facility, the designee is the OSHA Office Manager. For full GHS Standard visit: http://www.osha.gov/dsg/hazcom/ghs.html

B. LIST OF HAZARDOUS CHEMICALS

_____ will maintain a master list of all hazardous chemicals used. This list is called the Master Chemical List and is updated whenever new chemicals and their respective SDS / MSDS are received at the facility. This Master Chemical List is maintained in the front of our SDS Manual as well as on cloud-hosted versions and is available upon request. We will save our MSDS Manual for at least 30 years after converting to SDS.

A copy of the Master Chemical List is in the front of our SDS Manual and represents our written Hazard Communication Program. _____ also has prepared the Master Chemical Lists that name the hazardous chemicals used at this facility as applicable. No new hazardous chemical substances may be purchased or brought into this facility unless the OSHA Office Manager or his/her designate is informed in advance. We will also post new chemicals and SDS if required by our State.

C. MERCURY, LEAD & OTHER CHEMICALS

There are currently varying federal regulations for mercury-containing liquid waste pertaining to dental facilities. We understand and check frequently, that local jurisdiction may have more stringent requirements. Regulatory requirements may include: Sampling, Record Keeping, Use of a Silver Recovery Device, Special Waste Hauler for disposal of used Fixer & Developer (if used). We abide by our local chemical disposal laws. We understand that local authorities may ask our office to fill out a survey regarding the estimated waste that we are contributing to the environment. This is so they can make EPA test limits for mercury within wastewater treatment plants. If we receive a Mercury Survey

Form, we will contact the department that left the survey or our local dental society for assistance. We understand that we are bound to abide by local mercury disposal standards, these are listed within our State Guidelines. We check periodically with our local dental society or county to get updated requirements.

LEAD FOILS (if used)… Though dated, if intraoral film packets are still kept at this facility, we understand that they may be regarded as hazardous waste in our local capacity. If this requires recycling of the lead foils, we will log these recycling efforts. We will check with our intraoral film manufacturer or supply representatives who should have recycling program contact information.

List of Hazardous Chemicals

Description

Principal responsibility for determining whether a chemical is hazardous or a product contains hazardous chemicals lies with the manufacturer or supplier. New Globally Harmonized System Standards will be enforced and in place in our work facility by the required date of June 1, 2017. We will keep USA Hazard Communication system in place as a back-up system until all of our International SDS can be obtained and stored in (2) varying formats. We at this facility, refer to and rely on the information on the label / pictogram and/or the SDS. If there is any question about whether or not a chemical or product is potentially hazardous, it should be included in the hazard program.

In order to be in compliance with the Hazard Communication Standard / GHS, we take the following steps:

- Complete required training for GHS/ Hazard Communications, sign certification of training sheet, continually update and train on this information within this facility,
- Our GHS / OSHA Officer will check the products we use in this office against the list of dental products that contain hazardous chemicals. We supply a Master List at the front of our paper SDS file and retain a current Master list with our web or computer-based SDS library for all dental products we use at this facility.
- If we do not have an SDS, we research on-line and get one or request one from the manufacturer without delay and keep it within our paper and computer SDS files.
- OSHA / GHS requires that we develop our list of the hazardous chemicals used in our office. The information needed for our list will be taken from our SDS on file. Our completed list follows OSHA/GHS

requirements, and contains: the name of the chemical, manufacturer, active hazardous ingredient. This list is in alphabetical order and coordinates with the SDS product on file.

- For products that may contain a hazardous chemical, enter their names on the list of hazardous chemicals and record the date on which a letter requesting an SDS was sent. If the manufacturer replies that an SDS is not necessary, so indicate on the form.
- We add additional hazardous chemicals to our list as new SDS are received.

List of hazardous chemicals for this office – ***SAMPLE***
See our SDS Manual for our list

(Easiest way to compile a list is to request it from your Dental Suppliers)

This is only an example.

Generic Area	Product (Trade Name)	Company	Chemical
Alginate	Patterson Alginate	Patterson	Algi-Dust
Amalgam	Dispersalloy	Johnson & Johnson (J&J)	Mercury
Amalgam	Dispersalloy	J & J	Mercury
Boding	AdPer	3M ESPE	Monomercrolate
Cement	Modern Tenacin Cement Liquid	L.D. Caulk	Phosphoric Acid
Cement	Modern Tenacin Cement Powder	L.D. Caulk	Zinc Oxide
Impression Material	Imprint	3M	Vinyl Polysiloxane
Impression Material	Imprint	3M	Quartz Silica
Impression Material	Imprint	3M	Cobalt Pigment
Impression Material	Imprint	3M	Silane Copolymer
Impression Material	Imprint	3M	Hydrophilic Agent

Our Master Chemical List resides in the front of our MSDS & SDS Manuals.

D. SAFETY DATA SHEETS (MSDS conversion to SDS)

As part of _____compliance with the Hazard Communication Standard, our Office Manager or his/her designate maintains a library of Safety Data Sheets (SDS) for chemicals used in this facility. By June 2016, our SDS library will be set up in complete accordance with the OSHA Globally Harmonized System. MSDS will be converted to SDS Globally Harmonized System format. The SDS are readily available to all employees during all work shifts and employees are offered 24 hour access to our sheets. SDS sheets will be available for employees to view via:

- ❑ Paper Copy Available and all employees have key access to the office
- ❑ Digital copy on all desktop computers in the office and all employees have key access to the office
- ❑ Cloud off-site storage for back-up copy; Cloud Server or Name of service: _____
- ❑ Employees have 24/7 access to our SDS Cloud off-site storage located at :_____
- ❑ Supplier Website; Web Link Address is: _____

As per Federal law, copies of all SDS will be kept by this office for a period of thirty (30) years following the discontinued use of said chemical. The Office Manager or his/her designate is responsible for securing and adding to our library any new SDS.

The chemical will be added to the Master Chemical List and the appropriate Departmental Chemical Lists(s). The original MSDS or SDS will be stored for future reference and a copy of it returned to the section(s) where the chemical is used. There it will be filed with other MSDS / SDS for that section. The new SDS must be received prior to or at the time of receipt of the first shipment of any potentially hazardous chemical from a supplier. It is the policy of _____ to stop purchasing hazardous chemical products from any supplier that does not provide an appropriate SDS in a timely fashion. It is the dental office's responsibility to send in writing to the risk management team any hazardous chemical that they cannot receive a SDS on.

New training & certification for ***Globally Harmonized System*** will be in place by the required dates. Training will include How to read and locate (24 hour access) SDS, how to read Pictogram labels and compre-hension of the GHS doctrines.

SDS REQUEST FORM

(SDS are available on line via manufacturer and dental supplier.
Check with on-line before utilizing this form)

Date: _____

To: _____
_____
_____

From: _____
_____
_____

Dear_____ :

Our records indicate that we purchased the following materials from your company:

_____
_____
_____
_____

In accordance with the requirements of the Occupational Safety and Health Administration's hazard communication standard (29 CFR 1910.1200), and the new Globally Harmonized System laws, we are requesting that your provide us with a GHS/SDS Safety Data Sheet for each of the above materials as soon as possible. Additionally, should we purchase any new materials, we will need to have the GHS/SDS prior to or upon arrival at our location. From this date on, no materials will be allowed on our location if we do not have a current GHS/SDS for said materials.

Should you have any questions regarding the above, please contact the undersigned at

_____

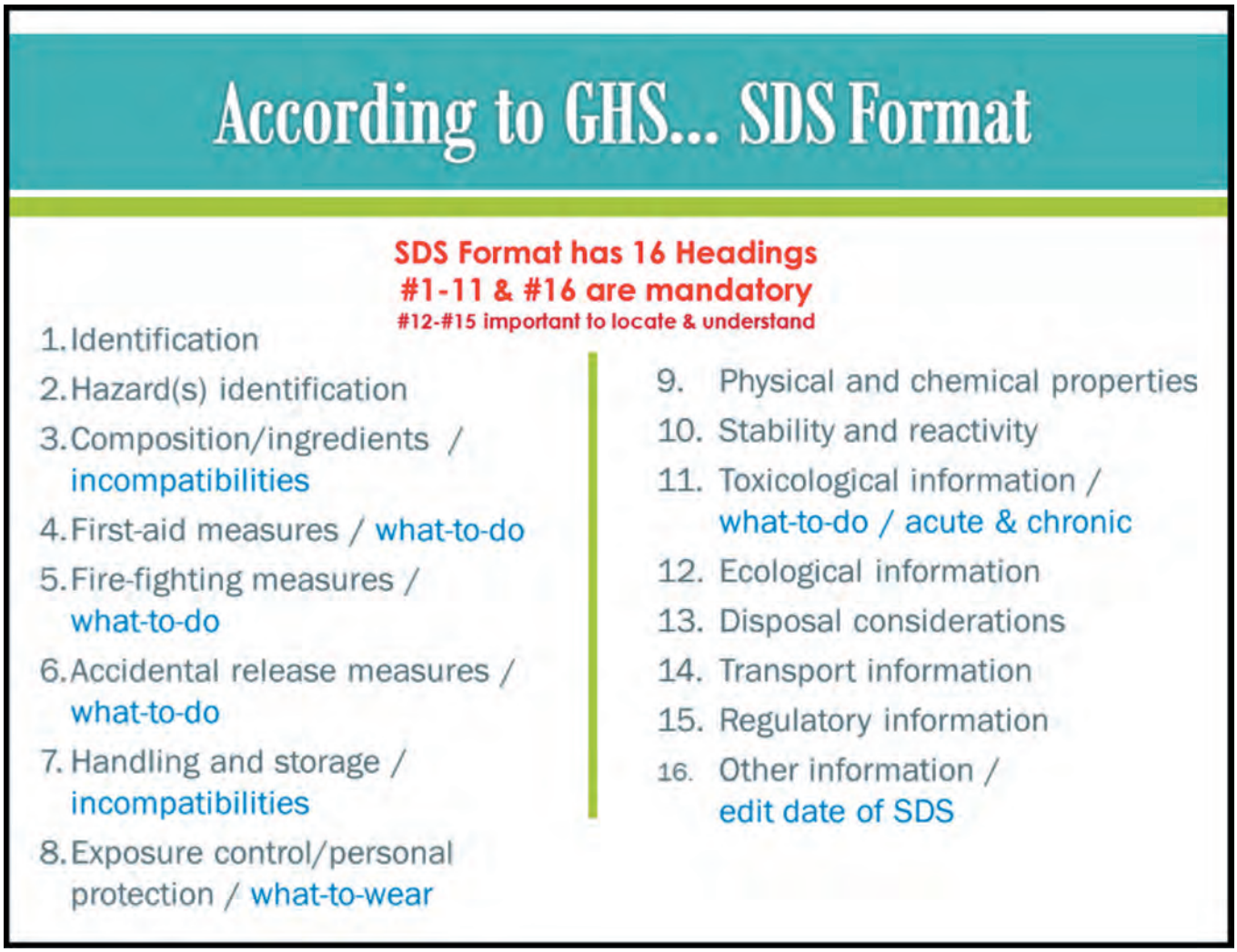
Thank you for your assistance with this matter.

Sincerely,

_____

P.S. We will have a copy of this letter on file for OSHA to review, should there be an inspection prior to receiving your SDS(s).

GHS / SDS SAFETY DATA SHEET REQUIRED FORMAT:



E. LABELING

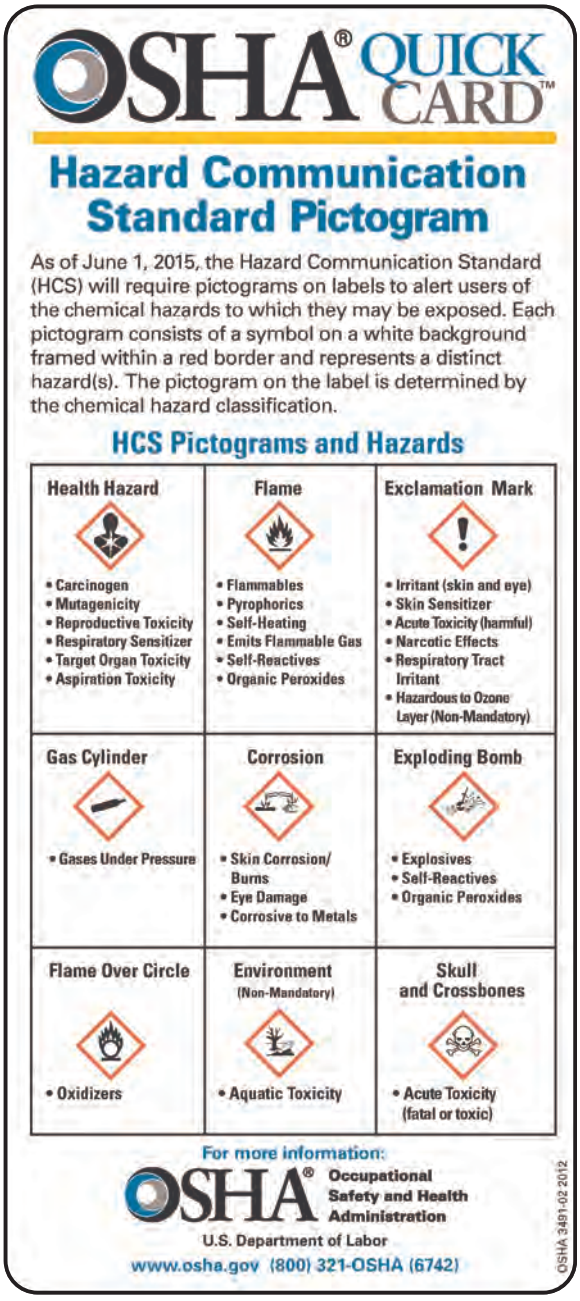
The Office Manager or his/her designate will ensure that all hazardous chemicals used in the facility have proper GHS / pictogram labels provided by the manufacturer. The manufacturer labeling is required to be in place fully by June 2016. Our prior labeling system will remain in place until this conversion time. This person also will verify that the identifying information and other data on the label correspond with the information on the SDS for that hazardous chemical. Pictogram labels will be put into place by our OSHA Manager should we use sub-containers from the original container.

Damaged labels or pictograms should be reported to the Office Manager or his/her designate immediately. This person will also approve all labels prepared for in-house use before they are used on sub-containers and check on a regular basis that all containers are labeled, have pictograms and are up-to-date. Also that all new hires are trained in reading pictograms.

Labels / pictograms on incoming containers of hazardous chemicals may not be removed or defaced unless a new label or pictogram representation with the required warnings are immediately attached to the container. However, containers into which an employee transfers a hazardous chemical for his or her own immediate use do not require labeling.

Labels, tags, or pictograms on containers will list at least:

1. The identity of the hazardous chemical(s) as listed on the SDS.
2. Appropriate hazard warnings word to help employees protect themselves from the hazards of the substance. (Danger or Warning)
3. Labels with pictograms need to originally be provided by chemical manufacturers, distributors, and importers, or other persons responsible for the chemical and from whom more information about the chemical can be obtained.
4. Our office will comply with the required New Training & Employee Certification for Globally Harmonized System changes and required dates. Training will include how to read Pictogram labels and comprehension of the GHS doctrines.



F. HAZARD COMMUNICATION TRAINING / GHS CERTIFICATION

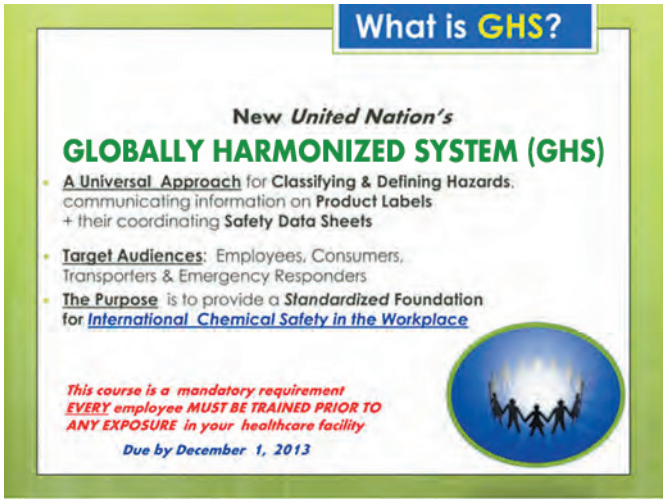
Every employee who works with or may be exposed to hazardous chemicals at our facility will be trained on the safe use of those substances and about the hazard communication standard in accordance with OSHA's ***Globally Harmonized System*** (OSHA/GHS). The initial training will be provided prior to the employee using any hazardous substance and/or within thirty (30) days of hire.

Additional training will be provided whenever a new hazard is introduced into the work area. Office manager or his/her designate will conduct supplementary training on a daily basis, as needed, as a way of reinforcing the importance of handling hazardous chemicals properly.

Formal training in OSHA / GHS will be conducted under the direction of the Office Manager or his/her designate. The Office Manager will also monitor and maintain records of employee training and will advise our team of additional training needs.

New training for ***Globally Harmonized System*** will be in place by the required dates.

Training will include How to read and locate (24 hour access) SDS, how to read Pictogram labels and comprehension of the GHS doctrines.



Training Materials

The training will consist of a live workshop, video and/or printed handouts (See Training Section for the applicable year at the end of this manual). All team members will have an opportunity to ask questions about the GHS regulations and sign a proof-of-training certificate.

GHS Hazard communication training will include:

- Requirements of the GHS hazard communication standard, the content and location of this written program, and where hazardous chemicals are located.
- How to detect the presence of hazardous chemicals, including appearance, odor, and use of monitoring devices. How to react in an emergency.
- Physical and health hazards of chemicals Normal vs. Hazardous state
- Information on how to protect from chemical hazard harm, including:

understanding the GHS laws, how to read the SDS, how to locate the SDS Library 24-hours, how to read the pictogram labels, the use of protective equipment, proper work practices, and emergency procedures.

- An explanation of the operation of the hazard communication program, including the meaning and use of pictogram labels and SDSs.
- Information about employee rights under the GHS hazard communication program and how to obtain and use appropriate and/or additional GHS hazard information.

HAZARD COMMUNICATION TRAINING

Safety Data Sheet (MSDS converted to SDS)

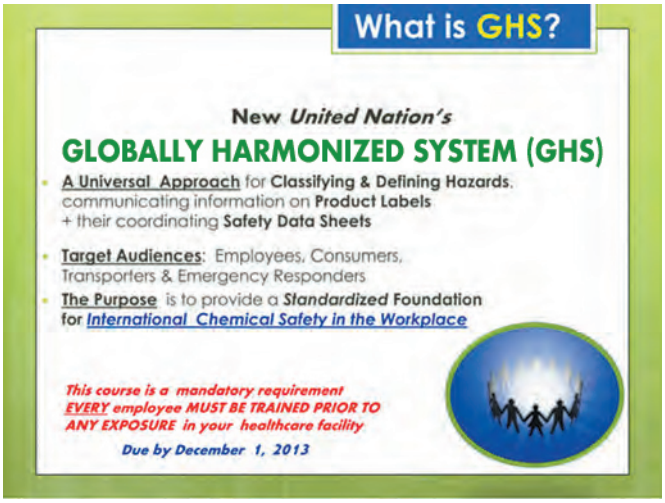
The Safety Data Sheet, (SDS formally MSDS), is one of the most important items in the workplace. It is designed to keep the employee safe and provide information on the hazards associated with the materials used on the job. The SDS will better protect you and your fellow employees when responding to emergency situations. The information supplied on it is a summarization of 16-standardized categories (used worldwide) that provide imperative data especially in an emergency. Not all information may pertain to your company, but the facts provided have at some time been vital in protecting an employee or a community.

Many materials can be hazardous. Salt, if not used in the correct amounts, can kill a person. You can drown in two inches of water. Just because a material can seriously harm you does not mean it must do so. 99% of all materials can be handled and used safely if we are well informed and take appropriate precautions.

The purpose of an SDS is to tell you:

- The material's physical properties or fast-acting health effect that make it dangerous to handle;
- The level of personal protective gear you need to wear;
- The first aid treatment to be provided when you are exposed to a hazard; and
- The pre-planning for safely handling spills, fires, and day-to-day operations.

GHS/ SDS was 10 years in the making and standardize SDS across USA, Europe & Canada. Here are the requirements for the new SDS format:



HAZARD COMMUNICATION TRAINING

What You Need to Know About The Materials You Use?

Normal Appearance and Odor

NEVER use a material that does not look and smell normal. Even a small difference could be seriously harmful.

Personal Protection

Before using any material, make sure that you have the proper protective equipment on and/or available. If a specific type of ventilation is required, make sure it is in use. If the needed equipment is not available, discuss this with your supervisor.

Health Hazards

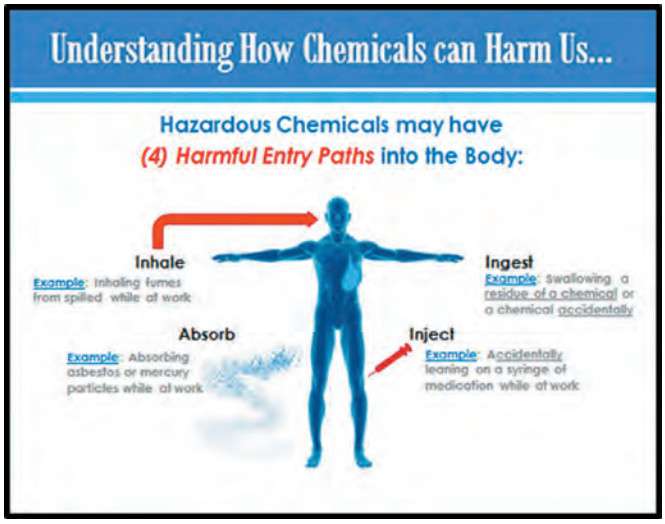
Know what the signs and symptoms of overexposure are and be alert for changes in your body.

First Aid

Be aware of the first aid for each of the possible adverse health effects not only for yourself, but also for co-workers.

Fire and Explosion Data

Know what type of extinguisher to use on the material and the decomposition of by-products, if any. Never attempt to put out a fire if you are not sure of the extinguishing media and any special precautions to be taken.



Spill and Leak Protection

When working with any material, know in advance what you are going to do should you have any unplanned release of material.

G. OUTSIDE TEMPORARY LABOR

Temporary labor staff shall be advised of all potential hazardous chemicals and be given information & training. Training may also be provided by the contractor to his or her employees.

All temporary labor agencies will be required to have a GHS hazardous materials program that meets or exceeds this policy and comply with same as required by both Federal and State statutes.

H. NON-ROUTINE TASKS

Office Manager, doctors, hygienists, dental assistant, receptionist, or any other employee planning a non-routine task, such as spill cleanup, repairs, or construction must consult the OSHA Office Manager or his/her designate. Those undertaking such activities along with the OSHA Office Manager or his/her designate will make sure that all employees are informed of chemical hazards associated with non-routine tasks and told how to protect themselves.

To facilitate this, the OSHA Office Manager or his/her designate, and the involved employees will meet to discuss and train on possible hazards before the non-routine work begins.

I. ADDITIONAL INFORMATION

For additional information on the GHS hazard communication program, chemical hazards, pictogram labels or Safety Data Sheets, contact your www.OSHA.gov.

GLOBALLY HARMONIZED SYSTEM GHS STANDARDS IN WHOLE
The Purple Book / Due in place by June 1, 2016

1.0 Background

The purpose of this document is to describe the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (GHS), why it was developed, and how it relates to the sound management of chemicals. The full official text of the system is available on the web.

1.1 What is the GHS?

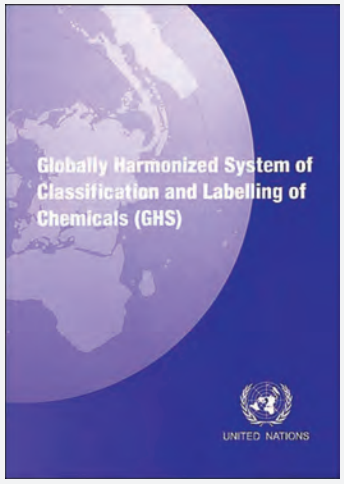
The GHS is an acronym for *The Globally Harmonized System of Classification and Labeling of Chemicals.* The GHS is a system for standardizing and harmonizing the classification and labeling of chemicals. It is a logical and comprehensive approach to:

- Defining health, physical and environmental hazards of chemicals;
- Creating classification processes that use available data on chemicals for comparison with the defined hazard criteria; and
- Communicating hazard information, as well as protective measures, on labels and Safety Data Sheets (SDS).

Many countries already have regulatory systems in place for these types of requirements. These systems may be similar in content and approach, but their differences are significant enough to require multiple classifications, labels and safety data sheets for the same product when marketed in different countries, or even in the same country when parts of the life cycle are covered by different regulatory authorities. This leads to inconsistent protection for those potentially exposed to the chemicals, as well as creating extensive regulatory burdens on companies producing chemicals. For example, in the United States (U.S.) there are requirements for classification and labeling of chemicals for the Consumer Product Safety Commission, the Department of Transportation, the Environmental Protection Agency, and the Occupational Safety and Health Administration.

FIGURE 1.1

GHS Document ("Purple Book")



The GHS itself is not a regulation or a standard. The GHS Document (referred to as "The Purple Book", shown in Figure 1.1) establishes agreed hazard classification and communication provisions with explanatory information on how to apply the system. The elements in the GHS supply a mechanism to meet the basic requirement of any hazard communication system, which is to decide if the chemical product produced and/or supplied is hazardous and to prepare a label and/or Safety Data Sheet as appropriate. Regulatory authorities in countries adopting the GHS will thus take the agreed criteria and provisions, and implement them through their own regulatory process and procedures rather than simply incorporating the text of the GHS into their national requirements. The GHS Document thus provides countries with the regulatory building blocks to develop or modify existing national programs that address classification of hazards and transmittal of information about those hazards and associated protective measures. This helps to ensure the safe use of chemicals as they move through the product life cycle from "cradle to grave."

1.2 Why was the GHS developed?

The production and use of chemicals is fundamental to all economies. The global chemical business is more than a $1.7 trillion per year enterprise. In the U.S., chemicals are more than a $450 billion business and exports are greater than $80 billion per year.

Chemicals directly or indirectly affect our lives and are essential to our food, our health, and our lifestyle. The widespread use of chemicals has resulted in the development of sector-specific regulations (transport, production, workplace, agriculture, trade, and consumer products). Having readily available information on the hazardous properties of chemicals, and recommended control measures, allows the production, transport, use and disposal of chemicals to be managed safely. Thus, human health and the environment are protected.

The sound management of chemicals should include systems through which chemical hazards are identified and communicated to all who are potentially exposed. These groups include workers, consumers, emergency responders and the public. It is important to know what chemicals are present and/or used, their hazards to human health and the environment, and the means to control them. A number of classification and labeling systems, each addressing specific use patterns and groups of chemicals, exist at the national, regional and international levels. The existing hazard classification and labeling systems address potential exposure to chemicals in all the types of use settings listed above.

While the existing laws and regulations are similar, they are different enough to require multiple labels for the same product both within the U.S. and in international trade and to require multiple safety data sheets for the same product in international trade. Several U.S. regulatory agencies and various countries have different requirements for hazard definitions as well as for information to be included on labels or material safety data sheets. The numerical values on the hazard index scale in the table are not to scale.

1.3 How was the GHS developed?

In conjunction with its Convention and Recommendation on Safety in the Use of Chemicals at Work, the International Labor Organization (ILO) studied the tasks required to achieve harmonization. The ILO concluded that there were four major existing systems that needed to be harmonized to achieve a global approach.

No international organization covers all aspects of chemical classification and labeling. A broad scope and extensive expertise and resources were required to develop a system. In order to proceed, several decisions were needed:

(a) what systems would be considered "major" and thus the basis for harmonization, and (b) how could the work be divided to get the best expertise for different aspects. Four existing systems (Figure #1.5) were deemed to be major and the primary basis for the GHS. While not considered major, requirements of other systems were examined as appropriate, and taken into account as proposals were developed.

A Coordinating Group for the Harmonization of Chemical Classification Systems (CG/HCCS) was created under the Inter-organization Program for the Sound Management of Chemicals (IOMC) and they were charged with coordinating and managing development of the system. The GC/HCCS worked on a consensus basis and included representatives from major stakeholders, including national governments, industry and workers. They created a set of guiding principles (Figure 1.6). The scope and guiding principles created a common framework for the organizations that were charged with developing the different elements of the system.

In order to get the best expertise and resources, the work was divided among three technical focal points. Figure 1.7 (on the next page) shows how the work was assigned to the three technical focal points and the overall responsibilities of the Coordinating Group itself. The UN Committee of Experts on Transport of Dangerous Goods was selected as the lead for work on physical hazards, in cooperation with the ILO. Based on their work in the testing guidelines and other chemical issues, the Organization for Economic Cooperation and Development (OECD) was

FIGURE 1.5

Existing Systems Included in the Harmonization Process

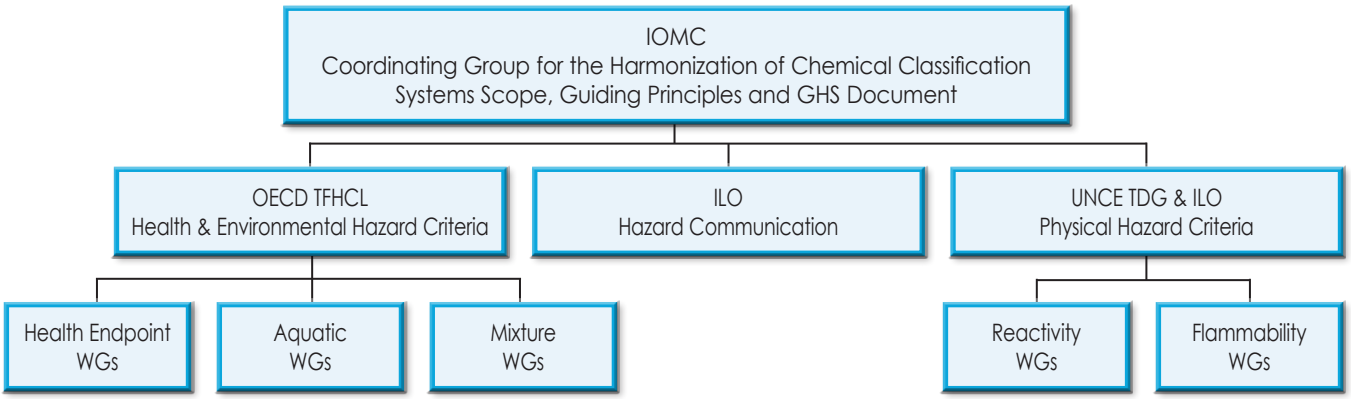
- UN Transport Recommendations
- U.S. Requirements for Workplace, Consumer and Pesticides
- European Union Dangerous Substance and Preparations Directives
- Canadian Requirements for Workplace, Consumers and Pesticides

FIGURE 1.6

Key Guiding Principles of the Harmonization Process

- Protection will not be reduced
- Will be based on intrinsic properties (hazards) of chemicals
- All types of chemicals will be covered
- All systems will have to be changed
- Involvement of all stakeholders should be ensured
- Comprehensibility must be addressed

FIGURE 1.7



selected for health/environmental hazards and mixtures. ILO has a long history in MSDS/labels, and was selected to be the lead in hazard communication. The OECD and ILO groups also included representatives from governments, industry and workers.

1.4 How will the GHS be maintained and updated?

In October 1999, the United Nations Economic and Social Council decided (resolution 1999/65) to enlarge the mandate of the Committee of Experts on the Transport of Dangerous Goods by reconfiguring it into a Committee of Experts on the Transport of Dangerous Goods and on the Globally Harmonized System of Classification and labeling of Chemicals (UNCETDG/GHS). At the same time, a new Sub-Committee of Experts on the Globally Harmonized System of Classification and labeling of Chemicals (GHS Sub-Committee) was also created.

When the IOMC completed developing the GHS, the system was presented to the UN GHS Sub-Committee, which formally adopted the system at its first session in December 2002. It was subsequently endorsed by the UNCETDG/GHS. The UN Economic and Social Council endorsed the GHS in July 2003.

The Sub-Committee of Experts on the Globally Harmonized System of Classification will:

- Act as custodian of the system, managing and giving direction to the harmonization process,
- Keep the system up-to-date, as necessary, considering the need to introduce changes or updates to ensure its continued relevance,
- Promote understanding and use of the system and encourage feedback,
- Make the system available for worldwide use,
- Make guidance available on the application of the system, and on the

interpretation and use of technical criteria to support consistency of application,

- Prepare work programs and submit recommendations to the UNCETDG/GHS.

1.5 When was GHS be implemented?

There is no international implementation schedule for the GHS. It is likely that different national systems/sectors will require different timeframes for GHS implementation. Existing systems will need to consider phase-in strategies for transition from their current requirements to the new GHS requirements.

Several international bodies have proposed implementation goals. The World Summit on Sustainable Development (WSSD) and the Intergovernmental Forum for Chemical Safety (IFCS) have encouraged countries to implement the new GHS as soon as possible with a view to having the system fully operational by 2008. The Ministers of the Asia-Pacific Economic Cooperation (APEC) have also said that as many APEC economies as possible should implement, on a voluntary basis, the GHS by 2006. Under the North American Free Trade Agreement (NAFTA), the Tri-national Occupational Safety and Health Group and the NAFTA Pesticides Technical Working Group are discussing the GHS.

Some of the major existing systems have begun discussions about GHS implementation and situational analyses comparing existing requirements to GHS requirements. Some countries are considering harmonization to the greatest extent possible between their national sectors.

1.6 What are the benefits?

The basic goal of hazard communication is to ensure that employers, employees and the public are provided with adequate, practical, reliable and comprehensible information on the hazards of chemicals, so that they can take effective preventive and protective measure for their health and safety. Thus, implementation of effective hazard communication provides benefits for **governments, companies, workers,** and **members of the public.**

The GHS has maximum value if it is accepted in all major regulatory systems for chemical hazard communication. The diversity of hazard definitions is shown in Figures 1.2 and 1.3. The array of domestic and global labels for one product is shown in Figures 4.1 to 4.7. In the USA implementation of the GHS would harmonize hazard definitions and label information among U.S. regulatory agencies (CPSC, DOT, EPA, OSHA, etc.). If the GHS is implemented globally, consistent information will be communicated on labels and SDSs.

It is anticipated that application of the GHS will:

- Enhance the protection of human health and the environment by providing an internationally comprehensible system,
- Provide a recognized framework to develop regulations for those countries without existing systems,
- Facilitate international trade in chemicals whose hazards have been identified on an international basis,
- Reduce the need for testing and evaluation against multiple classification systems.

The tangible benefits to **governments** are:

- Fewer chemical accidents and incidents,
- Lower health care costs,
- Improved protection of workers and the public from chemical hazards,
- Avoiding duplication of effort in creating national systems,
- Reduction in the costs of enforcement,
- Improved reputation on chemical issues, both domestically and internationally.

Benefits to **companies** include:

- A safer work environment and improved relations with employees,
- An increase in efficiency and reduced costs from compliance with hazard communication regulations,
- Application of expert systems resulting in maximizing expert resources and minimizing labor and costs,
- Facilitation of electronic transmission systems with international scope,
- Expanded use of training programs on health and safety,
- Reduced costs due to fewer accidents and illnesses,
- Improved corporate image and credibility.

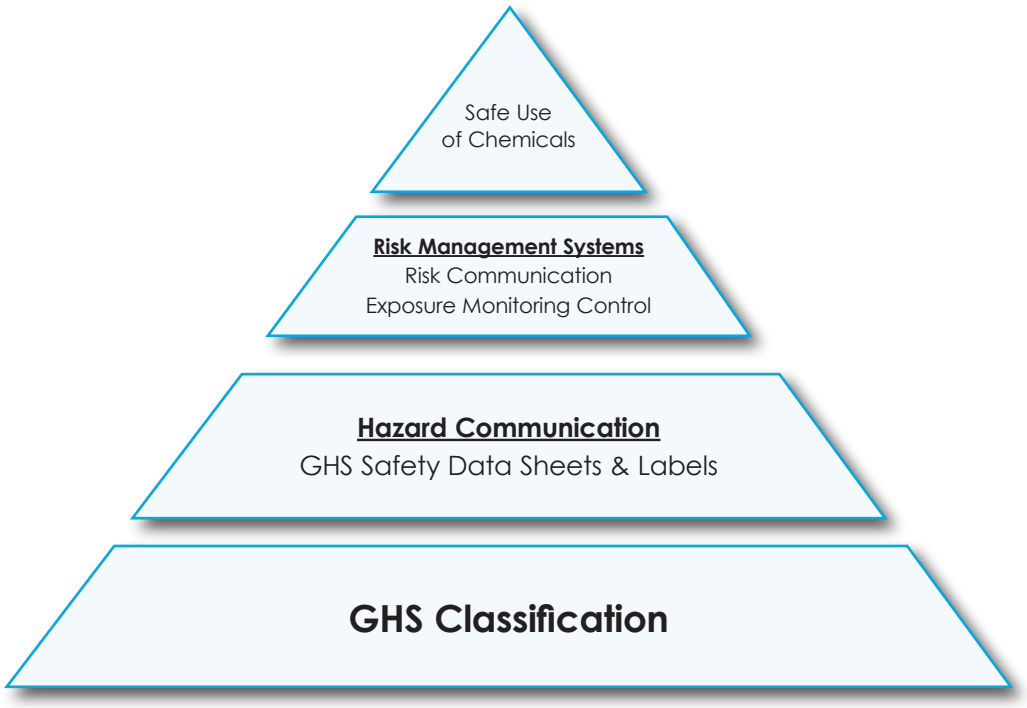
Benefits to **workers** and **members of the public** include:

- Improved safety for workers and others through consistent and simplified communications on chemical hazards and practices to follow for safe handling and use,
- Greater awareness of hazards, resulting in safer use of chemicals in the workplace and in the home.

2.0 How is the GHS to be applied?

The GHS Classification and Communication elements are the foundation of programs to ensure the safe use of chemicals, as shown in Figure 2.1. The first two steps in any program to ensure the safe use of chemicals are to identify intrinsic hazard(s) (i.e., classification) and then to communicate that information. The design of the GHS communication elements reflect the different needs of various target audiences, such as workers and consumers. To proceed further up the pyramid, some existing national programs also include risk management systems as part of an overall program on the sound management of chemicals. The general goal of these systems is to minimize exposure, resulting in reduced risk. The systems vary in focus and include activities such as establishing exposure limits, recommending exposure monitoring methods and creating engineering controls. However, the target audiences of such systems are generally limited to workplace settings. With or without formal risk management systems, the GHS is designed to promote the safe use of chemicals.

FIGURE 2.1



2.1 Are all chemicals covered by the GHS?

The GHS covers all hazardous chemicals. There are no complete exemptions from the scope of the GHS for a particular type of chemical or product. The term "chemical" is used broadly to include substances, products, mixtures, preparations, or any other terms that may be used by existing systems. The

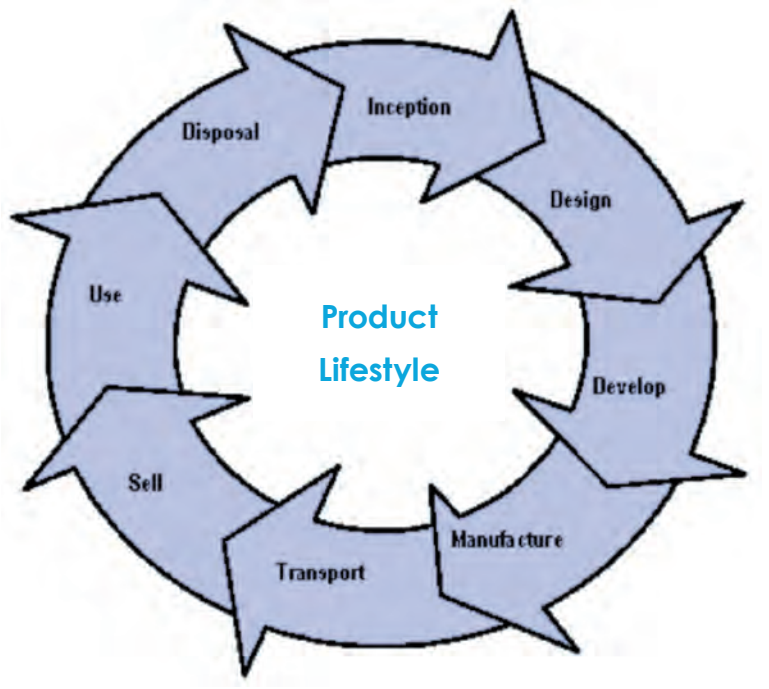
goal of the GHS is to identify the intrinsic hazards of chemical substances and mixtures and to convey hazard information about these hazards. The GHS is not intended to harmonize risk assessment procedures or risk management decisions, as described above.

"Articles" as defined in the OSHA Hazard Communication Standard (HCS) (29 CFR 1910.1200), or by similar definitions, are outside the scope of the GHS. Chemical inventory (e.g., TSCA, EINECS, etc.) and chemical control requirements in various countries are not harmonized by the GHS Classification in the GHS is criteria-based, not limiting coverage to a list that can become outdated. It is not anticipated that the GHS will develop or maintain an international classification authority or international classification list. Several countries currently maintain regulatory lists. GHS classification criteria can be used to reclassify chemicals on lists, if desired. Existing lists, such as those provide by organizations that evaluate cancer hazards, could be used in conjunction with the GHS to promote harmonization.

2.2 Will all hazardous chemicals require a GHS label and Safety Data Sheet?

The need for GHS labels and/or Safety Data Sheets is expected to vary by product category or stage in the chemical's lifecycle from research/production to end use. The sequence of lifecycle events is shown in Figure 2.2. For example, pharmaceuticals, food additives, cosmetics and pesticide residues in food will not be covered by the GHS at the point of consumption, but will be covered where workers may be exposed (workplaces), and in transport. Also, the medical use of human or veterinary pharmaceuticals are generally addressed in package inserts and is not part of existing hazard communication systems. Similarly, foods are generally not labeled under existing hazard communication systems. The exact requirements for labels and Safety Data Sheets will continue to be defined in national regulations. However, national requirements are expected to be consistent with the detailed discussion of scope provided in **Chapter 1.1 of the GHS document.**

FIGURE 2.2



2.3 How will the GHS impact existing regulations?

The GHS is a voluntary international system that imposes no binding

treaty obligations on countries. To the extent that countries adopt the GHS into their systems, the regulatory changes would be binding for covered industries. For countries with existing systems, it is expected that the GHS components will be applied within the framework/infrastructure of existing hazard communication regulatory schemes. For example, exceptions and exemptions found in existing regulations would not be expected to change (e.g., transportation of limited quantities).

However, the specific hazard criteria, classification processes, label elements and SDS requirements within an existing regulation will need to be modified to be consistent with the harmonized elements of the GHS. It is anticipated that **ALL** existing hazard communication systems will need to be changed in order to apply the GHS. For example, in the U.S. EPA and OSHA would be expected to require hazard pictograms/symbols on labels. Canada and the EU would be expected to adopt the GHS pictograms/symbols instead of those currently in use. The transport sector is expected to adopt the changed criteria (LD50/LC50) for the GHS Acute Toxicity Categories 1 - 3. OSHA HCS, WHMIS and the EU would all need to change their acute toxicity criteria.

Test data already generated for the classification of chemicals under existing systems should be accepted when classifying these chemicals under the GHS, thereby avoiding duplicative testing and the unnecessary use of test animals.

2.4 What is meant by GHS Building Blocks?

The GHS classification and communication requirements can be thought of as a collection of building blocks. In regulatory schemes, coverage and communication of hazards vary by the needs of target audiences/sectors. Accordingly, the GHS was designed to contain the hazard endpoints and communication tools necessary for application to known regulatory schemes. The GHS is structured so that the appropriate elements for classification and communication, which address the target audiences, can be selected.

The full range of harmonized elements is available to everyone, and should be used if a country or organization chooses to cover a certain effect when it adopts the GHS. The full range of these elements does not have to be adopted. Countries can determine which of the building blocks will be applied in different parts of their systems (consumer, workplace, transport, pesticides, etc.). For example, some options for implementing the GHS include:

- Not using a GHS class (e.g., cancer, hazardous to the aquatic environment, etc.);
- Not using a GHS category (normally at the beginning or end of a class, e.g., Acute Toxicity Cat. 5);

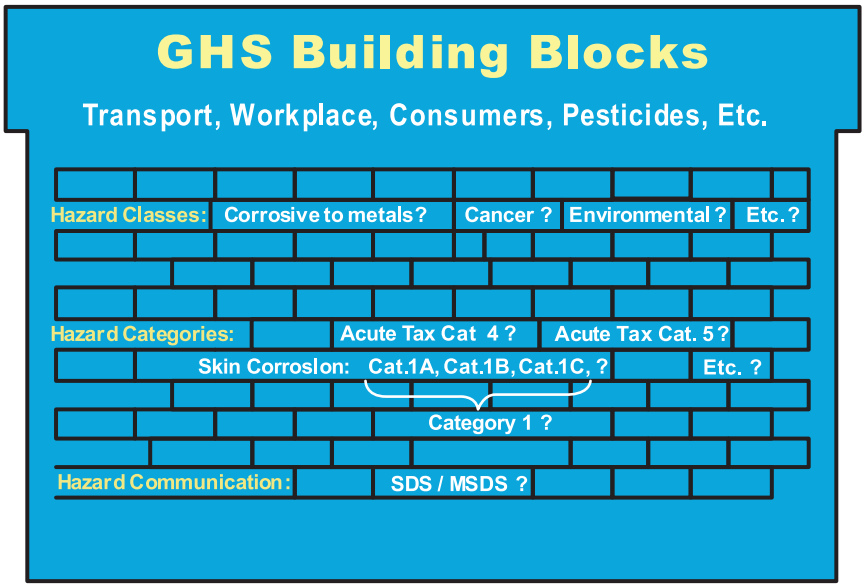
- Combining categories (e.g., Acute Toxicity Cat.# 1 and Cat.# 2; Skin Corrosion Cat.1A, 1B and 1C).

2.5 How should the GHS Building Blocks be applied?

Appropriate implementation of the GHS means that the hazards covered by a Competent Authority (CA) are covered consistently with the GHS criteria and requirements. The EPA, Health Canada and OSHA are examples of Competent Authorities. Competent Authorities will decide how to apply the various elements of the GHS based on the CA needs and the needs of target audiences.

When a regulatory scheme covers something that is in the GHS, and implements the GHS, that coverage should be consistent. Once an endpoint and subclasses are selected, as needed, the GHS classification criteria, assigned label elements and SDS provisions should be followed as specified in the GHS. If a regulatory system covers carcinogenicity, for example, it should follow the harmonized classification scheme, the harmonized label elements and, where appropriate, the SDS. Figure 2.3 shows some of the hazard endpoint/subcategory and hazard communication building block choices for the transport, workplace, consumer and pesticide sectors.

FIGURE 2.3



To gain a better understanding of the building block approach, it is helpful to look at the specific sectors/target audiences. The needs and regulations of the various sectors vary depending on the type of

chemical and use pattern. Different target audiences or sectors receive and use hazard information in different ways. The primary sectors/target audiences are transport, workplace, consumers and agriculture (pesticides). These sectors are described in more detail below.

2.5.1 Transport

For transport, it is expected that application of the GHS will be similar to application of current transport requirements.

- GHS physical, acute and environmental hazard criteria are expected to be adopted in the transport sector.
- Containers of dangerous goods will have pictograms that address acute toxicity, physical hazards, and environmental hazards.
- GHS hazard communication elements such as signal words, hazard statements and SDS are not expected to be adopted in the transport sector.

2.5.2 Workplace

In the workplace, it is expected that most of the GHS elements will be adopted, including;·

- GHS physical and health hazard criteria, as appropriate;
- Labels that have the harmonized core information under the GHS (signal words, hazard statements and symbols, etc.);
- Safety Data Sheets;
- Employee training to help ensure effective communication is also anticipated;

All workplace systems may not have the jurisdiction to adopt environmental hazards.

2.5.3 Consumer

For the consumer sector, it is expected that labels will be the primary focus of GHS application.·

- The appropriate GHS hazard criteria are expected to be adopted;
- These labels will include the core elements of the GHS (signal words, hazard statements and symbols, etc.), subject to some sector-specific considerations in certain systems (e.g., risk-based labeling).

2.5.4 Pesticides

For pesticides, it is expected that the GHS will be adopted.

- The appropriate GHS hazard criteria are expected to be adopted;

- Pesticide labels will include the core elements of the GHS (signal words, hazard statements and symbols, etc.), subject to some sector-specific considerations in certain systems.

2.6 How will the GHS impact countries without existing regulations?

Developing and maintaining a classification and labeling system is not a simple task. The GHS can be used as a tool for developing national regulations. It is expected that countries that do not have systems will adopt GHS as their basic scheme. The GHS provides the building blocks from which countries can construct chemical safety programs. Although the GHS will facilitate the process, many challenges exist in creating new regulations. For example:

- What is the appropriate legal framework for adopting/implementing the GHS?
- What government agencies should be involved? Are there ministries/agencies ready to implement and maintain the GHS?
- How will stakeholder cooperation and support for implementing the GHS be managed?

Work has begun in international organizations (e.g, UNITAR and ILO) under the guidance of the UN GHS Sub-Committee, to develop technical assistance for developing countries to write new regulations using the GHS elements. Guidance has been developed on how to implement a national GHS action plan. Additionally, pilot implementations have begun in a few countries. The opportunities and challenges learned from the pilot programs will be documented and are expected to facilitate future implementations.

3.0 What is Classification?

Classification is the starting point for hazard communication. It involves the identification of the hazard(s) of a chemical or mixture by assigning a category of hazard/danger using defined criteria. The GHS is designed to be consistent and transparent. It draws a clear distinction between classes and categories in order to allow for **"self classification."** For many hazards a decision tree approach (e.g., eye irritation) is provided in the GHS Document. For several hazards the GHS criteria are semi-quantitative or qualitative. Expert judgment may be required to interpret these data.

Figure 3.1 shows the harmonized definition for hazard classification, which can be applied to all hazard categories in the system.

The data used for classification may be obtained from tests, literature, and practical experience. The GHS health and environmental hazard

FIGURE 3.1

Hazard Classification

The term "hazard classification is used to indicate that only the intrinsic hazardous properties of substances and mixtures are considered and involves the following 3 steps:

A. Identification of relevant data regarding the hazards of a substance or mixture;

B. Subsequent review of those data to ascertain the hazards associated with the substance or mixture; and

C. A decision on whether the substance or mixture will be classified as a hazardous substance or mixture and the degree of hazard, where appropriate, by comparison of the data with agreed hazard classification criteria.

criteria/definitions are test method neutral. Accordingly, tests that determine hazardous properties conducted according to internationally recognized scientific principles can be used for purposes of hazard classification.

The GHS endpoints that cover physical, health and environmental hazards are listed in Figures 3.2 and 3.3, respectively. As mentioned earlier, the GHS hazard definitions are criteria-based. The following information provides an overview of the GHS definitions and classification criteria. It is recommended that the person responsible for GHS implementation consult the GHS Document or "Purple Book" for more complete information.

3.1 What are the GHS Physical Hazards?

The GHS physical hazards criteria, developed by the ILO and UNCETDG, were largely based on the existing criteria used by the UN Model Regulation on the Transport of Dangerous Goods. Therefore, many of the criteria are already being used on a worldwide basis. However, some additions and changes were necessary since the scope of the GHS includes all target audiences. The physical hazards classification process provides specific references to approved test methods and criteria for classification. The GHS physical hazard criteria apply to mixtures. It is assumed that mixtures will be tested for physical hazards.

In general, the GHS criteria for physical hazards are quantitative or semi-quantitative with multiple hazard levels within an endpoint. This is different from several of the existing systems that currently have qualitative criteria for various physical hazards (e.g., organic peroxide criteria under WHMIS and OSHA HCS). This could make classification under the GHS more consistent.

In developing GHS criteria for physical hazards it was necessary to define physical states. In the GHS,

- a **gas** is a substance or mixture which at 50°C has a vapor pressure greater than 300 kPa; or is completely gaseous at 20°C and a standard pressure of 101.3 kPa.
- a **liquid** is a substance or mixture that is not a gas and which has a melting point or initial melting point of 20°C or less at standard pressure of 101.3 kPa.
- a **solid** is a substance or mixture that does not meet the definitions of a liquid or a gas.

The GHS physical hazards are briefly described in Figure 3.2. For many of the physical hazards the GHS Document contains Guidance Sections with practical information to assist in applying the criteria.

FIGURE 3.2

Physical Hazard

- Explosives
- Flammable Gases
- Flammable Aerosols
- Oxidizing Gases
- Gases Under Pressure
- Flammable Liquids
- Flammable Solids
- Self-Reactive Substances
- Pyrophoric Liquids
- Pyrophoric Solids
- Self-Heating Substances
- Substances which, in contact
- with water emit flammable gases
- Oxidizing Liquids
- Oxidizing Solids
- Organic Peroxides
- Corrosive to Metals

3.1.1 Explosives

An explosive substance (or mixture) is a solid or liquid which is in itself capable by chemical reaction of producing gas at such a temperature and pressure and at such a speed as to cause damage to the surroundings. Pyrotechnic substances are included even when they do not evolve gases. A pyrotechnic substance (or mixture) is designed to produce an effect by heat, light, sound, gas or smoke or a combination of these as the result of non-detonative, self-sustaining, exothermic chemical reactions.

Classification as an explosive and allocation to a division is a three-step process:

- Ascertain if the material has explosive effects (Test Series 1);
- Acceptance procedure (Test Series 2 to 4);
- Assignment to one of six hazard divisions (Test Series 5 to 7).

EXPLOSIVES TABLE 3.1

Division	Characteristics
1.1	Mass explosion hazard
1.2	Projection hazard
1.3	Fire hazard or minor projection hazard
1.4	No significant hazard
1.5	Very insensitive substances with mass explosion hazard
1.6	Extremely insensitive articles with no mass explosion hazard

Explosive properties are associated with certain chemical groups that can react to give very rapid increases in temperature or pressure. The GHS provides a screening procedure that is aimed at identifying the presence of such reactive groups and the potential for rapid energy release. If the screening procedure identifies the substance or mixture to be a potential explosive, the acceptance procedure has to be performed.

Substances, mixtures and articles are assigned to one of six divisions, 1.1 to 1.6, depending on the type of hazard they present. See, *UN Manual of Tests and Criteria* Part I Test Series 2 to 7. Currently, only the transport sector uses six categories for explosives.

3.1.2 Flammable Gases

Flammable gas means a gas having a flammable range in air at 20°C and a standard pressure of 101.3 kPa. Substances and mixtures of this hazard class are assigned to one of two hazard categories on the basis of the outcome of the test or calculation method (ISO 10156:1996).

3.1.3 Flammable Aerosols

Aerosols are any gas compressed, liquefied or dissolved under pressure within a non-refillable container made of metal, glass or plastic, with or without a liquid, paste or powder. The container is fitted with a release device allowing the contents to be ejected as solid or liquid particles in suspension in a gas, as a foam, paste or powder or in a liquid or gaseous state.

Aerosols should be considered for classification as either a Category 1 or Category 2 Flammable Aerosol if they contain any component classified as flammable according to the GHS criteria for flammable liquids, flammable gases, or flammable solids. Classification is based on:

- Concentration of flammable components;
- Chemical heat of combustion (mainly for transport/storage);
- Results from the foam test (foam aerosols) (mainly for worker/consumer);
- Ignition distance test (spray aerosols) (mainly for worker/consumer);
- Enclosed space test (spray aerosols) (mainly for worker/consumer).

Aerosols are considered:

- Nonflammable, if the concentration of the flammable components < 1% and the heat of combustion is < 20 kJ/g.
- Extremely flammable, if the concentration of the flammable components >85% and the heat of combustion is > 30 kJ/g to avoid excessive testing.

See the *UN Manual of Tests and Criteria* for the test method.

3.1.4 Oxidizing Gases

Oxidizing gas means any gas which may, generally by providing oxygen, cause or contribute to the combustion of other material more than air does. Substances and mixtures of this hazard class are assigned to a single hazard category on the basis that, generally by providing oxygen, they cause or contribute to the combustion of other material more than air does. The test method is ISO 10156:1996. Currently, several workplace hazard communication systems cover oxidizers (solids, liquids, gases) as a class of chemicals.

3.1.5 Gases under Pressure

Gases under pressure are gases that are contained in a receptacle at a pressure not less than 280 Pa at 20°C or as a refrigerated liquid. This endpoint covers four types of gases or gaseous mixtures to address the effects of sudden release of pressure or freezing which may lead to serious damage to people, property, or the environment independent of other hazards the gases may pose.

For this group of gases, the following information is required:

- vapor pressure at 50°C;
- physical state at 20°C at standard ambient pressure;
- critical temperature.

Criteria that use the physical state or compressed gases will be a different classification basis for some workplace systems.

GASES UNDER PRESSURE

TABLE 3.2

Group	Criteria
Compressed gas	Entirely gaseous at -50°C
Liquefied gas	Partially liquid at temperatures > -50°C
Refrigerated liquefied gas	Partially liquid because of its low temperature
Dissolved gas	Dissolved in a liquid phase solvent

Data can be found in the literature, and calculated or determined by testing. Most pure gases are already classified in the UN Model Regulations. Gases are classified, according to their physical state when packaged, into one of four groups as shown in Table 3.2.

3.1.6 Flammable Liquids

Flammable liquid means a liquid having a flash point of not more than 93°C. Substances and mixtures of this hazard class are assigned to one of four hazard categories on the basis of the flash point and boiling point (See Table 3.3). Flash Point is determined by closed cup methods as provided in the GHS document, Chapter 2.5, paragraph 11.

FLAMMABLE LIQUIDS

TABLE 3.3

Category	Criteria
1	Flash point < 23°C and initial boiling point ≤ 35°C (95°F)
2	Flash point < 23°C and initial boiling point > 35°C (95°F)
3	Flash point ≥ 23°C and ≤ 60°C (140°F)
4	Flash point ≥ 60°C (140°F) and ≤ 93°C (200°F)

3.1.7 Flammable Solids

Flammable solids are solids that are readily combustible, or may cause or contribute to fire through friction. Readily combustible solids are powdered, granular, or pasty substances which are dangerous if they can be easily ignited by brief contact with an ignition source, such as a burning match, and if the flame spreads rapidly.

Substances and mixtures of this hazard class are assigned to one of two hazard categories (Table 3.4) on the basis of the outcome of the UN Test N.1 *(UN Manual of Tests and Criteria)*. The tests include burning time, burning rate and behavior of fire in a wetted zone of the test sample.

FLAMMABLE SOLIDS

TABLE 3.4

Category	Criteria
1	Metal Powders: burning time ≤ 5 minutes Others: wetted zone does not stop fire & burning time < 45 seconds or burning > 2.2 mm/second
2	Metal Powders: burning time > 5 and ≤ 10 minutes Others: wetted zone stop fire for at least 4 minutes & burning time < 45 seconds or burning rat > 2.2mm/second

3.1.8 Self-Reactive Substances

Self-reactive substances are thermally unstable liquids or solids liable to undergo a strongly exothermic thermal decomposition even without participation of oxygen (air). This definition excludes materials classified under the GHS as explosive, organic peroxides or as oxidizing. These materials may have similar properties, but such hazards are addressed in their specific endpoints. There are exceptions to the self-reactive classification for material: (i) with heat of decomposition <300 J/g or (ii) with self-accelerating decomposition temperature (SADT) > 75°C for a 50 kg package.

Substances and mixtures of this hazard class are assigned to one of the seven 'Types', A to G, on the basis of the outcome of the UN Test Series A to H *(UN Manual of Tests and Criteria)*. Currently, only the transport sector uses seven categories for self-reactive substances (Table 3.5).

SELF-REACTIVE SUBSTANCES

TABLE 3.5

Type	Criteria
A	Can detonate or deflagrate rapidly, as packaged.
B	Possess explosive properties and which, as packaged, neither detonates nor deflagrates, but is liable to undergo a thermal explosion in that package.
C	Possess explosive properties when the substance or mixture as package cannot detonate or deflagrate rapidly or undergo a thermal explosion.
D	• Detonates partially, does not deflagrate rapidly and shows no violent effect when heated under confinement; or • Does not detonate at all, deflagrates slowly and shows no violent effect when heated under confinement; or • Does not detonate or deflagrate at all and shows a medium effect when heated under confinement.
E	Neither detonates nor deflagrates at all and shows low or no effect when heated under confinement.
F	Neither detonates in the cavitated bubble state nor deflagrates at all and shows only a low or no effect when heated under confinement as well as low or no explosive power.
G	Neither detonates in the cavitated state nor deflagrates at all and shows non effect when heated under confinement nor any explosive power, provided that it is thermally stable (self-accelerating decomposition temperature is 60°C to 75°C for a 50 kg package), and, for liquid mixtures, a diluent having a boiling point not less than 150°C is used for desensitization.

Pyrophorics

3.1.9 Pyrophoric Liquids

A pyrophoric liquid is a liquid which, even in small quantities, is liable to ignite within five minutes after coming into contact with air. Substances and mixtures of this hazard class are assigned to a single hazard category on the basis of the outcome of the UN Test N.3 (UN Manual of Tests and Criteria).

3.1.10 Pyrophoric Solids

A pyrophoric solid is a solid which, even in small quantities, is liable to ignite within five minutes after coming into contact with air. Substances and mixtures of this hazard class are assigned to a single hazard category on the basis of the outcome of the UN Test N.2 (UN Manual of Tests and Criteria).

3.1.11 Self-Heating Substances

A self-heating substance is a solid or liquid, other than a pyrophoric substance, which, by reaction with air and without energy supply, is liable to self-heat. This endpoint differs from a pyrophoric substance in that it will ignite only when in large amounts (kilograms) and after long periods of time (hours or days). Substances and mixtures of this hazard class are assigned to one of two hazard categories on the basis of the outcome of the UN Test N.4 (UN Manual of Tests and Criteria).

3.1.12 Substances which on Contact with Water Emit Flammable Gases

Substances that, in contact with water, emit flammable gases are solids or liquids which, by interaction with water, are liable to become spontaneously flammable or to give off flammable gases in dangerous quantities. Substances and mixtures of this hazard class are assigned to one of three hazard categories on the basis of test results (UN Test N.5 UN Manual of Tests and Criteria) which measure gas evolution and speed of evolution.

SUBSTANCES WHICH ON CONTACT WITH WATER EMIT FLAMMABLE GASES TABLE 3.6

Category	Criteria
1	≥10 L/kg/1 minute
2	≥20 L/kg/ 1 hour + < 10 L/kg/1 min
3	≥1 L/kg/1 hour + < 20 L/kg/1 hour
Not classified	< 1 L/kg/1 hour

3.1.13 Oxidizing Liquids

An oxidizing liquid is a liquid which, while in itself not necessarily combustible, may, generally by yielding oxygen, cause or contribute to the combustion of other material. Substances and mixtures of this hazard class are assigned to one of three hazard categories on the basis of test results (UN Test O.2 *UN Manual of Tests and Criteria)* which measure ignition or pressure rise time compared to defined mixtures.

3.1.14 Oxidizing Solids

An oxidizing solid is a solid which, while in itself not necessarily combustible, may, generally by yielding oxygen, cause or contribute to the combustion of other material. Substances and mixtures of this hazard class are assigned to one of three hazard categories on the basis of test results (UN Test O.1 *UN Manual of Tests and Criteria)* which measure mean burning time and re compared to defined mixtures. Currently, several workplace hazard communication systems cover oxidizers (solids, liquids, gases) as a class of chemicals.

3.1.15 Organic Peroxides

An organic peroxide is an organic liquid or solid which contains the bivalent -0-0- structure and may be considered a derivative of hydrogen peroxide, where one or both of the hydrogen atoms have been replaced by organic radicals. The term also includes organic peroxide formulations (mixtures). Such substances and mixtures may:

- be liable to explosive decomposition;
- burn rapidly;
- be sensitive to impact or friction;
- react dangerously with other substances.

Substances and mixtures of this hazard class are assigned to one of seven 'Types', A to G, on the basis of the outcome of the UN Test Series A to H *(UN*

ORGANIC PEROXIDES TABLE 3.7

Type	Criteria
A	Can detonate or deflagrate rapidly, as packaged.
B	Possess explosive properties and which, as packaged, neither detonates nor deflagrates rapidly, but is liable to undergo a thermal explosion in that package.
C	Possess explosive properties when the substance or mixture as packaged cannot detonate or deflagrate rapidly or undergo a thermal explosion.
D	Detonates partially, does not deflagrate rapidly and shows no violent effect when heated under confinement; or Does not detonate at all, deflagrates slowly and shows no violent effect when heated under confinement; or Does not detonate or deflagrate at all and shows a medium effect when heated under confinement.
E	Neither detonates nor deflagrates at all and shows low or no effect when heated under confinement.
F	Neither detonates in the cavitated bubble state nor deflagrates at all and shows only a low or no effect when heated under confinements as well as low or non explosive power.
G	Neither detonates in the cavitated state nor deflagrates at all and shows no effect when heated under confinement nor any explosive power, provided that it is thermally stable (self-accelerating decomposition temperature is 60°C to 75°C for a 50 kg package), and, for liquid mixtures, a diluent having a boiling point not less than 150°C is used for desensitization.

Manual of Tests and Criteria). Currently, only the transport sector uses seven categories for organic peroxides.

3.1.16 Substances Corrosive to Metal

A substance or a mixture that by chemical action will materially damage, or even destroy, metals is termed 'corrosive to metal'. These substances or mixtures are classified in a single hazard category on the basis of tests (Steel: ISO 9328 (II): 1991 - Steel type P235; Aluminum: ASTM G31-72 (1990) - non-clad types 7075-T6 or AZ5GU-T66). The GHS criteria are a corrosion rate on steel or aluminum surfaces exceeding 6.25 mm per year at a test temperature of 55°C.

The concern in this case is the protection of metal equipment or installations in case of leakage (e.g., plane, ship, tank), not material compatibility between the container/tank and the product. This hazard is not currently covered in all systems.

3.2 What are the GHS Health and Environmental Hazards?

The GHS health and environmental hazard criteria represent a harmonized approach for existing classification systems (see Figure 3.3). The work at the OECD to develop the GHS criteria included:

- A thorough analysis of existing classification systems, including the scientific basis for a system and its criteria, its rationale and an explanation of the mode of use;
- A proposal for harmonized criteria for each category. For some categories the harmonized approach was easy to develop because the existing systems had similar approaches. In cases where the approach was different, a compromise consensus proposal was developed.
- Health and environmental criteria were established for substances and mixtures.

The GHS Health and Environmental Endpoints

The following paragraphs briefly describe the GHS health and environmental endpoints. The criteria for classifying substances are presented first. Then the GHS approach to classifying mixtures is briefly discussed. It is recommended that the person responsible for GHS implementation consult the GHS Document or "Purple Book" for more complete information.

FIGURE 3.3

Health Hazard

- Acute Toxicity
- Skin Corrosion/Irritation
- Serious Eye Damage/Eye Irritation
- Respiratory or Skin Sensitization
- Germ Cell Mutagenicity
- Carcinogenicity
- Reproductive Toxicology
- Target Organ Systemic Toxicity — Single Exposure
- Target Organ Systemic Toxicity — Repeated Exposure
- Aspiration Toxicity

Environmental Hazard

- Hazardous to the Aquatic Environment
  - Acute aquatic toxicity
  - Chronic aquatic toxicity
    - Bioaccumulation potential
    - Rapid degradability

3.2.1 Acute Toxicity

Five GHS categories have been included in the GHS Acute Toxicity scheme from which the appropriate elements relevant to transport, consumer, worker and environment protection can be selected. Substances are assigned to one of the five toxicity categories on the basis of LD50 (oral, dermal) or LC50 (inhalation). The LC50 values are based on 4-hour tests in animals. The GHS provides guidance on converting 1-hour inhalation test results to a 4-hour equivalent. The five categories are shown in the Table 3.8 Acute Toxicity.

ACUTE TOXICITY

TABLE 3.8

Acute toxicity	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Category 5
Oral (mg/kg)	≤ 5	> 5 ≤ 50	> 50 ≤ 300	> 300 ≤ 2000	Criteria: • Anticipated oral LD50 between 2000 and 5000 mg/kg; • Indication of significant effect in humans;* • Any mortality at class 4;* • Significant clinical signs at class 4;* • Indications from other studies.* *If assignment to more hazardous class is not warranted.
Dermal (mg/kg)	≤ 50	> 50 ≤ 200	> 200 ≤ 1000	> 1000 ≤ 2000	
Gases (ppm)	≤ 100	> 100 ≤ 500	> 500 ≤ 2500	> 2500 ≤ 5000	
Vapors (mg/l)	≤ 0.5	> 0.5 ≤ 2.0	> 2.0 ≤ 10	> 10 ≤ 20	
Dust & mists (mg/l)	≤ 0.05	> 0.05 ≤ 0.5	> 0.5 ≤ 1.0	> 1.0 ≤ 5	

Category 1, the most severe toxicity category, has cut-off values currently used primarily by the transport sector for classification for packing groups. Some Competent Authorities may consider combining Acute Categories 1 and 2. Category 5 is for chemicals which are of relatively low acute toxicity but which, under certain circumstances, may pose a hazard to vulnerable populations. Criteria other than LD50/LC50 data are provided to identify substances in Category 5 unless a more hazardous class is warranted.

3.2.2 Skin Corrosion

Skin corrosion means the production of irreversible damage to the skin following the application of a test substance for up to 4 hours. Substances and mixtures in this hazard class are assigned to a single harmonized corrosion category. For Competent Authorities, such as transport packing groups, needing more than one designation for corrosiveness, up to three subcategories are provided within the corrosive category. See the Skin Corrosion/Irritation Table 3.9.

Several factors should be considered in determining the corrosion potential before testing is initiated:

- Human experience showing irreversible damage to the skin;
- Structure/activity or structure property relationship to a substance or mixture already classified as corrosive;
- pH extremes of £ 2 and ³ 11.5 including acid/alkali reserve capacity.

SKIN CORROSION/IRRITATION

TABLE 3.9

Skin Corrosion Category 1			Skin Irritation Category 2	Mild Skin Irritation Category 3
Destruction of dermal tissue: visible necrosis in at least one animal			Reversible adverse effects in dermal tissue Draize score: ≥ 2.3 < 4.0 or persistent inflammation	Reversible adverse effects in dermal tissue Draize score: ≥ 1.5 < 2.3
Subcategory 1A Exposure < 3 min. Observation < 1hr,	Subcategory 1B Exposure < 1hr. Observation < 14 days	Subcategory 1C Exposure < 4 hrs. Observation < 14 days		

3.2.3 Skin Irritation

Skin irritation means the production of reversible damage to the skin following the application of a test substance for up to 4 hours. Substances and mixtures in this hazard class are assigned to a single irritant category. For those authorities, such as pesticide regulators, wanting more than one designation for skin irritation, an additional mild irritant category is provided. See the Skin Corrosion/Irritation Table 3.9.

Several factors should be considered in determining the irritation potential before testing is initiated:

- Human experience or data showing reversible damage to the skin following exposure of up to 4 hours;
- Structure/activity or structure property relationship to a substance or mixture already classified as an irritant.

3.2.4 Eye Effects

Several factors should be considered in determining the *serious eye damage* or *eye irritation* potential before testing is initiated:

- Accumulated human and animal experience;
- Structure/activity or structure property relationship to a substance or mixture already classified;
- pH extremes like < 2 and > 11.5 that may produce serious eye damage.

EYE EFFECTS

TABLE 3.10

Category 1 Serious eye damage	Category 2 Eye Irritation	
Irreversible damage 21 days after exposure Draize score: Corneal opacity ≥ 3 Iritis > 1.5	Reversible adverse effects on cornea, iris, conjunctiva Draize score: Corneal opacity ≥ 1 Iritis > 1 Redness ≥ 2 Chemosis ≥ 2	
	Irritant Subcategory 2A Reversible in 21 days	**Mild Irritant** Subcategory 2B Reversible in 7 days

Serious eye damage means the production of tissue damage in the eye, or serious physical decay of vision, following application of a test substance to the front surface of the eye, which is not fully reversible within 21 days of application. Substances and mixtures in this hazard class are assigned to a single harmonized category.

Eye irritation means changes in the eye following the application of a test substance to the front surface of the eye, which are fully reversible within 21 days of application. Substances and mixtures in this hazard class are assigned to a single harmonized hazard category. For authorities, such as pesticide regulators, wanting more than one designation for eye irritation, one of two subcategories can be selected, depending on whether the effects are reversible in 21 or 7 days.

3.2.5 Sensitization

Respiratory sensitizer means a substance that induces hypersensitivity of the airways following inhalation of the substance. Substances and mixtures in this hazard class are assigned to one hazard category.

Skin sensitizer means a substance that will induce an allergic response following skin contact. The definition for "skin sensitizer" is equivalent to "contact sensitizer". Substances and mixtures in this hazard class are assigned to one hazard category. Consideration should be given to classifying substances which cause immunological contact urticaria (an allergic disorder) as contact sensitizers.

3.2.6 Germ Cell Mutagenicity

Mutagen means an agent giving rise to an increased occurrence of mutations in populations of cells and/or organisms. Substances and

mixtures in this hazard class are assigned to one of two hazard categories. Category 1 has two subcategories. See the Germ Cell Mutagenicity (Table 3.11) below.

GERM CELL MUTAGENICITY

TABLE 3.11

<table>
<tr><th colspan="2">Category 1
Known/Presumed</th><th>Category 2
Suspected/Possible</th></tr>
<tr><td colspan="2">Known to produce heritable mutations in human germ cells</td><td rowspan="2">• May include heritable mutations in human germ cells
• Positive evidence from tests in mammals and somatic cell tests
• In vivo somatic genotoxicity supported by in vitro mutagenicity</td></tr>
<tr><td>Subcategory 1A
Positive evidence from epidemiological studies</td><td>Subcategory 1B
Positive results in:
• In vivo heritable germ cell tests in mammals
• Human germ cell tests
• In vivo somatic mutagenicity tests, combined with some evidence of germ cell mutagenicity</td></tr>
</table>

3.2.7 Carcinogenicity

Carcinogen means a chemical substance or a mixture of chemical substances which induce cancer or increase its incidence. Substances and mixtures in this hazard class are assigned to one of two hazard categories. Category 1 has two subcategories. The Carcinogenicity Guidance Section in the GHS Document includes comments about IARC.

CARCINOGENICITY

TABLE 3.12

<table>
<tr><th colspan="2">Category 1
Known or Presumed Carcinogen</th><th>Category 2
Suspected Carcinogen</th></tr>
<tr><td>Subcategory 1A
Known Human Carcinogen Based on human evidence</td><td>Subcategory 1B
Presumed Human Carcinogen Based on demonstrated animal carcinogenicity</td><td>Limited evidence of human or animal carcinogenicity</td></tr>
</table>

3.2.8 Reproductive Toxicity

Reproductive toxicity includes adverse effects on sexual function and fertility in adult males and females, as well as developmental toxicity in offspring. Substances and mixtures with reproductive and/or developmental effects are assigned to one of two hazard categories, 'known or presumed' and 'suspected'. Category 1 has two subcategories for reproductive and

developmental effects. Materials which cause concern for the health of breastfed children have a separate category, Effects on or Via Lactation.

REPRODUCTIVE TOXICITY

TABLE 3.13

Category 1		Category 2 Suspected	Additional Category
Known or presumed to cause effects on human reproduction or on development		Human or animal evidence possibly with other information	Effects on or via lactation
Category 1A Known Based on human evidence	**Category 1B Presumed** Based on experimental animals		

3.2.9 Target Organ Systemic Toxicity (TOST): Single Exposure & Repeated Exposure

The GHS distinguishes between single and repeat exposure for Target Organ Effects. Some existing systems distinguish between single and repeat exposure for these effects and some do not. All significant health effects, not otherwise specifically included in the GHS, that can impair function, both reversible and irreversible, immediate and/or delayed are included in the non-lethal target organ/systemic toxicity class (TOST). Narcotic effects and respiratory tract irritation are considered to be target organ systemic effects following a single exposure.

Substances and mixtures of the single exposure target organ toxicity hazard class are assigned to one of three hazard categories in Table 3.14.

TOST: SINGLE EXPOSURE

TABLE 3.14

Category 1	Category 2	Category 3
Significant toxicity in humans • Reliable, good quality human case studies or epidemiological studies **Presumed significant toxicity in humans** • Animal studies with significant and/or severe toxic effects relevant to humans at generally low exposure (guidance)	**Presumed to be harmful to human health** • Animal studies with significant toxic effects relevant to humans at generally moderate exposure (guidance) • Human evidence in exceptional cases	**Transient target organ effects** • Narcotic effects • Respiratory tract irritation

Substances and mixtures of the repeated exposure target organ toxicity hazard class are assigned to one of two hazard categories in Table 3.15.

TOST: REPEATED EXPOSURE

TABLE 3.15

Category 1	Category 2
Significant toxicity in humans • Reliable, good quality human case studies or epidemiological studies **Presumed significant toxicity in humans** • Animal studies with significant and/or severe toxic effects relevant to humans at generally low exposure (guidance)	**Presumed to be harmful to human health** • Animal studies with significant toxic effects relevant to humans at generally moderate exposure (guidance) • Human evidence in exceptional cases

In order to help reach a decision about whether a substance should be classified or not, and to what degree it would be classified (Category 1 vs. Category 2), dose/concentration 'guidance values' are provided in the GHS. The guidance values and ranges for single and repeated doses are intended only for guidance purposes. This means that they are to be used as part of the weight of evidence approach, and to assist with decisions about classification. They are not intended as strict demarcation values. The guidance value for repeated dose effects refer to effects seen in a standard 90-day toxicity study conducted in rats. They can be used as a basis to extrapolate equivalent guidance values for toxicity studies of greater or lesser duration.

3.2.10 Aspiration Hazard

Aspiration toxicity includes severe acute effects such as chemical pneumonia, varying degrees of pulmonary injury or death following aspiration. Aspiration is the entry of a liquid or solid directly through the oral or nasal cavity, or indirectly from vomiting, into the trachea and lower respiratory system. Some hydrocarbons (petroleum distillates) and certain chlorinated hydrocarbons have been shown to pose an aspiration hazard in humans. Primary alcohols, and ketones have been shown to pose an aspiration hazard only in animal studies.

ASPIRATION TOXICITY

TABLE 3.16

Category 1: Known (regarded) human	**Category 2:** Presumed human
• human evidence • hydrocarbons with kinematic viscosity ? 20.5 mm2/s at 40° C.	• Based on animal studies • surface tension, water solubility, boiling point • kinematic viscosity ? 14 mm2/s at 40°C & not Category 1

3.3 Environmental Hazards

3.3.1 Hazardous to the Aquatic Environment

The harmonized criteria are considered suitable for packaged goods in both supply and use in multi-modal transport schemes. Elements of it may be used for bulk land transport and bulk marine transport under MARPOL (International Convention for the Prevention of Pollution from Ships) insofar as this uses aquatic toxicity. Two Guidance Documents (Annexes 8 and 9 of the GHS Document) cover issues such as data interpretation and the application of the criteria to special substances. Considering the complexity of this endpoint and the breadth of the application, the Guidance Annexes are important in the application of the harmonized criteria.

3.3.1.1 Acute Aquatic Toxicity

Acute aquatic toxicity means the intrinsic property of a material to cause injury to an aquatic organism in a short-term exposure. Substances and mixtures of this hazard class are assigned to one of three toxicity categories on the basis of acute toxicity data: LC_{50} (fish) or EC_{50} (crustacea) or ErC_{50} (for algae or other aquatic plants). In some regulatory systems these acute toxicity categories may be subdivided or extended for certain sectors.

3.3.1.2 Chronic Aquatic Toxicity

Chronic aquatic toxicity means the potential or actual properties of a material to cause adverse effects to aquatic organisms during exposures that are determined in relation to the lifecycle of the organism. Substances and mixtures in this hazard class are assigned to one of four toxicity categories on the basis of acute data *and* environmental fate data: LC_{50} (fish) or EC_{50} (crustacea) or ErC_{50} (for algae or other aquatic plants) *and* degradation/bioaccumulation.

ACUTE & CHRONIC AQUATIC TOXICITY

TABLE 3.17

Acute Cat. I Acute toxicity ≤ 1.00 mg/l	**Acute Cat. II** Acute toxicity > 1.00 but ≤ 10.0 mg/l	**Acute Cat. III** Acute toxicity ≤ 10.0 but < 100 mg/l	
Chronic Cat. I Acute toxicity ≤ 1.00 mg/l and lack of rapid degradability and log K_{ow} ≥ 4 unless BCF < 500	**Chronic Cat. II** Acute toxicity > 1.00 but ≤ 10.0 mg/l and lack of rapid degradability and log K_{ow} ≥ 4 unless BCF < 500 and unless chronic toxicity > 1 mg/l	**Chronic Cat. III** Acute toxicity > 10.0 but ≤ 100.0 mg/l and lack of rapid degradability and log K_{ow} ≥ 4 unless BCF < 500 and unless chronic toxicity > 1 mg/l	**Chronic Cat. IV** Acute toxicity > 100 mg/l and lack of rapid degradability and log K_{ow} ≥ 4 unless BCF < 500 and unless chronic toxicity > 1 mg/l

While experimentally derived test data are preferred, where no experimental data are available, validated Quantitative Structure Activity Relationships (QSARs) for aquatic toxicity and log K_{OW} may be used in the classification process. The log K_{OW} is a surrogate for a measured Bioconcentration Factor (BCF), where such a measured BCF value would always take precedence.

Chronic Category IV is considered a "safety net" classification for use when the available data does not allow classification under the formal criteria, but there are some grounds for concern.

3.4 What is the GHS approach to classifying mixtures?

For consistency and understanding the provisions for classifying mixtures, the GHS defines certain terms. These working definitions are for the purpose of evaluating or determining the hazards of a product for classification and labeling.

Substance: Chemical elements and their compounds in the natural state or obtained by any production process, including any *additive* necessary to preserve the stability of the product and any *impurities* deriving from the process used, but excluding any solvent which may be separated without affecting the stability of the substance or changing its composition.

Mixture: Mixtures or solutions composed of two or more substances in which they do not react.

Alloy: An alloy is a metallic material, homogeneous on a macroscopic scale, consisting of two or more elements so combined that they cannot be readily separated by mechanical means. Alloys are considered to be mixtures for the purpose of classification under the GHS.

Where impurities, additives or individual constituents of a substance or mixture have been identified and are themselves classified, they should be taken into account during classification if they exceed the cutoff value/concentration limit for a given hazard class.

As mentioned previously, the GHS physical hazard criteria apply to mixtures. It is assumed that mixtures will be tested for physical hazards. Each health and environmental endpoint chapter in the GHS contains specific criteria for classifying mixtures as well as substances. The GHS Document or "Purple Book" should be consulted for complete information on classifying mixtures.

The process established for classifying a mixture allows the use of (a) available data for the mixture itself and/or (b) similar mixtures and/or (c) data for ingredients of the mixture. The GHS approach to the classification of mixtures for health and environmental hazards is tiered, and is dependent upon the amount of information available for the mixture itself and

for its components. The process for the classification of mixtures is based on the following steps:

(1) Where test data are available for the mixture itself, the classification of the mixture will be based on that data (See exception for carcinogens, mutagens & reproductive toxins in the GHS Document); (2) Where test data are not available for the mixture itself, then the appropriate bridging principles (as described below) in the specific chapter should be used; (3) If (i) test data are not available for the mixture itself, and (ii) the bridging principles cannot be applied, then use the calculation or cutoff values described in the specific endpoint to classify the mixture.

3.5 What are bridging principles?

Bridging principles are an important concept in the GHS for classifying untested mixtures. When a mixture has not been tested, but there are sufficient data on the components and/or similar tested mixtures, these data can be used in accordance with the following bridging principles:

- **Dilution:** If a mixture is diluted with a diluent that has an equivalent or lower toxicity, then the hazards of the new mixture are assumed to be equivalent to the original.
- **Batching:** If a batch of a complex substance is produced under a controlled process, then the hazards of the new batch are assumed to be equivalent to the previous batches.
- **Concentration of Highly Toxic Mixtures:** If a mixture is severely hazardous, then a concentrated mixture is also assumed to be severely hazardous
- **Interpolation within One Toxic Category:** Mixtures having component concentrations within a range where the hazards are known are assumed to have those known hazards.
- **Substantially Similar Mixtures:** Slight changes in the concentrations of components are not expected to change the hazards of a mixture and substitutions involving toxicologically similar components are not expected to change the hazards of a mixture
- **Aerosols:** An aerosol form of a mixture is assumed to have the same hazards as the tested, non-aerosolized form of the mixture unless the propellant affects the hazards upon spraying.

All bridging principles do not apply to every health and environmental endpoint. Consult each endpoint to determine which bridging principles apply.

When the bridging principles do not apply or cannot be used, the health and environmental hazards of mixtures are estimated based on component information. In the GHS, the methodology used to estimate these hazards varies by endpoint. The GHS Document or "Purple Book" should be consulted for

more complete information on classifying mixtures. Figure 3.5 summarizes the GHS mixtures approach for the various health and environmental endpoints.

3.6 What testing is required?

The GHS itself does not include requirements for testing substances or mixtures. Therefore, there is no requirement under the GHS to generate test data for any hazard class. Some parts of regulatory systems may require data to be generated (e.g., for pesticides), but these requirements are not related specifically to the GHS. The GHS criteria for determining health and environmental hazards are test method neutral, allowing different approaches as long as they are scientifically sound and validated according to international procedures and criteria already referred to in existing systems. Test data already generated for the classification of chemicals under existing systems should be accepted when classifying these chemicals under the GHS, thereby avoiding duplicative testing and the unnecessary use of test animals. The GHS physical hazard criteria are linked to specific test methods. It is assumed that mixtures will be tested for physical hazards.

4.0 Hazard Communication

Section 3, explained that classification is the starting point for the GHS. Once a chemical has been classified, the hazard(s) must be communicated to target audiences. As in existing systems, labels and Safety Data Sheets are the main tools for chemical hazard communication. They identify the hazardous properties of chemicals that may pose a health, physical or environmental hazard during normal handling or use. The goal of the GHS is to identify the intrinsic hazards found in chemical substances and mixtures, and to convey information about these hazards.

The international mandate for the GHS included the development of a harmonized hazard communication system, including labeling, Safety Data Sheets and easily understandable symbols, based on the classification criteria developed for the GHS.

4.1 What factors influenced development of the GHS communication tools?

Early in the process of developing the GHS communication tools, several significant issues were recognized. One of the most important was comprehensibility of the information provided. After all, the aim of the system

is to present hazard information in a manner that the intended audience can easily understand and that will thus minimize the possibility of adverse effects resulting from exposure. The GHS identifies some guiding principles to assist in this process:

- Information should be conveyed in more than one way, e.g., text and symbols;
- The comprehensibility of the components of the system should take account of existing studies and literature as well as any evidence gained from testing;
- The phrases used to indicate degree (severity) of hazard should be consistent across the health, physical and environmental hazards.

Comprehensibility is challenging for a single culture and language. Globally Harmonized System has numerous complexities. Some factors that affected the work include:

- Different philosophies in existing systems on how and what should be communicated;
- Language differences around the world;
- Ability to translate phrases meaningfully;
- Ability to understand and appropriately respond to symbols/pictograms.

These factors were considered in developing the GHS communication tools. The GHS Purple Book includes a comprehensibility-testing instrument in Annex 6.

FIGURE 3.4

Tier Approach to Classification of Mixtures

Generally, use test data for the mixture, if available,

Compared to substance hazard criteria
Use bridging principles, if applicable

Estimate hazard(s) based on the known component information

4.2 Labels

4.2.1 What does a label look like?

Existing systems have labels that look different for the same product. We know that this leads to worker confusion, consumer uncertainty and the need for additional resources to maintain different systems. In the U.S. as well as in other countries, chemical products are regulated by sector/target audience. Different agencies regulate the workplace, consumers, agricultural chemicals and transport. Labels for these sectors/target audiences vary both in the U.S. and globally.

In order to understand the value of the GHS and its benefits to all stakeholders, it is instructive to look at the different labels for one fictional product. In the U.S. the product, ToxiFlam, which has a flash point of 120°F and

has an oral LD50 of 275 mg/kg, has different labels for different sectors/target audiences. Label examples as seen in the U.S.A. are shown first, followed by international examples.

However, many companies follow the voluntary ANSI Z129.1 Precautionary Labeling Standard for workplace labeling and often use it also for labeling consumer products. The American National Standards Institute (ANSI) standard includes several label elements that are core to the GHS as well as other helpful elements to assist users in safe handling.

Consumer Products and Consumers

In several countries consumer products are regulated separately from workplace chemicals. In the U.S. the CPSC regulates consumer products. Consumer products have required label elements, but only the signal words are specified. The ANSI labeling standard is often used in developing consumer labels.

Transport and Emergency Responders

For hazardous products being transported, outer containers have required label elements, product identifier and hazard symbols. Transportation requirements are in addition to workplace or end use label requirements.

Agricultural Chemicals and Pesticides

In many systems, agricultural chemicals often have special label requirements. In the U.S. the EPA is the agency covering these chemicals. A pesticide product with the same hazards as ToxiFlam would have a label developed using FIFRA requirements. FIFRA has requirements for product identity, chemical identity, signal word, hazard statements, and precautionary measures including first aid.

4.2.2 International Examples

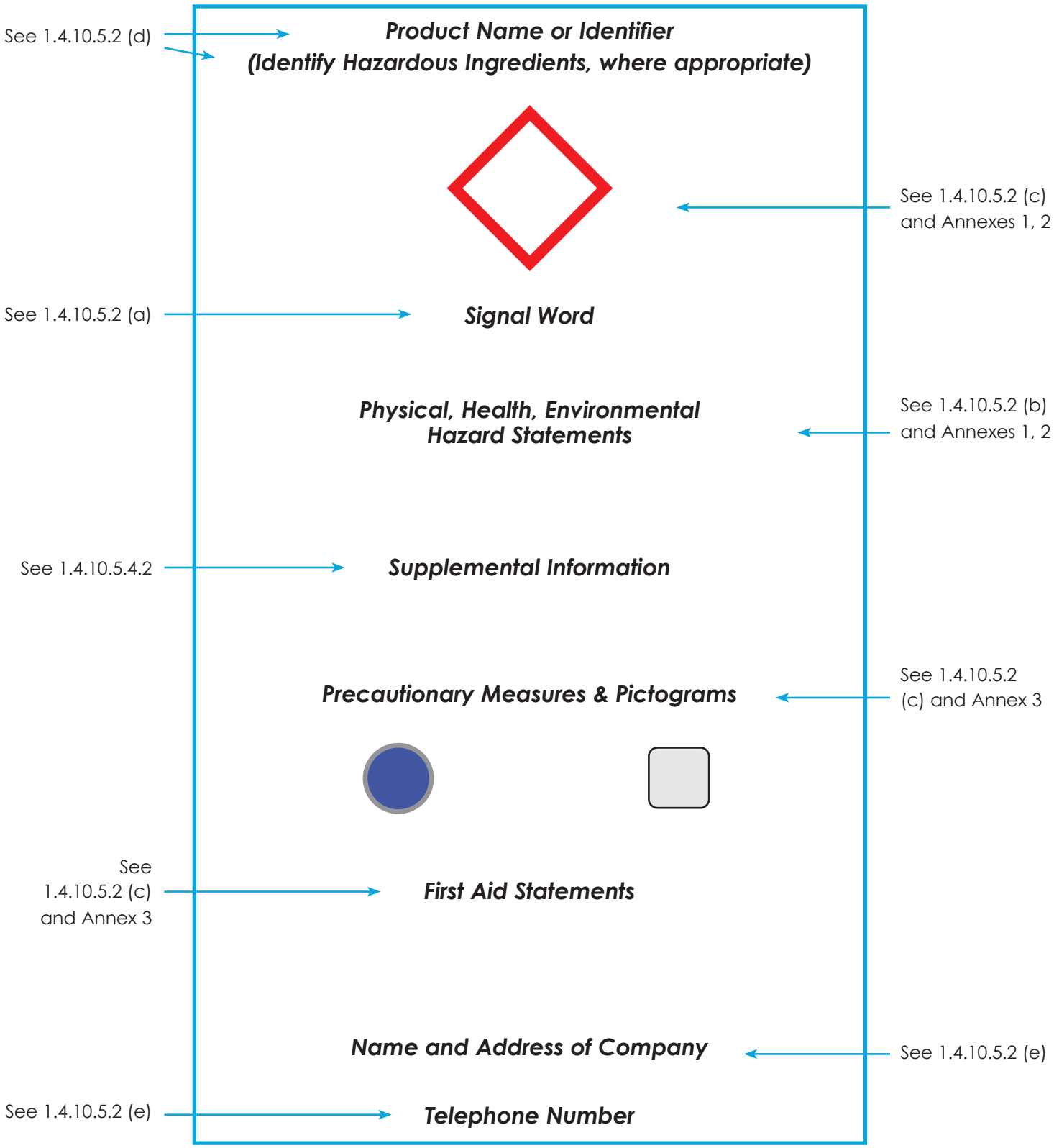
All the previous examples are specific to the U.S. Many companies do business globally. So in addition to the U.S. regulations, these companies would need to comply with the corresponding regulations in the countries to which they export products. Canada and the EU are two existing systems that were considered in the development of the GHS. To illustrate the differences in labeling, it is interesting to examine an EU and Canadian label for ToxiFlam.

European Union Label

Labels in the EU have chemical identity, symbols, and R/S (Risk and Safety) phrases which are hazard statements, precautionary measures and first aid.

FIGURE 4.8

GHS Label Elements



The Section numbers refer to the sections in the GHS Document or "Purple Book".

Canadian Workplace Hazardous Materials Identification System (WHMIS) Label

The WHMIS label requires product identifier, hazard symbol, hazard statement, precautionary measures, first aid, MSDS statement and supplier identification. In addition to these common label elements, WHMIS requires a hatched border.

4.3 What are the GHS label elements?

Some GHS label elements have been standardized (identical with no variation) and are directly related to the endpoints and hazard level. Other label elements are harmonized with common definitions and/or principles. See Figure 4.8 for an illustration of the GHS label elements.

The standardized label elements included in the GHS are:

Hazard Endpoint	Classification Approach	Bridging Principles	Comments
Acute toxicity	Acute Toxicity Estimate (ATE): 2 formulas	All	Conversion values, relevant components usually at ³ 1%
Serious Eye Damage & Eye Irritation	Mostly additive approach, sometimes cutoffs	All	Relevant components usually at ³ 1%, exceptions for certain chemical classes
Skin corrosion & Skin Irritation	Mostly additive approach, sometimes cutoffs	All	Relevant components usually at ³ 1%, exceptions for certain chemical classes
Skin Sensitization	Cutoffs with CA options	Dilution, Batching, Substantially similar mixtures, Aerosols	
Respiratory Sensitization	Cutoffs with CA options	Dilution, Batching, Substantially similar mixtures, Aerosols	
Germ Cell Mutagenicity	Cutoffs	Dilution, Batching, Substantially similar mixtures	Mixture test data only case-by case
Carcinogenicity	Cutoffs with CA options	Dilution, Batching, Substantially similar mixtures	Mixture test data only case-by-case
Reproductive Toxicity	Cutoffs with CA options	Dilution, Batching, Substantially similar mixtures	Mixture test data only case-by-case
Target Organ Systemic Toxicity	Cutoffs with CA options	All	
Aspiration Toxicity	Cutoffs	Dilution, Batching, Concentration of highly toxic mixtures, Interpolation within one toxicity category, Substantially similar mixtures	
Hazardous to the Aquatic Environment	Additive Formula (Acute only); Summation Method (Acute or Chronic); Combination of Additive Formula & Summation Method	Dilution, Batching, Concentration of highly toxic mixtures, Interpolation within one toxicity category, Substantially similar mixtures	Relevant components usually at ³ 1%, Mixture test data only case-by-case for chronic

- **Symbols (hazard pictograms):** Convey health, physical and environmental hazard information, assigned to a GHS hazard class and category.
- **Signal Words:** "Danger" or "Warning" are used to emphasize hazards and indicate the relative level of severity of the hazard, assigned to a GHS hazard class and category.
- **Hazard Statements:** Standard phrases assigned to a hazard class and category that describe the nature of the hazard.

The symbols, signal words, and hazard statements have all been standardized and assigned to specific hazard categories and classes, as appropriate. This approach makes it easier for countries to implement the system and should make it easier for companies to comply with regulations based on the GHS. The prescribed symbols, signal words, and hazard statements can be readily selected from Annex 1 of the GHS Purple Book. These standardized elements are not subject to variation, and should appear on the GHS label as indicated in the GHS for each hazard category/class in the system. The use of symbols, signal words or hazard statements other than those that have been assigned to each of the GHS hazards would be contrary to harmonization.

4.3.1 Symbols/Pictograms

The GHS symbols have been incorporated into pictograms for use on the GHS label. Pictograms include the harmonized hazard symbols plus other graphic elements, such as borders, background patterns or colors which are intended to convey specific information. For transport, pictograms will have the background, symbol and colors currently used in the UN Recommendations on the Transport of Dangerous Goods, Model Regulations. For other sectors, pictograms (Table 4.9) will have a black symbol on a white background with a red diamond frame. A black frame may be used for shipments within one country. Where a transport pictogram appears, the GHS pictogram for the same hazard should not appear.

FIGURE 4.9

GHS Pictograms and Hazard Classes

		
• Oxidizers	• Flammables • Self-Reactive • Pyrophorics • Self-Heating • Emits Flammable Gas • Organic Peroxides	• Explosives • Self-Reactive • Organic Peroxides
		
• Acute toxicity (severe)	• Corrosives	• Gases Under Pressure
		
• Carcinogen • Respiratory Sensitizer • Reproductive Toxicity • Target Organ Toxicity • Mutagenicity • Aspiration Toxicity	• Environmental Toxicity	• Irritant • Dermal Sensitizer • Acute toxicity (harmful) • Narcotic Effects • Respiratory Tract • Irritation

4.3.2 Signal Words

The signal word indicates the relative degree of severity a hazard. The signal words used in the GHS are

"Danger" for the more severe hazards, and

"Warning" for the less severe hazards.

Signal words are standardized and assigned to the hazard categories within endpoints. Some lower level hazard categories do not use signal words. Only one signal word corresponding to the class of the most severe hazard should be used on a label.

4.3.3 Hazard Statements

Hazard statements are standardized and assigned phrases that describe the hazard(s) as determined by hazard classification. An appropriate statement for each GHS hazard should be included on the label for products possessing more than one hazard. The assigned label elements are provided in each hazard chapter of the Purple Book as well as in Annexes 1 & 2. Figure 4-11 illustrates the assignment of standardized GHS label elements for the acute oral toxicity categories.

Other GHS label elements include:

FIGURE 4.11

ACUTE ORAL TOXICITY - Annex 1

	Category 1	Category 2	Category 3	Category 4	Category 5
LD_{50}	£ 5 mg/kg	> 5 < 50 mg/kg	³ 50 < 300 mg/kg	³ 300 < 2000 mg/kg	³ 2000 < 5000 mg/kg
Pictogram					No symbol
Signal word	Danger	Danger	Danger	Warning	Warning
Hazard statement	Fatal if swallowed	Fatal if swallowed	Toxic if swallowed	Harmful if swallowed	May be harmful if swallowed

- **Precautionary Statements and Pictograms:** Measures to minimize or prevent adverse effects.
- **Product Identifier (ingredient disclosure):** Name or number used for a hazardous product on a label or in the SDS.
- **Supplier identification:** The name, address and telephone number should be provided on the label.
- **Supplemental information:** non-harmonized information.

4.3.4 Precautionary Statements and Pictograms

Precautionary information supplements the hazard information by briefly providing measures to be taken to minimize or prevent adverse effects from physical, health or environmental hazards. First aid is included in precautionary information. The GHS label should include appropriate precautionary information. Annex 3 of the GHS Purple Book includes precautionary statements and pictograms that can be used on labels.

Annex 3 includes four types of precautionary statements covering: prevention, response in cases of accidental spillage or exposure, storage, and disposal. The precautionary statements have been linked to each GHS hazard statement and type of hazard. The goal is to promote consistent use of precautionary statements. Annex 3 is guidance and is expected to be further refined and developed over time.

4.3.5 Product Identifier (Ingredient Disclosure)

A product identifier should be used on a GHS label and it should match the product identifier used on the SDS. Where a substance or mixture is covered by the UN Model Regulations on the Transport of Dangerous Goods, the UN proper shipping name should also be used on the package.

The GHS label for a substance should include the chemical identity of the substance (name as determined by IUPAC, ISO, CAS or technical name). For mixtures/alloys, the label should include the chemical identities of all ingredients that contribute to acute toxicity, skin corrosion or serious eye damage, germ cell mutagenicity, carcinogenicity, reproductive toxicity, skin or respiratory sensitization, or Target Organ Systemic Toxicity (TOST), when these hazards appear on the label. Where a product is supplied exclusively for workplace use, the Competent Authority may give suppliers discretion to include chemical identities on the SDS, in lieu of including them on labels. The Competent Authority rules for confidential business information (CBI) take priority over the rules for product identification.

4.3.6 Supplier Identification

The name, address and telephone number of the manufacturer or supplier of the product should be provided on the label.

4.3.7 Supplemental Information

Supplemental label information is non-harmonized information on the container of a hazardous product that is not required or specified under the GHS. In some cases this information may be required by a Competent Authority or it may be additional information provided at the discretion of the manufacturer/distributor. The GHS provides guidance to ensure that supplemental information does not lead to wide variation in information or undermine the GHS information. Supplemental information may be used to provide further detail that does not contradict or cast doubt on the validity of the standardized hazard information. It also may be used to provide information about hazards not yet incorporated into the GHS. The labeler should have the option of providing supplementary information related to the hazard, such as physical state or route of exposure, with the hazard statement.

4.4 How are multiple hazards handled on labels?

Where a substance or mixture presents more than one GHS hazard, there is a GHS precedence scheme for pictograms and signal words. For substances and mixtures covered by the UN Recommendations on the Transport of Dangerous Goods, Model Regulations, the precedence of symbols for physical hazards should follow the rules of the UN Model Regulations. For health hazards the following principles of precedence apply for symbols:

a. if the skull and crossbones applies, the exclamation mark should not appear;

b. if the corrosive symbol applies, the exclamation mark should not appear where it is used for skin or eye irritation;

c. if the health hazard symbol appears for respiratory sensitization, the exclamation mark should not appear where it is used for skin sensitization or for skin or eye irritation.

If the signal word 'Danger' applies, the signal word 'Warning' should not appear. All assigned hazard statements should appear on the label. The Competent Authority may choose to specify the order in which they appear.

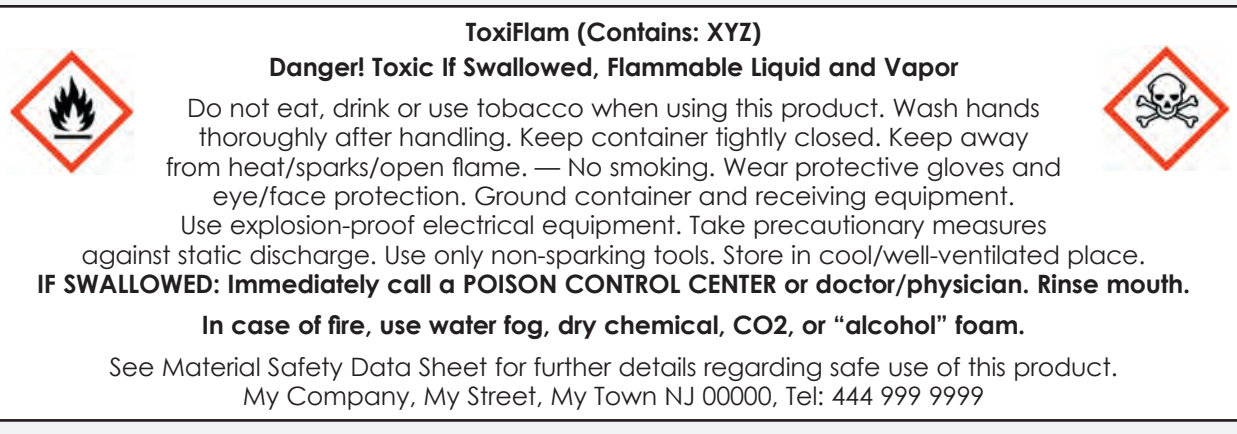
4.5 Is there a specific GHS label format / layout?

The GHS hazard pictograms, signal word and hazard statements should be located together on the label. The actual label format or layout is not specified in the GHS. National authorities may choose to specify where information should appear on the label or allow supplier discretion.

Figure 4.12 shows an example of a GHS label for the fictional product 'ToxiFlam'. The core GHS label elements are expected to replace the need for the array of different labels shown earlier for ToxiFlam. (Figure 4.8 also illustrates the GHS label elements.)

GHS INNER CONTAINER LABEL (e.g., bottle inside a shipping box)

FIGURE 4.12



4.6 What is the GHS Safety Data Sheet (SDS)?

The (Material) Safety Data Sheet (SDS) provides comprehensive information for use in workplace chemical management. Employers and workers use the SDS as sources of information about hazards and to obtain advice on safety precautions. The SDS is product related and, usually, is not able to provide information that is specific for any given workplace where the product may be used. However, the SDS information enables the employer to develop an active program of worker protection measures, including training, which is specific to the individual workplace and to consider any measures that may be necessary to protect the environment. Information in a SDS also provides a source of information for other target audiences such as those involved with the transport of dangerous goods, emergency responders, poison centers, those involved with the professional use of pesticides and consumers.

The SDS should contain 16 headings (Figure 4.14). The GHS MSDS headings, sequence and content are similar to the ISO, EU and ANSI MSDS/SDS requirements, except that the order of sections 2 and 3 have been reversed. The SDS should provide a clear description of the data used to identify the hazards. Figure 4.14 and the GHS Purple Book provide the minimum information that is required in each section of the SDS. Examples of draft GHS SDSs are provided in Appendix B of this guidance document.

The revised Purple Book contains guidance on developing a GHS SDS (Annex 4). Other resources for SDSs include:

- ILO Standard under the Recommendation 177 on Safety in the Use of Chemicals at Work,
- International Standard 11014-1 (1994) of the International Standard Organization (ISO) and ISO Safety Data Sheet for Chemical Products 11014-1: 2003 DRAFT,
- American National Standards Institute (ANSI) Standard Z400.1,
- European Union SDS Directive 91/155/-EEC.

MINIMUM INFORMATION FOR AN SDS

FIGURE 4.14

1.	**Identification of the substance or mixture and of the supplier**	• GHS product identifier. • Other means of identification. • Recommended use of the chemical and restrictions on use. • Supplier's details (including name, address, phone number, etc.). • Emergency phone number.
2.	**Hazards identification**	• GHS classification of the substance/mixture and any national or regional information. • GHS label elements, including precautionary statements. (Hazard symbols may be provided as a graphical reproduction of the symbols in black and white or the name of the symbol, e.g., flame, skull and crossbones.) • Other hazards which do not result in classification (e.g., dust explosion hazard) or are not covered by the GHS.

3.	**Composition/information on ingredients**	**Substance** • Chemical identity. • Common name, synonyms, etc. • CAS number, EC number, etc. • Impurities and stabilizing additives which are themselves classified and which contribute to the classification of the substance. **Mixture** • The chemical identity and concentration or concentration ranges of all ingredients which are hazardous within the meaning of the GHS and are present above their cutoff levels. ***NOTE:*** *For information on ingredients, the competent authority rules for CBI take priority over the rules for product identification.*
4.	**First aid measures**	• Description of necessary measures, subdivided according to the different routes of exposure, i.e., inhalation, skin and eye contact, and ingestion. • Most important symptoms/effects, acute and delayed. • Indication of immediate medical attention and special treatment needed, if necessary.
5.	**Firefighting measures**	• Suitable (and unsuitable) extinguishing media. • Specific hazards arising from the chemical (e.g., nature of any hazardous combustion products). • Special protective equipment and precautions for firefighters.
6.	**Accidental release measures**	• Personal precautions, protective equipment and emergency procedures. • Environmental precautions. • Methods and materials for containment and cleaning up.
7.	**Handling and storage**	• Precautions for safe handling. • Conditions for safe storage, including any incompatibilities.
8.	**Exposure controls/personal protection.**	• Control parameters, e.g., occupational exposure limit values or biological limit values. • Appropriate engineering controls. • Individual protection measures, such as personal protective equipment.
9.	**Physical and chemical properties**	• Appearance (physical state, color, etc.). • Odor. • Odor threshold. • pH. • melting point/freezing point. • initial boiling point and boiling range. • flash point. • evaporation rate. • flammability (solid, gas). • upper/lower flammability or explosive limits. • vapor pressure. • vapor density. • relative density. • solubility(ies). • partition coefficient: n-octanol/water. • autoignition temperature. • decomposition temperature.
10.	**Stability and reactivity**	• Chemical stability. • Possibility of hazardous reactions. • Conditions to avoid (e.g., static discharge, shock or vibration). • Incompatible materials. • Hazardous decomposition products.

11.	**Toxicological information**	Concise but complete and comprehensible description of the various toxicological (health) effects and the available data used to identify those effects, including: • information on the likely routes of exposure (inhalation, ingestion, skin and eye contact); • Symptoms related to the physical, chemical and toxicological characteristics; • Delayed and immediate effects and also chronic effects from short- and long-term exposure; • Numerical measures of toxicity (such as acute toxicity estimates).
12.	**Ecological information**	• Ecotoxicity (aquatic and terrestrial, where available). • Persistence and degradability. • Bioaccumulative potential. • Mobility in soil. • Other adverse effects.
13.	**Disposal considerations**	• Description of waste residues and information on their safe handling and methods of disposal, including the disposal of any contaminated packaging.
14.	**Transport information**	• UN Number. • UN Proper shipping name. • Transport Hazard class(es). • Packing group, if applicable. • Marine pollutant (Yes/No). • Special precautions which a user needs to be aware of or needs to comply with in connection with transport or conveyance either within or outside their premises.
15.	**Regulatory information**	• Safety, health and environmental regulations specific for the product in question.
16.	**Other information including information on preparation and revision of the SDS**	

4.7 What is the difference between the GHS SDS and existing MSDSs/SDSs?

SDSs are in use globally. So it is useful to have an understanding of the similarities and differences in the existing MSDS/SDS content and format and the GHS SDS content and format. A table comparing MSDS/SDS content/format is provided in Appendix A of this guidance document.

4.8 When should SDSs and labels be updated?

All hazard communication systems should specify a means of responding in an appropriate and timely manner to new information and updating labels and SDS information accordingly. Updating should be carried out promptly on receipt of the information that necessitates the revision. The Competent Authority may choose to specify a time limit within which the information should be revised.

Suppliers should respond to "new and significant" information they receive about a chemical hazard by updating the label and safety data sheet for that chemical. New and significant information is any information that changes the GHS classification and leads to a change in the label information or information that may affect the SDS.

4.9 How does the GHS address Confidential Business Information (CBI)?

Confidential business information (CBI) will not be harmonized under the GHS. National authorities should establish appropriate mechanisms for CBI protection. The GHS established CBI principles which include:

- CBI provisions should not compromise the health and safety of users;
- CBI claims should be limited to the names of chemicals and their concentrations in mixtures;
- Mechanisms should be established for disclosure in emergency and non-emergency situations.

4.10 Does the GHS address training?

The GHS states in Chapter 1.4, Section1.4.9, the importance of training all target audiences to recognize and interpret label and/or SDS information, and to take appropriate action in response to chemical hazards. Training requirements should be appropriate for and commensurate with the nature of the work or exposure. Key target audiences include workers, emergency responders and also those responsible for developing labels and SDSs. To varying degrees, the training needs of additional target audiences have to be addressed. These should include training for persons involved in transport and strategies required for educating consumers in interpreting label information on products that they use.

5. References

References for Section 1.

ANSI Z129.1: American National Standard for Hazardous Industrial Chemicals-Precautionary Labeling.

Australia: Australia Work Safe, National Occupational Health and Safety Commission, Approved Criteria for Classifying Hazardous Substances (1994).

CPSC FHSA: U.S. CPSC, 16 CFR 1500, FHSA regulations.

DOT: U.S. DOT, 49 CFR Part 173, Subpart D.

EPA FIFRA: U.S. EPA, 40 CFR Part 156, FIFRA regulations.

EU: Council Directive 92/32/European Economic Community, amending for the 7th time, Directive 67/548/European Economic Community, approximation of the laws, regulations and administrative provisions on the classification, packaging and labeling of dangerous preparations.

GHS: Globally Harmonized System of Classification and Labeling of Chemicals, United Nations, 1st Revised Edition 2005.

IATA: International Air Transport Association's Dangerous Goods Regulations.

ICAO: International Civil Aviation Organization's Technical Instructions for the Safe Transport Of Dangerous Goods By Air.

IMO: International Maritime Organization's International Maritime Dangerous Goods (IMDG) Code.

Japan: Japanese Official Notice of Ministry of Labor No. 60 "Guidelines for Labeling of the Danger and Hazards of Chemical Substances".

Korea: Korean Ministry of Labor Notice 1997-27 "Preparation of MSDS and Labeling Regulation".

Malaysia: Malaysian Occupational Safety and Health Act (1994), Act 514 and Regulations (1994).

Mexico: Dario Official (March 30, 1996) NORMA Official Mexicana NOM-114-STPS-1994.

NFPA: National Fire Protection Association, 704 Standard, System for the Identification of Fire Hazards of Materials, 2001.

NPCA HMIS: National Paint and Coatings Association, Hazardous Materials Identification System, 2001.

OSHA HCS: U.S. DOL, OSHA, 29 CFR 1910.1200.

WHMIS: Controlled Products Regulation, Hazardous Products Act, Canada Gazette, Part II, Vol. 122, No. 2, 1987.

References for Section 2:

GHS Chapter 1.1 Purpose, Scope and Application of the GHS.

GHS Chapter 1.3 Classification of Hazardous Substances and Mixtures.

References for Section 3:

GHS Chapter 1.3. Classification of Hazardous Substances and Mixtures.

GHS Part 2. Physical Hazards.

GHS Part 3. Health Hazards.

GHS Part 4. Environmental Hazards

GHS Annex 8. An Example of Classification in the GHS.

GHS Annex 9. Guidance on Hazards to the Aquatic Environment.

GHS Annex 10. Guidance on Transformation/Dissolution of Metals and Metal Compounds in Aqueous Media

References for Section 4:

GHS Chapter 1.4. Hazard Communication: Labeling.

GHS Chapter 1.5. Hazard Communication: Safety Data Sheets.

GHS Annex 1 Allocation of Label Elements.

GHS Annex 2 Classification and Labeling Summary Tables.

GHS Annex 3 Precautionary Statements and Precautionary Pictograms.

GHS Annex 4 Guidance on the preparation of Safety Data Sheets

GHS Annex 5 Consumer Product Labeling Based on the Likelihood of Injury.

GHS Annex 6 Comprehensibility Testing Methodology.

GHS Annex 7 Examples of Arrangements of GHS Label Elements.

References for Government and Private Standards:

Canada

Hazardous Products Act: Controlled Products Regulations; Consumer Chemical and Container Regulations, 2001 Pest Control Products Act; Transportation of Dangerous Goods Act. Health Canada GHS Website

European Union (EU)

Directive 67/548/EEC (consolidated, 7th revision).

Directive 2001/59/EC adapting to technical progress for the 28th time Council Directive 67/548/EEC.

Manual of decisions, implementation for the sixth and seventh amendments to Directive 67/548/EEC on dangerous substances.

Directive 1999/45/EC of the European Parliament and of the Council of 31 May 1999 related to the classification, packaging and labeling of dangerous reparations.

Commission Directive 91/155/EEC defining and laying down the detailed arrangements for the system of specific information relating to dangerous preparations (SDS.)

Directive 2001/58/EC (amending Directive 91/155/EEC) defining and laying down the detailed arrangements for the system of specific information relating to dangerous preparations (SDS).

Standards

American National Standard for Hazardous Industrial Chemicals — Precautionary Labeling (ANSI Z-129.1-2000).

American National Standard for Hazardous Industrial Chemicals — MSDS Preparation (ANSI Z400.1-2004).

ISO 11014-1:2003 DRAFT Safety Data Sheet for Chemical Products.

3 EXPOSURE CONTROL PLAN

IN THIS SECTION

A. ENGINEERING & WORK PRACTICE CONTROLS EVALUATION
- Needle Re-capping Controls Evaluation Sheet

B. INFECTION CONTROL PLAN FOR THIS OFFICE
a. Standard Operating Procedures
b. Maintenance, Treatment Room & BMW Mail-Back Logs
c. Tuberculosis Prevention
d. Engineering Control & Work Practice
e. Infection & Exposure Control Plan Training Acknowledgment Form
f. Employee Non-Compliance Citation

C. AIDS & HEPATITIS B GUIDELINES HIV 2011

D. OSHA LAWS

BLOODBORNE PATHOGENS STANDARD (29 CFR 1910.1030)

IONIZING RADIATION STANDARD (29 CFR 1910.1096)

A COPY OF THIS EXPOSURE CONTROL PLAN IS MADE AVAILABLE TO ALL OF OUR EMPLOYEES.

A. ENGINEERING & WORK PRACTICE CONTROLS EVALUATION

IDENTIFICATION, EVALUATION & SELECTION OF ENGINEERING & WORK PRACTICE CONTROLS

NEEDLE RE-CAPPING DEVICE EVALUATION FORM

Required in: NY NJ TN TX OR

Date	Name of Device Description of Device Control Evaluated	Manufacturer Supplier	Evaluator's Name	Evaluation Process (circle all that apply)	(+) Advantages (-) Disadvantages	Conclusions	Implemented into Workplace
	EZ CAP	3M		Meeting Questionnaire **Product Inspection** Pilot Study Literature Review Other: ______	(+) ______ (-) ______	☐ We will use ☐ We will not use	☐ Yes ☐ No
				Meeting Questionnaire Product Inspection Pilot Study Literature Review Other: ______	(+) ______ (-) ______	☐ We will use ☐ We will not use	☐ Yes ☐ No
				Meeting Questionnaire Product Inspection Pilot Study Literature Review Other: ______	(+) ______ (-) ______	☐ We will use ☐ We will not use	☐ Yes ☐ No
				Meeting Questionnaire Product Inspection Pilot Study Literature Review Other: ______	(+) ______ (-) ______	☐ We will use ☐ We will not use	☐ Yes ☐ No
				Meeting Questionnaire Product Inspection Pilot Study Literature Review Other: ______	(+) ______ (-) ______	☐ We will use ☐ We will not use	☐ Yes ☐ No
				Meeting Questionnaire Product Inspection Pilot Study Literature Review Other: ______	(+) ______ (-) ______	☐ We will use ☐ We will not use	☐ Yes ☐ No
				Meeting Questionnaire Product Inspection Pilot Study Literature Review Other: ______	(+) ______ (-) ______	☐ We will use ☐ We will not use	☐ Yes ☐ No

B. INFECTION CONTROL PLAN FOR THIS OFFICE

Office Name: _____

Doctor's Name: _____

Office Address: _____

_____

Office Phone: _____

Infection Control Managers Name: _____

Introduction

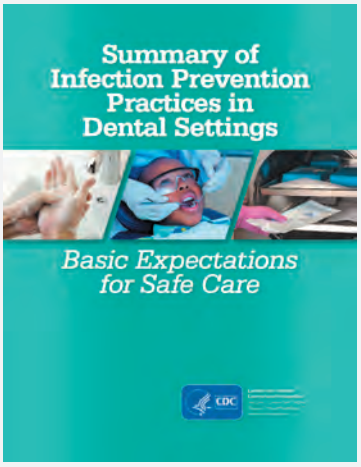
In accordance with Federal OSHA Instruction CPL 2-2.44A & Current CDC Guidelines, the **office of** _____ have developed a written **Infection Control Plan** for our employees. It will serve to provide uniformity in work practice infection control efforts, as well as serve to provide current industry standards for safety, sterilization and asepsis. This plan will evolve as technology, disease cross-contamination protocols and laws evolve. The following is the **Infection Control Plan** for this office: The following customized section will reflect our office's Infection Control Protocols to protect both our Employees & Patients. We strive to practice to the most current OSHA & CDC guidelines.

General Policy

Our **Infection Control Plan** is to be reviewed and followed by all of our clinical employees. Non-clinical employees will also be required to review and understand this material to maximize continuity of care and infection control efforts within this facility. Each new employee will be trained on this material within 30 days of hire and will have the opportunity to ask questions to ensure adequate understanding, complying with OSHA Instruction CPL 2-2.44A (OSHA standard). Under this program, all employees of this office will be informed of our:

- OSHA protocols in accordance with current CDC standard
- Proper use of PPE, Sterilization
- Disinfection & House Keeping Protocols
- Infectious Patient Protocols
- Modes of transmission of HBV, HIV, TB and other infectious diseases
- The proper use of Personal Protective Equipment
- Safe Work Practices
- The availability of HBV vaccine and shared responsibility for other Immunizations (+ all other vaccines as dictated by State and our Professional Practice Acts)
- Occupational Exposure Determination Forms (for employees to understand their occupational hazards)
- Needle Stick & Sharps Injury Post-Exposure Evaluation and Follow-up.
- System for Early Detection and Management of Potentially Infectious Persons at Initial Points of Patient Encounter.

CDC SUMMARIES



This customizable Infection Control Plan for your office is based upon the current CDC Summaries. To see the full CDC Summaries on Oral Health for Infection Control in the Dental Office please go to: www.cdc.gov/oral-health/infectioncontrol/pdf/safe-care.pdf

This program applies to all work operations in our office where employees may be exposed to blood or other potentially infectious materials under normal working conditions. The management at _____ _____ has the overall responsibility for coordinating, receiving, and updating this program as necessary. Within 30 days of hire, each employee will have training and sign-off on comprehension of this material. Infection Control Protocols will be updated to CDC Guidelines each year and all employees will be retrained on this material annually or sooner as laws evolve.

Universal / Standard Precautions

Because not all patients with infectious diseases can be identified by medical history, physical examination, or laboratory tests, the blood and saliva of all patients should be treated as if they were infective. As a result, the same infection control practices should be used with all patients. This approach is known as "Universal Precautions." All clinical employees should fully understand Universal Precautions and implement them at all times, when in clinical practice at this location. Our clinical team will utilize current Safe Injection Practices and handle aesthetic syringes as little as possible and with caution.

Safety Determinations when encountering Infectious Patients

We will base our evaluations of each of our patients' current health status upon information that we receive from them directly and from their treating physicians. A comprehensive and annually up-dated medical history form is used to evaluate all patients. If a patient reveals that they currently have active infectious diseases, we will check with their attending physician to get appropriate written clearance before administering any care. Administering Clinician will not pass aesthetic syringe back to assistant. Re-capping will be completed safely according to current safety standard by Administrating Clinician. Universal Precautions and segregated red bag and disposal of all items used for these patients will be a standard protocol. For airborne infectious disease, such as cold and flu, we will encourage patients to reschedule appointments. With regards to epidemic situations, infection control and treatment recommendations from CDC will be followed. We know that current information regarding this is available on their website.

Personal Protective Equipment (PPE)

When working in clinical, sterilization or lab areas, the employee at this office must use appropriate Personal Protective Equipment (PPE) to include, but not limited to: gloves, gowns or laboratory coats, face shields / eye protection with side shields, masks, full coverage shoes & ear protection (and change appropriately). As is surgically necessary in this office, employees

KEY RECOMMENDATIONS

Respiratory Hygiene/ Cough Etiquette in Dental Settings

1. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the visit.
   a. Post signs at entrances with instructions to patients with symptoms of respiratory infection to—
      i. Cover their mouths. noses when coughing or sneezing.
      ii. Use and dispose of tissues.
      iii. Perform hand hygiene after hands have been in contact with respiratory secretions.
   b. Provide tissues and no-touch receptacles for disposal of tissues.
   c. Provide resources for performing hand hygiene in or near waiting areas.
   d. Offer masks to coughing patients and other symptomatic persons when they enter the dental setting.
   e. Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care.
2. Educate DHCP on the importance of infection prevention measures to contain respiratory pathogens when examining and caring for patients with signs and symptoms of respiratory infection.

will also wear fluid-proof aprons, head covers, and foot covers if extensive exposure to blood / saliva is anticipated.

PPE is made available to all employees our office at no cost to the employee; in appropriate sizes; in adequate supply to replenish as needed, hypo-allergenic when necessary and to current OSHA protective standards, CDC Guidelines and industry professional-grade standards. Employees should adhere to the following guidelines when using or wearing PPE:

Masks / Respirators

Mask should be worn in non-aerosol procedures with color facing out and pleats facing down; Level 2, 3 or better protection masks will be supplied to non-clinical employees and employees performing non-aerosol procedures. Change masks every 20-40 minutes for proper filtration and infection control protection.

During aerosol procedures, follow current CDC & OSHA guidelines for wearing respirators. It is always considered "best practices" to wear respirators in bio-aerosol environments. Check your State & the current Federal Regulations for clarification.

Gloves

Gloves should be worn when the employee has the potential for the hands to have direct skin contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling items or surfaces soiled with blood or other potentially infectious materials and when in treatment rooms or sterilization areas. Surgical gloves will be worn for all surgical procedures. Disposable (single use) gloves, such as surgical or examination gloves, should be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. They should not be washed or disinfected for reuse. New gloves should be donned for each patient and, as many times as necessary when breaking chain of asepsis during patient treatment.

De-gloving should be involve grasping the lip of one glove (with one finger), pushing that glove downward, while folding gloves, inside-out to keep the soiled glove surfaces wrapped inside of both gloves as one unit. This will minimize exposure to infectious contaminants.

Hypo-allergenic gloves will be provided for hypersensitive employees. Signs and symptoms of latex sensitivities will be made known and evaluated with employees. ***Nails*** will be kept at a short appropriate length to prevent glove tears and ensure cleanliness. ***Jewelry wearing*** is prohibited during surgical procedures.

Utility gloves must be made available to employees that handle critical and semi critical items. Each employee may have their own pair of utility

KEY RECOMMENDATIONS

PERSONAL PROTECTIVE EQUIPMENT (PPE) in Dental Settings

1. Provide sufficient and appropriate PPE and ensure it is accessible to DHCP.
2. Educate all DHCP on proper selection and use of PPE.
3. Wear gloves whenever there is potential for contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment.
   a. Do not wear the same pair of gloves for the care of more than one patient.
   b. Do not wash gloves. Gloves cannot be reused.
   c. Perform hand hygiene immediately after removing gloves.
4. Wear protective clothing that covers skin and personal clothing during procedures or activities where contact with blood, saliva, or OPIM is anticipated.
5. Wear mouth, nose, and eye protection during procedures that are likely to generate splashes or spattering of blood or other body fluids.
6. Remove PPE before leaving the work area.

gloves and can personalize them with a laundry marker. Utility gloves must be worn when handling or transporting soiled instruments, critical and semi-critical instruments to sterilization areas and when processing instruments. Wearing utility gloves during these times will greatly reduce the risk of injury. Utility gloves may be disinfected for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration.

Eye Protection and Face Shields

Industry standard safety eye protection with side-shields (or chin-length face shields) will be worn whenever splashes, spray, spatter, droplets, or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose, or mouth contamination. Employees may choose to personalize their eyewear with a laundry marker and their name. Protective eye wear should be disinfected after each use.

- ❑ In this office we also offer our patients protective eyewear; these will be properly disinfected after each use.
- ❑ This office has a working eyewash station with signage

Hair will be pulled back and appropriately secured so as not to interfere with work duties or keeping the chain of asepsis. If hair is noticeably interfering with a clinician's job performance, this will be addressed immediately and must be corrected and maintained throughout clinical practice.

Gowns & Uniforms

Appropriate protective clothing (industry standard medical uniforms, lab coats / disposable gowns) will be worn when the employee has potential for occupational exposure to blood, saliva or infection. The type and characteristics will depend upon the task and degree of exposure anticipated. However, the clothing selected for our employees will comply with current CDC and Industry Standard, form an effective barrier and provide full coverage, to be changed after aerosol procedures as required by current State / Federal regulations. Gowns, lab coats, aprons, or similar clothing should be worn if there is a potential for soiling of clothes with blood or other potentially infectious materials. Replacement of gowns and uniforms will be at least daily or more often if gown or uniform is noticeably soiled. The management at this office will supply uniforms and gowns in the following fashion:

Employee Uniforms

- ❑ Uniform allowance will be given to each employee annually. (This applies if "specific scrubs" are required to wear by management.)

- ❑ The management at our office will purchase appropriate uniforms for all employees as needed.
- ❑ Each employee is responsible for the purchase & upkeep of their own scrubs.

Gowns / Lab Coats

- ❑ Disposable Lab Coats will be supplied for all employees
- ❑ Uniform Industry-Standard, Fluid Resistant Lab Coats will be supplied to all employees (Either or is required.)

Laundry Practices

This office will process all contaminated uniforms / lab coats in the following manner:

- ❑ We launder all items on-site / washer & dryer, using PPE during processing.
- ❑ Our laundry hampers are labeled with Biohazard Stickers.
- ❑ We send out soiled laundry to an official BMW processing dry cleaners.
- ❑ We have disposable lab coats available for all of our employees to use.

The location of our *personal protective equipment in our office* is kept as follows: _____

(Fill-in location in your office)

Personal Protective Equipment	Location Of PPE
Gloves—Non-Sterile Type	❑ Treatment Room ❑ Storage ❑ Other
Gloves—Sterile Type (for surgeries)	❑ Treatment Room ❑ Storage ❑ Other
Gloves: Utility Type	At Sterilization Sink Area
Gloves: (for lab use)	❑ Available in Lab ❑ Available in each Op.
Masks	❑ Treatment Room ❑ Storage ❑ Other
Protective Eyewear	❑ Treatment Room ❑ Storage ❑ Other
Protective Lab Coat / Gown	❑ Employee Locker ❑ Closet ❑ Other
Resuscitation equipment	❑ Storage Cabinet ❑ Closet ❑ Other
Other:	

More House Keeping Protocols

All employees of _____ will wear all PPE as designated above when cleaning and disinfecting surfaces or items contaminated with blood or other potentially infectious materials. For purposes of our infection control program, disinfectants are chemical

germicides that are approved for use as medical grade disinfectants and are tuberculocidal and will be used at recommended dilutions. These will be diluted per manufacturer's specifications and date logs will be kept per our protocols as listed below.

A solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water or a medical-grade Blood Spill Clean-Up Kit for disinfecting of surfaces contaminated by blood or other potentially infectious materials following an initial pre-cleaning. Blood Spills will be cleaned up with disposable wipes and placed securely into a red bag and sealed, then placed in our big red bag. Final clean-up of the area will allow the sodium hypochlorite dilution / or equitant disinfectant to soak for 30 minutes, after initial clean up. At the office of _____ _____, our current surface cleaners are as follows. All employees should now, if they have not done so prior, check appropriate manufacturer's specifications for use and handling:

Blood Spill Clean-Up

❑ We will use a 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water; Allowing to sit 30 minutes after initial wipe and clean up; Red bag, double-sealed disposal will be used for all soiled clean up items.

❑ We will use a Blood Spill Clean-Up Kit that can be found in this area of office: _____.

Cold Sterile Solutions

❑ Our Cold Sterile Solution brand currently used is:

_____

Manufacturer Directions for use are:

_____

_____

_____

A WRITTEN LOG IS REQUIRED WHEN CHANGING COLD STERILE SOLUTIONS. WE SAVE THESE WITH OTHER REQUIRED OSHA PAPERWORK FOR 3 YEARS CHRONOLOGICALLY.

Surface Disinfectants

❑ Our Surface Disinfectant Solution brand currently used is:

_____

(Must be an EPA registered tuberculocidal)

Manufacturer Directions for dilutions and use are:

_____

_____

_____

❑ This Surface Disinfectant can only be used for ___ days once diluted.

❑ To ensure freshness of this solution we:

❑ Date the bottles ❑ Use a Tracking Log

Cleaning and Disinfecting

As a policy of our Infection Control Plan at the office(s) of _____, all equipment and working surfaces will be properly cleaned and disinfected after exposure or contact with blood, saliva or other potentially infectious materials. Work surfaces will be decontaminated with the fore mentioned appropriate surface cleaner and medical grade, EPA registered tuberculocidal disinfectants:

- After completion of clinical procedures
- When surfaces are contaminated
- Immediately after any spill of blood or other potentially infectious materials
- At the end of the work shifts in all clinical / clinical work areas

To comply with CDC Guidelines, our office will be able to answer "yes" to all questions below:

Use of surface cleaners and medical grade disinfectants will be used to the manufacturer's specifications, especially in hard to clean areas. Protective coverings such as plastic wrap, adhesive plastic barriers, or imperviously absorbent molded paper barriers may be used to cover equipment / environmental surfaces. These are not required if we have ample time to allow surface disinfectants to work and dry). Most times in this office, we use:

❑ Both barriers and disinfectants with ample dry time

We use EPA-registered, medical-grade disinfectants and sterilants (dilution, shelf life, storage, safe use, disposal and material compatibility

❑ YES ❑ NO ❑ N/A

Protective barrier coverings will be removed and replaced after each patient or whenever they become overtly contaminated and at the end of the work shift.

Equipment that may become contaminated with blood, saliva or other potentially infectious materials, will be decontaminated routinely and properly; this will include, prior to servicing or shipping. Our equipment maintenance schedule will be listed within this document below and will be posted in a common area for all clinical employees to reference and use when performing equipment maintenance at our office.

All bins / receptacles intended for reuse that have a potential for becoming contaminated with blood, saliva or other potentially infectious materials will be inspected daily, cleaned and disinfected with our medical grade disinfectant. If during the course of our work, contamination is obvious or overt, cleaning and disinfection will be performed immediately or as soon as possible upon visible contamination. If contamination is excessive, bleach dilutions will be used as previously mentioned for 30 minute exposure.

Broken glassware, burs, endo files, scalpels and other sharps that may be contaminated will not be picked up directly with the hands. These should always be cleaned up using mechanical means (forceps or grippers).

Reusable items contaminated with blood or other potentially infectious materials should be washed, sterilized / disinfected prior to use or reprocessing. Single-use and single-dose items are the preferred choice for use at this office location.

Chemical used for high level disinfection at this office are dated with expiration dates and discarded before expiration date passes. We write these:

❑ directly on bottles ❑ on labels / on bottles

❑ We keep a disinfectant dated log

Instrument Pre-soak Detergents

Biofilm and organic matter are removed from instruments (critical and semi-critical items) using a professional grade detergent/ enzymatic cleaner. We process these through our ultrasonic cleaner. These solutions are mixed fresh daily, according to manufacturer recommendations just prior to use. We change these more often, if solutions seem weighted with heavy volume of instruments. We wear utility gloves for all soiled instrument handling. In the event of transport of critical items we use forceps and puncture proof sure-grip gloves are present in all operatories and in our sterilization area for use and precaution.

❑ Our ***Ultrasonic Detergent Solution*** brand currently used is:

_____

Manufacturer Directions for dilutions and use are:

_____

_____

_____

Number of working ultrasonic cleaners: _____

Protocol in case ultrasonic breaks down:

❑ Use secondary office ultrasonic ❑ Get a loaner

❑ Hand scrub with medical-grade, puncture proof utility-gloves (but not for a period longer than 30 days) until a replacement unit arrives. Review of instrument handling/scrubbing is reviewed with all employees prior to inception of this plan.

Water Lines & Hoses

Biofilm and organic matter are removed from our water hoses using professional grade detergents or enzymatic cleaners. We mix these just prior to use according to manufacturer's directions. These solutions are critical to flush through these lines daily, to clear lines from biofilm which can harm our equipment function as well as build up and be omitted when expressing air and water from our lines. Biofilm emitted into the air can be harmful to breathe so attention to this task is an essential part of our daily end-of-day room maintenance protocol. We mix and use waterline detergent / enzymatic cleanser according to manufacturer recommendations / daily. We wear utility gloves for this task.

❑ Our Waterline/Hose Enzymatic Cleanser Solution brand currently used is: _____

Manufacturer Directions for dilutions and use are:

_____

_____

Our **Dental Unit Water** source and treatment protocols are as follows:

❑ **Municipal / Filtered Water Source. We test Each Dental Chair/ Unit Water <u>1 x per month</u>** to meet the potable water standard of EPA (< 500 CFU/ml)

❑ If there is a water test failure, we re-test immediately, stop using that dental chair until maintenance appointment, water department and re-testing is performed.

❑ **Municipal / Filtered Water Source with tabs, drops or straw. We use a Reservoir Water Bottle at each Dental Chair/Unit. We test each chair/ unit <u>1 x per quarter</u>** to meet the potable water standard of EPA (< 500 CFU/ml)

KEY RECOMMENDATIONS

DENTAL UNIT WATER QUALITY in Dental Settings

1. Use water that meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.
2. Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the quality of dental water.
3. Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product.
4. Use sterile saline or sterile water as a coolant/irrigant when performing surgical procedures.

- **We Shock all of our Dental Water Lines (to include cavitron lines),** to keep our dental unit water to industry standard and to properly treat the biofilm in our water hoses. After Shocking we test all dental chair units.

  Our Shock Schedule is:

  - **Reservoir Water Bottles = 90 days**
  - **Municipal / Filtered Water = 7 days**

DOCUMENTATION OF WATER TESTING, FOR EACH DENTAL CHAIR, IS REQUIRED.

Heat Sterilizers

Our heat sterilizers are used to sterilize our semi-critical and critical items. We pre-soak all of these items in a full cycle of our ultrasonic bath to remove biofilm and debris. After rinsing all items are checked for no debris and pre-bagged in heat sensitive chemical indicator bags or tape is used) and placed in our heat sterilizer without overcrowding. Room for aeration and proper penetration of the heat is followed according to manufacturer's directions. After heat sterilizer cycle is finished, all items are placed in proper dry mode cycle. All instruments are stored in cool, dry, covered areas until used.

In our office we have these heat sterilizers in operation:

Number of working autoclaves: _____

Number of working dry heat sterilizers: _____

Number of working Flash steam sterilizers (Statim):_____

Sterilization

Standard sterilization and disinfecting procedures currently recommended by the CDC (Appendix 4) and the ADA (Appendix 5) will be used in our office to sterilize or disinfect instruments, devices, or other items contaminated with blood or other potentially infectious material.

Our in-office biological testing process consists of monitoring through a combination of mechanical, chemical, and biological techniques designed to evaluate the sterilizing conditions and the procedure's effectiveness. We use a **Class 5 Indicator Strip in every heat sterilizer load,** to test for sterilization. We also use **Biological 3rd Party Spore Testing** in accordance with our State Requirements *(see diagram to right)* for growth analysis and we will keep our test reports for 3 years chronologically.

Mechanical techniques for monitoring sterilization, in this office, include assessing the cycle time, temperature, and pressure of sterilization equipment by observing the gauges or displays on the sterilizer. We know that correct readings do not ensure sterilization, but incorrect readings could be the first indication that a problem has occurred with the sterilization cycle. And we note this as an indicator to seek alternative heat sterilizer use immediately and call a service tech.

State	Frequency Required
Alabama	Weekly*
Alaska	Weekly*
Arizona	Weekly*
Arkansas	Monthly
California	Weekly
Colorado	Weekly*
Connecticut	Weekly*
Delaware	Weekly*
Florida	Every 40 hours or at least Monthly
Georgia	Weekly*
Hawaii	Weekly*
Idaho	Weekly*
Illinois	Weekly*
Indiana	Weekly*
Iowa	Weekly*
Kansas	Weekly*
Kentucky	Weekly*
Louisiana	Weekly*
Maine	Weekly*
Maryland	Weekly*
Massachusetts	Weekly*
Michigan	Weekly*
Minnesota	Weekly*
Mississippi	Weekly*
Missouri	Weekly*
Montana	Weekly*
Nebraska	Weekly*
Nevada	Weekly*
New Hampshire	Weekly*
New Jersey	Weekly*
New Mexico	Weekly*
New York	Weekly*
North Carolina	Weekly*
North Dakota	Weekly*
Ohio	Weekly
Oklahoma	Weekly
Oregon	Weekly
Pennsylvania	Weekly*
Rhode Island	Weekly*
South Carolina	Weekly*
South Dakota	Weekly*
Tennessee	Weekly*
Texas	Weekly*
Utah	Weekly*
Vermont	Weekly*
Virginia	Weekly*
Washington	Weekly*
West Virginia	Weekly*
Wisconsin	Weekly*
Wyoming	Weekly*

Chemical indicators, internal and external, use sensitive chemicals to assess physical conditions such as temperature during the sterilization process. We use external chemical indicators such as heat sensitive tape or indicator bags that change color rapidly when a given parameter is reached. Since indicator test results are shown immediately after the sterilization cycle is complete and could provide us an early indication of a problem and where the problem occurred in the process. For better testing quality, we also use internal indicator strips within one bag per load to ensure heat penetration is occurring. If the internal or external indicator suggests inadequate processing, the item that has been processed will not be used. Because chemical indicators do not prove sterilization has been achieved, a biological indicator (i.e., spore test) is required. We may also place one indicator strip inside of a bag per load and one in the externally in the load. Typically, all implantable devices come are ordered pre-sterilized. If sterility is broken, we would not use that device and secure a pre-sterilized item for use. If we had to, we would use an internal indicator to pre-sterile the implantable device before using surgically.

Biological indicators with Report Results (BIs) Since these are the most accepted means of monitoring the sterilization process, and because they directly determine whether the most resistant microorganisms (e.g., Geobacillus or Bacillus species) are present (rather than merely determine whether the physical and chemical conditions necessary for sterilization are met), We use them in accordance with the CDC sent out to a third party for processing and reporting in accordance with the "frequency required" table listed on the prior page.

Biological Indicator Test Results (aka: Spore Strip Tests)

- ❏ Our policy is to test every 40 hours of use / or every 30 days, whichever occurs first. (AR & FL only)
- ❏ We Test Weekly.

Obligation to Test & Monitor Every Heat Sterilizer Load:

Our office complies with the CDC / OSHA Standard to test multi-parameters for every heat sterilizer load. We do this by:

- ❏ Use of Class 5 / Multi Parameter Indicator Strips
- ❏ Use of Class 5 Multi Parameter Indicator Bags
- ❏ Use of Thermal Printer with printed confirmation of batch being sterile

A spore strip is run through every sterilizer(s) cycle then sent to an accredited testing facility to verify our sterilizer(s) efficacy.

Upon receiving back reports as to the effectiveness of our autoclave, we keep these reports in chronological order with our other sterilization logs

or call for sterilizer maintenance and service as stated.

Sterilizer Failure Protocols

Should our heat sterilizer fail, our office will:

- ❑ All patient care would terminate until a loaner heat sterilizer would arrive and be tested for accurate sterilization standards as listed above.
- ❑ We have a secondary heat sterilizer that we would ensure is in proper working order to achieve sterilization and we would use this unit to process all instruments and items.

Instrument Sterilization Integrity Inspection

All of our sterilized packets are date stamped and inspected for package integrity prior to use. We will re-sterilize any packet that is more than 60 days from the sterilization date stamped.

To comply with CDC Guidelines, our office will be able to answer "yes" to all questions below:

- ❑ Our sterilized packages are stored in dry cabinets or drawers, free from aerosol or physical manipulation. ❑ YES ❑ NO
- ❑ Sterile packs are inspected for integrity, at least once per week, compromised packs are reprocessed. ❑ YES ❑ NO
- ❑ Date stamp on every heat sterilized bag or cassette

Differentiating between need for Heat Sterilization vs High-Level Disinfection

When becoming familiar with the critical, semi-critical instruments and items disposable applicator items at our office, clinical team members are trained in and know the different sterilization and disinfection processes for each item. Some differentials include:

- ❑ Single use instruments or devices are not processed and re-used ❑ YES ❑ NO
- ❑ Semi-critical items (x-ray holders and rings, prophy paste rings, rubber dam frames) are sterilized after each use if not heat sensitive ❑ YES ❑ NO
- ❑ Heat sensitive semi-critical are at a minimum high level disinfected after each use or chemical sterilized after each use ❑ YES ❑ NO

Handpiece Sterilization

Heat Tolerant Handpieces are sterilized after each use at our office (including high & low speed handpieces, prophylaxis angles, ultrasonic and sonic scaling tips, air abrasion devices, air and water syringe tips, and motors—with

exception of electric type models). Maintenance/ lubrication of all handpieces is completed routinely according to manufacturer's directions.

Number of electric handpieces: _____

Brands: _____

Number of high-speed turbine handpieces: _____

Brands: _____

Number of working slow-speed handpieces: _____

Brands: _____

- ❑ We comply with the CDC / OSHA Standard to have (3) handpieces available per treatment room. Allowing for a safe rotation of: (1) in use, (1) in heat & (1) in cool down

Biohazard Labeling Procedures (Tags)

Biohazard Warning labels will be affixed to containers of infectious waste; ***refrigerators and freezers containing blood or BMW, laundry hampers, suction traps, radiation buttons and other potentially infectious material containers and equipment.*** Biohazard Warning labels required by OSHA will be used in our office and will follow this format:

- ❑ Biohazard—These labels should be fluorescent orange or orange-red or predominately so, with lettering or symbols in a contrasting color.
- ❑ Labels should either be an integral part of the container or should be affixed as close as safely possible to the container by string, wire, adhesive, or other method that prevents their loss on unintentional removal.
- ❑ Red bags or EPA approved, medical grade red container may be substituted for labels on container of infectious waste.

Infectious waste in our office will include, but not limited to: used sharps, extracted teeth, and soft BMW waste items. If these materials are placed in commercially available red sharps containers imprinted with the biohazard symbol, the waste disposal and labeling requirements of the OSHA standard will have been satisfied.

Hand Washing

Employees wash their hands immediately or as soon as possible after removal of gloves and after contact with blood or other potentially infectious materials. Hand washing includes attention between digits, use of current acceptable antibacterial soap and proper length of time (2 minutes) as specified by soap manufacturer for effective germ kill. At our office, we understand that hand sanitizers are for occasional use and are not a substitute for appropriate hand washing as stated above. Hand sanitizers should be used only when there is no visible debris or known splatter on hands.

KEY RECOMMENDATIONS

HAND HYGIENE in Dental Settings

1. Perform hand hygiene—
   a. When hands are visibly soiled.
   b. After barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or respiratory secretions.
   c. Before and after treating each patient.
   d. Before putting on gloves and again immediately after removing gloves.
2. Use soap and water when hands are visibly soiled (e.g., blood, body fluids); otherwise, an alcohol-based hand rub may be used.

a. Standard Operating Procedures

Standard Operating Procedures (SOP's) regarding infection control will be defined for each clinical area task that reoccurs throughout our work day. These SOP's will include both the protective equipment and mandatory work practices necessary to prevent the transmission of disease.

Opening Procedures

1. Staff members should remove street clothes and shoes and put on a clean uniform and clinic shoes. Street clothes should not be stored in the same place as soiled uniforms. Clinic shoes should not be worn outside the office.
2. Staff members should put on clean gloves and prepare the operatories, labs and sterilization areas for patient treatments.
3. Wipe environmental surfaces (chairs, stools, sinks, faucets, cuspidors, hoses and hose ends, air-water syringes, high volume suction ends, saliva ejector ends, counter tops, operatory lights, cabinet and drawer handles, ultrasonic hand-pieces and other accessory equipment with a medical grade surface disinfectant. Use a "saturated -wipe-" technique for applying disinfectant.
4. Flush water through all dental hand-pieces, air/water syringes and ultrasonic hand-piece lines for 3 minutes (6 minutes if the units have been shut down more than 24 hours).
5. Check to see that areas of the operatories, lab and sterilization area not contacted during patient treatment (floor, walls, ceilings) are in a sanitary condition.
6. Receptionist & Attending Clinician will screen patients to identify potentially Infectious Diseases via visual, auditory and written communication. Potentially infectious patients will be rescheduled for treatment. Physician's clearance may be required if potential disease has on-going threats to our staff.

Preparing the First Patients

1. Make sure Treatment Room was disinfected and ready for use.
2. Team member, setting up operatories (i.e. setting up treatment trays, retrieving instruments from drawers) will wear single-use latex, polyvinyl chloride or nitrile gloves, lab coat.
3. Take the appropriate instrument tray to each operatory.
4. Set-up all disposable items needed (headrest covers, patient drapes, light handle covers, working surface covers, suction tips, cotton rolls, gauze

sponges, articulating paper, prophy cups and paste, cotton-tip applicators, cotton balls, wedges, matrix bands, brushes, mixing pads, polishing materials, restorative materials, impression materials, patient bib etc.) Disposable items should be stored in a sanitary area and dispensed only as necessary in amounts required for a single patient treatment.

5. Set-out all non-disposable items needed (bur blocks in sterile pouch, glass slabs, mixing bowls, spatulas, shade guides, impression materials, face-bows, measuring guides, patient bib chain, etc.) (Non-disposable items are be stored in a sanitary area after sterilization or high-level disinfecting, and retrieved only as necessary.)
6. Set up anesthetic both topical / cotton applicator and syringe type. Make sure these are ready for use but not open to air.
7. Leave sterile hand-pieces sealed in sterilization bag, lay out instrument pouches. These will not be opened until ready-to-use and in front of patient.

Chairside Procedures

1. Seat Patient and drape with patient napkin.
2. Check medical history which will be taken or updated on each patient, including questions on medications, current/past illnesses, infectious diseases, recurrent illnesses, changes in contact information. Ensure that patient has signed off on this information and that it is up-to-date and accurate.
3. Clinical team members will begin each patient wash hands / forearms for 2 minutes under cool water using a liberal amount of a medical grade soap / anti-microbial handwash soap. Rinse hands and dry well using single-use paper towels. Before and after each patient, wash in the same manner. Hand sanitizing gels and faster hand washing will not suffice for this longer hand washing which will be performed prior to seeing a new patient. (At the beginning of each day, staff who participate in patient's surgical treatment should remove all jewelry.)
4. Avoid turning water faucets on by hand. To activate a manually operated faucet, use elbows or a barrier, (i.e. a paper towel). Soap dispensers disinfected with each use.
5. Contaminated gloves should not be worn outside patient treatment areas.
6. Administering Clinician will not pass aesthetic syringe back to assistant. Re-capping will be completed safely according to current safety standard by Administrating Clinician.
7. If an injury with a sharp object occurs, or if gloves become cut or torn during a patient treatment contact, as soon as prudent remove

and dispose of the gloves, wash hands thoroughly, and re-glove. Report all injuries to the person in charge.

8. Staff should avoid contact with unnecessary objects such as telephones, during patient treatment. Do not reach into a cabinet or drawer with contaminated gloves. If retrieval of an instrument or material is necessary, put pressed plastic film gloves over contaminated treatment gloves, or use sterile transfer forceps. Patient records and radiographs should not be handled with contaminated gloves.
9. Staff members should wear a facemask during all patient treatment contacts. Masks should be changed as necessary, particularly after procedures where aerosols or spatter create moisture that soaks the mask decreasing ask efficiency. Glass defogger may be necessary for your safety glasses when using a mask. After patient treatment contacts, masks should be considered contaminated, and handled as little as possible, and then only around the edges. Masks should not be worn outside the office.
10. Staff members should wear protective eyewear or chin-length plastic face-shields during all patient treatment contacts. Eye protection should also be worn in the lab and sterilization area as necessary. Protective eyewear should be cleaned and disinfected between patients and should not be worn outside the office.
11. Patient should be provided with protective eyewear during treatments where aerosols or splashing and spattering of liquids or solids may occur. The eyewear should be disinfected after each use.
12. Prior to receiving treatment, patients should rinse with an anti-microbial mouthwash for 15 seconds.
13. Rubber dams and high volume suction should be used whenever possible. Care should be taken to properly position patients during treatment to minimize splashing, splattering and aerosols.
14. All unnecessary items should be removed from the operatories during patient treatment procedures.
15. Normally, visitors should not remain in an operatory when patient treatment procedures are carried out. When this is necessary (i.e. with a non-English speaking patient and translator) the visitor should be provided with appropriate personal protective equipment.
16. Staff members should refrain from touching their eyes, nose, mouth or hair during patient treatment contacts and when performing other Category I and II tasks.
17. When significant contamination of uniforms with body fluids from an aerosol spray is likely, staff members should wear a protective bib cover.

Policy & Procedure for Aseptic Management during Patient Care

It is the policy at this office that the chain of asepsis is maintained during patient care. After fresh, clean sterile and single-use items are delivered to the prepared patient operatory each clinician will don fresh clean disinfected PPE. If a clinician is to reach into a drawer or touch and reach for an item not on the patient's treatment tray, a fresh glove or barrier of cloth or plastic will be used to reach inside of drawers, cabinets or other bins. If gloves are compromised, then will be replaced. If a clinician needs to touch multiple surfaces or leave the treatment area, Proper full hand washing will take place in front of the patient and new gloves will be donned. Any items to fall or get contaminated, will be replaced with fresh items and the same hand washing or barrier techniques would apply after replacing the item.

Cleaning Operatories Between Patients

1. After patient dismissal, dispose of all throwaway items into a waste container. Do not reuse prophylaxis cups. Disposable materials contaminated with blood, body fluids or tissues should be carefully handled and discarded into impervious bags to minimize chances of human contact. Place all disposable sharp items into a separate, puncture-resistant container that has clear, visible identification of its contents. Do not use hands to pick up sharp items (needles, carpules, surgical instruments, blades, etc.). Utilize forceps and wear proper PPE. Human tissues should be disposed of in the same manner as sharp items. Blood, suctioned fluids or other liquid waste should be carefully poured down a drain connected to a sanitary sewer.
2. Staff members exiting from an operatory after a patient treatment contact should remove contaminated gloves by turning them inside out, dispose of them into waste container and wash their hands.
3. Staff members entering an operatory to perform instrument clean-up tasks should wear a pair of utility gloves when handling soiled instruments, the entire time, until the instruments are bagged and loaded into the heat sterilizer, and should have on protective eyewear.
4. Hand-pieces should be wiped with a surface disinfectant to remove debris, then:
    a. Detach handpiece from hose end
    b. Install bur or blank if necessary / Use forceps to remove and handle burs
    c. Lubricate hand-piece with a lubricant set aside for use with contaminated instruments only
    d. Re-attach hand-piece to hose end
    e. Operate 30-seconds with water-spray to disperse excess lubricant.

f. Remove bur or blank with forceps and detach hand-piece from hose end.

5. Place handpiece(s) that can be sterilized on the used instrument tray.
6. Remove contaminated tips from the equipment and place them on the used instrument tray.
7. Place all contaminated waste in its proper receptacles at Point-of-Use: BMW Soft Waste, Sharps, Amalgam Waste & Rx Waste (Glass Carpules)
8. Prepare a generous amount of suction line cleanser, place suction ends into cleaner solution and activate suction. Flush the water lines in dental units and ultrasonic scalers for 30 seconds.
9. Disinfect all surfaces and use protective barriers on all surfaces possible. Disinfect any contaminated surfaces using a three-step "spray-wipe-spray" technique:
   To remove organic debris (blood, saliva, and exudate), apply a surface cleaner and disinfectant liberally to surfaces. When a spray bottle is used, avoid inhaling the disinfectant mist.
   a. **SPRAY** a cleaner / disinfectant onto a surface; do not use a gauze sponge, paper towel or other absorbent material to apply since this deactivates some disinfectants. Gauze sponges should not be stored in a solution of surface disinfectant for the purpose of disinfectant application to environmental surfaces. Do not spray disinfectant onto electrical switches or controls where a short might occur.
   b. **WIPE** each surface with single-use paper towels using a systematic, overlapping pattern. If scrubbing of a surface is necessary, use a brush with plastic bristles. Staff should scrub down and away from themselves, and in a manner to minimize spatter.
   c. **SPRAY** another liberal amount of disinfectant to the surfaces to disinfect them, and allow to remain for the appropriate period of time.

9. Surface barriers are used on all critical use objects and a medical grade disinfectant is used on items contaminated, like hose ends, high volume suction ends, air-water syringes, ultrasonic hand-pieces, electro-surgery units and other non-detachable equipment, with a surface disinfectant. Soak a 4x4 gauze sponge (or other suitable absorbent material) in surface disinfectant. Wrap around hose ends, air-water syringes, etc., and allow to remain for the appropriate period of time. Disposable of plastic barriers if used and replace.
10. Clean environmental surfaces, which have become contaminated with surface disinfectant. Apply additional disinfectant, and allow to remain for the appropriate period of time. Make sure that items like patient chair surfaces, stools, dental units, bracket tables, drawer pulls, sinks, faucet handle, cuspidors, and instrument supports are disinfected.

Don't forget to disinfect like pens and pencils used during patient treatment, items according to manufacturer's recommended contact time.

11. Be sure to disinfect non-disposable items like glass slabs, mixing bowls, spatulas, shade guides, tubes of impression material, impression syringes, impressions, lab items, amalgam wells, medicament containers, measuring guides, etc.
12. Clean cuspidor / suction line traps as necessary between patients. Scrap amalgam should be placed into appropriate Amalgam Recycling Containers and not flushed down a drain attached to a sanitary sewer. We understand that the ADA recommends the use of an Amalgam Separators in many States and Amalgam Recycling Containers are required for Federal OSHA standards.
13. While surface disinfecting is proceeding, take soiled instrument tray to the sterilization area for proper processing wearing utility gloves.

Processing Used Instruments

1. If hand-piece(s) can be sterilized, break down into component parts. Place in single-use, self-sealing, see-through bags and use a water proof marker to label bags with the date and contents. Set bag aside. Do not immerse hand-pieces in solvents, disinfectants or ultrasonic cleaning solutions. Don't forget to bag and sterilize items such as ultrasonic scaler and electro-surgery tips.

   NOTE:
   Sterilization Area: The area designated for the sterilization of instruments requires two areas separate from ***one another; one for contaminated materials and the other for sterile materials.*** The potential for cross contamination is greatly reduced by implementing this recommendation.

2. Remove instruments from the used tray and immerse them in a pre-cleaning bath of disinfectant. Put burs, diamonds and other small items in a mesh holder for pre-soaking. Cover pre-cleaning solution and allow instruments to soak for the appropriate period of time.
3. Scrub contaminated trays to remove debris, and place into a separate disinfectant bath containing a surface disinfectant. Cover with disinfectant solution and allow the trays to soak for the appropriate period of time. Then rinse with cool water, dry with single-use paper towels and store in a sanitary area.
4. Remove the instruments from the pre-cleaning solution; rinse with hot water, drain and blot dry with single-use paper towels. Place instruments into an ultrasonic cleaner, cover to prevent aerosol splash and run 10 minutes.

5. Remove the instruments from the ultrasonic cleaner, rinse with cold water to remove detergent, scrub instruments (if necessary) to remove adherent cements, etc., and blot dry with single-use paper towels.
6. Separate dull instruments; seal them in a sterilization bag and with a waterproof marker label the bag with the date, contents and the word "Sharpen." Set bag aside for later sharpening.
7. Sort the remaining instruments according to the type of processing required:
    a. Heat sterilization, or
    b. High-level immersion disinfecting

    Use appropriate monitors routinely to verify the adequacy of sterilization cycles. According to CDC, weekly verification should be adequate for most practices. Keeping a log or written record of this verification is helpful.

    Do not disinfect any item that can be heat sterilized. Do not immerse hand-pieces and attachments in disinfectant.
8. Place instruments to be disinfected into a container of acceptably approved use for cold-sterile standards. Make certain all instruments are totally immersed. Cover and allow to soak for the appropriate period of time. Do not add more instruments to the disinfectant solution while a soak period is being timed.
9. When the instruments have been disinfected, remove them from the cold-sterile solution, drain, rinse with cool water and blot dry with single-use paper towels. Immediately put the instruments in a sanitary storage area. When cold-sterile solution is used to disinfect an item which may come into contact with skin or mucous membranes, be sure to rinse very well before use.

Handling Sharps

OSHA's definition of contaminated sharps means any contaminated object that can penetrate the skin including, but not limited to; needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

A sterile syringe, a new disposable needle, and a new local anesthetic carpule should be used for each patient. Needles, scalpel blades, and other sharp instruments should be handled carefully to prevent unintentional injuries.

Since an individual patient may require multiple injections of anesthetic or other medications from a single syringe, a number of techniques can be used to minimize the likelihood of injury:

1. Place the unsheathed needle in a "safe sterile field" during the procedure rather than recapping the needle; or
2. Recap the needle by laying the cap on the tray using a scooping technique, one-handed away-from-the-body motion to recap or by placing the cap in a commercial holder so that the needle can be guided into it without injury.

Disposable needles should not be bent or broken after use. Needles should not be manually removed from disposable syringes, or otherwise handled manually. Discard disposable syringes, needles, scalpel blades, and other sharp items into puncture-resistant containers located as close as is practical to the area in which they have been used. Hemostats or pliers or forceps may be used to handle sharp items.

If you drop a needle, be careful when picking it up, use forceps. Retrieve with needle holder, hemostat or forceps.

Anyone who throws a needle in the trash endangers everyone who handles or uses the trash container. Don't try to compact trash with your hands or feet. Assume there may be a needle or sharps improperly disposed of hidden just below the surface. Empty trash containers holding the bags away from your body as you carry them. Broken glassware, which is contaminated, is to be cleaned up using mechanical means, such as needle holder or hemostat.

Sharps containers are a good example of engineering as defined by OSHA. They should be contained in every operatory facing towards chairs or outward toward walkway.

Proper Disposal of Waste

All regulated waste will be properly disposed of into its designated containers, which will follow EPA guidelines and be of medical grade. Regulated waste containers made available at the point of use will be:

- BMW Red Bag or equivalent rigid container for BMW soft waste only
- Sharps Container or Mail-back / Pour-n-Cure equivalent
- Amalgam Recycling Container (for amalgam waste scrap, capsules, extracted teeth with amalgam fillings)
- Rx Waste Containers (for Partially-Full Anesthetic Carpules & Expired Meds)

Our office is exempt from using _____ container(s) because our specialty of dentistry prohibits involvement in these dental procedures.

b. Maintenance, Treatment Room & BMW Mail-Back Logs

MAINTENANCE & REPAIR of ENGINEERING CONTROLS & LOCK OUT / TAG OUT

This chart is used to properly track the working capabilities of our Engineering Controls. We use it periodically, but at least annually to ensure all equipment is protecting our employees properly. We may add to this chart to *improve employee protection from exposure to BBP*:

Safety Control	Location	Condition	Lock Out / Tag Out	Date
Re-Capping Device	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
Splash Guard on Lathe	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
Splash Guard on Model Trimmer	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
Sharps Container	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
Large Red Bag Box / Frame or Rigid Mail-Back EPA approved Container	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
Small Red Bags or EPA equivalent	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
Amalgam Recycling Container	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
Rx Waste Container(s)	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	
	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	LOTO Needed: ❑ YES ❑ NO LOTO in Place: ❑ YES ❑ NO	

Be sure to use Lock-Out/Tag-Out tags to safeguard motorized equipment when not in use or before maintenance / repair is performed. Find these in the back pocket of the D/E GHS Guidebook.

THE GOAL OF THIS EVALUATION IS TO MINIMIZE EMPLOYEE EXPOSURE TO BLOOD & SALIVA

The management at this office has determined that the following maintenance procedures and written logs will be implemented in our office equipment schedule as indicated below:

COLD STERILE LOG		
MONTH	**DATE CHANGED**	**INITIALS OF EMPLOYEE**
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

EQUIPMENT & TREATMENT ROOM MAINTENANCE LOG

Keeping a Log or List of how and when you maintain your equipment is an OSHA requirement. Use this log or one of your own to record your equipment maintenance.

MAINTENANCE TASK	TREATMENT ROOM	DATE CHANGED	INITIALS OF EMPLOYEE
DAILY TASKS			
WEEKLY TASKS			
MONTHLY TASKS			
QUARTERLY TASKS			
YEARLY TASKS			

Waste Disposal and Recycling Log[5]

Use this form to track disposal and recycling activities. Enter start, disposal or return ship dates for each product and retain with other compliance records. Dental Offices require BMW, Amalgam & Rx Waste Disposal. Check with Wastewise for Mail-Back or Disposal Specifications per your State.

Self-Disposal Products

Isolyser®/SMS® - RXGON® - CHEMGON® - Aldex®

Product Name	Product #	Purchase Date	Disposal Date

Ship-back & Mail-back Products

AMALGON® - FOILGON® - RXGON®m - Isolyser®/SMS®m

Product Name	Product #	Date in-use	Date Shipped	UPS/USPS Tracking #

Reorder WASTEWISE® products from your supply partner. For more information, product tutorial videos or FAQ's, visit wastewise.com or call (866) 436-9264. 5. https://wastewise.com/

WCM Waste & Compliance Management Inc.
'Making Compliance Convenient, Easy & Inexpensive'

Laboratory Precautions & Infection Control Measures

When working in our lab area we adhere to CDC Guidelines for Infection Control Procedures as follows:

- ❑ Prostheses, orthodontic appliances, and impressions will be cleaned, disinfected with an intermediate-level disinfectant, and rinsed before and after being manipulated. We wear gloves and all personal protective equipment (PPE) until disinfection has been completed. Utility gloves are available for each clinical employee in our lab
- ❑ All surfaces of our lab (and lab equipment) are maintained with an appropriate EPA approved, medical-grade disinfectant for appropriate contact time
- ❑ We disinfect and prepare each area so as to limit cross-contamination of each lab case.
- ❑ Areas are set up to go from contaminated lab case / impression to clean disinfected wrapped and boxed lab case / impression and the disinfected cases to not cross back into contaminated areas
- ❑ Prior to disinfecting, clean up with a medical grade soaps are applied as necessary. Work surfaces and cabinet handles are cleaned and sprayed with cleaners and disinfectants according to manufacturer's specifications
- ❑ Our lab's heat sterilizing lathe wheels, burs, and materials used, that are heat tolerant, follow manufacturers' recommendations for these items
- ❑ Are single-use items (such as wax) are used only once and disposed of

***To comply with CDC Guidelines*, our office will be able to answer "yes" to all questions below:**

- Splash shields and equipment guards are used on our dental laboratory lathes ❑ YES ❑ NO ❑ N/A
- Fresh pumice and a sterilized, or new rag wheel used for each patient ❑ YES ❑ NO ❑ N/A
- All devices used to polish, trim or adjust contaminated intraoral devices are being disinfected or sterilized ❑ YES ❑ NO ❑ N/A
- Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected ❑ YES ❑ NO ❑ N/A

Our Protocol for Preparing Dental Impressions for Travel

1. Rinse impressions / appliances under tap water to remove as much debris as possible.
2. Disinfect the impression / appliance using an intermediate level EPA approved, medical grade disinfectant following the contact time that is recommended.
3. Rinse under tap water to remove the residual chemicals.
4. Shake in the sink to remove adherent water.
5. Dry the impression / appliance
6. Wrap in a "clean station"—with appropriate wrap, box, lab slip & labels
7. Discard dirty gloves and splattered PPE
8. Wear fresh appropriate PPE until disinfection has been completed
9. Clean and heat sterilize heat-tolerant items used in the mouth
10. Communicate specific information about the case to the lab

Radiation Safety & Protocols for Taking X-Rays

When preparing to take radiographs in our office, all clinicians use Universal Precautions. All x-ray equipment is calibrated as required by our State/County Departments. We post all calibration documents in this office:

_____

Renewals and reminders for recalibration are handled in this office by:

❑ DOCTOR/OWNER ❑ OFFICE MANAGER ❑ OTHER: _____

_____

All settings are checked prior to each exposure by the attending clinician. Set up is always using new film, disinfected and freshly sheathed x-ray holders or sterilized / disinfected x-ray holders. Patients are properly draped with led vests or thyroid collars as required by our State / County Radiation Regulatory Authorities. Our Lead vests are hung-up or draped to prevent cracks within the lead liners. Clinicians step away from patients, at roper safe distance when taking radiographs. In our office, radiographs are taken using:

❑ TRADITIONAL FILM ❑ DIGITAL SENSORS ❑ PHOSPHOR PLATES
❑ OTHER

These are the steps taken when working with patients and taking their radiographs in this office:

1. The room is prepared, and fully disinfected.
2. X-ray holders, sensors and film are all new, disinfected or sterilized.
3. Barrier covers are used on sensors, holders, buttons and x-ray heads. If barriers are prohibiting use of x-ray head or button, disinfection will be properly implemented to manufacturer guidelines.
4. The radiation exposure to the patient shall be the minimum exposure required to produce images of good diagnostic quality.
5. The speed of film or film-screen combinations shall be the fastest speed consistent with diagnostic objectives of the radioactive examination.
6. X-ray aprons (with thyroid collar) will be used to protect patient (+ clinician).
7. If auxiliary support is required for the patient of film, a mechanical holding devices shall be used when the technique permits. No individual shall be used routinely to help a patient take x-rays.
8. If a human holder is required, the holder shall be positioned such that no part of the body will be struck by the primary x-ray beam unless protected by at least 0.5 millimeter lead equivalent, and shall be protected from the direct scatter radiation by a protective apron of not less than 0.25 millimeter lead equivalent.
9. Standard operating procedure is for the operator of the x-ray unit to remain in the corridor, outside of the x-ray room, for the duration of the x-ray exposure.
10. During a standard radiographic procedure, no one shall remain in the room except the patient receiving the exposure.
11. For radiographic equipment that is not contained in a well enclosed area, patient and staff traffic should be restricted during the operation of the equipment. This would include panographic systems in hallways and office-nook areas.
12. All x-ray sensors and holders that are non-disposable will be sterilized or disinfected to manufacturer's specifications using medical grade products when indicated.
13. X-ray Aprons / Vests get draped and hung up with care.
14. New armamentarium is set up in accordance with our protocols stated in #1 above.

Employee Dosimeter Monitoring Devices

1. Dosimeter monitoring devices will be issued to any individual who is likely to receive more than 10% of the permissible dose limit set forth in State / County Regulations for restricted areas. Or for pregnant clinicians if requested or mandated.
2. When protective clothing is worn and a monitoring device is required, the monitoring device shall be worn at the collar outside the apron, the dose to the whole body or the maximum dose attributed to the most critical organ shall be recorded, the position of the body at which a particular monitoring device is worn and used SHALL NOT be changed during any calendar quarter.
3. Deceptively exposing of personnel dosimeter monitoring device to indicate incorrect dose delivery is prohibited.
4. Clinicians will not be exposed to the primary x-ray beam for work, training, demonstration or other purposes.

Radiograph Precautions & Infection Control Measures Summary

Use proper Digital Sensor and proper settings for capture and save. Periodically have filtration of x-ray machine checked. Have patient wear lead collar and or vests. Store lead vests without folds or creases. If using conventional film, use fast-speed radiographic film and monitor supplier for new film speed availability.

The operator/assistant shall not hold film or sensors in place for patient during exposure; use film holders/bit tabs to position film or have patient assist. Gloves should be worn when placing intra-oral x-ray film packets and sensors in a patient's mouth. Sensors should always be properly disinfected with an EPA Tuberculocidal, medical grade disinfectant and covered with proper sheaths. Stand away and at right angles to where x-ray cone is pointing during exposure.

If using conventional film, exposed x-ray film should be carried to the developing area in a plastic or paper cup. Do not put film packets into uniform pockets. Care should be taken not to contaminate the developing area or automatic film processor. Process film according to manufacturer's instructions. After developing film, wipe entire film processor and area with an EPA Tuberculocidal, medical grade disinfectant before leaving the processing area.

Sensors should be properly disinfected with an EPA Tuberculocidal, medical grade disinfectant and hung properly to avoid wear and damage. We wear Ionizing Radiation Badges as mandated by our State or County.

X-ray units are maintained and serviced in accordance with our State and County requirements. Management will ensure that all Radiation Certificates will be kept up-to-date at this location and all clinicians will be licensed to operate our radiation equipment.

Lasers Ultraviolet & Visible Light / Radio Waves

Several dental procedures recently developed and currently in use involve the use of dental lasers to include, but not limited to, Hard Tissue Laser, the Erbium YAG and the Erbium chromium YSGG and Soft Tissue Laser, Neodymium YAG (Nd:YAG) and diode lasers . limited amounts and specific wavelengths of ultraviolet (UV) radiation or even laser pulse light in the oral cavity. UV radiation is also used to a lesser extent for plague control programs and for specialized intraoral photography. Laser therapies for periodontal tissue rectification and bacterial static purposes. In our office we use:

❑ Our Hard Tissue Laser
Brand Name: _____

❑ Our Soft Tissue Laser
Brand Name: _____

❑ Other Laser/ Type
Brand Name: _____

We will post signs accordingly and follow "***CAUTION: Laser in Use***" protocols.

Our office may use curing light systems to polymerize restorative resins or rectify soft tissues, concern has grown about the long-term effects on the eyes of the operator(s). Looking directly into the light is the source of danger operators need to be aware of. Wear lenses, or use UV/Laser-reflective paddle, to filter light properly.

❑ Our Curing Light
Brand Name: _____

Radio waves come from ultrasonic units, microwave ovens, electric toothbrushes, induction casting machines and electrosurgical devices. The operator needs to be aware of potential danger to people with cardiac pacemakers.

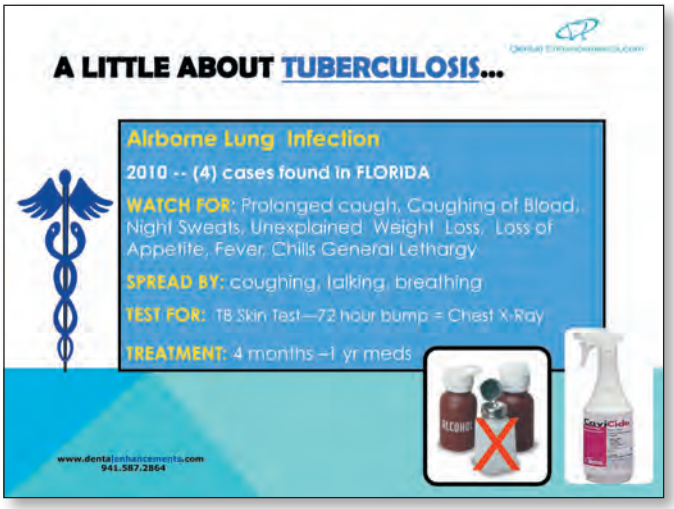
c. Tuberculosis Prevention

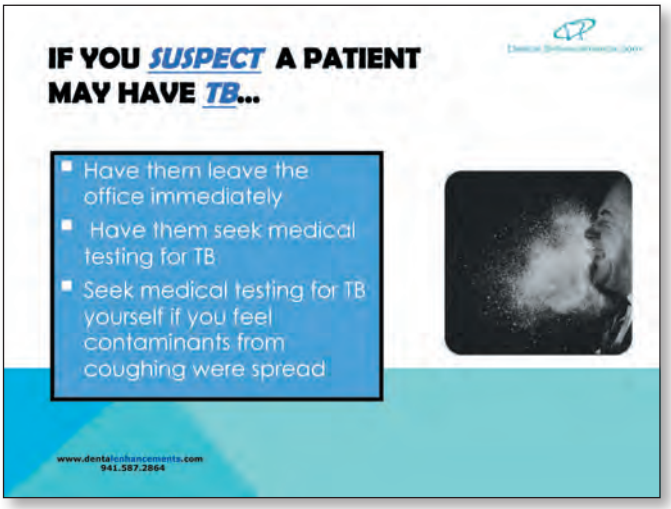
OSHA estimates that more than 5 million U.S. workers are exposed to TB in the course of their work: in hospitals, homeless shelters, nursing homes, and other work settings. Because active TB is endemic in many U.S. populations, including groups in both urban and rural areas, workers who come into contact with diseased individuals are at risk of contracting the disease themselves. The risk confronting clinical workers, even in the dental office, as a result of contact with TB-infected individuals may be as high as 10 times the risk to the general population. In 2019 there were reported 9500 active cases of TB. There were 493 related TB deaths reported in 2019. Because of this risk, all new hires need to be screened for regardless of their job classification.

OSHA has determined that the engineering, work practice, and administrative controls, respiratory protection, training, medical surveillance, be feasible for facilities in all affected industries. In this office we will utilize patient medical history, information from treating physicians and symptoms to evaluate risk of exposure.

Patients who present ashy in complexion with chronic deep cough will be questioned further about their current conditions. Our office personnel will then have the right to contact the patient's physicians for discussion, request testing and/or clearance of the patients current TB status should they feel there is risk. Patients may be asked to leave our facility, seek testing for TB and their care deferred. Employees will also have right to seek a TB test if they feel they were potentially exposed. This test will be paid for by the management at our office. We will use only EPT approved, medical-grade Tuberculocidal disinfectants to manufacturer specs to kill TB contaminants.

Our TB Recognition and Prevention Protocol: Understanding TB:





COMMUNICABLE DISEASE CONTROL PROCEDURES LEVEL

This office has the following protocols for controlling infectious and communicable diseases during clinical procedures:

***To comply with CDC Guidelines*, our office will be able to answer "yes" to all questions below:**

❑ Single use or sterilization for critical items ❑ YES ❑ NO ❑ N/A

❑ Multi - dose vials used ❑ YES ❑ NO ❑ N/A

If yes, circle all that apply:

a. Vials are only entered with new, sterile syringe with a new, sterile needle

b. Cap of multi-dose vial cleaned with appropriate EPA approved, medical-grade disinfectant wipe before being accessed

c. Multi-use vials discarded when expired or 28 days after initial access (as applicable) — (Must have date of first access)

d. Initial access dated on the multi-use vials

❑ Fluid infusion & administration sets used? ❑ YES ❑ NO ❑ N/A (IV bags, tubing and connectors)

a. If yes, used only on one patient

b. Disposed of after single use? ❑ YES ❑ NO ❑ N/A

c. Single IV bag is not used to mix medications for more than one patient ❑ YES ❑ NO ❑ N/A

d. Single dose medication/infusions are used for only one patient and discarded after use ❑ YES ❑ NO ❑ N/A

All employees have access to, and wear utility gloves when processing contaminated instruments, have easy access to hand hygiene supplies at the point-of-need, also have alcohol based sanitizers. Our team members display appropriate hand hygiene techniques, washing for 2 minutes prior to all patient treatment or when hands are soiled and use alcohol-based sanitizers incrementally.

d. Engineering Controls & Work Practices

Our office uses engineering controls and work practice controls to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls we will use and where they will be used are listed below:

- Gloves
- Protective Eyewear with side shields / Face shields
- Aerosol Procedures: N-95 or better
- Non-Aerosol Procedures: Level 3 mask
- Gowns / Fluid Resistant Lab Coats
- Self-sheathing needles
- Mechanical needle recapping devices
- BMW Bags, BMW Sharps, Rx & Amalgam Waste Containers
- Handling trash & soiled instruments while gloved
- Intraoral water use with limited microbes or purified water system
- Splash Guards
- Puncture-Proof Utility Gloves (for every employee)

ENGINEERING CONTROLS

New technology for needles and sharps will be evaluated and implemented within our office whenever possible, and at least annually during our Annual Employee OSHA Training, to further prevent accidental needle sticks and cuts. Our office engineering control equipment and items will be inspected, maintained or replaced by our OSHA Compliance Officer and hired OSHA Trainers periodically and at least annually. They will be replaced with state-of-the-art protection as technology changes and evolves. Our office's engineering control areas include, but are not limited to:

- Every Operatory
- Sterilization Area
- Lab

Our Office's Engineering Controls include:

- Self-sheathing needles
- Mechanical needle recapping devices / Doctor controlled
- Pick-up Forceps for Burs & other sharps from working areas
- Puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass / Official Sharps Containers
- Eye Wash Stations

- Splash Guards
- Puncture-Proof Utility Gloves (for every employee)
- Rx Waste Containers
- Amalgam Recycling Containers
- BMW Waste Containers

Our Office's Work Practice Controls include, but are not limited to:

- Removal of biological waste containers (red bags, sharps containers, pour-n-cure containers, amalgam recycling containers, Rx Waste containers, etc.)
- Providing readily accessible hand washing facilities.
- Washing hands immediately or as soon as feasible after removal of gloves
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.
- Prohibited the recapping or bending of needles/ Doctor access only
- Shearing or breaking contaminated needles is prohibited
- Labeling chemical products and infections areas
- Water Tabs, Tests & Shock Trx. to accomplish acceptable rate of microbes (less than 500 CFU/ mL).
- Equipment decontamination (overhead lights, dental chair, radiation units, ultrasonic units, Etc.)
- Prohibiting eating, drinking, and smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure.
- Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.
- Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
- Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated.

NEEDLE RECAPPING PRACTICES

According to OSHA's bloodborne pathogen standard, contaminated needles are not to be recapped by hand. There are several circumstances to consider:

Sterile/clean and non-contaminated needles: OSHA's bloodborne pathogen standard only applies to contaminated needles and does not directly address sterile or clean needles. For example, if a needle needs to be changed before an injection when the needle is still sterile or clean and has not yet been used on a patient, there are circumstances where it may have to be recapped to remove it. If the needle is contaminated (used on a patient) and recapping is required, the type of procedure and medication to be given will dictate the type of safety device that needs to be selected. Our needle recapping mechanisms that do not lock, e.g., used for injections of medications that are given incrementally.

The bloodborne pathogen standard is a "performance oriented" standard, providing the opportunity for employers to determine the most appropriate methods to reduce hazards. As such, OSHA does not tell an organization exactly what it needs to do in an annual review, but we will. The intent of our review will be to make sure that the devices being used remain appropriate, control the hazard and reduce risks to workers. The type of review should be determined by the employer and our OSHA trainer and outlined / updated in our exposure control plan. The intent is that we will not choose a device and keep using it year after year despite employee complaints and documented ongoing problems with the device. Nor does it mean you evaluate every device on the market every year. Rather, we will conduct an annual review of your program that would include a review of your devices.

The annual review will be: A review of data and discussion at a Safety or Infection Control-Related Meeting, with documentation in the Annual Employee OSHA Training. It might include documentation of: our sharps injury data, mention of any considerations for change, feedback from staff on acceptance of current device, etc.

KEY POINTS

SAFE INJECTION PRACTICES in Dental Settings:

1. Do not re-use single dose vials.
2. Properly disinfect and handle multi-does vials.
3. Operator recap syringes when giving injections. Do not pass syringe to be recapped.

Our Office Protocol for Needlestick / Soiled Instrument Injury:

This is our offices step-by-step protocol if we suffer a sharps injury:

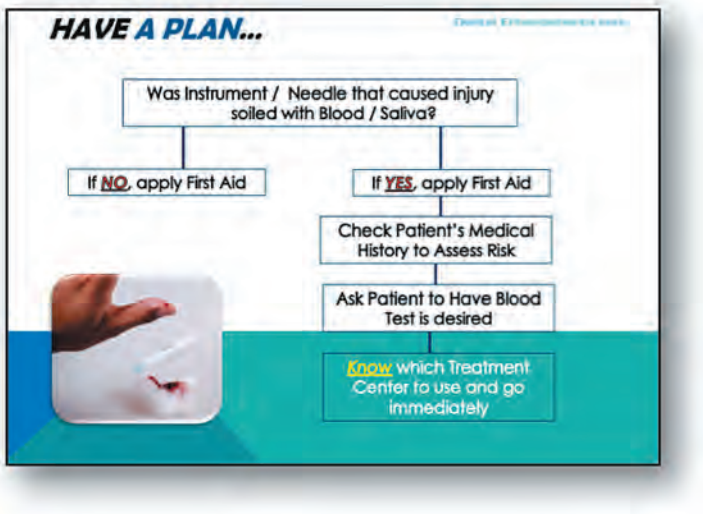
Our Sharps Injury Treatment Center Contact Information:

Name: _____

Address: _____

_____

Phone: _____



If we have a needlestick or soiled instrument accident, we will apply first aid then report it to management at once. Your health may depend on early screening and prompt medical care. A copy of the Post-Exposure Evaluation and Follow-Up (PPI Form PEF) must be completed for every exposure to bloodborne pathogens. This can be found in our OSHA Manual or obtained from Management.

- **Injuries** need to be assessed to determine if the injury is from a clean or contaminated device.

- **It is important to evaluate the nature and circumstances** of the sharps-related injury and follow the protocol listed in the prior diagram. The injured employee should seek immediate medical attention once first aid is administered from our pre-determined treatment center. Efforts to obtain source patients' consent for blood tests should be made by management and all appropriate pre and post injury documents will be completed and processed by management. Workman's Compensation should be contacted and appropriate Injury Logs per Federal & State should be completed by management as well.

- **If there are safety devices available for a particular procedure,** they will be evaluated by for use to reduce risks. The only exception to the use of a safety device, when available, is if the device(s) interferes with a clinical procedure and cannot be used without compromising the procedure or increasing the risk to the patient. In this case, the specific reason for not selecting and using the device needs to be documented in the exposure control plan. As part of the annual review, there should be an evaluation of any other newer devices that might be available that might not interfere with the specific procedure. This review, and the results of the evaluation should be documented; that is, either the adoption of device, or an explanation of why the device (s) interferes with a specific clinical procedure and/or increases risk to the patient.

EVALUATION OF NEEDLE RECAPPING DEVICES:

Date of Evaluation	Name of Product	Manufacturer	Evaluation Note
	EZ CAP	3M	

Proper Dental Carpule Disposal

In recent years, the ***Environmental Protection Agency (EPA)*** has set guidelines to be followed by ***Occupational Safety & Health Administration (OSHA)*** & the ***Drug Enforcement Agencies (DEA)*** throughout the USA to protect our soil & water tables from improper prescription drug disposal.

It has been discovered that dental carpules can contain residual anesthetic liquid and/or blood / saliva, that can harm the soil and water if not properly treated, prior to being placed into land fill areas.

In accordance with our State's Dental Practice Act, CDC Guidelines & EPA, our office will dispose of all Dental Carpules in the proper medical grade / EPA approved containers. These will then be transported and processed by licensed BMW facilities that comply with current EPA standards. We will save and track our Dental Carpule Waste Containers waste remove to current standards for our State & Dental Practice Act.

***To comply with CDC Guidelines*, our office will be able to answer "yes" to all questions below:**

- Biohazardous saturated soft waste is disposed of at-the point of use, into an ETA approved Biomedical Waste Red Bag ❑ YES ❑ NO ❑ N/A
- Our small sealed biomedical waste red bags are then placed inside of a large biomedical waste red bag (double sealed required) ❑ YES ❑ NO ❑ N/A
- Biomedical waste is removed from this facility on 30-day increments if we produce saturated waste within that time frame ❑ YES ❑ NO ❑ N/A
- Only EPA approved sharps containers are utilized in this office and are accessible at the point-of-use ❑ YES ❑ NO ❑ N/A
- Sharps container taken out of service and processed appropriately, wearing all PPE ❑ YES ❑ NO ❑ N/A
- All employees utilize safe recapping techniques/devices ❑ YES ❑ NO ❑ N/A
- We use only single-use needles, blades, etc. ❑ YES ❑ NO ❑ N/A
- Partially-Full Carpules are disposed of in EPA approved Rx Waste Containers ❑ YES ❑ NO ❑ N/A
- Our Rx Waste Container's Brand Name: _____
- Method of Disposal: ❑ Transporter ❑ Mail-Back ❑ N/A

e. Infection & Exposure Control Plan Training Acknowledgement Form

This checklist and Infection Control Plan Learning Module must be complete by all of our clinical personnel prior to their first day of working clinically within our office. Non-clinical personnel must complete this within 30 days of hire. All employees will have an update of this material at least annually or sooner as Infection Control Guidelines evolve. I have read all Infection Control Protocols (ICP) specific to this office &

- ❑ I fully understand Infection Control & Disease Prevention Protocols, as they relate to my job duties.
- ❑ I understand that PPE will be provided for me: I understand how to properly wear, care-for and replace all PPE.
- ❑ I understand that I should wear Respirator (N-95 or better) in Aerosol Procedures. Level 3 Mask in Non-Aerosol Procedures. Disposal of Respirators should be into BMW bag. Storage for Respirators is in a dry, closed container with my name clearly marked on the container.
- ❑ I understand that proper disposal of infectious waste soft BMW and sharps should be at point-of-use.
- ❑ I have had the opportunity to participate in HBV & vaccination series covered by management at this location
- ❑ I understand how to safely handle and make treatment determinations when encountering Infectious Patients. I have had the opportunity to watch COVID-19 Management Training, I have reviewed and signed Pandemic Preparedness Paperwork to include Respirator-Voluntary Disclaimer Form, at this office.
- ❑ I know the location of Safety Data Sheets (SDS) for this office & how to obtain them in less that 5 minutes.
- ❑ I understand how to access our SDS after hours/ 24 hours.
- ❑ I understand how you utilize and read safety precautions on both Pictogram labels and Safety Data Sheets (SDS).
- ❑ I have been trained and sign-off on GHS Training.
- ❑ I understand what PPE will be provided for me; that it will be properly fitted; that replacements and supplies will be provided; how and when to wear it during the course of my job duties. I understand that if PPE is not available, I will not be asked to perform clinical job duties that would put my health at risk.
- ❑ I understand Universal Precautions update pursuant of the Summary of Infection Prevention for the Dental Setting, and will implement and abide by them.
- ❑ I understand proper procedures to avoid transmission of infection & Bio-Aerosols.
- ❑ I understand protocols within this office for housekeeping, sterilization, disinfection, equipment maintenance and how to properly use all medical grade products to execute these duties.
- ❑ I understand how to separate & store various dental wastes into appropriate containers: BMW Soft, BMW Sharps, Amalgam & Rx Waste.
- ❑ I have participated in discussion of our employee Infection Control Training and Emergency & Safety & will do so annually, or whenever laws & protocols update.

In signing this form, I acknowledge that I have full understanding of all of the Safety & Infection Control Protocols set forth by this office. I have had the opportunity to ask questions and obtain clarification regarding these protocols. From a qualified representative at this location.

Date: _____ Employee of: _____

Employee Printed Name:_____

Employee Signature: _____

The following form will be used for corrective action for any deviation from this written policy:

f. Employee Noncompliance Citation

As previously reviewed in our OSHA instructions on Healthcare Office Health Compliance in accordance with State and Federal Laws, the below named employee signed-off as having complete understanding and training on all said information. In an effort to keep OSHA & HIPAA Compliance within this facility at a maximum compliance status, non-compliance incidence will be documented and reviewed as part of the employee's performance. We are formally writing up a citation noting that _____, named employee at this location has been negligent in the following area:

- ❑ Bloodborne Pathogens Standards
- ❑ Employer's Exposure Control Plan / Hazard Communications
- ❑ Emergency & Rx Safety
- ❑ Chemical Handling & Safety
- ❑ Infection Control Protocols
- ❑ Covid Management
- ❑ Violence & Safety within the Workplace
- ❑ HIPAA Compliance with Personal Health Information
- ❑ Other: _____

EXPLANATION OF INCIDENT

_____

_____

_____

_____

_____

In signing this document, I acknowledge that this infraction has been reviewed and the proper instruction has been provided to me in relation to the incident. I have asked all questions pertaining to this matter and have full knowledge as to how to behave within compliance guidelines henceforth.

DATE: _____
EMPLOYER'S AUTHORIZED SIGNATURE _____

DATE: _____
EMPLOYEE'S SIGNATURE_____

EMPLOYEE VACCINATION TRACKING FORM
HEP B / MMR / RUBELLA / TETANUS

Employee Name:_____ **Employee Starting Date:** _____

Hepatitis B Vaccination

Will be made available to any employees (Clinical or Non-Clinical--at no cost to the employee) regardless of their occupational exposure. This employer obligation is waived if:

- The employee has previously received the complete HBV series.
- If antibody testing reveals immunity, or if the vaccine is contraindicated for medical reasons.
- If the employee signs the appropriate documents for "refusal of HB Vaccine".

PLEASE CHECK THE BOX BELOW THAT YOU WILL BE COMPLYING WITH AND FILL IN THE APPROPRIATE INFORMATION.

❑ **Dates of Hepatitis B Vaccination:**

(Series of 3 over a 7 month period)

Initial Vaccine: _____

1 mo. Booster: _____

6 mo. Booster: _____

7 YEAR TITER or BOOSTER: NO LONGER REQUIRED

❑ **Decline to accept HB Vaccine**

I understand that due to my potential occupational exposure to blood or other potentially infectious materials 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 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, a serious disease. If in the future I continue to have potential 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. (Paid for by my employer)

Vaccination History

Please see section #6 of your OSHA made Easy Manual for more detailed information on the risks and benefits of each of the following vaccines.

Influenza Vaccine (Annual Flu Shot):
- ❑ I have my Annual Flu Vaccine
- ❑ I decline the Annual Flu Vaccine

MMR Vaccine (Measles, Mumps, Rubella):
- ❑ I have had my MMR Vaccine
- ❑ I have ***not*** had my MMR Vaccine

Varicella Vaccine (Chicken Pox):
- ❑ I have my Varicella Vaccine
- ❑ I have ***not*** had my Varicella Vaccine

Tetanus Vaccine (Tetanus Shot):
- ❑ I have my Tetanus Vaccination (within the last 10 years)
- ❑ I have ***not*** had my Tetanus Vaccination (within the last 10 years)

Meningococcal Vaccine (Meningitis):
- ❑ I have my Meningococcal Vaccine
- ❑ I have ***not*** had my Meningococcal Vaccine

Copies of Employee COVID Vaccination cards are to be kept confidentially on file my Management.

Signature: _____ **Date:** _____ **Employee of:** _____

C. AIDS AND HEPATITIS B GUIDELINES HIV 2011

PREVENTION Overview

As a part of its overall public health mission, CDC provides leadership in helping control the HIV/AIDS epidemic by working with community, state, national, and international partners in surveillance, research, and prevention and evaluation activities. Currently there is: **PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES—Since 2014**. Recent findings from several clinical trials have demonstrated safety1 and a substantial reduction in the rate of HIV acquisition for men who have sex with men (MSM)2,3, men and women in heterosexual discordant couples4, and heterosexual men and women recruited as individuals5 who were prescribed daily oral antiretroviral preexposure prophylaxis (PrEP) with a fixed-dose combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) along with condom use, healthy lifestyle and in some cases counseling. On the basis of these trial results and the FDA approval, the U.S. Public Health Service has published a comprehensive clinical practice guideline for the use of PrEP for the prevention of HIV infection in the United States http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf

The Divisions of HIV/AIDS Prevention (DHAP)

Most of CDC's HIV/AIDS prevention efforts are the responsibility of the *Coordinating Center for Infectious Diseases (CCID) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)*. Within this Center are the two **Divisions of HIV/AIDS Prevention (DHAP)**, charged with the mission of preventing HIV infection and reducing the incidence of HIV-related illness and death.

CDC's HIV/AIDS Prevention Strategy

Over the past two decades, CDC's HIV prevention activities have focused on helping uninfected persons at high risk for HIV change and maintain behaviors to keep them uninfected. The overarching force behind CDC's approach to the third decade of HIV prevention is CDC's initiative *Advancing HIV Prevention: New Strategies for a Changing Epidemic*. This initiative is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services for those with a diagnosis of HIV infection.

The initiative emphasizes the use of proven public health approaches to reduce the incidence and spread of disease and capitalizes on new rapid test technologies, interventions that bring persons unaware of their HIV

status to HIV testing, and behavioral interventions that provide prevention skills to persons living with HIV.

The initiative consists of four key strategies:

- Making HIV testing a routine part of medical care
- Implementing new models for diagnosing HIV infections outside medical settings
- Preventing new infections by working with persons diagnosed with HIV and their partners, as well as others at high risk for HIV infection
- Further decreasing mother-to-child HIV transmission

For more details about how CDC is responding to the changing HIV/AIDS epidemic, read the report HIV Prevention in the Third Decade.

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HEPATITIS B GUIDELINES

Definition of Hepatitis B

Article updated and reviewed by Sreeni Jonnalagadda, MD, Associate Professor of Medicine, Interventional and Pancreatobiliary Endoscopy, Washington University School of Medicine on June 6, 2005.

Hepatitis B is a viral infection of the liver caused by the Hepatitis B virus (HBV).

Description of Hepatitis B

Hepatitis literally refers to any inflammation of the liver. In fact, there are five forms of acute viral hepatitis that are often clinically indistinguishable

from one another. These diseases are unrelated to each other except by the fact that they all cause liver damage.

It is important not to confuse hepatitis B with any other viral hepatitis. Each has its own mode of transmission and associated risk factors. Hepatitis A, for example, is transmitted by the fecal-oral route, whereas hepatitis B is often transmitted through sexual contact or IV drug abuse.

HBV is a known threat to health care workers. Each year in the U.S., an estimated 12,000 health care workers contact Hepatitis B from their patients. About 300 people die each year of this illness or its long-term consequences. This is in contrast to the observation that only seven health care workers have developed AIDS as a result of occupational exposure. The ease of the transmission of the virus is one of the many challenges facing public health professionals.

Hepatitis B infection may result in a range of health outcomes. After a two- to six-month incubation period, HBV can lead to acute hepatitis. Most individuals are able to recover completely from an acute infection. However, if the body is unable to mount an effective immune response, a patient may become a "chronic carrier" of hepatitis B virus.

Chronic carriers are at increased risk of developing cirrhosis of the liver and hepatocellular carcinoma (HCC), a serious liver cancer. In fact, HBV is regarded by many scientists to be second only to tobacco as a known human carcinogen. CDC estimates that approximately 25 percent of carriers suffer chronic symptoms, and those people are at the greatest risk of cirrhosis.

All carriers, whether or not they have active symptoms, have a 12 to 300 times greater risk of developing primary liver cancer than non-carriers.

Causes and Risk Factors of Hepatitis B

Hepatitis B follows a similar mode of transmission as the human immunodeficiency virus (HIV), the agent responsible for AIDS. Both are transmitted through exposure to infected blood or blood products, sexual contact and from mothers to infants primarily at birth.

However, hepatitis B appears to be far more infectious than HIV. According to the Centers for Disease Control and Prevention, approximately 30 to 40 percent of acute HBV infections in the U.S. occur in individuals with no known risk factors. In comparison, only 4 percent of AIDS cases have occurred in individuals with no known risk factors.

Hepatitis B is threatening for a variety of other reasons. In addition to the ways in which HIV is spread, hepatitis B appears to be spread by casual contact. It can be acquired by close contact within families, or from person to person through contact with open skin lesions. The virus may possibly be spread by exposure of mucous membranes to saliva, but you cannot get

it from food or water, sneezing or coughing, breastfeeding, handshakes, hugs or casual contact.

Another important fact is that hepatitis B can remain stable outside the body for days or weeks, even when dry.

Symptoms of Hepatitis B

Symptoms and signs of hepatitis B can range from none to minimal in the early stages of the illness, to jaundice (yellowing of the skin), nausea, abdominal pain, fever, and malaise in the acute phase. Appetite loss, fatigue, itching, dark urine and pale stools are some common symptoms.

After the initial infection, carriers of hepatitis B usually have few symptoms.

Diagnosis of Hepatitis B

Diagnosis of hepatitis B is based upon examination of the blood for characteristic antigens and antibodies associated with the disease.

Treatment of Hepatitis B

There are four medications currently approved by the Food and Drug Administration (FDA) for treatment of active hepatitis B infection.

Alfa Interferon (Brand names: INTRON A, INFERGEN, ROFERON): Interferon is an antiviral agent with antiproliferative and immunomodulatory agent that is administered by subcutaneous injection daily or three times per week, for 12-16 weeks or longer. With adequate teaching, the injections can easily be administered at home by patients. High pretreatment ALT and lower levels of HBV DNA are the most important predictors of response to alfa interferon therapy. Virologic response to alfa interferon occurs in less than 10 percent of patients with normal ALT. A sustained response can be seen in 15 - 30 percent of patients with HBeAg-negative chronic hepatitis B and less than half of the responders show sustained clearance of HBsAg.

Side Effects: Depression—this is more commonly seen in patients with a prior history of depression. Muscle aches, fatigue, and low-grade fevers are common and may be minimized by taking Tylenol (acetaminophen). Occasionally, patients may develop low white blood cell count, headaches, irritability, and thyroid dysfunction. Underlying autoimmune disorders may also be unmasked.

b) Lamivudine (Epivir-HBV, 3TC): inhibits hepatitis B viral DNA synthesis. It should be taken orally, once daily. It is approved for use in adults and children and is usually tolerated well. Occasionally, it may cause a rise in the liver enzyme ALT. Pretreatment ALT is an important predictor of response, with HBeAg conversion occurring in over a third of patients when the ALT

is greater than five times normal. While Lamivudine benefits patients with HBeAg-negative chronic hepatitis B, the vast majority of patients relapse once treatment is stopped.

Adefovir dipivoxil (Hepsera): inhibits DNA polymerase activity and reverse transcriptase. This drug is administered orally on a daily basis and is typically well tolerated. It can be associated with kidney dysfunction, particularly if used in high doses. The optimal duration of therapy is not yet clear. About 50 - 60 percent of HBeAg positive and negative hepatitis B patients respond to this medication; data regarding the durability of response is awaited.

Baraclude (Entecavir): is the latest drug approved by the FDA for treatment of chronic hepatitis B. It works by inhibiting the function of Hepatitis B virus polymerase. Side effects include headache, fatigue, dizziness, nausea, and transient elevation in liver enzymes. This drug is taken orally, once daily and the optimal duration of therapy is not yet established.

In patients with severe liver dysfunction, a liver transplant may be required.

Prevention of Hepatitis B

Current public health efforts to prevent the disease have focused on vaccinating people in high-risk groups and, increasingly, vaccinating all children and adolescents.

Those at greatest risk are: intravenous drug abusers; heterosexuals with multiple partners; homosexual men; health care workers; and children born to immigrants from China, Southeast Asia, and other areas where hepatitis B is very common.

Two companies have a hepatitis B vaccine license for use in the U.S. and both are produced by recombinant DNA technology. As part of a national effort to eliminate hepatitis B transmission, the Advisory Committee on Immunization Practices, with the concurrence of the American Academy of Pediatrics and the American Academy of Family Physicians, has recommended that all infants receive hepatitis B vaccine as part of their childhood immunization schedule.

Three doses of vaccine are required to achieve effective immunization and will induce adequate antibody in 80 - 95 percent of persons who get three doses. The vaccination schedule most often used is three intramuscular injections, with the second and third doses administered at one to six months after the first.

The first dose of hepatitis B vaccine is given soon after birth before the infant is discharged from the hospital or in the first two months of life. The second dose is given between one and two months after the first and the third at six to 18 months of age. Since 1999, two-dose vaccines are available and required in some states for adolescents age 11 to 15 years.

Infants born to mothers infected with hepatitis B virus should be treated with hepatitis B immune globulin and hepatitis B vaccine within 12 hours of birth, with the second and third doses of vaccine given at one and six months of age.

Adults and older children should receive the injections in the deltoid. Infants should receive the injections in the thigh. Buttock injection should never be used.

Other means of prevention include:

- Practice safe sex
- Don't share needles, razors, toothbrushes, manicure tools or other items that could bear contaminated blood.
- Don't allow yourself to be pierced or tattooed with non-sterile equipment.
- Limit alcohol intake.
- Never share IV drug needles or other drug equipment.
- (if carrier) Cover open wounds, don't share razors or manicure tools.

D. OSHA LAWS

The mission of the Occupational Safety and Health Administration (OSHA) is to save lives, prevent injuries, and protect the health of America's workers. As part of the Department of Labor, OSHA and the states that operate OSHA-approved state plans establish guidelines and standards ***to promote worker safety and health that apply to every workplace in the United States,*** including medical and dental offices.

This brochure provides only a glimpse of the ***most frequently found hazards in medical and dental offices.*** Many other standards may apply. This information should not be used as a substitute for reading and becoming familiar with all applicable OSHA standards. As an employer, it is up to you to ***follow up and obtain the full text of the OSHA standards,*** all of which are available on the OSHA website at www.osha.gov or by calling our toll free number (800) 321-OSHA (6742).

The following requirements include those that normally apply to medical and dental offices, whether there are 2 or 200 employees. Additional OSHA standards may apply to some offices. ***The complete text of the regulations can be found in Title 29 of the Code of Federal Regulations (29 CFR).***

Bloodborne Pathogens Standard

(29 CFR 1910.1030)

This is the most frequently requested and referenced OSHA standard affecting medical and dental offices. Some basic requirements of the OSHA Bloodborne Pathogens standard include:

- **A written exposure control plan,** to be updated annually
- **Use of universal precautions**
- Consideration, implementation, and use of **safer, engineered needles and sharps**
- Use of engineering and work practice controls and appropriate personal protective equipment (gloves, face and eye protection, gowns)
- **Hepatitis B vaccine** provided to exposed employees at no cost
- ***Medical follow-up*** in the event of an "exposure incident"
- **Use of labels or color-coding for items** such as sharps disposal boxes and containers for regulated waste, contaminated laundry, and certain specimen.
- **Employee training**
- **Proper containment of all regulated waste**

Hazard Communication

(29 CFR 1910.1200)

The hazard communication standard is sometimes called the "employee right-to-know" standard. It requires employee access to hazard information. The basic requirements include:

- **A written hazard communication program**
- **A list of hazardous chemicals** (such as alcohol, disinfectants, anesthetic agents, sterilants, mercury) used or stored in the office
- **A copy of the Safety Data Sheet** (SDS) for each chemical (obtained from the manufacturer) used or stored in the office
- **Employee training:** to GHS Certification Standard which includes: GHS law understanding, SDS understanding and how to access SDS 24 hours, Pictogram label reading and recognition.

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
- **Restricted areas** to limit employee exposures. Employees working in restricted areas must wear personal radiation monitors such as film badges or pocket dosimeters (some States only). Rooms and equipment need to be labeled and equipped with caution signs

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. OSHA consultation services can help or ***your insurance company or local fire/police service may be able to assist you.*** The basic responsibilities include:

- **We abide by proper number of exit routes sufficient for the number of employees in any occupied space.**
- **A diagram of evacuation routes is posted** in a visible location.

Electrical

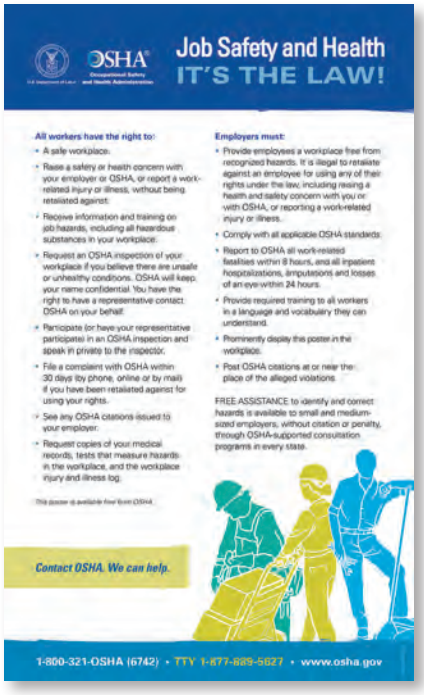
(Subpart S-Electrical 29 CFR 1010.301 to 29 CFR1910.399)

These standards address electrical safety requirements to safeguard employees. **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 OSHA standard, you should check with your insurance company or local fire department, or request an OSHA consultation for help.

We require cart holder or chained to wall of cylinders for safety at this facility

OSHA Poster

Every workplace must display the **OSHA poster** (OSHA Publication 3165), or the state plan equivalent. The poster explains worker rights to a safe workplace and how to file a complaint. The poster must be placed where employees will see it. **You can download a copy or order one free copy from OSHA's web site at www.osha.gov or by calling (800) 321-OSHA.**



Reporting Occupational Injuries and Illnesses

(29 CFR 1904)

Medical and dental offices are currently responsible for **maintaining an official log of reportable injuries and illnesses (OSHA Form 300) under the federal OSHA recordkeeping rule,** although they may be required to maintain records in some state plan states. If you are in a state requiring additional injury tracking, consult the HealthFirst website for downloadable versions of State Required Forms and how to use them or your state plan directly for more information. All employers, includ-ing medical and dental offices, must report any work-related fatality or the hospitalization of three or more employees in a single incident to the nearest OSHA office. Call (800) 321OSHA or your state plan for assistance.

Helpful Resources

OSHA makes every effort to make information about its regulatory requirements readily available to the public. The full text for each standard in this brochure is available on the OSHA website at www.osha.gov. **You can search for a specific subject by using the alphabetic index near the top of the home page or by clicking on Laws and Regulations under Compliance Assistance, then clicking on OSHA Regulations (Standards-29CFR).**

A new OSHA publication, *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards*, contains models of these two important documents that can be tailored to your business

or office. Request Publication 3186-06N to receive this helpful resource. Information on other areas of interest or concern, such as compressed gases, may be obtained by calling OSHA.

The OSHA toll-free number is (800) 321-OSHA. Operators will direct the caller to the appropriate federal or state plan office to request a consultation, file a complaint, report a fatality, provide telephone numbers to OSHA offices and the OSHA-approved state plan programs.

OSHA RESOURCES

Google search:

OSHA COVID Dentistry Workers and Employers

4 NEEDLESTICK, COVID MANAGMENT & EXPOSURE INCIDENTS PROTOCOLS

BLOODBORNE PATHOGENS STANDARD (29 CFR 1910.1030)

IN THIS SECTION

KEY POINTS

Use this section to guide you through an Employee Needle Stick Incident.

- All Reporting Forms & Protocols are listed in this section.
- Complete and keep separately in the Employee's File.
- Teams under 20; Complete all documents for your injury type and file in your employees private file.
- Teams over 20; Complete all documents for your injury, File in employee file, and report to OSHA within 48 hours.
- Report all injuries that involve: Hospitalization, amputation or loss of an eye within 24 hours

A. Needlestick and Exposure Incident Checklist

Important Things to do BEFORE an Exposure Incident Occurs

Answer Below
Yes or **No**

1. _____ Are your required ***OSHA Poster & Injury Logs*** displayed in your office?
   - **OSHA 3165 (yellow & blue poster)**
   - **Injury Log 300 / 300A**

     (New York also needs State Injury Log: SH900)
     (301 for Chemical injury)

   Get free copies at: OSHA.gov or ***800-321-OSHA**
2. _____ Did all potentially exposed staff members view this year's ***OSHA Annual Employee Training*** and/or review the written materials?
3. _____ Did all staff members who reviewed the program sign the ***BioMedical Waste & OSHA Training Attendance Record Record-of-Training Signature Form?***
4. _____ Are these required ***OSHA Employee Forms*** on file for this and every employee:
   - Check your "by year" organizer in this manual.
   - Hepatitis B Vaccine Documentation
   - Occupational Exposure / Work hazard Review per Job Title
   - Proof-of-OSHA Annual Training
   - Proof of OSHA / GHS Training
   - Medical History (kept separately from OSHA documents)

     ** Keep OSHA Records for 3 years**
     ** Keep Medical Records for duration of employment +30 years**
5. _____ Do all staff members know where these forms are kept as well as the written training programs/ manuals for OSHA compliance?
6. _____ Have all potentially exposed staff members received training on the ***Bloodborne Disease Pathogens Standard*** and ***current CDC Infection Control Guidelines?***
7. _____ Is ***OSHA Training provided for all newly hired employees*** within 30 days of hire and who are potentially exposed?
8. _____ Is ***OSHA Employee Training*** conducted ***for all employees*** on an annual basis?
9. _____ Does your Facility receive an Annual ***OSHA Safety Facility*** Review & Report?
10. _____ Is your Facility compliant to OSHA Safety Standards based on this annual OSHA Safety Facility Report?

B. Needlestick and Exposure Incident Checklist

Important Things to do AFTER an Exposure Incident Occurs

Answer Below
Yes or **No**

1. _____ Did you send your ***Injured Employee for Medical Attention, Testing & Treatment?*** Or a ***predetermined facility*** for ***Needlestick & Exposure Injury*** as is required in compliance with your ***State OSHA Guidelines?*** (i.e.: AZ = AZT/3CT Facility, NV = Designate Facility & Post, CO= Workman's Comp Designated)

2. _____ Has ***Exposure Incident Documentation Form A*** been completely filled out?

3. _____ Was a ***confidential medical evaluation and follow-up made available*** to the exposed employee?

4. _____ Has ***Exposure Incident Documentation Form B*** been completely filled out?

5. _____ Has ***Exposure Incident Documentation Form C*** been completely filled out?

6. _____ Have ***Consent Forms for Testing the blood of the employee as well as the patient*** been completely filled out and signed?

7. _____ Did the ***healthcare professional*** providing the post-exposure evaluation ***send the employer a copy of his/her written opinion*** within 15 days of completing the evaluation?

8. _____ Did the ***employer provide a copy of the Post-Exposure Evaluation*** to the employee?

9. _____ Are you ***filing these documents, within the Employees File*** and not with other OSHA documents or where others can access them? (privately)

C. Exposure Incident Documentation Form A

1. **Describe Route of Exposure and Circumstances surrounding exposure incident.** The Route of Exposure of this Incident was:

   - ❑ via skin (explain) _____
   - ❑ via eye (explain) _____
   - ❑ via mouth (explain) _____
   - ❑ inhalation (explain) _____
   - ❑ other (explain) _____

2. **Name of Source Individual** (person to whose blood the employee was exposed). The source individual's blood should be tested, unless they refuse to provide consent for the collection of blood.

Name of Source Individual _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

3. Complete following about the Source Individual:

	Yes	No
a. Was the consent form (found in this package) signed by the source individual? Date of signature_____	_____	_____
b. Did source individual refuse to sign the consent form?	_____	_____
c. Was the source individual's blood tested?	_____	_____
d. Were the results of this blood test made available to the exposed employee?	_____	_____
e. Was the employee advised of applicable laws and regulations regarding the confidentiality of the source individual's infectious status?	_____	_____

**If the source individual is *known to be infected* with HIV and/or HBV, they need not be tested.

D. Exposure Incident Documentation Form B

Name of Exposed Employee _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

	Yes	No	N/A
1. Has the Blood Collection Consent Form been signed by the employee for the collection of their blood? Date:_____	_____	_____	_____
If the employee consents to baseline blood collection, but does not give permission for HIV serological testing, the blood must be preserved for at least 90 days. If, during that 90 day period, the employee consents to such testing, it will be provided.			
2. Has the Employee's blood been tested to determine HBV and HIV serological status?	_____	_____	_____
3. Was any post-exposure prophylaxis indicated according to test results?	_____	_____	_____
4. Was post-exposure prophylaxis, if recommended, performed?	_____	_____	_____
5. Was counseling, if indicated, provided?	_____	_____	_____
6. Have reported illnesses been evaluated by an appropriate healthcare professional?	_____	_____	_____
7. Has all of the information that must be provided to the evaluating healthcare professional been forwarded to them?	_____	_____	_____

E. Exposure Incident Documentation Form C

The following information must be provided to the Healthcare Professional Evaluating an employee after an exposure incident:

- **A copy of the Bloodborne Pathogens Standard;**
  In this OSHA Manual make available information in sections #3, #4, #5

- **A description of the exposed employee's duties as they relate to the exposure incident;** This employee was in the midst of performing the following work task when the incident occurred: _____

  _____

  _____

  _____

  Date of Incident: _____ Name of Employee: _____

  Use **Work Hazard Review Form** per Employees Job Title to attach to this form

- **Documentation of the Routes of Exposure and Circumstances under which exposure occurred;**
  The Route of Exposure of this Incident was:
  - ❑ via skin (explain) _____
  - ❑ via eye (explain) _____
  - ❑ via mouth (explain) _____
  - ❑ inhalation (explain) _____
  - ❑ other (explain) _____

- **Results of the Source Individual's Blood Testing, if available;**
  Keep confidential and within this report.

- **All Employee Medical Records Relevant to treatment of the Employee,**
  including Vaccination Status (Hep B Vac Form). And if State Required: (i.e.: NV:
  - Influenza,
  - MMR (Measles, Mumps, Rubella)
  - Varicella
  - Tetanus
  - Meningococcal)

Healthcare professional providing evaluation

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Additional comments: _____

_____

_____

**Staple all relevant forms to this document

F. OSHA Form 301 Injury & Illness Post-Incident Report

OSHA Form 301- Injury and Illness Incident Report

Case #_____

Recordable ☐ Non- recordable ☐

To be completed by EH&S

Information about the injured person

1) Full name: _____

2) Street _____

City _____State _____Zip _____

3) Injured persons "A" #_____

4) Date of birth _____ Date hired _____

5) Male ☐ Female ☐

6) Employee ☐

Job title_____

Hrs/day_____ Days/Wk_____

Student ☐

Visitor ☐

7) Program area _____ Phone #_____

8) Injured persons Signature _____

9) Supervisor_____ Phone #_____

Signature _____ Date _____

Information about the Medical Treatment

10) Extent of treatment: None ☐ First Aid ☐ Medical Treatment ☐

11) If treatment was given away from the worksite, where was it given?

Dr. Name _____

Facility _____

Street _____

City_____ State _____ Zip _____

12) Was the Injured person treated in an emergency room?

Yes ☐ No ☐

13) Was the Injured person hospitalized overnight as an in-patient?

Yes ☐ No ☐

Information about the case

14) Date of injury or illness _____

15) Time of event :_____ AM ☐ PM ☐ Unknown ☐

16) Time Injured person began work_____ AM ☐ PM ☐

17) Dates lost from work: _____ to _____

18) Dates on restricted duty: _____ to _____

Completed by:_____

Title: _____

Phone: _____

Date: _____

Attention: This form contains information relating to Injured persons health and must be used in a manner that protects the confidentiality of the information while being used for occupational safety and health purposes to the extent possible .

19) Did injured person file a Labor & Industries report? Claim #_____

Yes ☐ No ☐

20) If the injured person died, Date of death: _____

21) Location _____

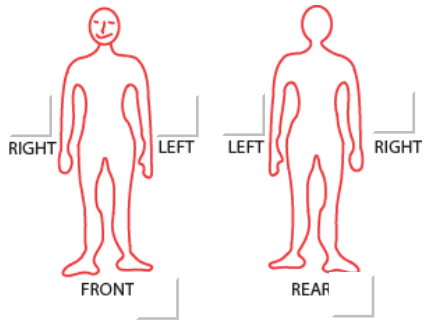
22) Witness: _____

23) What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the injured person was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry.

24) What happened? Tell us how the injury occurred. Examples: "When the ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness of wrist over time."

25) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

26) What object or substance directly harmed the injured person? Examples: "concrete floor"; "chlorine"; "radial arm saw". If this question does not apply to the incident, leave it blank.



Mark part of body injured on diagram above

Complete this form for all injuries and illnesses. When complete, print form, get necessary signatures, & make two photocopies. Forward the original to the EH&S Coordinator in 1254 LAB II and forward a photocopy to Business Services L 1125. The affected person keeps the remaining photocopy. This form should be completed within 24 hours of the incident.

www.evergreen.edu/facilities/docs/accidentreport.pdf

G. Consent Form The Collection of Blood – Employee

Facility where exposure occurred:

Name of Facility_____

Address _____

City _____ State _____ Zip _____

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed to infectious pathogens. Permission to have my blood drawn and tested for the Hepatitis B virus and the Human Immunodeficiency Virus (HIV), as well as other bloodborne diseases, is hereby given.

I understand that this testing will be done in a confidential manner, and will be made available to only me, (the person who was exposed). I also understand that my employer /management is aware of applicable laws and regulations concerning disclosure of my identity and my infectious status.

Employee:

_____
(signature)

_____ Date:_____
(employee print name)

Witnessed by:

_____
(signature)

_____Date: _____
(witness print name)

Declination for Blood Collection:

- ❑ I decline the right to have my blood drawn and tested for infectious diseases as they relate to the incident occurring on the date of _____ at the office location of: _____ _____.

I understand that in declining to have infectious pathogens blood testing in relation to this incident, that all future ramifications relating to my health will be considered unrelated to this incident.

Employee:

_____
(signature)

_____ Date:_____
(employee print name)

Witnessed by:

_____
(signature)

_____Date: _____
(witness print name)

H. Consent Form For The Collection of Blood – Source Individual

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that has occurred in this facility. Permission to have my blood drawn and have it tested for the Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV), as well as other bloodborne diseases, is hereby given.

I understand that this testing will be done in a confidential manner, and will be made available only to the person who was exposed. I also understand that this person has been informed of applicable laws and regulations concerning disclosure of my identity and my infectious status.

Signature _____ Witnessed by: _____

Employee: _____ Date: _____
(print name)

Facility where exposure occurred:

Name of Facility _____

Address _____

City _____ State _____ Zip _____

I. Hepatitis B vaccination / Post-Exposure Procedures

Introduction

The OSHA Standard on Bloodborne Pathogens defines the responsibilities of the employer for providing hepatitis B vaccination to employees who have occupational exposure to bloodborne pathogens and post-exposure evaluation and follow-up to employees who have had an exposure incident. (See glossary for definition of terms.) OSHA considers part-time, temporary, and probationary workers as employees. Newly hired employees are permitted to participate in patient care during the two-to-six month period it takes to complete the series of vaccine injections.

Hepatitis B Vaccination

- Hepatitis B Vaccination Series must be made available at no cost to all employees who have occupational exposure.
- Vaccination shall be made available after the employee has received the training described under the tab entitled "Training" and within 10 working days of initial assignment.
- This requirement is waived if the employee has previously received the complete HBV vaccination series, if antibody testing reveals that the employee is immune, or if the vaccine is contraindicated for medical reasons.
- The employer may not require prescreening for antibody to HBV prior to vaccination.
- If the employee initially declines to be vaccinated but at a later date, while still covered under the Standard, decides to accept vaccination, the employer must make it available at no cost.
- Employees who refuse to be vaccinated must sign the Hepatitis B Vaccine Declination section of the Hep B Declaration Form. (In specific States, as required, Physicians Notes will accompany the declination)
- While current U.S. Public Health Service guidelines do not recommend booster doses, if they should in the future, the employer must provide these at no cost. Hep B Titers & Boosters may be a good idea for clinical employees. Currently this would be covered out-of-pocket by the employee.
- The employer must provide a copy of the Standard to the health care Professional who will evaluate the employee and/or administer the vaccine.

- If the employee wishes to be evaluated before vaccination, the employer must obtain the healthcare professional's written opinion (see section on Healthcare professional's written opinion) and give it to the employee within 15 days of its completion. The report should state whether HBV vaccination is indicated and if vaccination has been received.
- This report should be filed in the employee's Medical Record; findings and diagnoses not pertaining to HBV vaccination must remain confidential and cannot be included in the written report.
- Although OSHA does not require it, you may wish to request new employees who have already been vaccinated to provide proof of their vaccination (i.e. a written statement from their physician to place in your files).

Post-exposure Evaluation and Follow-Up

Following a report of an exposure incident (see glossary), the employer shall make available to the employee a confidential medical evaluation and follow-up, as described in the sections below.

Exposure Information

Document the route(s) and circumstances of the exposure incident.

Source Individual

- Identify and document the source individual, unless impossible or prohibited by state law.
- Test source individual for HBV and HIV as soon as possible after consent is obtained. If the source individual is known to be seropositive for HBV or HIV, testing for that virus need not be done. If consent cannot be obtained or is not required by state law, this should be noted in writing.
- Make available the results of testing to the exposed employee, if allowed by state laws. The exposed employee must also be informed of laws and regulations governing confidentiality of the source individual's status.

Exposed Employee

- Collect and test the employee's blood, after consent is obtained, as soon as feasible.
- If employee consents to baseline blood collection, but does not give consent for HIV serologic testing, the sample must be preserved for 90 days. If, within this time period, the employee decides to consent to have the baseline sample tested, such testing must be done as soon as feasible.

- Provide post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

J. Post-Exposure Recommendations

Although the Standard does not provide specific recommendations on post-exposure evaluations and prophylaxis, these procedures must follow current U.S. Public Health Service recommendations which are as follows:

Hepatitis B

- Test source individual's blood, if consent is obtained, for hepatitis B surface antigen (HbsAg).
- Follow recommendations in table that follows.

HIV Infection

- Test source individual's blood, if consent is obtained, for antibody to HIV.
- If the source individual is HIV positive, or refuses to be tested, then the exposed employee should be evaluated clinically, tested immediately, and six weeks, twelve weeks, and six months after the exposure incident.
- Any acute flu-like illness that occurs within 12 weeks of exposure should be noted and evaluated.
- The decision to use zidovidine (AZT) prophylaxis should be made by the exposed employee in conjunction with the healthcare professional evaluating the employee.
- Provide counseling.
- Evaluate illnesses that are reported in the first 12 weeks after exposure.

Evaluating Healthcare Professional

The employer is required to provide certain information to the healthcare professional who is responsible for the post-exposure evaluation of the employee, including:

- A copy of the OSHA Standard.
- A description of the exposed employee's responsibilities as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances in which exposure occurred.
- Results of the source individual's blood test, if available, and if allowed.

- All medical records relevant to the treatment of the employee, which are the employer's responsibility to maintain.

K. Healthcare Professional's Findings—Written

The written opinion should be made available to the employer and employee within 15 days of completion of the evaluation. All findings and diagnoses unrelated to the exposure incident are to remain confidential and are not to be included in the written report. It must contain the following information:

- The recommendation for HBV vaccination (see previous section on HBV vaccination).
- That the employee has been informed of the results.
- That the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials, that require further evaluation or treatment.

Recommendations for hepatitis B prophylaxis
Following percutaneous or permucosal exposure

Treatment when source is found to be:

Exposed person	HBsAG-positive	HBsAG-negative	Source not tested or unknown
Unvaccinated	HBIG x 1½ and initiate HB vaccine	Initiate HB vaccine	Initiate HB vaccine
Previously vaccinated—Known responder	Test exposed for anti-HBs 1. If adequate, no treatment 2. If inadequate, HB vaccine booster dose	No treatment	No treatment
Known Non-responder	HBIG x 2 or HBIG x 1 plus 1 dose HB vaccine	No treatment	If known high risk source, may treat as if source were HBsAG-positive
Response unknown	Test exposed for anti-HBs 1. If inadequate, HBIG x 1 plus HB vaccine booster dose 2. If adequate, no treatment	No treatment	Test exposed for anti-HBs 1. If inadequate, HB vaccine booster dose 2. If adequate, no treatment

HBIG dose 0.06 ml/kg IM
Adequate anti-HBs is ≥ 10 SRU by RIA or positive by EIA

5 BIOMEDICAL SUMMARY & WASTE PLAN

BLOODBORNE PATHOGENS STANDARD (29 *CFR* 1910.1030)

IN THIS SECTION

A. GENERATOR INFO

BIOMEDICAL WASTE MANAGEMENT PLAN

Our Contracted BMW Disposal Company Information:

Name: _____

Address: _____

_____

Date Implemented: _____

Our Facility Information:

Name: _____

Address: _____

_____

B. POLICY & PURPOSE

POLICY: Our Biomedical Waste Management Policy is written in accordance with the United States Administrative Code governing Biomedical Waste (BMW), OSAP & CDC Guidelines and OSHA / GHS Standards.

PURPOSE: To protect the health of the patient, employees, and the public against the hazards of infection carried by blood or other solid/liquid waste.

C. DEFINITIONS:

Biomedical Waste: Any solid/liquid waste that may prompt threat of infections to humans, including non-liquid tissue, body parts, blood, blood products, and body fluids from humans that are comprised of human disease-causing instruments and discarded sharps.

These include the following: Used, permeable materials (including materials that are dry) visibly tainted with blood, blood products, or body fluids. Excretions or secretions tainted with visible blood.

Non-permeable, disposable materials that have been tainted with blood, body fluids, secretions or excretions that have not been treated by an authorized procedure.

Body Fluid: Those fluids that are capable of sheltering pathogens, such as human immunodeficiency virus and hepatitis B virus. These include blood, blood products, nasal discharge, saliva, sweat, sputum, tears, and vomit. Unless the fluid is tainted with blood, it should not be considered biomedical waste.

Sharps: Materials that are capable of penetrating the skin, lacerations, or puncturing.

Point of Origin: The room or place where the biomedical waste is produced.

Generator: A facility or person that creates biomedical waste.

Packages: Hinders liquid from releasing to the environment in the upright position. All biomedical waste shall be handled, stored, treated, transported in agreement with the Chapter 64E-16.

Storage: Any material that fully surrounds biomedical waste. This includes red bags, sharps containers, Rx Waste containers and outer containers that are EPA acceptable.

Sterilization: The holding of packaged biomedical waste for a period longer than three days at a facility or in a transport vehicle.

Disinfection: A process that results in a minimum Log 6 kill against Bacillus Sterothermophilus spores using steam or a minimum Log 6 kill against Bacillus Subtilis spores using dry heat, chemicals or microwave shredding.

D. BIOMEDICAL WASTE AT THIS FACILITY — LISTED

Decontamination: A process that results in a minimum Log 4 kill against Bacillus Stearothermophilus spores using steam (autoclave) and a minimum Log 6 kill against other vegetative organisms.

A process that results in the elimination of pathogenic microorganisms from objects and surfaces while handling them protectively.

Items Generated at this facility that are considered Biomedical Waste, based on the above definitions, are:

Biomedical Soft Waste:

_____

_____

_____

Biomedical Sharps:

_____

_____

_____

Pharmaceutical Waste:

_____

_____

_____

E. PROCEDURES

Storage and Containment

Non-Sharp Biomedical Waste

- All biomedical waste (BMW) shall be identified and separated at the point of origin — the room (operatory) in which it is created.
- All sharps shall be discarded into EPA approved leak-proof, puncture resistant containers located at the point-of-use and also at: _____

  _____

  _____
- Anesthetic containing residual anesthetic and/or blood/saliva will be disposed of in EPA approved Rx Waste Containers located, at point-of-use, and additionally at:_____

  _____

  _____
- All non-sharp BMW shall be disposed of directly into red, impermeable bags that meet the specifications in Chapter 64E-16 of the Florida Administrative Code or an EPA acceptable equivalent Mail-Back /Pour-n-Cure Rigid receptacle. Receptacles are located:_____

  _____

  _____
- Any employee handling BMW shall wear personal protective clothing including a minimum of gloves and:_____

  _____

  _____
- When filled, all sharps containers and red bags shall be sealed properly.
- The biomedical waste created in this room includes the following:
  - Any items with blood (visible) or body fluids (saliva), teeth and tissue or bone matter with visible blood, non-absorbent material with visible blood or body fluids, gloves, 2x2, floss, cotton roll, saliva ejectors, patient bibs, tray covers, rubber dams, alginate material and wax.
- The areas in which biomedical waste is created include the following:
  - All operatory, laboratory and sterilizer rooms

Note:

- *Any BMW that is mixed with hazardous waste will be managed as hazardous waste*

- *BMW mixed with radioactive waste will be managed as radioactive waste.*
- *Any other solid waste/liquid that is neither hazardous nor radioactive and is associated with untreated biomedical waste shall be handled as untreated BMW.*

- All surfaces tainted with spilled or leaked BMW shall be decontaminated in the cleaning procedure.
- BMW, except sharps, will be wrapped and fastened at the point of origin in impermeable, red plastic bags. Bags will be inscribed with the international biohazard symbol at least six inches in diameter on bags 19" x 14" or larger, and at least one inch in diameter on bags smaller than 19" x 14". Bags will meet the standards defined in the Florida statute. The manufacturer's guidelines for bags acquired will be kept on file in the office.

Sharps

- Sharps will be thrown away at the point of origin into single-use containers. Needles and scalpel blades will not be arranged directly into EPA approved sharps containers. Sharps containers will be shut when full. A sharps container is determined full when materials arranged into it reaches the fill line, or, if there is no fill line, when extra materials cannot be arranged into the container without compressing. Sharps container will be marked with the international biological hazard symbol at least one inch in diameter.

Disposal of Teeth

- After being disinfected, removed teeth may be returned to the patient or the patient's guardian. Disinfection is performed in the following fashion:
  - Soak in disinfectant solution or Clorox 1:10 solution for at least one minute. Wrap in a 2x2 gauze pad and put in a plastic bag before giving to patient.

Outer Containers

- The exterior container that contains red bags and sharps containers will be ridged, leak-resistant and puncture-resistant. They will be inscribed with a six inch or larger international symbol.

F. STORAGE

- BMW will not be stored, at this location, for longer than 30 days, if we have saturated waste. The storage period will commence on the day the waste is compiled. It begins as soon as non-sharp BMW is grouped in a red bag or when a sharps container is secured, whichever is later.
- The ***large biomedical waste (BMW) red bag*** ***or EPA approved Rigid BMW Mail Back container,*** at our facility is kept in _____ _____. This area's access is restrained and apart from pedestrian traffic. It is cleanly maintained and vermin and insect free. The area is made of _____ which is smooth, easy to clean and resistant to liquids. (We will never store BMW on carpet).
- Packages of biomedical waste will be shut. Torn or dripping packages of BMW will be placed into larger packaging without troubling the original fastener. Any surface tainted with spilled BMW will be decontaminated in the cleaning process.

G. TREATMENT OF BMW

- BMW shall be treated by steam, incineration, or an alternative process approved by the department.
- If the facility is contracting with an offsite transportation company, the company must be registered with the department of health.

Name of Transporter: _____

Method of Treatment (check one):

❑ Hauler= med-grade Autoclave & Shredding
❑ Mail Back = Isolizor / Solidifying Agent
❑ Self Disposal = Isolizor / Solidifying Agent

H. LABELING

- All packages that have BMW will be visibly marked with the international symbol in red, orange or black with a back ground color contrary to the symbol and the phrase "biomedical waste", "infectious waste", "biohazardous waste", "biohazard", or "infectious substance".
- Bags and/or sharps containers placed into a larger red bag before being transported will be marked with the doctor's name and address.
- Exterior containers will be clearly marked with the transporter's name, address, registration number and a 24-hour telephone number before transporting as well as the doctor's name and address.

I. TRANSPORTING OF BIOMEDICAL WASTE

- This agency has contracted with _____ _____, a registered biomedical waste carrier, for the transport of BMW. A copy of the contract is affixed to this plan. Receipts of pick-up and delivery to a DOH authorized processing agency are maintained on file, along with the certificate of destruction. These documents are kept for three years.
- This facility's BMW records are located: _____ _____

J. CONTINGENCY PLAN

- The practice has a contract with _____ in the occurrence that the principal carrier cannot, or does not, remove BMW in a timely fashion.

K. PATIENT EDUCATION

- All patients are educated, verbally and in writing apropos the suitable method for handling of BMW in the home. Training embodies what establishes BMW, proper accommodation of non-sharp BMW and sharps as well as proper discarding of BMW in the home.

L. TEAM TRAINING

- Staff training is directed annually for all employees. New employees are trained in all BMW operations before taking on their job duties. Following is an outline of the staff training:
  - Definitions
  - Identification
  - Segregation
  - Handling
  - Use of PPE
  - Labeling
  - Treatment
  - Procedures for BMW spill and decontamination
  - Containment of non-sharp BMW
  - Containment of Glass Carpules

- Storage of BMW
- Transport of BMW
- Patient education
- Contingency plan for emergencies

- The facility must provide documentation that employees have been properly trained. Documentation of employee training is located: __

_____

M. DECONTAMINATION PROTOCOL FOR BMW SPILLS

1. Surfaces contaminated with spilled or leaked BMW shall be decontaminated as part of the cleaning process. The clean up/decontaminated procedure for this facility is to clean up with a medical grade disinfectant or a 1:10 dilution of bleach and water.
2. Liquid waste created by these chemical decontamination operations shall be disposed of into a sewage system.
3. A medical grade disinfectant is always used at this facility.
4. Personal protective equipment and/or spill kits are located in our treatment rooms and in storage.

N. PERMITS

- The office creates less than 25 pounds of BMW in each 30-day period.

Contingency Plan for Emergencies

1. If the Department of Health Licensed Biomedical Waste Transporter named in section I is unable to transport this facility's BMW then another DOH licensed biomedical waste transporter will be contacted (see attached list).

   OR

   If a facility using an alternate method of treatment is unable to treat the BMW, the BMW will be treated or disposed of by: _____

   _____

2. In the event of a natural disaster (i.e. hurricane, flood, etc) all BMW shall be secured and stored our locked office / basement or shed area away from non BMW items.

Satellite Offices

1. Our satellite office(s) which is/are located at:

   List Satellite Office Addresses: (Here or on separate sheet that can be attached in back of this page.) _____

   _____

   _____

   The BMW generated by the above location(s) is/are disposed of by:

   _____

❑ We do not have affiliated / additional Satellite Offices.

Permits for the Department of Health, if applicable within our county, will be displayed with our other Professional Licenses and renewed in a timely manner.

OSHA® FactSheet

Improve Tracking of Workplace Injuries and Illnesses

Electronic Submission of OSHA Form 300 and 301 Data

The New Requirements

- Establishments with 100 or more employees in designated high-hazard industries (listed in Appendix B to Subpart E of 29 CFR Part 1904) must electronically submit to OSHA detailed information about each recordable injury and illness entered on their previous calendar year's OSHA Form 300 Log and Form 301 Incident Report (29 CFR 1904.41). This includes the date, physical location, and severity of the injury or illness; details about the worker who was injured; and details about how the injury or illness occurred.
- All the establishments required to submit information from their OSHA Form 300 Log and OSHA Form 301 Incident Report to OSHA under this rule are already required to collect and retain this information, and are currently required to electronically submit to OSHA information from their OSHA Form 300A Annual Summary.
- Retains the requirement for all establishments with 250+ employees in industries that must routinely keep records to submit the OSHA Form 300A Annual Summary.
- Each establishment must provide their legal company name when submitting their data.
- Which establishments have to submit?
    - Establishments that had a peak employment of 100 or more employees during the previous calendar year meet the size criteria.
    - The designated industries are listed in Appendix B to Subpart E of 29 CFR Part 1904.
    - OSHA will provide an ITA Coverage Application to help establishments determine whether they have to comply with these new requirements.
    - The requirements apply to establishments covered by Federal OSHA, as well as establishments covered by states with their own occupational safety and health programs (i.e., State Plans).
- OSHA estimates approximately 50,000 establishments will be required to submit their case-specific injury and illness data. OSHA estimates they will submit information on approximately 750,000 injury and illness cases annually. Focusing the requirements on establishments with 100 or more employees in higher hazard industries means that fewer than one percent of establishments in the country will submit additional data, but the injury and illness data submitted by those establishments will comprise nearly 30% of all reportable occupational injuries and illnesses.
- OSHA estimates it will cost affected establishments with 100 or more employees an average of $136 per year to comply.
- The data must be electronically submitted through OSHA's Injury Tracking Application (ITA). There are 3 ways to submit the data:
    - webform on the ITA;
    - submission of a csv file to the ITA;
    - use of an application programming interface (API) feed.

The ITA will begin accepting 2023 injury and illness data on January 2, 2024. The due date to complete this submission is March 2, 2024. The submission requirement is annual, and the deadline for timely submission of the previous year's injury and illness data will be on March 2 of each year.

Benefits of the New Requirements

- Benefits to OSHA: Access to establishment-specific, case-specific injury and illness data will help the agency identify establishments with specific hazards. This will enable the agency to interact directly with these establishments, through enforcement and/or outreach activities, to address and abate the hazards and improve worker safety and health. These same data will also allow OSHA to better analyze injury trends

related to specific industries, processes or hazards. The collection and publication of data from Forms 300 and 301 will not only increase the amount of information available for analysis but will also result in more accurate statistics regarding work-related injuries and illnesses, including more detailed statistics on injuries and illnesses for specific occupations and industries.

- Benefits to interested parties: Public access to establishment-specific, case-specific injury and illness data will allow employers, employees, potential employees, employee representatives, customers, potential customers, and the general public to make more informed decisions about workplace safety and health at a given establishment. In addition, researchers will be better able to identify patterns of injuries, illnesses, and hazardous conditions in workplaces. OSHA believes this access will ultimately result in the reduction of occupational injuries and illnesses.
- OSHA will make most of the data submitted under these new requirements available to the public. OSHA will take multiple steps to protect the identity of injured or ill workers, including:
  - OSHA will not collect worker names and addresses;
  - OSHA will convert birth dates to age and discard birth dates;
  - OSHA will remind employers not to submit information that could directly identify workers, such as names, addresses, telephone numbers, etc.;
  - OSHA will withhold from publication the information on age, gender, date hired, and whether the worker was treated in an emergency room and/or hospitalized overnight as an in-patient;
  - OSHA will use automated information technology to detect and remove any remaining information that could directly identify workers.

Additional Information

For more information visit the Injury Tracking Application page.

Workers' Rights

Workers have the right to:

- Working conditions that do not pose a risk of serious harm.
- Receive information and training (in a language and vocabulary the worker understands) about workplace hazards, methods to prevent them, and the OSHA standards that apply to their workplace.
- Review records of work-related injuries and illnesses.
- File a complaint asking OSHA to inspect their workplace if they believe there is a serious hazard or that their employer is not following OSHA's rules. OSHA will keep all identities confidential.
- Exercise their rights under the law without retaliation, including reporting an injury or raising health and safety concerns with their employer or OSHA. If a worker has been retaliated against for using their rights, they must file a complaint with OSHA as soon as possible, but no later than 30 days.

For additional information, see OSHA's Workers page (www.osha.gov/workers).

How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to ensure these conditions for America's workers by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

OSHA® Occupational Safety and Health Administration

DTSEM FS-4272 07/2023

P. RED BAG LETTER

LETTER MUST BE KEPT ON PREMISES

Florida regulations require that all generators of Biomedical or Biohazardous waste must obtain and maintain on the premises, a letter from the manufacturer proving that their red bags specifically meets the requirements set forth under Florida Administrative Code 64E-16.

FLORIDA DEPARTMENT OF HEALTH
Florida Administrative Code 64E-16

(c) Bags
Biomedical waste, except sharps, shall be packaged and sealed at the point of origin in impermeable, red plastic bags or, at the discretion of the generator, into sharps containers. The international biological hazard symbols hall be at least **six inches in diameter on bags 19" x 14" or larger,** and at least **one inch in diameter on bags smaller than 19" x 14".** Each plastic bag shall meet the following physical properties:

a. Impact resistance of 165 grams and tearing resistance of 480 grams in both the parallel and perpendicular planes with respect to the length of the bag. Impact resistance shall be determined using **ASTM D-1709-91,** and tearing resistance shall be determined using **ASTM D-1922-89.**

b. Incidental sum concentrations of lead, mercury, hexavalent chromium and cadmium shall be no greater than 100 ppm for dyes used in the coloration of bags.

HERITAGE
Your can liner experts.

January 13, 2014

To Our Florida Customers:

This letter is to certify that Heritage Bag Company 1.3 mil through 3.0 mil printed biohazard and infectious waste bags meet or exceed the U.S. Department of Transportation (U.S. DOT) regulations for plastic bags used for regulated medical waste containment. The U.S. DOT regulations are defined in Title 49 CFR 173.197 and require the bags to meet the following:

- Meet a Tear Resistance of 480 grams in both the parallel and perpendicular planes by the ASTM D1922 test procedure.
- Meet an Impact Resistance of 165 grams by the ASTM D1709 test procedure.
- Bags may not exceed a volume of 175 liters (46 gallons).
- When used as an inner packaging for carts, the bag may not weigh more than 10 kilograms (22 pounds) when filled.

Additionally, Heritage Bag Company red color, printed linear low density polyethylene (LLDPE) biohazard and infectious waste bags of 1.3 mil and greater thickness meet or exceed the **State of Florida** requirements for biomedical waste bags defined in Chapter 64E-16 of the Florida Administrative Code. Heritage Bag is listed on the State of Florida "Red Bag List for Biomedical Waste" which lists biomedical waste disposal bags compliant with Chapter 64E-16 of the Florida Administrative Code.

Please do not hesitate to contact your Heritage Bag Company representative for more information regarding our products.

Sincerely,

David K. Shewmaker

David K. Shewmaker
Director – Market Analysis & Environmental Affairs

1648 Diplomat Drive Carrollton, TX 75006-6847 800.527.2247

6 OSHA MASTER FORMS

IN THIS SECTION

** MICHIGAN DENTISTS: (Visit our website for 400 more MIOSHA required forms or to order a MIOSHA Manual)
VISIT https://www.healthfirst.com/mystateosha/ for more information on State Required OSHA & HIPAA Forms
For access, enter the password: **MYSTATEOSHA**
Print your STATE REQUIRED FORMS, Fill-in-the-Blanks, Store in this manual in OSHA STATE REQUIRED FORMS section

Use Section #4 *Needlestick And Exposure Incident Protocol* to guide you through an Employee Needle Stick Incident. All Reporting Forms & Protocols are listed in this section (pg 180-182 above). Complete and keep separately in the Employee File. Complete Reports all injuries that are not fatal within 48 hours. Report Fatalities immediately.

10564 v002 11/2023

SAFETY POLICY STATEMENT

The management at _____is committed to employee safety. Our safety program is designed to aid us in preventing accidents. While the responsibility for safety begins and ends with management, this responsibility is shared throughout the organization.

Every EMPLOYEE has the responsibility for enforcing and re-enforcing safety policies and for maintaining safe conditions and practices within his or her work area. We have assigned the office manager as the person to coordinate these efforts.

All employees are expected to fully accept responsibility for their work safety and for the safety of those with whom they work. Every employee in the company has the responsibility for observing safe work habits, TAKING ALL REQUIRED SAFETY TRAINING, MAKING SURE THEY FULLY UNDERSTAND AND CAN CARRY OUT ALL SAFETY PROCEDURES EXPECTED OF THEM, reporting any situation that could lead to an accident and recommending new ways to prevent injury.

In order for our program to be successful, we must all participate in our ongoing effort to prevent accidents. Always remember, when there is the possibility for one person to suffer an injury, we have a need to improve.
This policy, and our OSHA Compliance Manual is designed, written and updated to uphold the most current know protocols for Federal, State & County mandates, in accordance with OSHA and GHS law.

_____ _____

Date Doctor

_____ _____

Date Office Manager

INFECTION & EXPOSURE CONTROL PLAN TRAINING ACKNOWLEDGEMENT FORM

This checklist and Infection Control Plan Learning Module must be complete by all of our clinical personnel prior to their first day of working clinically within our office. Non-clinical personnel must complete this within 30 days of hire. All employees will have an update of this material at least annually or sooner as Infection Control Guidelines evolve. I have read all Infection Control Protocols (ICP) specific to this office &

- ❑ I fully understand Infection Control & Disease Prevention Protocols, as they relate to my job duties.
- ❑ I understand that PPE will be provided for me: I understand how to properly wear, care-for and replace all PPE.
- ❑ I understand that I should wear Respirator (N-95 or better) in Aerosol Procedures. Level 3 Mask in Non-Aerosol Procedures. Disposal of Respirators should be into BMW bag. Storage for Respirators is in a dry, closed container with my name clearly marked on the container.
- ❑ I understand that proper disposal of infectious waste soft BMW and sharps should be at point-of-use.
- ❑ I have had the opportunity to participate in HBV & vaccination series covered by management at this location
- ❑ I understand how to safely handle and make treatment determinations when encountering Infectious Patients. I have had the opportunity to watch COVID-19 Management Training, I have reviewed and signed Pandemic Preparedness Paperwork to include Respirator-Voluntary Disclaimer Form, at this office.
- ❑ I know the location of Safety Data Sheets (SDS) for this office & how to obtain them in less that 5 minutes.
- ❑ I understand how to access our SDS after hours/ 24 hours.
- ❑ I understand how you utilize and read safety precautions on both Pictogram labels and Safety Data Sheets (SDS).
- ❑ I have been trained and sign-off on GHS Training.
- ❑ I understand what PPE will be provided for me; that it will be properly fitted; that replacements and supplies will be provided; how and when to wear it during the course of my job duties. I understand that if PPE is not available, I will not be asked to perform clinical job duties that would put my health at risk.
- ❑ I understand Universal Precautions update persuant of the Summary of Infection Prevention for the Dental Setting, and will implement and abide by them.
- ❑ I understand proper procedures to avoid transmission of infection & Bio-Aerosols.
- ❑ I understand protocols within this office for housekeeping, sterilization, disinfection, equipment maintenance and how to properly use all medical grade products to execute these duties.
- ❑ I understand how to separate & store various dental wastes into appropriate containers: BMW Soft, BMW Sharps, Amalgam & Rx Waste.
- ❑ I have participated in discussion of our employee Infection Control Training and Emergency & Safety & will do so annually, or whenever laws & protocols update.

In signing this form, I acknowledge that I have full understanding of all of the Safety & Infection Control Protocols set forth by this office. I have had the opportunity to ask questions and obtain clarification regarding these protocols. From a qualified representative at this location.

Date: _____ Employee of: _____

Employee Printed Name:_____

Employee Signature: _____

The following form will be used for corrective action for any deviation from this written policy:

EMPLOYEE INFECTION CONTROL NONCOMPLIANCE CITATION

As previously reviewed in our OSHA instructions on Healthcare Office Health Compliance in accordance with State and Federal Laws, the below named employee signed-off as having complete understanding and training on all said information. In an effort to keep OSHA & HIPAA Compliance within this facility at a maximum compliance status, non-compliance incidence will be documented and reviewed as part of the employee's performance. We are formally writing up a citation noting that _____, named employee at this location has been negligent in the following area:

- Bloodborne Pathogens Standards
- Employer's Exposure Control Plan / Hazard Communications
- Emergency & Rx Safety
- Chemical Handling & Safety
- Infection Control Protocols
- COVID Management
- Violence & Safety within the Workplace
- HIPAA Compliance with Personal Health Information
- Other: _____

EXPLANATION OF INCIDENT

_____

_____

_____

_____

_____

_____

_____

_____

In signing this document, I acknowledge that this infraction has been reviewed and the proper instruction has been provided to me in relation to the incident. I have asked all questions pertaining to this matter and have full knowledge as to how to behave within compliance guidelines henceforth.

DATE: _____

EMPLOYER'S AUTHORIZED SIGNATURE _____

DATE: _____

EMPLOYEE'S SIGNATURE _____

NOTICE OF INJURY INTAKE FORM

Reported By: _____ Date: _____

Client Name: _____ Phone: _____

Injured Employee: _____ Home Phone: _____

Date of Injury: _____ Time of Injury: _____

Type and Extent of Injury (i.e., left arm, right leg, laceration, fracture, 2nd degree burn):

_____

_____

_____

How did injury occur? _____

_____

Job Site Name & Address: _____

_____

Medical Provider: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Employee Job Title: _____ Employee Work Schedule (Days & Hours):

Has the employee returned to work? ❑ Yes Date Returned: _____

❑ No Anticipated Return Date: _____

Will you provide light duty? ❑ Yes ❑ No Same Pay? ❑ Yes ❑ No

Witnesses, if any: _____

Comments: _____

Signature: _____ Date: _____ Time: _____

REMEMBER TO REPORT ALL INJURIES IMMEDIATELY OR WITHIN 24 HOURS

ACCIDENT INVESTIGATION REPORT

Employee Name: _____

Client Company: _____

Date of Accident: _____ Time of Accident: _____

Date Reported: _____

Job Site Name & Address: _____

Describe Accident: _____

_____

Witnesses: _____

_____

Type and Extent of Injury: _____

Medical Provider: _____

Has the employee returned to work? ❑ Yes ❑ No Date Returned: _____

Did employee violate any established safety rule? ❑ Yes ❑ No

If yes, explain: _____

Was there an equipment malfunction? ❑ Yes ❑ No

If yes, explain: _____

Was personal protection required? ❑ Yes ❑ No Was it worn? ❑ Yes ❑ No

What acts, failures to act, and/or conditions contributed most directly to this accident?

_____

_____

What are the reasons for the existence of these acts and/or conditions? _____

_____

_____

What is the plan of action to prevent recurrence? _____

_____

_____

Comments: _____

Investigated by: _____

Action Plan completed by: _____

SDS REQUEST FORM

(SDS are available on line via manufacturer and dental supplier.
Check with on-line before utilizing this form)

Date: _____

To: _____
_____
_____

From: _____
_____
_____

Dear_____ :

Our records indicate that we purchased the following materials from your company:

_____
_____
_____
_____

In accordance with the requirements of the Occupational Safety and Health Administration's hazard communication standard (29 CFR 1910.1200), and the Globally Harmonized System laws, we are requesting that your provide us with a GHS/SDS Safety Data Sheet for each of the above materials as soon as possible. Additionally, should we purchase any new materials, we will need to have the GHS/SDS prior to or upon arrival at our location. From this date on, no materials will be allowed on our location if we do not have a current GHS/SDS for said materials.

Should you have any questions regarding the above, please contact the undersigned at

_____

Thank you for your assistance with this matter.

Sincerely,

_____

P.S. We will have a copy of this letter on file for OSHA to review, should there be an inspection prior to receiving your SDS(s).

List of hazardous chemicals for this office

Chemical	Product (Trade Name)	Company	Generic Area	SDS On File

EMPLOYEE WORK HAZARD REVIEW
FOR THE DENTAL DIRECTOR

PROCEDURE	TYPE OF HAZARD	LOCATION
Examine new and emergency patients	C, B, M, A	Operatory
Sterilize dental instruments	C, B, M	Sterilization
Take and develop radiographs	B, M, A	X-ray, Darkroom
Inject anesthetic	C, B, A	Operatory
Perform Dentistry	C, B, M, A	Operatory
Endodontic and Periodontic procedures	C, B, P, M, A	Operatory
Crown & Bridge, restorative procedures	C, B, M, A	Operatory
Take alginate and restorative impressions	C, B, M, A	Operatory
Lubricate hand pieces	B	Operatory
Maintain evacuation system, including trap	C, B, M	Operatory
Pumice and polish cases	C, B, M	Sub lab
Handle patient charts and writing instruments	C, B, M	Operatory
Operate autoclave	C, B, M	Sterilization
Operate ultrasonic machine	C, B, M	Sterilization
Operate Lathe	C, B, P, M	Sub lab
Use cold sterilization solution/ Glutaraldehydes	C, P	Operatory Sub lab Sterilization
Beryllium & Silica Exposures	C	Lab, Sub lab

_____ _____ _____

SIGNATURE DATE OFFICE LOCATION

TYPE OF HAZARD: C = CHEMICAL EXPOSURE B = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS M = MACHINERY/EQUIPMENT
A= AEROSOL INFECTIOUS ESPOSURE

FILE THIS FORM IN: "BY-YEAR ORGANIZER" IN BACK OF YOUR OSHA MANUAL

EMPLOYEE WORK HAZARD REVIEW
FOR THE REGIONAL MANAGER

PROCEDURE	TYPE OF HAZARD	LOCATION
Establish and maintain customer service	NONE	Reception
Implement written administrative policies and procedures	NONE	Reception
Perform telemarketing	NONE	Reception
Coordinate all personnel work schedules, timesheets and vacation schedules	NONE	Reception
Coordinate front and back office activities	NONE	Reception
Maintain reception area and front bathroom	B	Reception Bathroom
Operate office equipment	NONE	Reception
Clean operatories as needed /run heat sterilizer	C, B, M, A	Operatories
Handle patient charts, writing/ computers	NONE	Reception
Use cold sterilization solution/ disinfectants	C, B	Operatory Lab Sterilization
Beryllium & Silica Exposures	C	Lab / Sub Lab

_____ _____ _____

SIGNATURE DATE OFFICE LOCATION

TYPE OF HAZARD: C = CHEMICAL EXPOSURE B = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS M = MACHINERY/EQUIPMENT
A = AEROSOL INFECTIOUS EXPOSURE

FILE THIS FORM IN: "BY-YEAR ORGANIZER" IN BACK OF YOUR OSHA MANUAL

EMPLOYEE WORK HAZARD REVIEW
FOR THE DENTIST

PROCEDURE	TYPE OF HAZARD	LOCATION
Examine new and emergency patients	C, B, P, M, A	Operatory
Sterilize dental instruments	C, B, P, M	Sterilization
Take and develop radiographs	C, B, M, A	X-ray Room, Operatory
Inject anesthetic	C, B, P, M, A	Operatory
Perform Dentistry	C, B, M, A	Operatory
Endodontic and Periodontic procedures	C, B, M, A	Operatory
Crown & Bridge, restorative procedures	C, B, M, A	Operatory
Take alginate and other impressions	C, B, M, A	Operatory
Lubricate hand pieces	C, B, P, M	Operatory
Maintain evacuation system, including trap	C, B, P, M	Operatory
Pumice and polish cases	NONE	Sub lab
Handle patient charts/writing	NONE	Operatory
Operate autoclave	C, B, M	Sterilization
Operate ultrasonic machine	C, B, M	Sterilization
Operate Lathe	B, M	Sub lab
Use cold sterilization solution/ Glutaraldehydes	C, B	Operatory Sub lab Sterilization
Beryllium & Silica Exposures	C	Lab / Sub lab

SIGNATURE _____ DATE _____ OFFICE LOCATION _____

TYPE OF HAZARD: C = CHEMICAL EXPOSURE B = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS M = MACHINERY/EQUIPMENT
A = AEROSOL INFECTIOUS EXPOSURE

FILE THIS FORM IN: "BY-YEAR ORGANIZER" IN BACK OF YOUR OSHA MANUAL

EMPLOYEE WORK HAZARD REVIEW FOR THE OFFICE MANAGER

PROCEDURE	TYPE OF HAZARD	LOCATION
Establish and maintain customer service	NONE	Reception
Implement written administrative policies and procedures	NONE	Reception
Perform telemarketing	NONE	Reception
Coordinate all personnel work schedules, timesheets and vacation schedules	NONE	Reception
Coordinate front and back office activities	NONE	Reception
Maintain reception area and front bathroom	C,B	Reception Bathroom
Operate office equipment	C	Reception
Clean operatories as needed	C, B, M, A	Operatories
Handle patient charts and writing instruments	NONE	Reception
Use cold sterilization solution/Glutaraldehydes	C, B	Operatory Sub lab Sterilization
Beryllium & Silica Exposures	C	Lab, Sub Lab

_____ _____ _____

SIGNATURE DATE OFFICE LOCATION

TYPE OF HAZARD: C = CHEMICAL EXPOSURE B = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS M = MACHINERY/EQUIPMENT
A = AEROSOL INFECTIOUS EXPOSURE

FILE THIS FORM IN: "BY-YEAR ORGANIZER" IN BACK OF YOUR OSHA MANUAL

EMPLOYEE WORK HAZARD REVIEW
FOR THE HYGIENIST

PROCEDURE	TYPE OF HAZARD	LOCATION
Examine and chart patients	C, B, M, A	Operatory
Sterilize dental instruments	C, B, P, M	Sterilization
Take and develop radiographs	C, B, M, A	X-ray Room, Operatory
Apply topical anesthetic	C, B, M, A	Operatory
Rootplane and scaling	C,B,M, A	Operatory
Periodontic procedures	C, B, M, A	Operatory
Prophylaxis procedures	C, B, M, A	Operatory
Take alginate impressions	C, B, M, A	Operatory
Lubricate hand pieces	C, B, P, M	Operatory
Maintain evacuation system, including trap	C, B, P, M	Operatory
Pumice and polish cases	NONE	Sub lab
Handle patient charts/ writing	NONE	Operatory
Operate autoclave	C, B, P, M	Sterilization
Operate ultrasonic machine	C, B, M	Sterilization
Operate Lathe	B, P, M, A	Sub lab
Use cold sterilization solution/ Glutaraldehydes	C, B	Operatory Sub lab Sterilization
Beryllium & Silica Exposures	C	Lab, Sub Lab

SIGNATURE _____ DATE _____ OFFICE LOCATION _____

TYPE OF HAZARD: C = CHEMICAL EXPOSURE B = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS M = MACHINERY/EQUIPMENT
A = AEROSOL INFECTIOUS EXPOSURE

FILE THIS FORM IN: "BY-YEAR ORGANIZER" IN BACK OF YOUR OSHA MANUAL

EMPLOYEE WORK HAZARD REVIEW FOR THE RECEPTIONIST

PROCEDURE	TYPE OF HAZARD	LOCATION
Establish and maintain customer service	NONE	Reception
Implement written administrative policies and procedures	NONE	Reception
Perform telemarketing	NONE	Reception
Coordinate all personnel work schedules, timesheets and vacation schedules	NONE	Reception
Coordinate front and back office activities	NONE	Reception
Maintain reception area and front bathroom	B	Reception Bathroom
Operate office equipment	C, P	Reception
Clean operatories as needed	C, B, M, A	Operatories
Handle patient charts /writing	NONE	Reception
Use cold sterilization solution/ Glutaraldehydes	C, B	Operatory Sub lab Sterilization
Beryllium & Silica Exposures	C	Lab, Sub Lab

_____ _____ _____

SIGNATURE DATE OFFICE LOCATION

TYPE OF HAZARD: C = CHEMICAL EXPOSURE B = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS M = MACHINERY/EQUIPMENT
A = AEROSOL INFECTIOUS EXPOSURE

FILE THIS FORM IN: "BY-YEAR ORGANIZER" IN BACK OF YOUR OSHA MANUAL

EMPLOYEE WORK HAZARD REVIEW
FOR THE ASSISTANT

PROCEDURE	TYPE OF HAZARD	LOCATION
Examine new patients and emergency patients	C, B, M, A	Operatory
Sterilize dental instruments	C, B, P, M	Sterilization
Take and develop radiographs	C, B, M, A	X-ray Room, Operatory
Set up anesthetic	C, B, M	Operatory
Assist with Dentistry	C, B, M, A	Operatory
Assist w/ Endodontic and Periodontic procedures	C, B, M, A	Operatory
Assist w/ Crown & Bridge, restorative procedures	C, B, M, A	Operatory
Take alginate and assist w/ other impressions	C, B, P, M, A	Operatory
Lubricate hand pieces	C, B, P, M	Operatory
Maintain evacuation system, including trap	NONE	Operatory
Pumice and polish cases	NONE	Sub lab
Handle patient charts/writing	C, B, M	Operatory
Operate autoclave	C, B, M	Sterilization
Operate ultrasonic machine	B, M	Sterilization
Operate Lathe	C, B, P, M	Sub lab
Use cold sterilization solution/ Glutaraldehydes	C, B, M	Operatory Sub lab Sterilization
Clean operatories, sub lab and sterilization room	C, B, M	Operatory, Sub lab
Beryllium & Silica Exposures	C	Lab / Sub lab

SIGNATURE _____ DATE _____ OFFICE LOCATION _____

TYPE OF HAZARD: C = CHEMICAL EXPOSURE B = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS M = MACHINERY/EQUIPMENT
A = AEROSOL INFECTIOUS EXPOSURE

FILE THIS FORM IN: "BY-YEAR ORGANIZER" IN BACK OF YOUR OSHA MANUAL

EMPLOYEE WORK HAZARD REVIEW
FOR THE LAB TECHNICIAN

PROCEDURE	TYPE OF HAZARD	LOCATION
Mix and pour plaster or stone from impressions	B, P	Lab
Model for duplication or investing techniques	P	Lab
Duplicate, de-wax and process pour techniques to completion	C, B, P, M	Lab
Pumice and polish cases	C, B, P, M	Lab
Boil out wax from cases	P, M	Lab
Remove wax cases from articulator	P	Lab
Pack acrylic	C, P	Lab
Set teeth in wax	C, P	Lab
Finish denture prior to polishing	P, M	Lab
Repair cracked and broken dentures and partials	C, B, P, M, A	Lab
De-flask cases	P	Lab
Clean impression trays / Handle Impressions	C, B, P, A	Lab
Remove plaster from articulators	P	Lab
Clean Lab	C, B, P, M	Lab
Use cold sterilization solution	C, B	Lab
Operate ultrasonic machine	C,B, M	Sterilization
Operate Lathe	B, M	Lab
Operate model trimmer	B, P, M	Lab
Use cold sterilization solution/	C, B	Lab
Beryllium & Silica Exposures	C	Lab, Sub Lab

SIGNATURE _____ DATE _____ OFFICE LOCATION _____

TYPE OF HAZARD: C = CHEMICAL EXPOSURE B = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS M = MACHINERY/EQUIPMENT
A = AEROSOL INFECTIOUS EXPOSURE

FILE THIS FORM IN: "BY-YEAR ORGANIZER" IN BACK OF YOUR OSHA MANUAL

EMPLOYEE VACCINATION TRACKING FORM
HEP B / MMR / RUBELLA / TETANUS

Employee Name:_____ **Employee Starting Date:** _____

Hepatitis B Vaccination

Will be made available to any employees (Clinical or Non-Clinical--at no cost to the employee) regardless of their occupational exposure. This employer obligation is waived if:

- The employee has previously received the complete HBV series.
- If antibody testing reveals immunity, or if the vaccine is contraindicated for medical reasons.
- If the employee signs the appropriate documents for "refusal of HB Vaccine".

PLEASE CHECK THE BOX BELOW THAT YOU WILL BE COMPLYING WITH AND FILL IN THE APPROPRIATE INFORMATION.

❑ **Dates of Hepatitis B Vaccination:**

(Series of 3 over a 7 month period)

Initial Vaccine: _____

1 mo. Booster: _____

6 mo. Booster: _____

7 YEAR TITER or BOOSTER: NO LONGER REQUIRED

❑ **Decline to accept HB Vaccine**

I understand that due to my potential occupational exposure to blood or other potentially infectious materials 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 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, a serious disease. If in the future I continue to have potential 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. (Paid for by my employer)

Vaccination History

Please see section #6 of your OSHA made Easy Manual for more detailed information on the risks and benefits of each of the following vaccines.

Influenza Vaccine (Annual Flu Shot):
- ❑ I have my Annual Flu Vaccine
- ❑ I decline the Annual Flu Vaccine

MMR Vaccine (Measles, Mumps, Rubella):
- ❑ I have had my MMR Vaccine
- ❑ I have ***not*** had my MMR Vaccine

Varicella Vaccine (Chicken Pox):
- ❑ I have my Varicella Vaccine
- ❑ I have ***not*** had my Varicella Vaccine

Tetanus Vaccine (Tetanus Shot):
- ❑ I have my Tetanus Vaccination (within the last 10 years)
- ❑ I have ***not*** had my Tetanus Vaccination (within the last 10 years)

Meningococcal Vaccine (Meningitis):
- ❑ I have my Meningococcal Vaccine
- ❑ I have ***not*** had my Meningococcal Vaccine

Copies of Employee COVID Vaccination cards are to be kept confidentially on file my Management.

Signature: _____ **Date:** _____ **Employee of:** _____

INFLUENZA VACCINE INFORMED CONSENT

Employee Name: _____

Home Address: _____

Daytime Phone: _____ Age: _____ Date of Birth: _____

Please Review All of the Following:

1. If you are allergic to eggs, egg products, poultry or mercury (Thimerosal), you should **not** receive the flu vaccine.
2. If you are presently taking antibiotics for any active infections such as cold, upper respiratory infection, pneumonia, sore throat or fever, you should **postpone** the vaccine.
3. Immunization should be delayed in a patient with an active neurological disorder and **not** given to individuals who have a prior history of Guillain-Barre Syndrome.
4. Notify the administrator of the vaccine today if you are on any blood thinners, i.e. baby aspirin, aspirin or Coumadin or if you are allergic to latex.
5. Injections will only be administered to those 18 years or older.

What are the Risks from the Influenza Vaccine?

As with any medication, there are some limited risks that serious problems could occur after taking this vaccine. However, the risks from the vaccine are considered by the CDC to be smaller than the risks from the disease. Most people who receive the influenza vaccine have no serious problems from it. Common side effects that do occur include: local redness or swelling at the injection site (apply ice or even a can of cold pop to the injection site and keep your arm moving), fever, muscle ache, headache (take analgesic, i.e. Tylenol as directed) or fatigue. This can occur within 6 hours after the injection and can last for one to two days. Unlike the 1976 Swine Flu Vaccine, recent influenza shots are made of a variety of dead viruses.

If you experience any significant reactions, please see your physician.

I have read or had explained to me the information above regarding the influenza vaccine. I have had a chance to ask questions and if asked were answered to my satisfaction. As with other vaccines, vaccination does not guarantee 100% effectiveness. I believe I understand the benefits and the risks of the influenza vaccine and request that it be administered to me or the person named below for who I am authorized to sign.

Employee Signature: _____ Date: _____

Manufacturer: _____ Lot #: _____

Administered by: _____

Declination of Vaccination

I have read the above information and am fully aware of the risks that may affect my health, in the course of my job at this healthcare location. At this time I am fully aware of specific health risks for exposure to Influenza while in the work place and chose to decline the Influenza vaccination at this time.

Employee Signature: _____ Date: _____

(required NV)

MMR INFORMED CONSENT FORM/MEASLES, MUMPS, RUBELLA

Employee Name: _____

Home Address: _____

Daytime Phone: _____ Age: _____ Date of Birth: _____

If you wish to have this vaccine you may request to schedule an appointment for vaccination and get such immunization as part of our offices immunization provisions policy. Please verify with this form (or an official vaccine form from your Primary Physician) that you understand the benefits and risks of having MMR Vaccine:

PRECAUTIONS & CONTRAINDICATIONS — Please read and answer EVERY question CAREFULLY.		
Do you have an allergy to this vaccine or any component of the vaccine, including gelatin and neomycin (excluding reaction of contact dermatitis)?	☐ YES	☐ NO
Are you currently pregnant, breastfeeding, or planning to become pregnant in the next 3 months?	☐ YES	☐ NO
Do you currently have a fever or any type of infection including tuberculosis?	☐ YES	☐ NO
Do you have a weakened immune system because of HIV/AIDS or other disease that affects the immune system, or a history of cancer affecting the bone marrow or lymphatic system such as leukemia or lymphoma?	☐ YES	☐ NO
Have you ever had a severe reaction to any type of vaccine?	☐ YES	☐ NO
Do you have a family history of hereditary or congenital immunodeficiency?	☐ YES	☐ NO
Have you received another type of vaccine within the past 28 days?	☐ YES	☐ NO
Have you received a blood transfusion or antibody containing blood product in the last 11 months?	☐ YES	☐ NO
Are you currently taking high doses of steroids or other immunosuppressive therapy such as prednisone, Enbrel, Humira, Remicade, x-ray treatments, or anti-cancer drugs?	☐ YES	☐ NO
Do you have a history of thrombocytopenia or thrombocytopenic purpura?	☑ YES	☑ NO

I have read the adverse reactions associated with the vaccine. My Physician has explained this prior to my vaccination and a copy of the vaccine manufacturer's drug information is available for me upon request. Furthermore, I have also had an opportunity to ask questions about this immunization. I believe that the benefits outweigh the risks and I assume full responsibility for any reactions that may result. I waive and release all damages or injuries for taking this vaccination.

Employee Signature: _____ Date: _____

Manufacturer: _____ Lot #: _____

Administered by: _____

Declination of Vaccination

I have read the above information and am fully aware of the risks that may affect my health, in the course of my job at this healthcare location. At this time I am fully aware of specific health risks for exposure to measles, mumps, rubella while in the work place and chose to decline the measles, mumps, rubella vaccination at this time.

Employee Signature: _____ Date: _____

(required NV)

CONSENT FOR VARICELLA VACCINE ADMINISTRATION or DECLINATION

Employee Name: _____

Home Address: _____

Daytime Phone: _____ Age: _____ Date of Birth: _____

Varicella Zoster Vaccine Acceptance/Declination Form

Occupational exposure to Varicella Zoster Virus (VZV) puts individuals at risk for varicella zoster infection (chickenpox) and recurrent infection with herpes zoster (shingles). Varicella infection causes symptoms of fever, rash, and malaise. Latent VZV may reactivate and cause recurrent disease (Herpes Zoster/Shingles) with painful skin lesions. Complications of varicella infection may include bacterial infection of skin lesions, pneumonia, meningitis and encephalitis. Rare complications include aseptic meningitis, transverse myelitis, Guillain-Barr syndrome, thrombocytopenia, hemorrhagic varicella, purpura fulminans, glomerulonephritis, myocarditis, arthritis, orchitis, uveitis, iritis, and hepatitis. The risk of complications from varicella varies with age and occurs much more frequently in persons older than 15 years of age and infants younger than 1 year of age. Immunocompromised persons have a high risk of disseminated disease and multiple organ involvement. Primary maternal varicella infection in the first 20 weeks of pregnancy is occasionally associated with a variety of congenital abnormalities but the risk appears to be very low (less than 2%). Pregnant women with the onset of maternal varicella from 5 days before to 2 days after delivery may result in overwhelming infection of the neonate and death. Complications of recurrent infection (Herpes Zoster/Shingles) include postherpetic neuralgia, ocular nerve and other organ involvement, cranial nerve palsy and contralateral hemiplegia, and visual impairment.

Individuals working in proximity to the virus should be offered the Varicella vaccine. This vaccine may not provide full protection for all individuals. Varicella vaccination is recommended unless: 1) documentation of prior varicella vaccination (2 doses, 4 weeks apart); 2) evidence of immunity (documented lab report or medical diagnosis; US birth prior to 1980 except for health-care providers, pregnant women and immunocompromised individual); or 3) medical evaluation identifies that vaccination is contraindicated.

Please review the Vaccine Information Statement:

http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-varicella.pdf

(or see page 2-3), then choose one of the following options:

- ❑ I certify that I have been offered and will participate in the Varicella vaccine program at this workplace.
- ❑ I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with varicella zoster virus (chickenpox). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring chickenpox, a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

List date(s) of prior varicella vaccination if applicable: _____

Employee Signature: _____ Date: _____

(required NV)

TETANUS VACCINE CONSENT OR DECLINATION FORM

Employee Name: _____

Home Address: _____

Daytime Phone: _____ Age: _____ Date of Birth: _____

If you wish to have this vaccine you may request to schedule an appointment for vaccination and get such immunization as part of our offices immunization provisions policy. Please verify with this form (or an official vaccine form from your Primary Physician) that you understand the benefits and risks of having Tetanus Vaccine:

Tetanus vaccine is a vaccine composed of deactivated tetanus toxins. This vaccine is immunogenic but not pathogenic and is used to prevent an individual from contracting tetanus. Tetanus, also known as lockjaw, is a disease caused by the bacterium Clostridium tetani which enters the body through open wounds and releases a poison called tetanospasmin. This is a potentially deadly disease because the poison attacks the nervous system blocking nerve signals from the spinal cord to and from the muscles. However, this disease is preventable through injecting multiple doses of vaccines and administering the recommended booster shot every ten years. It is on the World Health Organization's List of Essential Medicines, a list of the most important medication needed in a basic health system.

Tetanus has become uncommon in the United States, with an average of 29 reported cases per year from 1996 through 2009. Nearly all cases of tetanus are among those who have never received a tetanus vaccine, or adults who don't stay up to date on their 10-year booster shots.

I have read the adverse reactions associated with the vaccine. My Physician has explained this prior to my vaccination and a copy of the vaccine manufacturer's drug information is available for me upon request. Furthermore, I have also had an opportunity to ask questions about this immunization. I believe that the benefits outweigh the risks and I assume full responsibility for any reactions that may result. I waive and release all damages or injuries for taking this vaccination.

Employee Signature: _____ Date: _____

Manufacturer: _____ Lot #: _____

Administered by: _____

Declination of Vaccination

I have read the above information and am fully aware of the risks that may affect my health, in the course of my job at this healthcare location. At this time I am fully aware of specific health risks for exposure to tetanus while in the work place and chose to decline the tetanus vaccination at this time.

Employee Signature: _____ Date: _____

(required NV)

MENINGOCOCCAL VACCINE CONSENT OR DECLINATION FORM

Employee Name: _____

Home Address: _____

Daytime Phone: _____ Age: _____ Date of Birth: _____

If you wish to have this vaccine you may request to schedule an appointment for vaccination and get such immunization as part of our offices immunization provisions policy. Please verify with this form (or an official vaccine form from your Primary Physician) that you understand the benefits and risks of having Meningococcal Vaccine:

Although rare, anyone, including healthy people, can get meningococcal meningitis. Groups like infants, adolescents, teens, travelers to certain areas, and college students are at increased risk for getting the disease.

Adolescents and young adults account for nearly one third of all cases of meningococcal disease in the United States. Meningococcal disease can spread through common everyday activities. The direct exchange of respiratory secretions, throat secretions, or saliva, which can happen, for example, by sharing utensils, drinking from the same glass, or kissing, is enough to spread the disease. And "carriers" of the bacteria that cause meningococcal disease can pass the infection on to others without knowing it—even though they may never get sick themselves.

I have read the adverse reactions associated with the vaccine. My Physician has explained this prior to my vaccination and a copy of the vaccine manufacturer's drug information is available for me upon request. Furthermore, I have also had an opportunity to ask questions about this immunization. I believe that the benefits outweigh the risks and I assume full responsibility for any reactions that may result. I waive and release all damages or injuries for taking this vaccination.

Employee Signature: _____ Date: _____

Manufacturer: _____ Lot #: _____

Administered by: _____

Declination of Vaccination

I have read the above information and am fully aware of the risks that may affect my health, in the course of my job at this healthcare location. At this time I am fully aware of specific health risks for exposure to Meningococcal virus while in the work place and chose to decline the meningococcal vaccination at this time.

Employee Signature: _____ Date: _____

(required NV))

Use of Respirators in Dental Clinical Setting

Voluntary Use Agreement & Disclaimer

This document will serve to disclose and clarify the risks and benefits of wearing a respirator type clinical respirator (N-95 or better) within the clinical setting. Wearing a respirator in the dental clinical setting is not required by your employer & it is not an OSHA standard.

Should you request to wear a respirator to avoid or reduce exposure to an airborne hazard, if your employer permits you to wear a respirator where it is not required, it is considered voluntary respirator use. Other types of considered respirators may include, other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, powered air purifying respirators.

WARNING:

It is important to understand that while the use of certain N-95 (or better) masks can reduce the clinician's inhalation exposure to certain bio-aerosols (e.g. viruses, mold, Bacillus anthracis, Mycobacterium tuberculosis, etc.) the N-95 cannot eliminate the risk of contracting infection, illness or disease. OSHA and other government agencies have not established safe exposure limits for these contaminants.

Before you can voluntarily use a respirator, your employer must ensure that its use does not present a health hazard to you. To do this, your employer must implement and review with you, a workplace, ***Written Respiratory Protection Program*** necessary to ensure that any worker using a respirator voluntarily is medically able to use that respirator. It is important that before wearing an N-95 (or better) mask in the clinical setting the Employee: fills out a Medical Questionnaire, seeks a Medical Examination & provides clearance to wear an N-95 (or better) respirator. This will be to ensure that your lung capacity is capable of pulling adequate oxygen through the respirator apparatus.

Warning signs that a respirator may not be an appropriate choice for the clinician would be: dizziness, light-headedness, shortness of breath, lack of oxygen, headaches, tiredness, weakness, discomfort from wearing the mask, difficulty communicating. Touching under the N-95 or near eyes will increase the chance for contracting infectious pathogens.

In addition, your employer must ensure that the respirator is properly cleaned, stored and maintained so that its use does not present a health hazard to you.

If you will be voluntarily using a respirator, your employer is also required to provide you with this, copy of ***Appendix D of OSHA's Respiratory Protection (Sec. 1910.134)***. This document contains the precautions you should take when wearing a respirator voluntarily:

- Read and follow the manufacturer's instructions provided with the respirator. These instructions include information on how to properly use, maintain, and care for the respirator, along with warnings on the capabilities and limitations of the respirator;
- Choose respirators that have been certified by NIOSH for protection against the contaminant of concern;
- Keep track of your respirator so that you do not use someone else's respirator by mistake; and
- Do not wear your respirator in areas with contaminants that the respirator is not designed to protect against. For example, remember that a particulate respirator does not protect you against gases, vapors and the non-particulate components of fumes, mists, fogs, smoke and sprays.

Voluntary use is only permitted when your employer has determined that there is no airborne hazard that would require the use of a respirator. Most N-95 Respirators (or better) are designed for use in a dry-field, without exposure

to aerosol moisture. Commonly, manufacturers will include disclaimers about this and make reference that the N-95 Respirator (or better) cannot eliminate the risk of contracting infection, illness or disease. There are also other pathways for viral contraction of communicable disease.

Talk to your Supervisor about respirator use or requirements, follow all medical pre-checks, examinations and clearance requirements before wearing your initial or subsequent respirators.

For more information about respirator use in your workplace, refer to these OSHA and NIOSH websites. You will find OSHA's Respiratory Protection Standard, additional respirator training videos, and other guidance material to help you work safely. https://www.osha.gov/video/respiratory_protection/voluntaryuse.html

I have read and fully understand the information provided within the Voluntary Agreement / Disclaimer & OSHA's Appendix D for Respiratory Protection Standard (**1910.134**). I am fully aware of the risks and limitation that a respirator mask will provide to me in a dental clinical environment. I will complete all required medical questionnaires, examination(s), provide medical clearance from a physician, participate in a comprehensive mask fit-test (per manufacturer's instructions) and perform quick-fit- self-test when donning my respirator. Upon respirator replacement, I will repeat steps as the current law requires.

Respirator Type:

- ❑ N-95 Respirator (or better)
- ❑ Filtering facepiece
- ❑ Other (type & manufacturer): _____

Initial Fit Test: Completion Date _____

- ❑ Results ***adequate;*** Can wear N-95 (or better) Respirator
- ❑ Results ***inadequate;*** Cannot wear N-95 (or better) Respirator

Employee Signature: _____ Date: _____
Print Employee Name: _____

Management / Witness Signature: _____ Date: _____
Print Management Name: _____
Management Title/ Role: _____

Risk Assessment for Employee who cannot / will not wear N-95:

As this employee cannot / will not wear an N-95 Respirator or Equivalent Respirator, therefore, they will:

- ❑ Wear Surgical Level 3 Mask and perform only Non-Aerosol Procedures, on well patients understanding this PPE is rated to provide Moderate Risk Protection.
- ❑ This Employee will not provide clinical care within our Facility.
- ❑ Other: _____

VOLUNTARY VACCINATION POLICY

For the office of:

_____

(office name)

Hello Employees:

In an effort to provide you a workplace that puts the health and safety of our workers first. Protecting our employees, especially in this age of COVID, has meant taking a number of precautionary measures like: providing updated Employee Safety Training, revising infection control measures, providing appropriate PPE, conducting patient & employee health screenings.

This policy addresses protecting our workplace and our employees with COVID-19 vaccines. Vaccines historically protect against serious illness and can lessen rates of transmission. The COVID Vaccine is recognized to provide stronger, longer protection against infection from the coronavirus, when compared to the antibodies a person produces after they've been infected with COVID-19.

It's for all of these reasons that we are writing to you now — urging you to vaccinate yourself against COVID-19.

In order to support our employees in getting vaccinated, we'll be:
(Employer check all that apply):

- ❑ Hosting on-site vaccinations free of charge for all employees
- ❑ Covering the cost of off-site vaccination. (run through employees' health insurance where applicable then submitted for reimbursement).
- ❑ Offering paid leave to get vaccinated, and additional time as needed to rest if you're not feeling well after the shots.
- ❑ Other: _____

COVID-19 vaccines are an important tool to help stop the pandemic, but they don't mean we can stop taking all precautionary measures. After vaccination, everyone in the workplace should continue to follow all current guidance to protect themselves and others, including wearing a mask indoors, all appropriate PPE, respirators & fresh lab coats during aerosol procedures, staying at least 6 feet away from others, avoiding crowds, implementing proper hand washing & infection control protocols.

We understand some individuals may still have questions about the COVID-19 vaccine. We recommend visiting the CDC's page Myths and Facts About COVID-19 Vaccines for more information.

Please feel free to reach out to our Management with any questions you may have.

Best of Health,

_____

(Management Team)

Date: _____

Employee Name Printed: _____

Employee Signature: _____

MANDATORY VACCINATION POLICY

For the office of:

_____

(office name)

Hello Employees:

In an effort to provide you a workplace that puts the health and safety of our workers first. Protecting our employees, especially in this age of COVID, has meant taking a number of precautionary measures like: providing updated Employee Safety Training, revising infection control measures, providing appropriate PPE, conducting patient & employee health screenings.

This policy addresses protecting our workplace and our employees with COVID-19 vaccines. Vaccines historically protect against serious illness and can lessen rates of transmission. The COVID Vaccine is recognized to provide stronger, longer protection against infection from the coronavirus, when compared to the antibodies a person produces after they've been infected with COVID-19. It's for all of these reasons that we are writing to you now — urging you to vaccinate yourself against COVID-19.

In order to support our employees in getting vaccinated, we'll be:
(Employer check all that apply):

- ❑ Hosting on-site vaccinations free of charge for all employees
- ❑ Covering the cost of off-site vaccination. (run through employees' health insurance where applicable then submitted for reimbursement).
- ❑ Offering paid leave to get vaccinated, and additional time as needed to rest if you're not feeling well after the shots.
- ❑ Other: _____

It's for all of these reasons, plus the legal requirement by the Occupational Safety and Health Administration's **General Duty Clause** to provide each worker *"employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm,"* that **we are implementing a mandatory COVID-19 vaccination policy for our workplace.**

We are requiring that all employees be fully vaccinated b within 30 days of receiving this policy, ***unless a reasonable accommodation is approved.*** To assist any employee who is **pregnant, who is nursing, who has a disability, or who has a medical condition that prevents them from safe vaccination, or who rejects vaccination because of sincerely held religious beliefs, a reasonable accommodation may be made.** To request a reasonable accommodation, please provide a *Doctor's Note* or *Written Religious Vindication* to Management within 30 days of receipt of the policy.

All other employees, not in compliance with this policy, will be placed on unpaid leave until they are in compliance with the workplace policy. After vaccination, everyone in the workplace should continue to follow all current guidance to protect themselves and others, including wearing a mask indoors, all appropriate PPE, respirators & fresh lab coats during aerosol procedures, staying at least 6 feet away from others, avoiding crowds, implementing proper hand washing & infection control protocols.

We understand some individuals may still have questions about the COVID-19 vaccine. We recommend visiting the CDC's page Myths and Facts About COVID-19 Vaccines for more information.

Please feel free to reach out to our Management with any questions you may have.

Best of Health,

_____

(Management Team)

Date: _____

Employee Name Printed: _____

Employee Signature: _____

COVID EMPLOYEE HEALTH SCREENING—TRACKING TABLE

Management: Use this weekly table to track your employees COVID Screening Health Status.

Management can ask Employees to self-monitor their COVID Symptoms daily.

These should include: Fever, Headache, Flu like symptoms, loss of taste or smell, etc.

Circle (+) or (-) in the boxes below to represent each Employees daily health status post-screening.

(+) = Positive COVID Symptoms were observed; Employee ***did not*** attend work

(-) = Negative COVID Symptoms were observed; Employee attended work

<NAME>	**MONDAY** ___/___/___	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -
<NAME>	**TUESDAY** ___/___/___	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -
<NAME>	**WEDNESDAY** ___/___/___	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -
<NAME>	**THURSDAY** ___/___/___	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -
<NAME>	**FRIDAY** ___/___/___	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -
<NAME>	**SATURDAY** ___/___/___	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -

RISK ASSESSMENT

Topic:

_____

_____

For the office of: _____

(Name of Office)

The following is a Risk Assessment Rationale for why our office is choosing:

_____

_____

After assessment, we believe our choice to implement the above listed rationale is most sound because of these added safety features: _____

Affected Employee:

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

May this document serve as our **Written Risk Assessment** determination form, for choosing the above listed safety rationale as a useful protocol within our office.

DATE IMPLEMENTED: _____

OFFICE MANAGEMENT NAME: _____ SIGNATURE: _____

RESPIRATORY OFFICER NAME: _____ SIGNATURE: _____

COVID HAZARD ASSESSMENT FOR OUR DENTAL OFFICE

A Hazard Assessment is required to mitigate workplace risks to employees. It must reflect the current guidelines from CDC & OSHA's Recommended Practices for Safety and Health Programs.

Our Hazard Assessment (HA) takes into consideration our communities & State infectivity status as patients coming into our practice may effect the health / disease transmission of our Employees. It will also provide an assessment of internal and external risks to our Employees for which we will make plans to mitigate these risk factors. Management at our office will review and update this HA regularly, and track the statistics / conditions during the pandemic period.

This Checklist assumes that both Patients & Employees have been screened and exhibit no signs, symptoms or (+) COVID results.

Check mark the most fitting answer in the RISK REDUCTION columns.

Ideally, answers from the **BEST** column will create the safest work environment. Evaluate answers in the **MODERATE** & **LOW** columns; Discuss ways on how you can adjust or rectify these risks, to shift them into in the BEST column. Add other RISK FACTORS at your next Hazard Assessment as needed.

RISK FACTORS	BEST RISK REDUCTION	MODERATE RISK REDUCTION	LOW RISK REDUCTION
Current Incident Rate within our community is…	☐ Decreasing	☐ Static	☐ Increasing
Adequate amounts of PPE available for our Employees…	☐ Adequate	☐ Low Inventory	☐ Inadequate
The **highest quality** of PPE is available for our **Clinical Employees**…	☐ N-95 or better Respirator ☐ Face Shield ☐ Eyewear with Side-Shields ☐ Lab Coat	☐ Level 2-3 Surgical Mask ☐ Face Shield ☐ Eyewear with Side-Shields ☐ Lab Coat	☐ Level 1 Surgical Mask ☐ Face Shield ☐ Eyewear with Side-Shields ☐ Lab Coat
The **highest quality** of PPE is available for our **Non-Clinical Employees**…	☐ Level 1-3 Surgical Mask ☐ Face Shield or ☐ Eyewear with Side-Shields ☐ Lab Coat Available	☐ Level 1 Surgical Mask	☐ No PPE Available or Not Worn
Patients & Visitors perform Hand Hygiene upon entering our facility…	☐ Yes	☐ Predominately	☐ No
Length of Clinical Procedure is scheduled…	☐ Shortest Possible	☐ Duration Moderate	☐ Duration Extended Length
Length of **Aerosol Generating** Clinical Procedure is scheduled with…	☐ Shortest Possible Duration or switched to Non-Aerosol Procedure	☐ Provided with Limited Duration	☐ Duration is Disregarded
Best **Suction Velocity Options** are implemented for **Aerosol Procedures**	☐ Yes	☐ Mostly	☐ No
Best **Suction Velocity Options** are implemented for **Non-Aerosol Procedures**	☐ Yes	☐ Mostly	☐ No
Rubber Dam isolation will be implemented as appropriate…	☐ Yes	☐ Mostly	☐ No
Respiratory Factors presented by patients (gag Reflex, cough, sneezes, etc.)	☐ None	☐ Mild	☐ Significant
Separations between Clinical Areas are in place	☐ Yes, (walls, doors, or sliders)	☐ Yes (cleanable partitions)	☐ No
Proper Ventilation and Airflow for healthy circulation…	Airflows from: ☐ Non-clinical towards Clinical Area	☐ Unsure of Airflow Direction	Airflows from: ☐ Clinical towards Non-Clinical Area
HEPA Filtration is installed, maintained & operational for room size…	☐ Present in all rooms	☐ Present in some rooms	☐ No
Employee Awareness of Infection Control & Disease Prevention…	☐ Yes All Employees Trained & Updated	☐ Most Employees Trained & Updated	☐ No Training Updates Lacking

QUIZ ANNUAL OSHA

Please complete this test, after attending the ***OSHA made EASY™*** **— HealthFirst Compliance Solutions**
ANNUAL FEDERAL OSHA, GHS, HIPAA, INF. CONTROL & COVID MANAGEMENT EMPLOYEE TRAINING & CERTIFICATION for DENTAL PROFESSIONALS

Your test answers must be submitted to your OSHA Officer and kept in your OSHA Manual in the "by year organizer located at the back of your manual. You must score an 80% for certification. You will have (3) attempts to take this test. Testing your comprehension of OSHA Safety Material is required by federal law. Good luck... And may your workdays—Be Safe!

Date of Training: _____

Name of Office: _____

Address of Office: _____

Phone Number: _____

Email Address: _____

Name of Employee: _____

Dental License Number: _____ **(if required for your records)**

1) What does OSHA stand for
   - ☐ a) Only Servicing Healthy Adults
   - ☐ b) Other Safe Health Additions
   - ☐ c) Occupational Health & Safety Administration

2) All U.S. Businesses have to provide and complete Annual Employee OSHA Safety Training.
   - ☐ a) True
   - ☐ b) False

3) International_____ need to be on file for all professional products we have in our office. These need to be in alphabetical order and a Master List needs to accompany these sheets.
   - ☐ a) Safety Data Sheets
   - ☐ b) Containers
   - ☐ c) UPC Pricing Codes

4) Dental Products are labeled for Safety Rating with ....
   - ☐ a) ADA Seal of Approval
   - ☐ b) our office logo
   - ☐ c) GHS Pictograms indicating their hazardous nature

5) A sharps container and small red bag should be made available in each treatment room.
   - ☐ a) True
   - ☐ b) False

6) Biohazard Symbols are required at the x-ray unit button in case...

☐ a) the button gets stuck

☐ b) the power goes off

☐ c) someone accidentally leans on the button, there is warning to its hazard

7) GHS stands for:

☐ a) Good Housekeeping Standards

☐ b) Greater Healthcare Systems

☐ c) Globally Harmonized System

8) GHS needs to be:

☐ a) reviewed in the dental office but not implemented

☐ b) used in work settings outside or the USA only

☐ c) implemented in all dental offices with a Proof-of-GHS-Training Certificate for every employee

9) ***All*** employees (includes clinical & non clinical) must complete Annual OSHA Training.

☐ a) True

☐ b) False

10) ***Personal Protective Equipment*** needs to be provided to:

☐ a) Clinical Employees only

☐ b) All employees—as the need for safety can affect everyone in the dental office

☐ c) To whomever the Office Manager chooses

11) ***N-95 Respirators*** need to be NIOSH certified

☐ a) True

☐ b) False

12) ***N-95*** need have an Initial Fit Test Documented

☐ 1) True

☐ 2) False

13) HIPAA Stands for...

☐ a) Health Insurance Portability & Accountability Act

☐ b) Healthy Insight for Periodontal Aches & Abscesses

☐ c) Health Internet Portal & Account Access

14) HIPAA protects patient health information (PHI) with the main focus on…

☐ a) Privacy & Security

☑ b) Health & Welfare

☐ c) Tax & Retirement

QUIZ ANSWER KEY — *FOR OSHA OFFICER ONLY*

ANNUAL FEDERAL OSHA, GHS, HIPAA, INF. CONTROL & COVID MANAGEMENT

1. What does OSHA stand for

   c) Occupational Health & Safety Administration

2. All U.S. Businesses have to provide and complete Annual Employee OSHA Safety Training.

   a) True

3. International_____ need to be on file for all professional products we have in our office. These need to be in alphabetical order and a Master List needs to accompany these sheets.

   a) Safety Data Sheets

4. Dental Products are labeled for Safety Rating with ....

   c) GHS Pictograms indicating their hazardous nature

5. A sharps container and small red bag should be made available in each treatment room.

   a) True

6. Biohazard Symbols are required at the x-ray unit button in case...

   c) someone accidentally leans on the button, there is warning to its hazard

7. GHS stands for:

   c) Globally Harmonized System

8. GHS needs to be:
   c) implemented in all dental offices with a Proof-of-GHS-Training Certificate for every employee

9. All employees (includes clinical & non clinical) must complete Annual OSHA Training.

   a) True

10. Personal Protective Equipment needs to be provided to:

    b) All employees—as the need for safety can affect everyone in the dental office

11. N-95 Respirators need to be NIOSH certified

    a) True

12. N-95 need have an Initial Fit Test Documented

    a) True

13. **HIPAA stands for...**
    a) Health Insurance Portability & Accountability Act

14. **HIPAA protects patient health information (PHI) with the main focus on…**
    a) Privacy & Security

A. Needlestick and Exposure Incident Checklist

Important Things to do BEFORE an Exposure Incident Occurs

Answer Below
Yes or **No**

1. _____ Are your required ***OSHA Poster & Injury Logs*** displayed in your office?
   - **OSHA 3165 (yellow & blue poster)**
   - **Injury Log 300 / 300A**

     (New York also needs State Injury Log: SH900)
     (301 for Chemical injury)

   Get free copies at: OSHA.gov or ***800-321-OSHA**

2. _____ Did all potentially exposed staff members view this year's ***OSHA Annual Employee Training*** and/or review the written materials?
3. _____ Did all staff members who reviewed the program sign the ***BioMedical Waste & OSHA Training Attendance Record Record-of-Training Signature Form?***
4. _____ Are these required ***OSHA Employee Forms*** on file for this and every employee:
   - Hepatitis B Vaccine Documentation
   - Occupational Exposure / Work hazard Review per Job Title
   - Proof-of-OSHA Annual Training
   - Proof of OSHA / GHS Training
   - Medical History (kept separately from OSHA documents)

     ** Keep OSHA Records for 3 years**
     ** Keep Medical Records for duration of employment +30 years**
5. _____ Do all staff members know where these forms are kept as well as the written training programs/manuals for OSHA compliance?
6. _____ Have all potentially exposed staff members received training on the ***Bloodborne Disease Pathogens Standard*** and ***current CDC Infection Control Guidelines?***
7. _____ Is ***OSHA Training provided for all newly hired employees*** within 30 days of hire and who are potentially exposed?
8. _____ Is ***OSHA Employee Training*** conducted ***for all employees*** on an annual basis?
9. _____ Does your Facility receive an Annual ***OSHA Safety Facility Review & Report?***
10. _____ Is your Facility compliant to OSHA Safety Standards based on your ***72-Point Annual OSHA Safety Facility Report?***

B. Needlestick and Exposure Incident Checklist

Important Things to do AFTER an Exposure Incident Occurs

Answer Below
Yes or **No**

1. _____ Did you send your ***Injured Employee for Medical Attention, Testing & Treatment?*** Or a ***predetermined facility*** for ***Needlestick & Exposure Injury*** as is required in compliance with your ***State OSHA Guidelines?*** (i.e.: AZ = AZT/3CT Facility, NV = Designate Facility & Post, CO= Workman's Comp Designated)

2. _____ Has ***Exposure Incident Documentation Form A*** been completely filled out?

3. _____ Was a ***confidential medical evaluation and follow-up made available*** to the exposed employee?

4. _____ Has ***Exposure Incident Documentation Form B*** been completely filled out?

5. _____ Has ***Exposure Incident Documentation Form C*** been completely filled out?

6. _____ Have ***Consent Forms for Testing the blood of the employee as well as the patient*** been completely filled out and signed?

7. _____ Did the ***healthcare professional*** providing the post-exposure evaluation ***send the employer a copy of his/her written opinion*** within 15 days of completing the evaluation?

8. _____ Did the ***employer provide a copy of the Post-Exposure Evaluation*** to the employee?

9. _____ Are you ***filing these documents, within the Employees File*** and not with other OSHA documents or where others can access them? (privately)

C. Exposure Incident Documentation Form A

1. **Describe Route of Exposure and Circumstances surrounding exposure incident.** The Route of Exposure of this Incident was:

   ❑ via skin (explain) _____

   ❑ via eye (explain) _____

   ❑ via mouth (explain) _____

   ❑ inhalation (explain) _____

   ❑ other (explain) _____

2. **Name of Source Individual** (person to whose blood the employee was exposed). The source individual's blood should be tested, unless they refuse to provide consent for the collection of blood.

   Name of Source Individual _____

   Address _____

   City _____ State _____ Zip _____

   Phone _____ Date _____

3. Complete following about the Source Individual:

	Yes	No
a. Was the consent form (found in this package) signed by the source individual? Date of signature_____	_____	_____
b. Did source individual refuse to sign the consent form?	_____	_____
c. Was the source individual's blood tested?	_____	_____
d. Were the results of this blood test made available to the exposed employee?	_____	_____
e. Was the employee advised of applicable laws and regulations regarding the confidentiality of the source individual's infectious status?	_____	_____

**If the source individual is *known to be infected* with HIV and/or HBV, they need not be tested.

D. Exposure Incident Documentation Form B

Name of Exposed Employee _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

	Yes	No	N/A
1. Has the Blood Collection Consent Form been signed by the employee for the collection of their blood? Date:_____	_____	_____	_____
If the employee consents to baseline blood collection, but does not give permission for HIV serological testing, the blood must be preserved for at least 90 days. If, during that 90 day period, the employee consents to such testing, it will be provided.			
2. Has the Employee's blood been tested to determine HBV and HIV serological status?	_____	_____	_____
3. Was any post-exposure prophylaxis indicated according to test results?	_____	_____	_____
4. Was post-exposure prophylaxis, if recommended, performed?	_____	_____	_____
5. Was counseling, if indicated, provided?	_____	_____	_____
6. Have reported illnesses been evaluated by an appropriate healthcare professional?	_____	_____	_____
7. Has all of the information that must be provided to the evaluating healthcare professional been forwarded to them?	_____	_____	_____

E. Exposure Incident Documentation Form C

The following information must be provided to the Healthcare Professional Evaluating an employee after an exposure incident:

- **A copy of the Bloodborne Pathogens Standard;**
  In this OSHA Manual make available information in sections #3, #4, #5

- **A description of the exposed employee's duties as they relate to the exposure incident;** This employee was in the midst of performing the following work task when the incident occurred: _____

  _____

  _____

  _____

  Date of Incident: _____ Name of Employee: _____

  Use **Work Hazard Review Form** per Employees Job Title to attach to this form

- **Documentation of the Routes of Exposure and Circumstances under which exposure occurred;**
  The Route of Exposure of this Incident was:
  - ❑ via skin (explain) _____
  - ❑ via eye (explain) _____
  - ❑ via mouth (explain) _____
  - ❑ inhalation (explain) _____
  - ❑ other (explain) _____

- **Results of the Source Individual's Blood Testing, if available;**
  Keep confidential and within this report.

- **All Employee Medical Records Relevant to treatment of the Employee,**
  including Vaccination Status (Hep B Vac Form). And if State Required: (i.e.: NV:
  - Influenza,
  - MMR (Measles, Mumps, Rubella)
  - Varicella
  - Tetanus
  - Meningococcal)

Healthcare professional providing evaluation

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Additional comments: _____

_____

_____

**Staple all relevant forms to this document

F. OSHA Form 301 Injury & Illness Post-Incident Report

OSHA Form 301- Injury and Illness Incident Report

Case #_____

Recordable ☐ Non- recordable ☐

To be completed by EH&S

Information about the injured person

1) Full name: _____

2) Street _____

City _____State _____Zip _____

3) Injured persons "A" #_____

4) Date of birth _____ Date hired _____

5) Male ☐ Female ☐

6) Employee ☐

Job title_____

Hrs/day_____ Days/Wk_____

Student ☐

Visitor ☐

7) Program area _____ Phone #_____

8) Injured persons Signature _____

9) Supervisor_____ Phone #_____

Signature _____ Date _____

Information about the Medical Treatment

10) Extent of treatment: None ☐ First Aid ☐ Medical Treatment ☐

11) If treatment was given away from the worksite, where was it given?

Dr. Name _____

Facility _____

Street _____

City_____ State _____ Zip _____

12) Was the Injured person treated in an emergency room?

Yes ☐ No ☐

13) Was the Injured person hospitalized overnight as an in-patient?

Yes ☐ No ☐

Information about the case

14) Date of injury or illness _____

15) Time of event :_____ AM ☐ PM ☐ Unknown ☐

16) Time Injured person began work_____ AM ☐ PM ☐

17) Dates lost from work: _____ to _____

18) Dates on restricted duty: _____ to _____

Completed by:_____

Title: _____

Phone: _____

Date: _____

Attention: This form contains information relating to Injured persons health and must be used in a manner that protects the confidentiality of the information while being used for occupational safety and health purposes to the extent possible .

19) Did injured person file a Labor & Industries report? Claim #_____

Yes ☐ No ☐

20) If the injured person died, Date of death: _____

21) Location _____

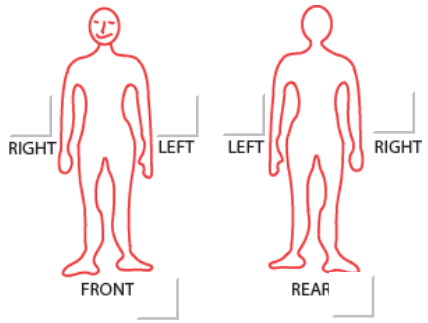
22) Witness: _____

23) What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the injured person was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry.

24) What happened? Tell us how the injury occurred. Examples: "When the ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness of wrist over time."

25) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

26) What object or substance directly harmed the injured person? Examples: "concrete floor"; "chlorine"; "radial arm saw". If this question does not apply to the incident, leave it blank.



Mark part of body injured on diagram above

Complete this form for all injuries and illnesses. When complete, print form, get necessary signatures, & make two photocopies. Forward the original to the EH&S Coordinator in 1254 LAB II and forward a photocopy to Business Services L 1125. The affected person keeps the remaining photocopy. This form should be completed within 24 hours of the incident.

www.evergreen.edu/facilities/docs/accidentreport.pdf

G. Consent Form For The Collection of Blood – Employee

Facility where exposure occurred:

Name of Facility_____

Address _____

City _____ State _____ Zip _____

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed to infectious pathogens. Permission to have my blood drawn and tested for the Hepatitis B virus and the Human Immunodeficiency Virus (HIV), as well as other Bloodborne diseases, is hereby given.

I understand that this testing will be done in a confidential manner, and will be made available to only me, (the person who was exposed). I also understand that my employer /management is aware of applicable laws and regulations concerning disclosure of my identity and my infectious status.

Employee:

_____
(signature)

_____ Date:_____
(employee print name)

Witnessed by:

_____
(signature)

_____Date: _____
(witness print name)

Declination for Blood Collection:

❑ I decline the right to have my blood drawn and tested for infectious diseases as they relate to the incident occurring on the date of _____ at the office location of: _____ _____.

I understand that in declining to have infectious pathogens blood testing in relation to this incident, that all future ramifications relating to my health will be considered unrelated to this incident.

Employee:

_____
(signature)

_____ Date:_____
(employee print name)

Witnessed by:

_____
(signature)

_____Date: _____
(witness print name)

H. Consent Form For The Collection of Blood – Source Individual

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that has occurred in this facility. Permission to have my blood drawn and have it tested for the Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV), as well as other Bloodborne diseases, is hereby given.

I understand that this testing will be done in a confidential manner, and will be made available only to the person who was exposed. I also understand that this person has been informed of applicable laws and regulations concerning disclosure of my identity and my infectious status.

Signature _____ Witnessed by: _____

Employee: _____ Date: _____
(print name)

Facility where exposure occurred:

Name of Facility _____

Address _____

City _____ State _____ Zip _____

FEDERAL ANNUAL OSHA EMPLOYEE TRAINING
OSHA TRAINING ATTENDANCE RECORD

(Includes: BIOMEDICAL WASTE, BLOOBORNE PATHOGENS, HAZARD COMMUNICATION PLAN, EXPOSURE CONTROL PLAN, INFECTION CONTROL, STERILIZATION & DISINFECTION GUIDELINES) IN COMPLIANCE WITH FEDERAL ADMINISTRATIVE CODE

YEAR: _____ **DATE:** _____ **FACILITY NAME:** _____
Training Purpose: ____**Initial OSHA Training** ____ **Annual Renewal OSHA Training**
Provided By: HealthFirst Compliance Solutions—1-Hr. Training -- Trainer: Jill Obrochta RDH BS
Your OSHA Resource Manager: _____

OUTLINE of TRAINING / Review of OSHA Federal Requirement, (includes, but not limited to):

OSHA CATEGORY / TOPIC	OSHA LAW CODE
EMPLOYEE SAFETY & HEALTH + OTHER...	
Appointing an OSHA Office Contact Person & OSHA Duties	29 CFR 1910.38/39
Medical Services & First Aid	29 CFR 1910.151
Fire Protection	29 CFR 1910 .155
Guarding Floor and Wall Openings and Holes	29 CFR 1910.23
Occupational Noise Exposure	29 CFR 1910.95
Personal Protective Equipment + Barrier Techniques	29 CFR 1910.132-138 1926.102 1928
Respiratory Protection & Respiratory Dust Recognition &Prevention	29 CFR 1910.134
Permit-required Confined Spaces	29 CFR 1910.146
Proper Use & Management Equipment / Lockout /Tagout Label Use	29 CFR 1910.147
Ladders: Guarding Floor and Wall Openings and Holes	29 CFR 1910.23
Ergonomics and Contributing Conditions / Compliance Habits	CDC DHHS(niosh) pub num 97-117 – OSH ACT 5(a)(1)
OSHA Employee Record Keeping Regulations	29 CFR 29 1904
Natural Disaster & Homeland Security Alert Plan	Emergency Alert System Best Practices Guide Version 1.0 https://www.fema.gov/media-library-data/20130726-1839-25045-9302/eas_best_practices_guide.pdf
EXIT ROUTES	29 CFR 1910.35/36/37/38/39 Apen E
Sufficient Number & Diagram of Emergency Exit Posted in visible locations	29 CFR 1910.37/38/39
IONIZING RADIATION	29 CFR 1910.1096
Ionizing Radiation Protection	https://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_6.html
Medical Laser Safety & Hazards	https://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_6.html
Medical Laser Safety	OSHA- MLSO10Steps Laser Hazards/ https://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_6.html
HAZARD COMMUNICATION PLAN (Employee's Right-to-Know Standard)	29 CFR 1910.1200(h)/3021 Brochure
Review of written Hazard Communication Plan (OSHA Manual)	29 CFR 1910.1200(e)
Employee Training on Hazard Communication Plan (with GHS Intro / NOT Certification)	29 CGR 1910.1200 (h)
	29 CFR 1910.120(e) 49 CFR, Subpart H, 172.700-172.704,
Review of Hazardous Chemical List: MSDS & SDS (stored in front of MSDS & SDS Binders)	29 CFR 1910.1200 (g)
Distinction btw. USA MSDS & International SDS (This is GHS Intro / NOT Certification)	29 CFR 1910.1200 (g)
Distinction btw. USA Haz-Com Labeling System & International Pictogram (This is GHS Intro / NOT Certification)	29 CFR 1910.1200 (f)
EXPOSURE CONTROL PLAN	29 CFR 1910.1030
Employee Occupational Hazards / Employee Forms	29 CFR 1910.1030
Engineering Controls & Safe Work Practices to Reduce Injury / Annual Evaluation Parameters	29 CFR 1910.1030(c)(1)(iv)
Needlestick Safety and Prevention Act	29 CFR 1910.1030(c)(1)(iv)
Infection Control Updates & Plan	https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf
Epidemiologic Principles of Infectious Disease / COVID-19 Pandemic Awareness & Preparedness	29 CRF 1910.30 10A NCAC 41A .0206
Principles & Practice of Asepsis	29 CRF 1910.30 10A NCAC 41A .0206
Sterilization vs. Disinfection, & Sanitation	29 CRF 1910.30 10A NCAC 41A .0206
Universal Blood and Body Fluid Precautions	29 CRF 1910.30 10A NCAC 41A .0206
Communicable Disease Prevention: HIV & HEPATITIS	29 CFR 1910.1030(f)(1)(ii)(D)
BLOODBORNE PATHOGENS	29 CRF 1910.30
Review of written BBP Exposure Control Plan	29 CFR 1910.30(c)(iv)
Use of Universal / Standard Precautions to current CDC Standard	1910.1030(d)(1)
BBP Employee Training & Update	1910.1030(g)(2)/(h)(2)
Consideration, Engineering, Implementation & Use of Safe Needles / Sharps	1910.1030(d)(2)
Commonly Acquired Diseases within Healthcare Environment / HIV, HEP & TB prevention	1910.1030(e)
Hep B(Employer Provided) + MMR, Varicella, Tetanus, Flu, Tetanus, Meningitis Vaccine Series: Review	1910.1030(g)(2)(vii)(I)
Hep B Booster & Titer: Review (Employee Provided)	29 CFR 1030 (c)
Employee Rights for Seeking Vaccinations & Work-Related Medical Treatment	29 CFR 1030 (c)
Sharps Incident (with Exposure): Medical Attention & Follow-Up Protocol	29 CFR 1910.1030(f)(3)
Biomedical Waste Labeling: Meaning, Use & Instructions	29 CFR 1910.1030(g)(1)(i)
Proper Containment of BMW: Red Bags, Sharps, Specimens & Mail-Back Containers	29 CFR 1910.1030 (d)(4)
Definition of Biomedical Waste	29 CFR 1910.120
BMW: Segregation, Storage, Labeling, Transport, Method of Disposal & Contamination Protocol	29 CFR 1910.120 Apen C/E
BMW: Spill & Clean-Up Protocols	29 CFR 1910.120 Apen C/E
BMW: Contingency Planning	29 CFR 1910.120 Apen C/E
Proper Containment of Mercury & Rx Waste: Containment, Handling & Disposal	
SHARPS SAFETY PRACTICES	29 CFR 1910.1030
Safe Injection Practices	29 CFR 1910.1030
OSHA EMPLOYEE RECORD KEEPING REGULATIONS	29 CFR 1904/1020
OSHA EMPLOYEE "RIGHT TO KNOW" LAWS	OSHA 3021 Brochure
STERILIZATION & DISINFECTION PROTOCOL	Current CDC Standards
Define: Clean vs. Disinfection vs. Sterilization Practices	29 CFR 1910.1030 (d)(4)

Review of Written Infection Control Plan to current CDC Infection Prevention/ Dental Setting Standards	**29 CFR 1910.1030 (d)(1)**
Proper Hand Hygiene to current CDC Guidelines	**29 CFR 1910.1030 (d)(2)**
Proper Documentation: Spore Tests, Water Safety, BMW Disposal, Cold Sterile Solutions, Etc.	
Proper use of Sterilization Equipment, Routine Maintenance & Disinfection Protocols	**29 CFR 1910.1030 (d) (2) (xiv)**
Proper Use, Disinfection, Disposal & Replacement of PPE	**29 CFR 1910.1030 (d) (3) (iv)**
Proper sterilization of Handpieces	

- I understand the Hazard Communication Plan implemented for this office and where to find information should I need it.
- I understand the Exposure Control Plan and how it is implemented in this office.
- I understand how to determine hazardous chemicals in the workplace.
- I understand how to read dental office safety labels.
- I understand how to read (Material) Safety Data Sheets.
- I understand how to determine permissible exposure limits of hazardous chemicals and x-ray radiation through monitoring.
- I understand infection control procedures including barrier protection for my safety in this dental office.
- I understand that this office has a hepatitis injection policy in effect.
- I understand the hazardous waste disposal plan in effect in this office.
- I understand the exposure incident procedure and the report that I must fill out in the event of an on-the-job exposure to infection.
- I understand the OSHA "Right to Know" Laws
- I understand all of the protocols covered in this training; I have no further questions at this time.
- I understand that my OSHA Resource Manager, will provide me with any information I may need regarding job safety in the workplace.

OSHA Resource Manager's Name (printed): _____

OSHA Resource Manager's Signature: _____

With my signature, I agree that I have had the opportunity to read this facilities biomedical waste plan, safety protocol and OSHA materials. I accept that they are current and in compliance with State and Federal law. By reviewing and signing this plan, I agree that I have been trained in the above listed topics.

THIS CERTIFICATE IS REGISTERED FOR ONE OFFICE LOCATION ONLY.
ADDITIONAL LOCATIONS NEED SECONDARY OSHA CERTIFICATE PURCHASE AND SYSTEM VERIFICATION.
FOR LIVE EVENTS, 90% OF YOUR TEAM MUST BE PRESENT FOR THIS CERTIFICATION TO BE VALID.

BIOMEDICAL WASTE, OFFICE SAFETY & OSHA TRAINING ATTENDANCE RECORD

IN COMPLIANCE WITH FEDERAL ADMINISTRATION CODE

PRINTED NAME	JOB TITLE	SIGNATURE	DATE

How to Fill Out the Log

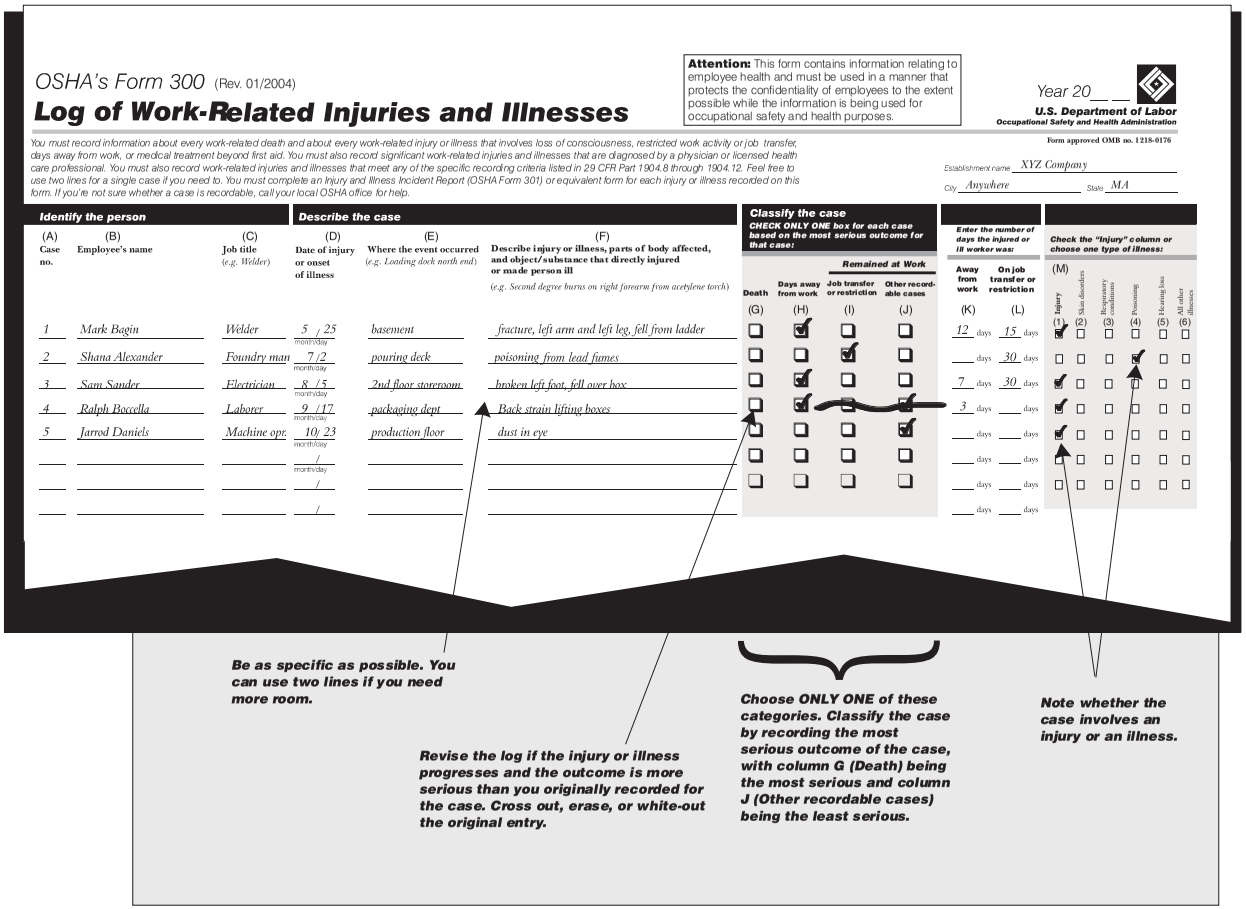
The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you several copies of the *Log* in this package. If you need more than we provided, you may photocopy and use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the Log. You post only the Summary at the end of the year.



OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__ __

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

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name XYZ Company
City Anywhere State MA

Identify the person | **Describe the case** | **Classify the case** (CHECK ONLY ONE box for each case based on the most serious outcome for that case: Death (G), Days away from work (H), Remained at Work: Job transfer or restriction (I), Other recordable cases (J)) | **Enter the number of days the injured or ill worker was:** Away from work (K), On job transfer or restriction (L) | **Check the "Injury" column or choose one type of illness:** (M) (1) Injury, (2) Skin disorders, (3) Respiratory conditions, (4) Poisoning, (5) Hearing loss, (6) All other illnesses

(A) Case no.	(B) Employee's name	(C) Job title (e.g. Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	(G)	(H)	(I)	(J)	(K)	(L)	(M) (1)
1	Mark Bagin	Welder	5 / 25	basement	fracture, left arm and left leg, fell from ladder	☐	☑	☐	☐	12 days	15 days	☑
2	Shana Alexander	Foundry man	7 /2	pouring deck	poisoning from lead fumes	☐	☐	☑	☐	___ days	30 days	☐
3	Sam Sander	Electrician	8 / 5	2nd floor storeroom	broken left foot, fell over box	☐	☑	☐	☐	7 days	30 days	☑
4	Ralph Boccella	Laborer	9 / 17	packaging dept	Back strain lifting boxes	☐	☑	☐	☐	3 days	___ days	☑
5	Jarrod Daniels	Machine opr.	10/ 23	production floor	dust in eye	☐	☐	☐	☑	___ days	___ days	☑
			/			☐	☐	☐	☐	___ days	___ days	☐
			/			☐	☐	☐	☐	___ days	___ days	☐
			/			☐	☐	☐	☐	___ days	___ days	☐

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry.

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or an illness.

OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 ___

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

Form approved OMB no. 1218-0176

Please Record:

- *Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.*
- *Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.*
- *Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.*

Reminders:

- *Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.*
- *Feel free to use two lines for a single case if you need to.*
- *Complete the 5 steps for each case.*

Establishment name ______________________

City ______________ State ________

Step 1. Identify the person | **Step 2. Describe the case** | **Step 3. Classify the case** — *SELECT ONLY ONE circle based on the most serious outcome:* | **Step 4.** *Enter the number of days the injured or ill worker was:* | **Step 5.** *Select one column:*

	(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	(G) Death	(H) Days away from work	(I) Remained at Work: Job transfer or restriction	(J) Remained at Work: Other record-able cases	(K) Away from work	(L) On job transfer or restriction	(M)(1) Injury	(2) Illness: Skin disorder	(3) Illness: Respiratory condition	(4) Illness: Poisoning	(5) Illness: Hearing loss	(6) Illness: All other illnesses
Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
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Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset				___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	●	○	○	○
Page totals ▶							0	0	1	0	0	0	0	0	1	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

(1) Injury (2) Skin disorder (3) Respiratory condition (4) Poisoning (5) Hearing loss (6) All other illnesses

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 ___

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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . . (M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

North American Industrial Classification (NAICS), if known (e.g., 336212)

☐☐☐☐☐☐

Employment information *(If you don't have these figures, see the Worksheet on the next page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____ _____
Company executive Title

Phone _____ Date _____

Reset

OSHA's Form 301 (Rev. 04/2004)

Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary,* these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by _____

Title _____

Phone _____ **Date** _____
Month Day Year

Information about the employee

1) Full name _____

2) Street _____

City _____ **State** _____ **ZIP** _____

3) Date of birth _____
Month Day Year

4) Date hired _____
Month Day Year

5) ○ **Male** ○ **Female**

Information about the physician or other health care professional

6) Name of physician or other health care professional

_____

7) If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ **State** _____ **ZIP** _____

8) Was employee treated in an emergency room?
○ **Yes**
○ **No**

9) Was employee hospitalized overnight as an in-patient?
○ **Yes**
○ **No**

Information about the case

10) **Case number from the *Log*** _____ *(Transfer the case number from the Log after you record the case.)*

11) **Date of injury or illness** _____
Month Day Year

12) **Time employee began work** (HH:MM) _____ ○ **AM** ○ **PM**

13) **Time of event** (HH:MM) _____ ○ **AM** ○ **PM** ○ **Check if time cannot be determined**

*** Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

14)* ***What was the employee doing just before the incident occurred?*** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15)* ***What Happened?*** **Tell us how the injury occurred.** *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16)* ***What was the injury or illness?*** Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) ***What object or substance directly harmed the employee?*** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

18) ***If the employee died, when did death occur?*** **Date of death** _____
Month Day Year

Add a Form Page Reset

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If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

- **Visit us online at www.osha.gov**
- **Call your OSHA Regional office and ask for the recordkeeping coordinator**

  or

- **Call your State Plan office**

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

Federal Jurisdiction

Region 1 - 617 / 565-9860
Connecticut; Massachusetts; Maine; New Hampshire; Rhode Island

Region 2 - 212 / 337-2378
New York; New Jersey

Region 3 - 215 / 861-4900
DC; Delaware; Pennsylvania; West Virginia

Region 4 - 404 / 562-2300
Alabama; Florida; Georgia; Mississippi

Region 5 - 312 / 353-2220
Illinois; Ohio; Wisconsin

Region 6 - 214 / 767-4731
Arkansas; Louisiana; Oklahoma; Texas

Region 7 - 816 / 426-5861
Kansas; Missouri; Nebraska

Region 8 - 303 / 844-1600
Colorado; Montana; North Dakota; South Dakota

Region 9 - 415 / 975-4310

Region 10 - 206 / 553-5930
Idaho

State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

*Connecticut - 860 / 566-4380

Hawaii - 808 / 586-9100

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

Maryland - 410 / 767-2371

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9020

*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

Virgin Islands - 340 / 772-1315

Washington - 360 / 902-5601

Wyoming - 307 / 777-7786

*Public Sector only

COLD STERILE LOG

MONTH	DATE CHANGED	INITIALS OF EMPLOYEE
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

MAINTENANCE & REVIEW of ENGINEERING CONTROLS

This chart is used to properly track the working capabilities of our Engineering Controls. We use it periodically, but at least annually to ensure all equipment is protecting our employees properly. The chart below will be used to *improve employee protection from exposure to BBP, update / upgrade the Safety of Medical Devices, with direct input form our Employees—on the document below:*

Safety Control	Location	Condition	Lock Out / Tag Out	Date	Notes
Re-Capping Device	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
Splash Guard on Lathe	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
Splash Guard on Model Trimmer	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
Sharps Container	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
Large Red Bag Box / Frame	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		
	☐ Treatment Room ☐ Lab ☐ Sterilization	☐ Need New / Replaced ☐ In Good Condition ☐ Not Applicable	LOTO Needed: ☐ YES ☐ NO LOTO in Place: ☐ YES ☐ NO		

THE GOAL OF THIS EVALUATION IS TO *MINIMIZE EMPLOYEE EXPOSURE* TO BLOOD & SALIVA + UPDATE / UPGRADE MEDICAL SAFETY DEVICES. THIS LOG SHOULD BE UPDATED AT LEASE ANNUALLY

EQUIPMENT & TREATMENT ROOM MAINTENANCE LOG

Keeping a Log or List of how and when you maintain your equipment is an OSHA requirement. Use this log or one of your own to record your equipment maintenance.

MAINTENANCE TASK	TREATMENT ROOM	DATE CHANGED	INITIALS OF EMPLOYEE
DAILY TASKS			
WEEKLY TASKS			
MONTHLY TASKS			
QUARTERLY TASKS			
YEARLY TASKS			

Be sure to use Lock-Out/Tag-Out tags to safeguard motorized equipment when not in use or before maintenance / repair is performed.

Waste Disposal and Recycling Log[5]

Use this form to track disposal and recycling activities. Enter start, disposal or return ship dates for each product and retain with other compliance records. Dental Offices require BMW, Amalgam & Rx Waste Disposal. Check with Wastewise for Mail-Back or Disposal Specifications per your State.

Self-Disposal Products

Isolyser®/SMS® - RXGON® - CHEMGON® - Aldex®

Product Name	Product #	Purchase Date	Disposal Date

Ship-back & Mail-back Products

AMALGON® - FOILGON® - RXGON®m - Isolyser®/SMS®m

Product Name	Product #	Date in-use	Date Shipped	UPS/USPS Tracking #

Reorder WASTEWISE® products from your supply partner. For more information, product tutorial videos or FAQ's, visit wastewise.com or call (866) 436-9264. 5. https://wastewise.com/

WCM Waste & Compliance Management Inc.
'Making Compliance Convenient, Easy & Inexpensive'

7 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN DOCUMENTATION

Our office Bloodborne Pathogens Protocols are based on exact excerpts from the osha.gov website:
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051
Our dental offices "scope and application" apply to all occupational exposure to blood or other potentially infectious materials as defined osha.gov section: 1910.1030(b)

DEFINITIONS For purposes of this section, the following shall apply:

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means 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.

Hand washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for: (1) The administration of medication or fluids; or (2) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
Occupational Exposure means 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.

Other Potentially Infectious Materials means (1) The human body fluids: saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human and (3) HIV-containing cell or tissue cultures and HIV- or HBV-containing culture medium or other solutions;

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

Personal Protective Equipment is 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 personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with engineered sharps injury protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of 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.

Work Practice Controls means 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). 1910.1030(c)

EXPOSURE CONTROL PLAN 1910.1030(c)(1)(i)

Each employee at this facility with occupational exposure as defined by OSHA shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure. 1910.1030(c)(1)(ii)

Our Exposure Control Plan contains the following elements:

1. Exposure Determination
2. Methods of Compliance / Incineration
3. Engineering Controls
4. Workplace Controls
5. Standard Operating Procedures
6. Waste Disposal Plan
7. Provisions for the Initial Reporting of Exposure Incidents
8. Post Exposure HIV & HBV
9. Communication of Hazards to Employees
10. Recordkeeping, of this standard

The procedure for the evaluation of circumstances surrounding exposure incidents as required by OSHA will be documented as prescribed by federal protocols. 1910.1030(c)(1)(iii)

Exposure Control Plan: A copy will be available to employees in accordance with 29 CFR 1910.1020(e). Training updated will be researched, revised and presented to employees annually to reflect new or modified tasks and procedures which affect occupational exposure and new revised employee positions with occupational exposure. 1910.1030(c)(1)(iv)(A)

The Exposure Control Plan: Will also reflects changes in technology that eliminate or reduce exposure to bloodborne pathogens; and we will document annually considerations and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. 1910.1030(c)(1)(v)

Our Exposure Control Plan will also contain 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 and shall document the solicitation in the Exposure Control Plan. 1910.1030(c)(1)(vi)

Our Exposure Control Plan shall be made available to authorities upon request for examination and copying. 1910.1030(c)(2)

1. EXPOSURE DETERMINATION

Each employer with occupational exposure (as defined by OSHA), shall review, understand and sign an exposure determination form. Our exposure determination shall contain the following:

- A list of all job classifications in which all employees in each job classifications have occupational exposure;
- A list of job classifications in which some employees have occupational exposure, and
- A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of OSHA protocols of this standard.
- Our exposure determination shall be made without regard to the use of personal protective equipment.

2. METHODS OF COMPLIANCE

General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Our office complies with the CDC recommendations for achieving sterility of all metal instruments by use of: steam under pressure, dry heat, in combination with recommended spore strip testing cycles. Also, as needed cold sterile solutions for the soaking of plastic instruments with logged change of our solutions as recommended by the cold sterile solution manufacturer.

Our method of compliant removal and disposal of sharps and red bag / bloody waste is either incineration or pour-n-cure as specified under current state and federal OSHA guidelines.

3. ENGINEERING CONTROLS

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. 1910.1030(d)(2)(iii)

Handling Sharps

Sharps Defined:

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in OSHA guidelines. Shearing or breaking of contaminated needles is prohibited. 1910.1030(d)(2)(vii)(A) Contaminated needles and other contaminated sharps will not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure. 1910.1030(d)(2)(vii)(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed scooping technique (away from body). 1910.1030(d)(2)(viii) Immediately after use, contaminated reusable sharps shall be placed in appropriate containers until

properly incinerated for disinfection disposal. Our SHARPS CPNTAINER shall be:

- Puncture resistant; 1910.1030(d)(2)(viii)(B)
- Labeled or color-coded in accordance with this standard; 1910.1030(d)(2)(viii)(C)
- Leak-proof on the sides and bottom; 1910.1030(d)(2)(viii)(D)

In accordance with the requirements set forth in OSHA standards for reusable sharps / same patient injection. 1910.1030(d)(2)(ix)

OSHA's definition of contaminated sharps means any contaminated object that can penetrate the skin including, but not limited to; needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires. A sterile syringe, a new disposable needle, and a new local anesthetic carpule will be used for each patient. Needles, scalpel blades, and other sharp instruments should be handled carefully to prevent unintentional injuries. Since an individual patient may require multiple injections of anesthetic or other medications from a single syringe, a number of techniques can be used to minimize the likelihood of injury:

1. Place the unsheathed needle in a "safe sterile field" during the procedure rather than recapping the needle; or
2. Recap the needle by laying the cap on the tray using a scooping technique, or by placing the cap in a commercial holder so that the needle can be guided into it without injury.

Disposable needles will not be bent or broken after use. Needles should not be manually removed from disposable syringes, or otherwise handled manually. Discard disposable syringes, needles, scalpel blades, and other sharp items into puncture-resistant sharps containers located as close as is practical to the area in which they have been used. Hemostats or pliers may be used to handle sharp items. If you drop a needle, be careful when picking it up. Retrieve with needle holder or hemostat.

Anyone who throws a needle in the trash endangers everyone who handles or uses the trash container. Don't try to compact trash with your hands or feet. Assume there may be a needle or sharps improperly disposed of hidden just below the surface. Empty trash containers holding the bags away from your body as you carry them. Broken glassware, which is contaminated, is to be cleaned up using mechanical means, such as needle holder or hemostat.

Sharps containers are a good example of engineering as defined by OSHA. They should be contained in every operatory facing towards chairs or outward toward walkway.

Bloody Waste Handling

In our facility we will not walk from treatment area without first disposing of bloodied waste at point-of treatment. A small red bag will be within reach of treatment chair to dispose of fore mentioned bloodied items. We will follow the CDC's recommended guidelines for disposal of all blood saturated items and regularly dispose of even blood splattered items as defined more specifically below by OSHA:

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. 1910.1030(d)(2)(xii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. 1910.1030(d)(2)(xiii)(A)

Our container for storage, transport, or shipping shall be labeled or color-coded according to OSHA requirements and closed prior to being stored, transported, or shipped. Our facility will utilize Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable

as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard. 1910.1030(d)(2)(xiii)(C)

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics. 1910.1030(d)(2)(xiv)

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

A readily observable label in accordance with OSHA shall be attached to the equipment stating which portions remain contaminated. 1910.1030(d)(2)(xiv)(B)

Our employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken. 1910.1030(d)(3)

X-Ray Precautions

Use fast-speed radiographic film and monitor supplier for new film speed availability. Or use proper Digital Sensor and proper settings for capture and save. Periodically have filtration of x-ray machine checked.

The operator/assistant shall not hold film or sensors in place for patient during exposure; use film holders/bit tabs to position film or have patient assist. Gloves should be worn when placing intra-oral x-ray film packets and sensors in a patient's mouth. Sensors should always be covered with proper sheaths. Stand away and at right angles to where x-ray cone is pointing during exposure. Exposed x-ray film should be carried to the developing area in a plastic or paper cup. Do not put film packets into uniform pockets. Care should be taken not to contaminate the developing area or automatic film processor. Process film according to manufacturer's instructions. Sensors will be properly disinfected and hung safely to avoid wear and damage.

Ultraviolet & Visible Light Precautions

Several dental procedures recently developed and currently in use involve the use of limited amounts and specific wavelengths of ultraviolet (UV) radiation in the oral cavity. The major uses of UV radiation are for photopolymerization of UV-sensitive compounds for restorative dentistry, orthodontics, and pit and fissure sealants. UV radiation is also used to a lesser extent for plague control programs and for specialized intraoral photography.

As more and more dentists use light systems to polymerize restorative resins, concern has grown about the long-term effects on the eyes of the operator(s). Looking directly into the light is the source of danger operators need to be aware of. Wear lenses, or use UV-reflective paddle, to filter light properly.

Radiowave & Ultrasonic Precautions

Radiowaves come from ultrasound units, microwave ovens, electric toothbrushes, induction casting machines and electrosurgical devices. The operator needs to be aware of potential danger to people with cardiac pacemakers.

4. WORK PRACTICE CONTROLS

Personal Protective Equipment

Provision. When there is occupational exposure, our employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. 1910.1030(d)(3)(ii)

Use. Our employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. 1910.1030(d)(3)(iii)

Accessibility. Our employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. 1910.1030(d)(3)(iv)

Cleaning, Laundering, and Disposal. Our employer shall clean, launder, and dispose of personal protective equipment required by OSHA at no cost to the employee. And provide disposable lab coats for use within the workplace as necessary. 1910.1030(d)(3)(v) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible. 1910.1030(d)(3)(vii) All personal protective equipment shall be removed prior to leaving the work area. 1910.1030(d)(3)(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. 1910.1030(d)(3)(ix)

Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. 1910.1030(d)(3)(vi)

Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin or saliva; when performing vascular access procedures or when handling or touching contaminated items or surfaces. 1910.1030(d)(3)(ix)(A)

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced immediately when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. 1910.1030(d)(3)(ix)(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use. 1910.1030(d)(3)(ix)(C)

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. 1910.1030(d)(3)(ix)(D) Utility gloves will be used within the sterilization area and lab when cleaning and maintaining instruments.

Masks, Eye Protection, and Face Shields. These will be provided by our employer. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. 1910.1030(d)(3)(xi)

Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. 1910.1030(d)(3)(xii)

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., dental surgery). 1910.1030(d)(4)

The location of personal protective equipment in our office is as follows:
Personal Protective Equipment

Gloves, non-sterile	Treatment Room & Storage
Gloves, sterile	Treatment Room
Gloves, utility	Sterilization Sink Area
Masks	Treatment Room & Storage
Protective eyewear	Treatment Room
Protective gloves	Treatment Room & Storage
Uniforms / Lab Coats	Closet & Storage
Resuscitation equipment	With First Aid

Hand washing: Employers shall provide hand washing facilities which are readily accessible to employees. 1910.1030(d)(2)(iv) Employees should wash their hands immediately or as soon as possible after removal of gloves and after contact with blood or other potentially infectious materials. Hand washing includes attention between digits, use of current acceptable antibacterial soap and proper length of time as specified by soap manufacturer for effective germ kill. We will not rely upon hand sanitizers but, when provision of hand washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. 1910.1030(d)(2)(v)

Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. 1910.1030(d)(2)(vi)

Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. 1910.1030(d)(2)(vii)

EATING, DRINKING, SMOKING applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. 1910.1030(d)(2)(x)

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present. 1910.1030(d)(2)(xi)

5. STANDARD OPERATING PROCEDURES

Standard Operating Procedures (SOP's) regarding infection control should be defined for each task. These SOP's include both the protective equipment and mandatory work practices necessary to prevent the transmission of disease.

Opening Procedures

1. Staff members remove street clothes and shoes and put on a clean uniform and clinic shoes. Street clothes should not be stored in the same place as soiled uniforms. Clinic shoes should not be worn outside the office.
2. Staff members will put on clean utility gloves and prepare the operatories, labs and sterilization areas for patient treatments.
3. Employees will wipe environmental surfaces (dental chairs, stools, sinks, faucets, cuspidors, hoses and hose ends, air-water syringes, high volume suction ends, saliva ejector ends, counter tops, operatory lights, cabinet and drawer handles, ultrasonic hand-pieces and other accessory equipment with a surface disinfectant. Use a "saturated -wipe-" technique for applying disinfectant according to manufacturers specifications.
4. Employees will flush water through all dental hand-pieces, air/water syringes and ultrasonic hand-piece lines for 3 minutes (6 minutes if the units have been shut down more than 24 hours). We will use purification tablets for bottled water units and test city water in chairs plumbed with city water.
5. Staff members will monitor all areas of the operatories, lab and sterilization area during each patient's treatment (floor, walls, counters, ceilings) and ensure they are maintained to a sanitary condition post-procedure.
6. Staff members will wipe surfaces using 70% ethanol or water to remove residual disinfectant and to minimize disinfectant odor.

Preparing the First Patients

1. Staff members setting up operatories (i.e. setting up treatment trays, retrieving instruments from drawers) will wear single-use latex, polyvinyl chloride or nitrile gloves.
2. Take the appropriate instrument tray to each operatory.
3. Set up all disposable items needed (headrest covers, patient drapes, light handle covers, working surface covers, suction tips, cotton rolls, gauze sponges, articulating paper, prophy cups and paste, cotton-tip applicators, cotton balls, wedges, matrix bands, brushes, mixing pads, polishing materials, restorative materials, impression materials, etc.) Disposable items will be stored in a sanitary area and dispensed only as necessary in amounts required for a single patient treatment.
4. Set up all non-disposable items needed (bur blocks, glass slabs, mixing bowls, spatulas, shade guides, impression syringes, amalgam capsule activators, amalgam wells, face-bows, measuring guides, etc.) Non-disposable items will be stored in a sanitary area after sterilization or high-level disinfecting, and retrieved only as necessary.
5. Insert or attach various tips into appropriate equipment, i.e. high-speed evacuation saliva ejector, ultrasonic, or air-water syringe.

   Remove any sterile hand-piece required from a sealed sterilization bag, or disinfect hand-piece then:

   a. Disinfect fiber optic ports, if present;
   b. Install a sterile bur or blank;
   c. Lubricate with a lubricant set aside for use with sterile instruments only;
   d. Attach hand-piece to hose end;
   e. Operate with water spray for 30 seconds to disperse excess lubricant;
   f. Remove bur.

Chairside Procedures

1. A thorough medical history should be taken on each patient, including questions on medications, current/ past illnesses, hepatitis and other infectious recurrent illnesses and unintentional weight loss, etc.
2. At the beginning of each day, staff who participate in patients treatment should remove all jewelry and watches, then wash hands and forearms for 2 minutes under cool water using a liberal amount of soap or an anti-microbial hand wash solution. Concentrate on washing dominant hand. Do not use a scrub brush. Rinse hands and dry well using single-use paper towels. Before and after each patient, wash in the same manner for 30 seconds.
3. Avoid turning water faucets & soap dispensers on by hand. To activate a manually operated faucet, use elbows or a barrier, (i.e. a paper towel) or foot pedal.
4. Contaminated gloves will not be worn outside patient treatment areas.
5. If an injury with a sharp object occurs, or if gloves become cut or torn during a patient treatment contact, as soon as prudent remove and dispose of the gloves, wash hands thoroughly, disinfect wound leave operatory to tend. All injuries will be reported to the person in charge and appropriately documented.
6. Staff should avoid contact with unnecessary objects such as telephones, during patient treatment. Do not reach into a cabinet or drawer with contaminated gloves. If retrieval of an instrument or material is necessary, put pressed plastic film gloves over contaminated treatment gloves, or use sterile transfer forceps. Dental records and computer terminals will not be handled with contaminated gloves or will have proper plastic barriers in place. Barriers will be changed after each patient.
7. Staff members will wear a facemask during all patient treatment contacts. Masks will be changed as necessary, particularly after procedures where aerosols or spatter create moisture that soaks the mask decreasing ask efficiency. Glass defogger may be necessary for your safety glasses when using a mask. After patient treatment contacts, masks will be considered contaminated, and handled as little as possible, and then only around the edges. Masks will not be worn outside the office.
8. Staff members will wear protective eyewear or chin-length plastic face-shields during all patient treatment contacts. Eye protection should also be worn in the lab and sterilization area as necessary. Protective eyewear will be cleaned and disinfected between patients and should not be worn outside the office.
9. Patient will be provided with protective eyewear during treatments where aerosols or splashing and spattering of liquids or solids may occur. The eyewear will be disinfected after each use.
10. Prior to receiving treatment, patients will rinse with an anti-microbial mouthwash for 30 seconds.
11. Rubber dams and high volume suction will be used whenever possible. Care will be taken to properly position patients during treatment to minimize splashing, splattering and aerosols.
12. All unnecessary items will be removed from the operatories during patient treatment procedures.
13. Normally, visitors will not remain in an operatory when patient treatment procedures are carried out. When this is necessary (i.e. with a non-English speaking patient and translator) the visitor will be provided with appropriate personal protective equipment.
14. Staff members should refrain from touching their eyes, nose, mouth or hair during patient treatment contacts and when performing other Category I and II tasks.

15. When significant contamination of uniforms with body fluids from an aerosol spray is likely, staff members should wear a protective lab coat or disposable lab coat cover.
16. Staff will dispose of all soiled BMW at point-of-use into appropriate receptacles: Red Bags, Sharps Containers & Rx Waste Containers.
17. Environmental Waste such as amalgam will be disposed of into Amalgam Recycling Containers.

Cleaning Operatories Between Patients

1. After patient dismissal, dispose of all throwaway items into a waste container. Do not reuse prophylaxis cups. Disposable materials contaminated with blood, body fluids or tissues should be carefully handled and discarded into impervious bags to minimize chances of human contact. Place all disposable sharp items into a separate, puncture-resistant sharps container that has clear, visible identification of its contents. Do not use hands to pick up sharp items. (For detailed instructions on handling sharps, needles, and syringes, surgical instruments and blades see sharps handling protocol.) Human tissues should be disposed of in the same manner as sharp items.
2. Staff members exiting from an operatory after a patient treatment contact will remove contaminated gloves by turning them inside out, dispose of them into waste container and wash their hands. Staff member will wear puncture proof utility gloves when handling/ transporting soiled instruments to the Sterilization Area.
3. Staff members entering an operatory to perform cleaning tasks will wear a clean pair of utility gloves and should have on protective eyewear.
4. Hand-pieces will be wiped with a surface disinfectant to remove debris, then:
    a. Detach hand-piece from hose end.
    b. Install bur or blank if necessary
    c. Lubricate handpiece with a lubricant set aside for use with contaminated instruments only.
    d. Re-attach hand-piece to hose end.
    e. Operate 30-60 seconds with water-spray to disperse excess lubricant.
    f. Remove bur or blank and detach hand-piece from hose end.
    g. Place hand-piece(s) that can be sterilized on the used instrument tray.
5. Place hand-piece(s) that can be sterilized on the used instrument tray.
6. Remove contaminated tips from the equipment and place them on the used instrument tray.
7. Prepare a generous amount of suction line cleanser, place suction ends into cleaner solution and activate suction. Flush the water lines in dental units and ultrasonic scalers for 30 seconds.
8. It is not necessary to disinfect surfaces that have not been contaminated. Use discretion. In clinical areas, make sure to use both surface barriers and medical-grade disinfectants with a three-step “spray-wipe-spray” technique to clean and disinfect then cover appropriate areas.
9. To remove organic debris (blood, saliva, and exudate), apply a surface disinfectant liberally to surfaces with spray or squeeze bottle to pre-clean them. Alcohol, or a solution containing a high percentage of alcohol, should not be used for pre-cleaning. When a spray bottle is used, avoid inhaling the disinfectant mist.

SPRAY a disinfectant onto a surface; do not use a gauze sponge, paper towel or other absorbent material to apply since this deactivates some disinfectants. Gauze sponges should be stored in a solution of surface disinfectant for

the purpose of disinfectant application to environmental surfaces. Do not spray disinfectant onto electrical switches or controls where a short might occur.

WIPE each surface with single-use paper towels using a systematic, overlapping pattern. If scrubbing of a surface is necessary, use a brush with plastic bristles. Staff should scrub down and away from themselves, and in a manner to minimize spatter.

SPRAY another liberal amount of disinfectant to the surfaces to disinfect them, and allow to remain for the appropriate period of time.

1. If surface barriers are not used, clean and disinfect any item contaminated, like hose ends, high volume suction ends, air-water syringes, ultrasonic hand-pieces, electro-surgery units and other non-detachable equipment, with a surface disinfectant. Soak a 4x4 gauze sponge (or other suitable absorbent material) in surface disinfectant. Wrap around hose ends, air-water syringes, etc., and allow to remain for the appropriate period of time. Disposable plastic bags can be wrapped over the absorbent material to minimize disinfectant evaporation and limit odor.
2. Clean environmental surfaces, which have become contaminated with surface disinfectant. Apply additional disinfectant, and allow to remain for the appropriate period of time. Make sure that items like dental chair surfaces, stools, dental units, bracket tables, drawer pulls, sinks, faucet handle, cuspidors, and instrument supports are disinfected. Don't forget to disinfect items like pens and pencils used during patient treatment.
3. Be sure to disinfect non-disposable items like glass slabs, mixing bowls, spatulas, shade guides, tubes of impression material, impression syringes, facebows, amalgam wells, medicament containers, measuring guides, etc.
4. Clean cuspidor and suction line traps as necessary between patients. Scrap amalgam should be placed into appropriate containers and not flushed down a drain attached to a sanitary sewer.
5. While surface disinfecting is proceeding, take the used instrument tray to the sterilization are.

Processing Used Instruments

Sterilization Area: The area designated for the sterilization of instruments requires two areas separate from one another; one for contaminated materials and the other for sterile materials. The potential for cross contamination is greatly reduced by implementing this recommendation. Staff members will wear puncture proof utility gloves when handling soiled instruments.

1. If hand-piece(s) can be sterilized, break down into component parts. Place in single-use, self-sealing, see-through autoclave (bags) and use a water proof marker to label bags with the date and contents. Set bag aside. Do **not** immerse hand-pieces in solvents, disinfectants or ultrasonic cleaning solutions. Don't forget to bag and sterilize items such as ultrasonic scaler and electro-surgery tips.
2. Remove instruments from the used tray and immerse them in a pre-cleaning bath of disinfectant. Put burs, diamonds and other small items in a mesh holder for pre-soaking. Cover pre-cleaning solution and allow instruments to soak for the appropriate period of time.
3. Scrub contaminated trays to remove debris, and place into a separate disinfectant bath containing a surface disinfectant. Cover with disinfectant solution and allow the trays to soak for the appropriate period of time. Then rinse with cool water, dry with single-use paper towels and store in a sanitary area.

4. Remove the instruments from the pre-cleaning solution; rinse with hot water, drain and blot dry with single-use paper towels. Place instruments into an ultrasonic cleaner, cover to prevent aerosol splash and run 10 minutes.
5. Remove the instruments from the ultrasonic cleaner, rinse with cold water to remove detergent, scrub instruments (if necessary) to remove adherent cements, etc., and blot dry with single-use paper towels.
6. Separate dull instruments; seal them in a sterilization bag and with a waterproof marker label the bag with the date, contents and the word "Sharpen." Set bag aside for later sharpening.
7. Sort the remaining instruments according to the type of processing required:
    a. Heat sterilization, or
    b. High-level immersion disinfecting

Use appropriate monitors routinely to verify the adequacy of spore strip sterilization cycles. According to C.D.C., weekly verification should be adequate for most dental practices. Keeping a log or written record of this verification is helpful. (AZ or AR require monthly spore testing)

Do not disinfect any item that can be heat sterilized. Do not immerse handpieces and attachments in disinfectant.

8. Place instruments to be disinfected into a container of acceptably approved use for cold-sterile standards. Make certain all instruments are totally immersed. Cover and allow to soak for the appropriate period of time. Do not add more instruments to the disinfectant solution while a soak period is being timed.
9. When the instruments have been disinfected, remove them from the cold-sterile solution, drain, rinse with cool water and blot dry with single-use paper towels. Immediately put the instruments in a sanitary storage area. When cold-sterile solution is used to disinfect an item which may come into contact with skin or mucous membranes, be sure to rinse **very** well before use. Puncture proof utility gloves are worn during this process.

Sterilization Spore Testing

Our policy is to test our heat sterilizer is : Weekly Most States.
(AZ or AR require monthly or 40 hours of use spore strip testing)

Spore Strip Test: A spore strip is run through our sterilizer(s) cycle then sent to an accredited testing facility to verify our sterilizer(s) efficacy.

Upon receiving back reports as to the effectiveness of our autoclave. We keep these reports in chronological order with our other sterilization logs. Or call for sterilizer maintenance and service as stated.

Housekeeping General: Our employers shall ensure that the worksite is maintained in a clean and sanitary condition. Our employer or OSHA trainer shall determine and implement an appropriate 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. 1910.1030(d)(4)(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. 1910.1030(d)(4) (I) (ii)(A)

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning. 1910.1030(d)(4)(ii)(B)

Protective coverings, such as impervious professional grade plastic wrap can be used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the patient treatment. 1910.1030(d)(4)(ii)(C)

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination. 1910.1030(d)(4)(ii)(D)

Broken glass (carpules) which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. 1910.1030(d)(4)(ii)(E) Glass carpules are stored and disposed of in EPA approved Rx Waste Containers.

Sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed. 1910.1030(d)(4)(iii)

6. WASTE DISPOSAL PLAN

Contaminated Sharps Discarding and Containment: Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- Closable; 1910.1030(d)(4)(iii)(A)(1)(ii)
- Puncture resistant; 1910.1030(d)(4)(iii)(A)(1)(iii)
- Leak proof on sides and bottom; and 1910.1030(d)(4)(iii)(A)(1)(iv)
- Biohazard Labeled in accordance with OSHA standards. 1910.1030(d)(4)(iii)(A)(2)

During use, containers for contaminated sharps shall be:

- Easily accessible to personnel and ***located as close as is feasible*** to the immediate area where sharps are used or can be reasonably anticipated to be found. 1910.1030(d)(4)(iii)(A)(2)(ii)
- Maintained upright throughout use; and 1910.1030(d)(4)(iii)(A)(2)(iii)
- Replaced routinely and not be allowed to overfill. 1910.1030(d)(4)(iii)(A)(3)

When moving containers of contaminated sharps from the area of use, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; 1910.1030(d)(4)(iii)(A)(3)(ii)
- Placed in a secondary container if leakage is possible.

The second container shall be:

- Closable; 1910.1030(d)(4)(iii)(A)(3)(ii)(B)
- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
- Labeled or color-coded according to paragraph (g)(1)(i) of this standard. 1910.1030(d)(4)(iii)(A)(4)

Other Regulated Waste Containment —

Regulated waste shall be placed in containers which are:

- Closable; 1910.1030(d)(4)(iii)(B)(1)(ii)

- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; 1910.1030(d)(4)(iii)(B)(1)(iii)
- Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; 1910.1030(d)(4)(iii)(B)(1)(iv)
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. 1910.1030(d)(4)(iii)(B)(2)

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

- Closable; 1910.1030(d)(4)(iii)(B)(2)(ii)
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; 1910.1030(d)(4)(iii)(B)(2)(iii)
- Labeled or color-coded in accordance with OSHA standards; 1910.1030(d)(4)(iii)(B)(2)(iv)
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. 1910.1030(d)(4)(iii)(C)
- Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories. 1910.1030(d)(4)(iv)

Laundry.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. 1910.1030(d)(4)(iv)(A)(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. 1910.1030(d)(4)(iv)(A)(2)

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with OSHA. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions. 1910.1030(d)(4)(iv)(A)(3)

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior. 1910.1030(d)(4)(iv)(B)

The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment. 1910.1030(d)(4)(iv)(C)

When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with OSHA standards.

7. PROVISIONS FOR THE INITIAL REPORTING OF EXPOSURE INCIDENTS

Our employees will report all exposure incidents as soon as possible and no longer than the end of the work shift in which the exposure occurred. An exposure incident is defined as eye, mouth, mucous membrane, subcutaneous skin impact or parenteral contact with blood that occurs during the performance of work duties. Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

If one incurs a sharps injury, report it at once. Your health may depend on early screening and prompt medical care. A copy of the Post-Exposure Evaluation and Follow-Up (PPI Form PEF) must be completed for every exposure to bloodborne pathogens be it sharp, scrap or other open wound exposed to bloodborne pathogens. It will also be logged in on the posted OSHA form 300- 300A.

Designated management will receive reports of exposure incidents. If the incident occurs after hours the incident will need to be reported also. Our exposure incident report includes:

- Names of all employees involved in exposure
- First-aid provider
- The time and date
- A determination of whether an exposure incident occurred

This determination is necessary to ensure that the proper post-exposure evaluation is conducted and prophylaxis follow-up are made available immediately if a true exposure incident has occurred.

8. POST EXPOSURE HIV & HBV

The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident. The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

- Made available at no cost to the employee; 1910.1030(f)(1)(ii)(B)
- Made available to the employee at a reasonable time and place;1910.1030(f)(1)(ii)(C)
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; 1910.1030(f)(1)(ii)(D)
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place. 1910.1030(f)(1)(iii)
- The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee. 1910.1030(f)(2)

Hepatitis B Vaccination.

Hepatitis B vaccination shall be made available after the employee has received the training required in OSHA standards **within 10 working days of initial assignment** to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. 1910.1030(f)(2)(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination. 1910.1030(f)(2)(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time. 1910.1030(f)(2)(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer in a sign the statement an d kept on file. Routine booster dose(s) of hepatitis B vaccine is not currently recommended by the U.S.

Public Health Service, at a future date, such booster dose(s) may be made again mandatory in accordance with section (f)(1)(ii). 1910.1030(f)(3)

Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred; 1910.1030(f)(3)(ii)
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law; 1910.1030(f)(3)(ii)(A)
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. 1910.1030(f)(3)(ii)(B)
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated. 1910.1030(f)(3)(ii)(C)
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. 1910.1030(f)(3)(iii)
- Collection and testing of blood for HBV and HIV serological status;1910.1030(f)(3)(iii)(A)
- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. 1910.1030(f)(3)(iii)(B)
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. 1910.1030(f)(3)(iv)
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; 1910.1030(f)(3)(v)
- Counseling; 1910.1030(f)(3)(vi)
- Evaluation of reported illnesses. 1910.1030(f)(4)

Information Provided to the Healthcare Professional.

Our employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation. 1910.1030(f)(4)(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of this regulation; 1910.1030(f)(4)(ii)(B)
- A description of the exposed employee's duties as they relate to the exposure incident; 1910.1030(f)(4)(ii)(C)
- Documentation of the route(s) of exposure and circumstances under which exposure occurred; 1910.1030(f)(4)(ii)(D)
- Results of the source individual's blood testing, if available; 1910.1030(f)(4)(ii)(E)

- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain. 1910.1030(f)(5)

Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. 1910.1030(f)(5)(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination. 1910.1030(f)(5)(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- That the employee has been informed of the results of the evaluation
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. 1910.1030(f)(5)(iii)
- All other findings or diagnoses shall remain confidential and shall not be included in the written report. 1910.1030(f)(6)

Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with OSHA. 1910.1030(g) Proper documentation and communication with appropriate governmental and medical agencies will be upheld.

9. COMMUNICATION OF HAZARDS TO EMPLOYEES 1910.1030(g)(1)

Labels —

Warning labels shall be affixed to containers of regulated wastes containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, 1910.1030(g)(1)(i)(B) Labels required by this section shall include the following in yellow red or orange:

1910.1030(g)(1)(i)(C)

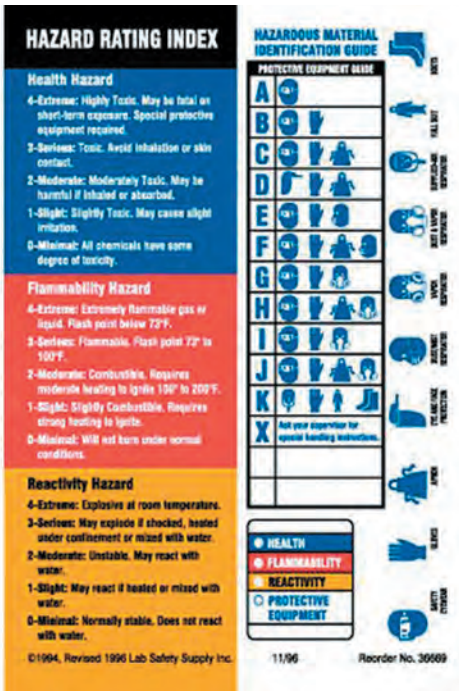
- These labels shall be fluorescent orange or orange-red or yellow with lettering and symbols in a contrasting color. 1910.1030(g)(1)(i)(D)
- Labels shall be affixed as close as feasible to the container by adhesive that prevents their loss or unintentional removal. 1910.1030(g)(1)(i)(E)
- Red bags or red containers may be substituted for labels. 1910.1030(g)(1)(i)(F)
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g). 1910.1030(g)(1)(i)(G)
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement. 1910.1030(g)(1)(i)(H)

- Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated. 1910.1030(g)(1)(i)(I)
- Regulated waste that has been decontaminated need not be labeled or color-coded. 1910.1030(g)(1)(ii)

SDS Sheets and coordination with Dental Product Labels

We keep on file all professional product SDS used at this facility. All are filed alphabetically and then indexed by generic name, manufacturer / brand name and active ingredient according to federal OSHA/GHS standards. All SDS sheets coordinate with dental product hazard rating as shown here:

Hazard Rating Prior to GHS



GHS Pictogram Hazard Labels

All professional dental products are labeled at the point-of-use. These are updated periodically and at least annually.

Information and Training: Communication to Employees. 1910.1030(g)(2)(i)

Our employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. 1910.1030(g)(2)(ii)

Training shall be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place; 1910.1030(g)(2)(ii)(B)
- At least annually thereafter. 1910.1030(g)(2)(iii)
- Annual training for all employees shall be provided within one year of their previous training. 1910.1030(g)(2)(v)
- Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created. 1910.1030(g)(2)(vi)

- Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. 1910.1030(g)(2)(vii)

The training program shall contain at a minimum the following elements:

- An accessible copy of the regulatory text of this standard and an explanation of its contents; 1910.1030(g)(2)(vii)(B)
- A general explanation of the epidemiology and symptoms of Bloodborne diseases; 1910.1030(g)(2)(vii)(C)
- An explanation of the modes of transmission of Bloodborne pathogens; 1910.1030(g)(2)(vii)(D)
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan; 1910.1030(g)(2)(vii)(E)
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials; 1910.1030(g)(2)(vii)(F)
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment; 1910.1030(g)(2)(vii)(G)
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment; 1910.1030(g)(2)(vii)(H)
- An explanation of the basis for selection of personal protective equipment; 1910.1030(g)(2)(vii)(I)
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge; 1910.1030(g)(2)(vii)(J)
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials; 1910.1030(g)(2)(vii)(K)
- An 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; 1910.1030(g)(2)(vii)(L)
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident; 1910.1030(g)(2)(vii)(M)
- All employees will be provided first aid training regularly. As well as CPR.
- An explanation of the signs and labels and/or color coding required by OSHA. 1910.1030(g)(2)(vii)(N)
- An opportunity for interactive questions and answers with the person conducting the training session. 1910.1030(g)(2)(viii)
- The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. 1910.1030(g)(2)(ix)
- The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV. 1910.1030(g)(2)(ix)(B)
- The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV. 1910.1030(g)(2)(ix)(C)
- The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A

progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated. 1910.1030(h)

10. RECORD KEEPING

Medical Records.

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with OSHA standards. 1910.1030(h)(1)(ii)

This record shall include:

- The name and social security number of the employee; 1910.1030(h)(1)(ii)(B)
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2); 1910.1030(h)(1)(ii)(C)
- A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3); 1910.1030(h)(1)(ii)(D)
- The employer's copy of the healthcare professional's written opinion as required by OSHA (f)(5); 1910.1030(h)(1)(ii)(E)
- A copy of the information provided to the healthcare professional as required by OSHA (f)(4)(ii)(B)(C) and (D). 1910.1030(h)(1)(iii)
- The employee will fill out a truthful medical history that the employer will keep under lock and key away from other OSHA paperwork and within the employees private file.
- The employer shall ensure that employee medical history required by OSHA are:
- Kept confidential; 1910.1030(h)(1)(iii)(B)
- Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. 1910.1030(h)(1)(iv)
- The employer shall maintain the records required by OSHA for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020. 1910.1030(h)(2)

Training Records.

- Training records shall include the following information:
- The dates of the training sessions; 1910.1030(h)(2)(i)(B)
- The contents or a summary of the training sessions; 1910.1030(h)(2)(i)(C)
- The names and qualifications of persons conducting the training; 1910.1030(h)(2)(i)(D)
- The names and job titles of all persons attending the training sessions. 1910.1030(h)(2)(ii)
- Training records shall be maintained for 3 years from the date on which the training occurred. 1910.1030(h)(3)

Availability.

The employer shall ensure that all records required to be maintained by this section shall be made available upon request to OSHA & Health Department authorities for examination and copying. 1910.1030(h)(3)(ii)

Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the OSHA & Health Department authorities 1910.1030(h)(3)(iii)

Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to OSHA & Health Department authorities in accordance with 29 CFR 1910.1020. 1910.1030(h)(4)

Transfer of Records. 1910.1030(h)(4)(i)
The employer shall comply with the requirements involving transfer of records set forth in current OSHA standards. 1910.1030(h)(4)(ii)

Sharps injury log. 1910.1030(h)(5)(i)
Our employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

- The type and brand of device involved in the incident,1910.1030(h)(5)(i)(B)
- The department or work area where the exposure incident occurred,1910.1030(h)(5)(i)(C)
- An explanation of how the incident occurred. 1910.1030(h)(5)(ii)
- The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. 300 & 300A 1910.1030(h)(5)(iii)

10564 v002 11/2023

OSHA INSPECTION EASY ACCESS TO COMMON OSHA WRITTEN REQUIREMENTS

In accordance with OSHA.gov brochure 3187

OSHA's role is to assure the safety and health of America's workers by setting and enforcing standards; providing training, outreach and education; establishing partnerships; and encouraging continual improvement in workplace safety and health. As part of the Department of Labor, OSHA and the states that operate OSHA-approved state plans establish guidelines and standards to promote worker safety and health that apply to every workplace in the United States, including medical and dental offices.
This brochure provides only a glimpse of the most frequently found hazards in medical and dental offices. Many other standards may apply. This information should not be used as a substitute for reading and becoming familiar with all applicable OSHA standards. As an employer, it is up to you to follow up and obtain the full text of the OSHA standards, all of which are available on the OSHA website at www.osha.gov or by calling our toll-free number (800) 321-OSHA(6742). Most OSHA materials are available at no charge.
The following requirements include those that normally apply to medical and dental offices, whether there are two or 200 employees. Additional OSHA standards may apply to some offices. The complete text of the regulations can be found in Title 29 of the Code of Federal Regulations (29 CFR).

Bloodborne Pathogens Standard (29 CFR 1910.1030)

This is the most frequently requested and referenced OSHA standard affecting medical and dental offices. Some basic requirements of the OSHA Bloodborne Pathogens standard include:
A written exposure control plan, to be updated Annually – Pg. 2, 97, 208-209, 241, 241a, 246-266
Use of universal precautions – Pg. 8, 100, 125, 136, 145, 179, 208, 219-221, 231, 248, 256, 262, PPP_ 28-29
Consideration, implementation and use of safer engineered needles and sharps. – Pg. 145, 219, 241, 249, CDC: 9, 23
Use of engineering and work practice controls and appropriate personal protective equipment (gloves, face and eye protection, gowns). Pg. 8, 58, 92, 97, 114, 120, 124, 129, 131, 145, 171, 208, 215, 218-236, 241-241a, 247, 249, 253, 255- 259, 266-268, 273, 276 – 292, 301, 304, (CDC), PPP: 37-39, 53-54
Hepatitis B vaccine provided to employees at no cost. Pg. 2, 8, 97, 138-145, 149, 150, 156-160, 164, 177, 193, 200, 206, 207, 218, 222, 233-237, 262-269, CDC: 5, 20, 21, 38
Medical follow-up in the event of an "exposure incident" – Pg. 145, 149-161, 200-204, 207, 209, 218, 219, 231-236, 241, 262, 267
Use of labels or color-coding for items such as sharps disposal boxes and containers for regulated waste, contaminated laundry and certain specimens. – Pg. 6, 111,125,145, 208-109, 234-236, 265, 273
Employee training – See Year Organizer
Proper containment of all regulated waste. – Pg. 3, 10, 36, 37, 145,167,170,208,230,304

Hazard Communication Standard (29 CFR 1910.1200)

Pg. 2, 9 – 13, 29 – 96, 137, 145-147, 150,168, 184-192, 199-g, 204,208
The hazard communication standard is sometimes called the "employee right-to-know" standard. It requires employee access to hazard information. The basic requirements include:
A written hazard communication program.
A list of hazardous chemicals (such as alcohol, disinfectants, anesthetic agents, sterilants and mercury) used or stored in the office.
A copy of the Material Safety Data Sheet (MSDS) for each chemical (obtained from the manufacturer) used or stored in the office.
Employee training. – See Year Organizer

Ionizing Radiation Standard (29 CFR 1910.1096)

2, 10, 97, 127, 146, 208
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.
Restricted areas to limit employee exposures.
Employees working in restricted areas must wear personal radiation monitors such as film badges or pocket dosimeters.
Rooms and equipment may need to be labeled and equipped with caution signs. – See stickers provided by OSHA made Easy ™

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

Pg. 2, 5, 14, 17, 146, 208, 297, 302
These standards include the requirements for providing safe and accessible building exits in case of fire or other emergency. Pg 14
It is important to become familiar with the full text of these standards because they provide details about signage and other issues. OSHA consultation services can help, or your insurance company or local fire/police service may be able to assist you. The basic responsibilities include:
Exit routes sufficient for the number of employees in any occupied space.
A diagram of evacuation routes posted in a visible location.

Electrical Standards (Subpart S - Electrical 29 CFR 1910.301 to 1910.399)

Pg. 5, 10 – 12, 19, 146-147, 278-292, 309,
These standards address electrical safety requirements to safeguard employees. 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 OSHA standard, you should check with your insurance company or local fire department, or request an OSHA consultation for help.

OSHA Poster

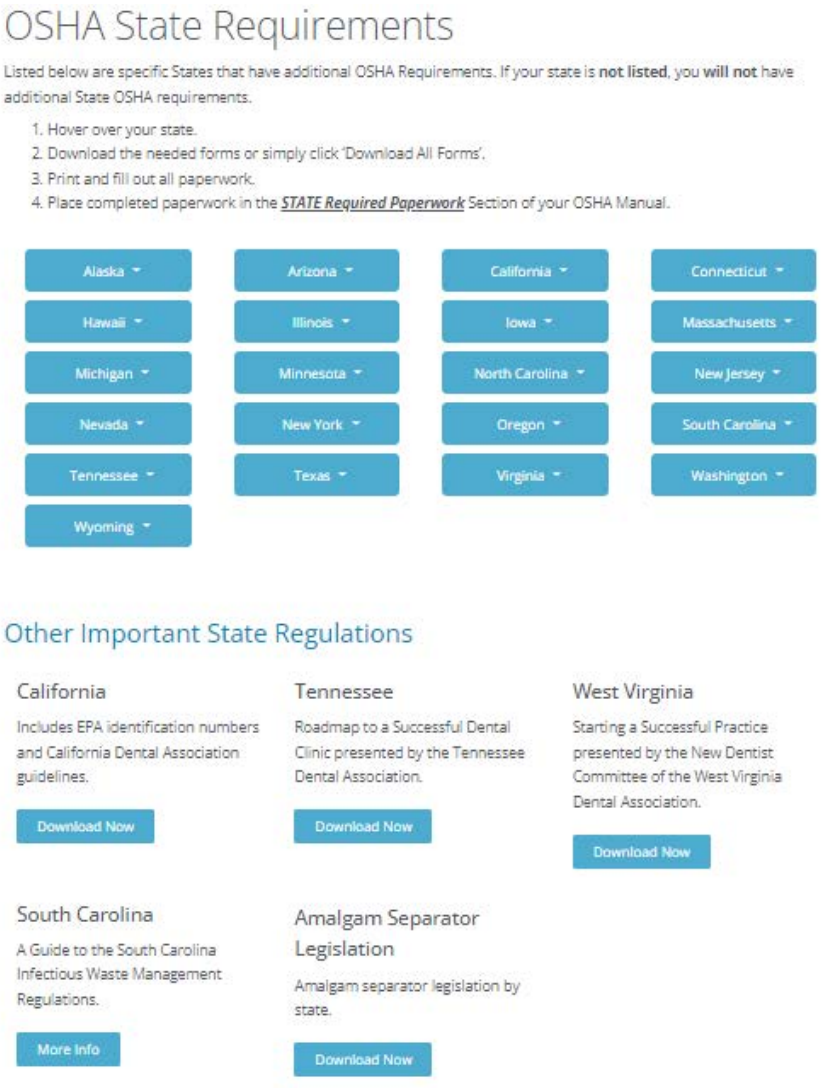
Every workplace must display the OSHA poster (OSHA Publication 3165), or the state plan equivalent. The poster explains worker rights to a safe workplace and how to file a complaint. The poster must be placed where employees will see it. You can download a copy or order one free copy from OSHA's website at www.osha.gov or by calling (800)321-OSHA.

Recording and Reporting Occupational Injuries and Illnesses (29 CFR 1904) pg 210-210

Medical and dental offices are currently exempt from maintaining an official log of reportable injuries and illnesses (OSHA Form 300-300A) under the federal OSHA recordkeeping rule, although they may be required to maintain such records in some state plan states. If you are in a state plan state, contact your state plan directly for more information. All employers, including medical and dental offices, must report any work-related fatality or the hospitalization of three or more employees in a single incident to the nearest OSHA office. Call (800) 321-OSHA or your state plan for assistance

8 STATE SPECIFIC REQUIRED FORMS

Review the States listed after each entry below. It you reside in the State listed, please fill in the appropriate forms and leave them in this reference section.



OSHA State Requirements

Listed below are specific States that have additional OSHA Requirements. If your state is **not listed**, you **will not** have additional State OSHA requirements.

1. Hover over your state.
2. Download the needed forms or simply click 'Download All Forms'.
3. Print and fill out all paperwork.
4. Place completed paperwork in the ***STATE Required Paperwork*** Section of your OSHA Manual.

Alaska | Arizona | California | Connecticut
Hawaii | Illinois | Iowa | Massachusetts
Michigan | Minnesota | North Carolina | New Jersey
Nevada | New York | Oregon | South Carolina
Tennessee | Texas | Virginia | Washington
Wyoming

Other Important State Regulations

California
Includes EPA identification numbers and California Dental Association guidelines.
Download Now

Tennessee
Roadmap to a Successful Dental Clinic presented by the Tennessee Dental Association.
Download Now

West Virginia
Starting a Successful Practice presented by the New Dentist Committee of the West Virginia Dental Association.
Download Now

South Carolina
A Guide to the South Carolina Infectious Waste Management Regulations.
More Info

Amalgam Separator Legislation
Amalgam separator legislation by state.
Download Now

Visit **https://www.healthfirst.com/mystateosha/** for more information on State Required OSHA & HIPAA Forms in our ***Compliance Forms Library***. For access, enter the password: **MYSTATEOSHA**

ANNUAL EVALUATION FORM FOR APPROPRIATE / EFFECTIVE SAFER ENGINEERING & WORK PRACTICE CONTROLS DEVICES

Our Exposure Control Plan is reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. 1910.1030(c)(1)(iv) Our Plan reflects changes in technology that eliminate or reduce exposure to bloodborne pathogens. 1910.1030(c)(1)(iv)(A) **At least annually, we evaluate and consider implementing appropriate commercially available, effective, safer medical devices designed to eliminate or minimize our occupational exposures. 1910.1030(c)(1)(iv)(B) Examples of Engineering Controls that we consider for evaluation include: Sharps disposal containers, self-sheathing needles, needleless systems, intravenous systems, retractable needles, new innovations and other sharps with engineered sharps injury protection (SESIPs)**

Our Employer, solicits input from non-managerial clinical employees, who can be potentially exposed to injuries from contaminated sharps. These clinical employees identify, evaluate, and select effective engineering and work practice controls. This form documents the annual review of such devices as part of our Exposure Control Plan. 1910.1030(c)(1)(v) Our Engineering controls are examined and maintained or replaced on a regular schedule to ensure their effectiveness. 1910.1030(d)(2)(ii)

Date	Name of Device Description of Device Control Evaluated	Manufacturer Supplier	Evaluator Names:	Evaluation Process (check all that apply)	(+) Advantages (-) Disadvantages	Conclusions	Implemented into Workplace
			Doctor Name: ____ Clinician Name: ____ Clinician Name: ____	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ____	(+) ____ (-) ____	☐ We will use ☐ We will not use	☐ Yes ☐ No
			Doctor Name: ____ Clinician Name: ____ Clinician Name: ____	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ____	(+) ____ (-) ____	☐ We will use ☐ We will not use	☐ Yes ■ No
			Doctor Name: ____ Clinician Name: ____ Clinician Name: ____	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ____	(+) ____ (-) ____	☐ We will use ☐ We will not use	☐ Yes ☐ No
			Doctor Name: ____ Clinician Name: ____ Clinician Name: ____	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ____	(+) ____ (-) ____	☐ We will use ☐ We will not use	☐ Yes ☐ No
			Doctor Name: ____ Clinician Name: ____ Clinician Name: ____	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ____	(+) ____ (-) ____	☐ We will use ☐ We will not use	☐ Yes ☐ No

OSHA defines an "appropriate safer" medical device as one whose use is based upon reasonable judgment & will not jeopardize the patient or employee safety or be medically contraindicated." OSHA defines an "effective" medical device as one that will make an exposure incident less likely to occur.

NEEDLE RE-CAPPING DEVICE EVALUATION FORM

Required in: NY NJ OR TN TX

At least annually, we evaluate and consider implementing appropriate commercially available, effective, safer needle re-capping devices designed to eliminate or minimize our occupational exposures. 1910.1030(c)(1)(iv)(B)

Our Employer, solicits input from non-managerial clinical employees, who can be potentially exposed to injuries from contaminated sharps. These clinical employees identify, evaluate, and select re-capping devices up for consideration of use. This form documents the annual review of such devices as part of our Exposure Control Plan. 1910.1030(c)(1)(v) Our Engineering controls are examined and maintained or replaced on a regular schedule to ensure their effectiveness. 1910.1030(d)(2)(ii)

Date	Name of Device Description of Device Control Evaluated	Manufacturer Supplier	Evaluator Names:	Evaluation Process (check all that apply)	(+) Advantages (-) Disadvantages	Conclusions	Implemented into Workplace
			Doctor Name: ________ Clinician Name: ________ Clinician Name: ________	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ________	(+) ________ (-) ________	☐ We will use ☐ We will not use	☐ Yes ☐ No
			Doctor Name: ________ Clinician Name: ________ Clinician Name: ________	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ________	(+) ________ (-) ________	☐ We will use ☐ We will not use	☐ Yes ☐ No
			Doctor Name: ________ Clinician Name: ________ Clinician Name: ________	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ________	(+) ________ (-) ________	☐ We will use ☐ We will not use	☐ Yes ☐ No
			Doctor Name: ________ Clinician Name: ________ Clinician Name: ________	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ________	(+) ________ (-) ________	☐ We will use ☐ We will not use	☐ Yes ☐ No
			Doctor Name: ________ Clinician Name: ________ Clinician Name: ________	☐ Meeting ☐ Questionnaire ☐ Product Inspection ☐ Pilot Study ☐ Literature Review ☐ Other: ________	(+) ________ (-) ________	☐ We will use ☐ We will not use	☐ Yes ☐ No

Injury & Illness Prevention Program

OSHA believes that the adoption of an ***Injury & Illness Prevention Program*** based on simple, sound, proven principles will help millions of US businesses improve compliance with existing laws, decrease the number of work related injuries, reduce costs and enhance overall business operations. Based on 2012 research, more than 4500 workers lose their lives and more than 4 million are seriously injured at work each year. ***15-States require I2P2 programs: Arkansas, California, Hawaii, Louisiana, Michigan, Minnesota, Mississippi, Montana, North Carolina, New Hampshire, Nevada, New York, Oregon, Utah and Washington.***

Many employers in the US have been slow to adopt such programs. ***Injury & Illness Prevention Programs*** need not be labor intensive, rather they need just be set in place and management and employees need to be aware and mindful to contribute to creating and keeping a safe workplace.

Fill in the following table to complete the Basic Elements of a State Required I2P2 Program:

Hazard Identification	Prevention Solution & Control	Workers Involvement	Management Endorsed	Date of Training/ Evaluation
Identify workplace hazards (list at least 5-10)	Write simple solutions to improve	List which workers will participate in compliance protocols	List date	List date
1. Flu Prevention	**Have patients use hand gel**	**All Team**		
2. Contain Sharps	**Have a sharps container at "point-of-use" in each treatment room**	**Clinical Team**		
3. Bloody Waste	**Have small red bag at "point-of-use" in each treatment room**	**Clinical Team**		
4. Suspected TB	**Have patient don mask. Do not treat patient; Ask them to go to Physician & bring back medical clearance.**	**All Team**		
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

NEW YORK STATE - DEPARTMENT OF LABOR
INJURY AND ILLNESS INCIDENT REPORT

FORM SH 900.2

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and PESH develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent.

Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to 12NYCRR Part 801, PESH recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____)_____**Date** _____/_____/_____

Employee Information:

1) Full name _____
2) Street _____
City _____ State _____ Zip _____
3) Date of birth _____/_____/_____ 4) Date hired _____/_____/_____
5)

☐ Male ☐ Female

Physician/Health Care Professional Information:

6) Name of physician or other health care professional
_____

7) If treatment was given away from the worksite, where was it given?
_____ _____

Facility _____
Street
City _____ State _____ Zip _____

8) Was employee treated in an emergency room?

☐ Yes ☐ No

9) Was employee hospitalized overnight?
☐ Yes ☐ No

Information about the case:

10) Case number from the *Log* _____
(Transfer the case number from the Log after you record the case.)

11) Date of injury or illness _____/_____/_____

12) Time employee began work _____ ☐ AM / ☐ PM

13) Time of event _____ ☐ AM / ☐ PM

☐ Check if time cannot be determined
Event occurred ☐ before ☐ during ☐ after work shift

14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer."

15) **What happened?** Tell us how the injury occurred. *Examples*: "When ladder slipped on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement."

16) **What was the injury or illness?** Tell us the part of the body that was affected; be more specific than "hurt", "pain", or "sore." *Examples*: "strained back", "chemical burn, hand."

17) **What object or substance directly harmed the employee:** *Examples*: "concrete floor", "radial arm saw", "chlorine."

18) **If the employee died, when did death occur?** Date of death _____/_____/_____

ILLNESS CASES ONLY ☐ Check this box if the employee independently and voluntarily requests that his or her name not be entered on the log. If checked, treat as a privacy concern case.

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY

Year 20 _____

LOG OF WORK-RELATED INJURIES AND ILLNESSES

Michigan Department of Labor and Economic Opportunity
Michigan Occupational Safety and Health Administration (MIOSHA)

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Form Approved OMB No. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (MIOSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local MIOSHA office for help. You may be fined for failure to comply.

ESTABLISHMENT NAME	
CITY	STATE

IDENTIFY THE PERSON			DESCRIBE THE CASE			CLASSIFY THE CASE											
						Using these four categories, check **ONLY** the one most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death	Days away from	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (month/day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)			Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
						☐	☐	☐	☐			☐	☐	☐	☐	☐	☐
						☐	☐	☐	☐			☐	☐	☐	☐	☐	☐
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						☐	☐	☐	☐			☐	☐	☐	☐	☐	☐
					Page totals	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
												Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
												(1)	(2)	(3)	(4)	(5)	(6)

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact:
Michigan Department of Labor and Economic Opportunity, MIOSHA, TSD,
530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143. (517) 284-7788
Do not send the completed forms to this office.

Hearing Standard Threshold Shifts must be recorded under Column 5

MIOSHA-300 (rev. 03/20) Effective 01/01/2004

Page ______ of ______

9 OUR OSHA PROTOCOLS

OUR OSHA PROTOCOLS—AT-A GLANCE:

FOLLOWING THIS PAGE THERE WILL BE 6 CUSTOMIZABLE TABS TO FILL OUT

A. Bloodborne Pathogens

B. GHS Protocols

C. PPE Checklist

D. Emergency Action Plan

E. CDC Guidelines for Infection Control in the Dental Offices Setting

F. PPP with Respiratory Protection Plan

BLOODBORNE PATHOGENS Exposure Control Plan

Facility name: *[Type Office Name Here]* _____

Address: *[Type Office Address Here]* _____

Date of preparation: *[Type Date Here]* _____

The material in this plan will be reviewed at least annually by our team and updated regularly as needed by our **OSHA Team Leader:** *[Type OSHA Team Leader's Name Here]* _____

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed by our management. This information is designed to make understanding & accessing the OSHA Safety laws easy for our employees.

HealthFirst Compliance Solutions
941.587.2864 | HealthFirst.com

A. Purpose

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood and/or certain other body fluids; and
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and its Appendix A.

B. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). The exposure determination must list all job classifications in which *all* employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

TYPE OF HAZARD: **C** = CHEMICAL EXPOSURE **B** = BLOODBORNE PATHOGENS
P = PHYSICAL HAZARDS **M** = MACHINERY/EQUIPMENT
A = AEROSOL INFECTIOUS EXPOSURE

In addition, OSHA requires a listing of job classifications in which *some* employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or OPIM, tasks or procedures that would cause these employees to have occupational exposure must also be listed in order to understand clearly which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows *(or place in appendix):*

JOB CLASSIFICATION	TASK/ PROCEDURE	
Dentist	Examine new and emergency patients Sterilize dental instruments Take and develop radiographs Inject anesthetic Oral Surgery Endodontic and Periodontic procedures Crown & Bridge, restorative procedures Take impressions: Traditional & Digital Operate Lasers	Lubricate hand pieces Maintain evacuation system, including trap Pumice and polish cases Handle patient charts / writing Operate autoclave Operate ultrasonic machine Operate Lathe / Model Trimmer Use cold sterilization solution/Glutaraldehydes Aerosol Procedures
Office Manager	Establish and maintain customer service Implement written administrative policies and procedures Perform telemarketing Coordinate all personnel work schedules, timesheets and vacation schedules	Coordinate front and back office activities Maintain reception area and front bathroom Operate office equipment Clean operatories as needed Handle patient charts and writing instruments Use cold sterilization solution/Glutaraldehydes
Hygienist	Examine and chart patients Sterilize dental instruments Take and develop radiographs Apply topical anesthetic Rootplane and scaling Periodontic procedures Prophylaxis procedures Administer local Anesthetic Take alginate impressions	Lubricate hand pieces Maintain evacuation system, including trap Pumice and polish cases Handle patient charts/ writing Operate autoclave Operate ultrasonic machine Operate Lathe Use cold sterilization solution/Glutaraldehydes Aerosol Procedures
Dental Assistant	Examine new patients and emergency patients Sterilize dental instruments Take and develop radiographs Set up anesthetic Assist with Oral Surgery Assist w/ Endodontic and Periodontic procedures Assist w/ Crown & Bridge, restorative procedures Take alginate and assist w/ other impressions including digital	Lubricate hand pieces Maintain evacuation system, including trap Pumice and polish cases Handle patient charts / writing Operate autoclave Operate ultrasonic machine Operate Lathe Use cold sterilization solution/Glutaraldehydes Clean operatories, sublab and sterilization room Aerosol Procedures

C. Implementation Schedule and Methodology

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

1. Compliance methods

Universal precautions will be observed at this facility in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious, regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized: *(List controls, such as sharps containers, biosafety cabinets, non-glass capillary tubes, safety lancets or syringes, needleless systems, dust pan and broom for picking up broken sharps, etc.)*

ENGINEERING CONTROLS	FOR SITUATION:
Attention Employee: *Always wear proper PPE when working whit Engineering Controls.*	
Sharps Containers	Soiled sharps to include: Needles, Scalpels, Matrix Bands, Wooden Wedges, Toffler Bands, Old Instruments,
Pharmaceutical Waste Containers	For Anesthetic Carpules with residual Anesthetic
BMW Red Bags	Soft waste saturated with blood o saliva to include, gauze, cotton roll, cotton pellet, paper point.
Needle Safety Recapping	To recap all of our needles when in use we use recapping device
Lathe & Model Trimmer with Splash Guard	To protect from splatter and flying debris
Fire Extinguisher	To protect from fires
Flammable Products Storage	Are Stored far from Bunsen burner or flame
Spill Kit	To clean up bloods or chemical Spills
Broom & Dust pan	To clean up broken glass or non-contaminated sharps for safe disposal

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: *(List schedule, such as daily, weekly, etc., and who has the responsibility for reviewing the individual controls, such as department supervisor, nursing director, etc.)*

Safety Control	Location	Condition	Date
Re-Capping Device	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Splash Guard on Lathe	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Splash Guard on Model Trimmer	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Sharps Container	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Large Red Bag Box / Frame	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Storage of Flammables	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Spill Kit Inspection	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Small red bags	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Rx Waste Containers	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
Amalgam Waste Container	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	
	❑ Treatment Room ❑ Lab ❑ Sterilization	❑ Need New / Replaced ❑ In Good Condition ❑ Not Applicable	

THE GOAL OF THIS EVALUATION IS TO MINIMIZE EMPLOYEE EXPOSURE TO BLOOD & SALIVA

EQUIPMENT & TREATMENT ROOM MAINTENANCE LOG

*(See **Section 6** for these logs)*

The management at this office has determined that the following maintenance procedures and written logs will be implemented in our office equipment schedule as indicated below:

_____

_____

_____

_____

_____

_____

EQUIPMENT & TREATMENT ROOM MAINTENANCE LOG

Keeping a Log or List of how and when you maintain your equipment is an OSHA requirement.
Use this log or one of your own to record your equipment maintenance.

MAINTENANCE TASK	TREATMENT ROOM	DATE CHANGED	INITIALS OF EMPLOYEE
DAILY TASKS			
WEEKLY TASKS			
MONTHLY TASKS			
QUARTERLY TASKS			
YEARLY TASKS			

DAILY TASKS

MAINTENANCE TASK	TREATMENT ROOM	DATE CHANGED	INITIALS OF EMPLOYEE
Run Enzyme Cleaner			
Heat Sterilize Hand pieces			
Heat Sterilize Instruments			
Heat Sterilize Multi-Use Burs			
Remove Trash form Trx Room			
Remove BMW Red Bag From Trx Room			
Maintain Dental Chair Water Bottle with Tabs			

WEEKLY TASKS

MAINTENANCE TASK	TREATMENT ROOM	DATE CHANGED	INITIALS OF EMPLOYEE
Hand piece Check-Ups			
Dental Chair intensive Cleaning			
Trx Room Floor & Wall Intensive Cleaning			
Spore Testing			

MONTHLY TASKS

MAINTENANCE TASK	TREATMENT ROOM	DATE CHANGED	INITIALS OF EMPLOYEE
Change Chair Traps			
Plaster Trap			
Check Compressor			
Plastic Overhead Light Covers			
BMW Waste Receipts			
Update new SDS			
Clean Sterilizers			

The process for evaluating existing controls and potential changes in engineering controls and work practices involves consultation with non-management direct-care employees as follows: *(Describe the process, the products/devices and/or work practices evaluated, and how employees are involved in evaluation and selection.)*

During regularly scheduled quarterly staff meetings *[Fill-in Office Name Here]*_____ & our OSHA Key contact will present new product or device considerations. If we chose to implement, all package inserts and directives are reviewed with our team prior to implementation. All employees are given the opportunity to ask questions about the product or device. All required PPE is reviewed with the team as well.

We base our selection criteria on current scientific evidence within our profession. All pros and cons are considered and through a team vote we decide on implementation.

When OSHA requirements change, we are notified by our OSHA Coaching service and study the references provided about the se updates. We are also allowed to ask questions for clarification prior to our employees being expected to abide by the changes.

Hand washing facilities shall be made available to employees who incur exposure to blood or OPIM. These facilities must be readily accessible after incurring exposure. *(If handwashing facilities are not feasible, the employer must provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible handwashing facilities should list the location, tasks, and responsibilities to ensure maintenance of these alternatives.)*

ADA approved current soaps and sanitizing gels are available to all employees. Employees need to wash hands prior to seeing patients, during patient care if visibly soiled, after patient care and before beginning new patient rotation. Hand sanitizing gel is only to be used after non-visibly soiled events.

[Fill-in OSHA Team Leader's Name Here] _____ _____ shall ensure that after the removal of personal protective gloves, employees wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

[Fill-in OSHA Team Leader's Name Here] _____ _____ shall ensure that if employees incur exposure to their skin or mucous membranes, those areas shall be flushed with water as soon as feasible following contact.

2. Needles

Contaminated needles or other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this prohibition if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible, and the action is required by the medical procedure. If such action is required, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility, recapping or removal is permitted only for the following procedures: *(List the procedures, and specify either the mechanical device to be used or that a one-handed technique will be used.)*

At ***[Fill-in Office Name Here]*** _____, all employees who handle needles will wear all PPE to include gloves, protective eyewear and mask (lab coat). We employee the one-handed scoop technique (scooping away from the bodily direction) to recap all needles. When giving injections, Doctor does not re-pass syringes dental assistants. He will recap needles to avoid additional handling and risk of needle stick injury. We also have implemented the use of self-sheathing safety needles to reduce risk of injury. Hygienists will use maximum strength numbing agents when possible to reduce need for anesthetic administration.

3. Work Area Restrictions

In work areas where there is reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where there is blood or OPIM. Mouth pipetting/suctioning of blood or OPIM is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM. At this facility, the following methods will be employed to accomplish this goal: *(List methods, such as covers on centrifuges, use of dental dams if appropriate, etc.)*

At *[Fill-in Office Name Here]* _____, all employees will refer to our Infection Control Plan and employee proper housekeeping, clean-up and infection control practices. During all times, employees who work in the trx rooms will wear all PPE. To minimize BMW & aerosols we will employ the following methods:

Infection Controls Attention Employee: Always wear proper PPE when working whit Engineering Controls. SEE OSHA MANUAL – INFECTION CONTROL PKT	For Situation:
Wipe-Method for Disinfection. Disinfectant Sprays will be left in contact for proper amount of time per manufacturer's instructions.	To clean and prepare rooms for next new patient
Disposable Barriers will be used fresh for each patient and replaced during patient care if visibly soiled	Headrest covers, light switch & x-ray button adhesive covers.
XCP for Radiograph Exposures	XCP are placed in ultrasonic, dried, pouched and placed through statum
Patient Care Disposable items	Tray covers, patient bibs, disposable ups & saliva ejectors
BMW Disposal	Use of BMW Red Bags, Sharps & Rx Waste Container made available in each room for Point-f-Use disposal

4. Specimens

Specimens of blood or OPIM will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with requirements of the OSHA standard.

At *[Fill-in Office Name Here]* _____ ,

all employees will utilize Red Sharps containers for the disposal of extracted teeth, bone or tissue. Biopsy's are processed according to manufacture / ab instructions and utilizing Universal Precautions. Use or all PPE are worn during such procedures.

Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant.

If outside contamination of the primary container occurs, the primary container will be placed within a secondary container that prevents leakage during handling, processing, storage, transport, or shipping of the specimen.

5. Contaminated Equipment

[Fill-in OSHA Team Leader's Name Here] _____ _____ is responsible for ensuring that equipment which has become contaminated with blood or OPIM shall be examined prior to servicing or shipping, and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

6. Personal Protective Equipment (PPE)

PPE Provision

[Fill-in OSHA Team Leader's Name Here] _____ _____ is responsible for ensuring that the following provisions are met. All PPE used at this facility will be provided without cost to the employee. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time while the protective equipment will be used.

Personal Protective Equipment (PPE)

When working in clinical, sterilization or lab areas, the employee at this office must use appropriate Personal Protective Equipment (PPE) to include, but not limited to: gloves, gowns or laboratory coats, face shields / eye protection with side shields, masks or Respirator as appropriate to current law, full coverage shoes & ear protection. As is surgically necessary in this office, employees will also wear fluid-proof aprons, head covers, and foot covers if extensive exposure to blood / saliva is anticipated.

PPE is made available to all employees our office at no cost to the employee; in appropriate sizes; in adequate supply to replenish as needed, hypo-allergenic when necessary and to current OSHA protective standards, CDC Guidelines and industry professional-grade standards. Employees should adhere to the following guidelines when using or wearing PPE:

Masks / Respirators

Mask should be worn in non-aerosol procedures with color facing out and pleats facing down; Level 2, 3 or better protection masks will be supplied to non-clinical employees and employees performing non-aerosol procedures. Change masks every 20-40 minutes for proper filtration and infection control protection.

During aerosol procedures, follow current CDC & OSHA guidelines for wearing respirators. It is always considered "best practices" to wear respirators in bio-aerosol environments. Check your State & the current Federal Regulations for clarification.

Gloves

Gloves should be worn when the employee has the potential for the hands to have direct skin contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling items or surfaces soiled with blood or other potentially infectious materials and when in treatment rooms or sterilization areas. Surgical gloves will be worn for all surgical procedures. Disposable (single use) gloves, such as surgical or examination gloves, should be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. They should not be washed or disinfected for reuse. New gloves should be donned for each patient and, as many times as necessary when breaking chain of asepsis during patient treatment.

De-gloving should be involve grasping the lip of one glove (with one finger), pushing that glove downward, while folding gloves, inside-out to keep the soiled glove surfaces wrapped inside of both gloves as one unit. This will minimize exposure to infectious contaminants.

Hypo-allergenic gloves will be provided for hypersensitive employees. Signs and symptoms of latex sensitivities will be made known and evaluated with employees. ***Nails*** will be kept at a short appropriate length to prevent glove tears and ensure cleanliness. ***Jewelry wearing*** is prohibited during surgical procedures.

Utility gloves must be made available to employees that handle critical and semi critical items. Each employee may have their own pair of utility gloves and can personalize them with a laundry marker. Utility gloves must be worn when handling or transporting soiled instruments, critical and semi-critical instruments to sterilization areas and when processing instruments. Wearing utility gloves during these times will greatly reduce the risk of injury. Utility gloves may be disinfected for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration.

Eye Protection and Face Shields

Industry standard safety eye protection with side-shields (or chin-length face shields) will be worn whenever splashes, spray, spatter, droplets, or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose, or mouth contamination. Employees may choose to personalize their eyewear with a laundry marker and their name. Protective eye wear should be disinfected after each use.

- All employees have access to protective eyewear with side protectors
- In this office we also offer our patients protective eyewear; these will be properly disinfected after each use.
- This office has a working eyewash station with signage

Hair will be pulled back and appropriately secured so as not to interfere with work duties or keeping the chain of asepsis. If hair is noticeably interfering with a clinician's job performance, this will be addressed immediately and must be corrected and maintained throughout clinical practice.

Gowns & Uniforms

Appropriate protective clothing (industry standard medical uniforms, lab coats / disposable gowns) will be worn when the employee has potential for occupational exposure to blood, saliva or infection. The type and characteristics will depend upon the task and degree of exposure anticipated. However, the clothing selected for our employees will comply with current CDC and Industry Standard, form an effective barrier and provide full coverage, to be changed after aerosol procedures as required by current State / Federal regulations. Gowns, lab coats, aprons, or similar clothing to be changed after aerosol procedures as required by current State / Federal regulations. The management at this office will supply uniforms and gowns in the following fashion:

Employee Uniforms

- Uniform allowance will be given to each employee annually
- The management at our office will purchase appropriate uniforms for all employees as needed.

Gowns / Lab Coats

- Disposable Lab Coats will be supplied for all employees
- Uniform Industry-Standard, Fluid Resistant Lab Coats will be supplied to all employees
- Lab coat to be changed after aerosol procedures as required by current State / Federal regulations.

Laundry Practices

This office will process all contaminated uniforms / lab coats in the following manner:

- We launder on-site.
- We send out soiled laundry to an official BMW processing dry cleaners.
- We have disposable lab coats available for all of our employees to use.

The location of our personal protective equipment in our office is kept as follows:

PERSONAL PROTECTIVE EQUIPMENT	LOCATION of PPE
Gloves—Non-Sterile Type	Treatment Room Storage
Gloves—Sterile Type (for surgeries)	Treatment Room Storage
Gloves: Utility Type	At Sterilization Sink Area
Gloves: (for lab use)	Available in Lab Available in each Op.
Masks	Treatment Room & Storage
Protective Eyewear	Treatment Room
Protective Lab Coat / Gown	Closet
Respirators	Treatment Room & Storage

7. Housekeeping

This facility will be cleaned and decontaminated according to the following schedule:

Area	Schedule	Cleaner
Treatment Room & Lab	Each Patient & End of Day to include all clinical surfaces, walls & floors. Lathe has autoclavable wheels. Fresh pumice is used for each appliance. Suction Enzyme Cleaner is used daily according to manufacturer directions	Optium 33TB Wipe Cleans-Syme
Statim	Weekly	**Statim** cleaner per manufacturer
Floors	Daily	Industrial Floor Cleaner & Bleach Solution if areoles were created in room

Decontamination will be accomplished by using the following materials: *(List the materials which will be utilized, such as bleach solutions or EPA*

registered germicides. Make sure a tuberculocidal disinfectant is used.)

At [Fill-in Office Name Here] **_____, all employees will decontaminate clinical areas by the use of:**

- Wearing all PPE Properly for cleanup: Gloves, Mask, Respirators, Eye wear, Lab Coat, Puncture Proof Gloves for sharps clean up
- Use of BMW Red bags, sharps and or Rx Waste Containers
- Use of Medical Grade EPA Approved disinfectant wipes that are tuberculocidal Blood spills: Clean up with 1:100 Sodium Hypochlorite Solutions for 20 minutes all clean up towels will be placed into a sealed BMW Red Bag
- Chemical Spills will be cleaned up using our Spill kit—per manufactures directions, wearing all PPE and clean up towels will be placed into a sealed Chemical Bag
- Any broken glassware that may be contaminated will not be picked up directly with the hands. PPE will be worn and disposal of such glass will go into Sharps container.

All contaminated work surfaces will be decontaminated after completion of procedures, and immediately or as soon as feasible after any spill of blood or OPIM, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. *(Add in any information on protective coverings, such as plastic wrap, which the employer may be using to assist in keeping surfaces free of contamination.)*

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated ***Daily*** by **the employee designated on our Clinical Maintenance Schedule.** Management inspections will be performed at least ***weekly*** be ***[Fill-in OSHA Team Leader's Name Here]*** _____ _____.

8. Regulated Waste

At [Fill-in Office Name Here] **_____, all employees will be expected to handle regulated waste I the following manner;**

Disposable Sharps: Disposable sharps shall be discarded immediately (or as soon as feasible), at the point-of-use, in containers that are safe-lock closure- type, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. This applies to *all* contaminated sharps, regardless of whether they are designed with sharps injury prevention features. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where

sharps are used or can reasonably be anticipated to be found (e.g., laundries). The containers shall be kept upright throughout use and replaced routinely, and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

Other Regulated Waste: Other regulated waste shall be placed in containers that are closeable and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The waste container must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: *[Fill-in anything of other importance Here]*

_____

_____

_____

Our OSHA Compliance Officer will be responsible for the proper handling, segregation, separation, storage, pick-up / shipping & tracking of our Regulated Waste. Also, they will provide proper education to our employees.

9. Laundry Procedures

Laundry contaminated with blood or OPIM will be handled as little as possible. Such laundry shall be placed in appropriately marked bags (biohazard labeled or color-coded red) at the location where it was used. The laundry shall not be sorted or rinsed in the area of use.

NOTE: If your facility uses Body Substance Isolation (BSI) in the handling of all soiled laundry (all laundry is assumed to be contaminated), no labeling or color-coding is necessary if all employees recognize the hazards associated with handling this material.

Laundry from this facility will be cleaned at ***[Fill-in where Lab Coat Laundry is processed Here]*** _____

_____

NOTE: If your facility ships contaminated laundry offsite to a facility that does not utilize Universal Precautions in the handling of all laundry, the contaminated laundry must be placed in bags or containers that are labeled or color-coded. One possible solution is to include a requirement in the contract laundry's "scope of work" that the laundry will utilize the equivalent of Universal Precautions.

10. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up

General: *[Fill-in Office Name Here]* _____ shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure follow-up to employees who have had an exposure incident.

[Fill-in OSHA Team Leader's Name Here] _____ _____ shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure follow-up including prophylaxis are:

a. ***Made available at no cost to the employee;***
b. ***Made available at a reasonable time and place;***
c. ***Performed by, or under the supervision of, a licensed physician or other licensed healthcare professional; and***
d. ***Provided according to the recommendations of the US Public Health Service.***

Hepatitis B Vaccination: *[Fill-in OSHA Team Leader's Name Here]* _____ _____ is in charge of the Hepatitis B vaccination program. **We request that each employee see their family physician or go to local pharmacy for the Hep B vaccinations. Receipts for reimbursement should then be submitted to Adult and Pediatric Dental Care for full reimbursement.**

Hepatitis B (HB) vaccination will be made available after the employee has received the training in occupational exposure (see "Information and Training" section), and within 10 working days of initial assignment to all employees who have occupational exposure unless: the employee has previously received the complete HB vaccination series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated for medical reasons.

All Employees at *[office facility name]* _____ _____ **will provide a Physician's Note if in Michigan: Confirming that they have had their HEP B Vaccinations explaining why they are declining the vaccine.**

Participation in a pre-screening program shall not be a prerequisite for receiving HB vaccination.

For employees who complete the HB vaccination series, antibody testing will be made available at no cost to the employee, one to two months after completion of the series, as recommended by the US Public Health Service.

Employees who decline the HB vaccination shall sign the OSHA-required declination form indicating their refusal. Any employee who initially declines HB vaccination, but later decides to accept vaccination while still covered by the standard, shall be provided the vaccination series as described above.

If, at a future date, the US Public Health Service recommends a routine booster dose of HB vaccine, such booster doses shall be made available.

Post-Exposure Evaluation and Follow-up: All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported ***[Fill-in OSHA Team Leader's Name Here]*** _____. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

a. ***Documentation of the route of exposure, and the circumstances under which the exposure incident occurred. If the incident involves percutaneous injury from a contaminated sharp, appropriate information should be entered in the sharps injury log.*** **(We will enter on the OSHA 300 form).**

b. ***Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law;*** **We will ask source patients to test when known.**

c. ***The source individual's blood shall be tested as soon as feasible, and after consent is obtained, in order to determine HBV and HIV infectivity. When the source individual's consent is not required by law, the blood (if available) shall be tested and the results documented.***

d. ***When the source individual is already known to be infected with HBV or HIV, testing for the source individual's HBV/HIV status need not be repeated.***

e. ***Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.***

Collection and testing of blood for HBV and HIV serological status will comply with the following:

a. ***The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;***

b. ***The employee will be offered the option of having her/his blood collected for testing of the employee's HIV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV status.***

Any employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post-exposure follow-up will be provided by **CHC**. *(Insert name of clinic, physician, or department)*

Information Provided to the Healthcare Professional *[Fill-in OSHA Team Leader's Name Here]* _____ _____shall ensure that the healthcare professional (HCP) responsible for the employee's Hepatitis B vaccination is provided with a copy of the OSHA Bloodborne Pathogens standard (29 CFR 1910.1030).

[Fill-in OSHA Team Leader's Name Here] _____ _____ shall ensure that the HCP who evaluates an employee following an exposure incident is provided with the following:

a. ***A copy of the OSHA Bloodborne Pathogens standard;*** **(The standard outlines confidentiality requirements, but the employer should ensure that the HCP is aware of these requirements.)**

b. ***A description of the exposed employee's duties as they relate to the exposure incident;***

c. ***Documentation of the route(s) of exposure and circumstances under which exposure occurred;***

d. ***Results of the source individual's blood testing, if available; and***

e. ***All medical records relevant to the appropriate treatment of the employee, including vaccination status.***

Health Care Professional's Written Opinion *[Fill-in OSHA Team Leader's Name Here]* _____ shall obtain and provide the employee with a copy of the evaluating HCP's written opinion within 15 days of completion of the evaluation. For HBV vaccination, the HCP's written opinion shall be limited to whether vaccination is indicated for an employee, and if the employee has received such vaccination.

For post-exposure follow-up, the HCP's written opinion shall be limited to the following:

a. ***A statement that the employee has been informed of the results of the evaluation; and***

b. ***A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which may require further evaluation or treatment.***

NOTE: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

11. Labels and Signs

[Fill-in OSHA Team Leader's Name Here] _____ _____ will ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM. The universal biohazard symbol shall be used. Labels shall be fluorescent orange or orange-red, and shall be affixed as close as feasible to the container by string, wire, adhesive, or other method which prevents loss or unintentional removal. Red bags or containers may be substituted for labels.

Labels for contaminated equipment shall comply with the previous paragraph, and shall state which portions of the equipment are contaminated.

The following are exempted from the labeling requirement:

a. ***Containers of blood products that have been released for transfusion or other clinical use;***

b. ***Containers of blood or OPIM that are placed in a labeled container for storage, transport, shipment or disposal; and***

c. ***Regulated waste that has been decontaminated.***

12. Information and Training

[Fill-in OSHA Team Leader's Name Here] _____ _____ shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that training is repeated within 12 months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. Training will be interactive, and will cover the following:

a. *A copy of the standard and an explanation of its contents;*

b. *A discussion of the epidemiology and symptoms of Bloodborne diseases;*

c. *An explanation of the modes of transmission of Bloodborne pathogens;*

d. *An explanation of the organization's Bloodborne pathogens Exposure Control Plan (this program), and the method for obtaining a copy;*

e. *The recognition of tasks that may involve exposure;*

f. *An explanation of the use and limitations of methods to reduce exposure, such as engineering controls, work practices, and personal protective equipment (PPE);*

g. *Information on the types, use, location, removal, handling, decontamination, and disposal of PPE;*

h. *An explanation of the basis of selection of PPE;*

i. *Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;*

j. *Information on the appropriate actions to take and persons to contact in case of an emergency involving blood or OPIM;*

k. *An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;*

l. *Information on the evaluation and follow-up required after an employee exposure incident, particularly incidents which involve needlesticks or contaminated sharps; and*

m. *An explanation of the signs, labels, and color-coding system used to identify biohazards, regulated waste, and other potential BBP hazards.*

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on Bloodborne pathogens in the 12 months preceding the effective date of this policy shall receive training only in provisions of the policy that were not covered in their previous training. Additional training shall be provided to employees when there are changes in tasks or procedures that affect occupational exposure.

13. Recordkeeping

Medical Records: *[Fill-in OSHA Team Leader's Name Here]* _____ _____ is responsible for maintaining medical records as indicated below. These records will be kept under lock-and-key, in Employee's File located in_____ *(specify location). (NOTE: If you contract for post-exposure follow-up and Hepatitis B vaccination evaluation, make sure the contract language includes provisions for recordkeeping that are consistent with the requirements of 29 CFR 1910.1020.)*

Medical records shall be maintained in accordance with OSHA standard 29 CFR1910.1020. These records shall be kept confidential and must be maintained for the duration of employment plus 30 years. The records shall include the following:

a. ***The employee's name and social security number;***
b. ***A copy of the employee's HBV vaccination status, including the dates of vaccination OR a signed declination form;***
c. ***A copy of all results of examinations, medical testing (including post-vaccination antibody testing), and follow-up procedures; and***
d. ***A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure, and circumstances of the exposure.***

14. Training Records

[Fill-in OSHA Team Leader's Name Here] _____ _____ is responsible for maintaining BBP training records. These records will **front desk** *(specify location).*

Training records shall be maintained for 3 years from the date of training, and shall document the following information:

a. ***The dates of the training sessions;***
b. ***An outline describing the material presented;***
c. ***The names and qualifications of persons conducting the training; and***
d. ***The names and job titles of all persons attending the training sessions.***

15. Sharps Injury Log

For cases that involve percutaneous injury from contaminated sharps, ***[Fill-in OSHA Team Leader's Name Here]*** _____ _____ is responsible for maintaining a sharps

injury log. Information shall be entered on the log so as to protect the confidentiality of the injured employee. At a minimum, log entries shall document the following:

a. *The type and brand of device involved in the incident;*

b. *The department or work area where the incident occurred; and*

c. *An explanation of how the incident occurred.*

The sharp injury log is required in addition to the OSHA 300 log.
Availability: All employee records shall be made available to the employee in accordance with 29 CFR 1910.1020.

All employee records shall be made available to the Assistant Secretary of Labor for Occupational Safety and Health (OSHA) and the director of the National Institute for Occupational Safety and Health (NIOSH), or their representatives, upon request.

Transfer of Records: If this facility is closed and/or there is no successor employer to receive and retain the records for the prescribed period, the Director of NIOSH shall be contacted for final disposition.

16. Evaluation and Review

[Fill-in OSHA Team Leader's Name Here] _____ is responsible for annually reviewing this program and its effectiveness, and for updating this program as needed. This review shall include and document:

a. *Consideration and implementation, where feasible, of commercially available safer medical devices designed to eliminate or minimize occupational exposure; and*

b. *Input from non-management direct care staff who are potentially exposed to injury from contaminated sharps on identification, evaluation and selection of engineering and work practice controls.*

17. Outside Contractors

Outside contractors to include temporary employees will abide by our OSHA standards by watch training video and signing of on safety protocols. A Q & A session for full understanding will be provided prior to working on our clinical floor.

Hepatitis B Vaccine 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 (HBV) 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, 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 vaccine series at no charge to me.

_____

Employee's name (print)

_____

Employee's signature

_____

ECP Administrator signature

_____

Date

Sharps Injury Log

SEE OSHA POSTER WALL FOR CURRENT OSHA & 300 – 300a OSHA INJURY LOGS

MICHIGAN & NY HAVE STATE SPECIFIC INJURY LOGS TO POST

Establishment/Facility Name: _____ Year 2 _____

Date / Time	Report No.	Type of Device (syringe, needle, etc.)	Brand Name of Device	Work Area where injury occurred (Lab, etc.)	Brief description of how injury occurred and what part of body was injured
Example: 06/25/21 13:05	001-05	Syringe	Injecto Ease	Sterile Lab	Employee cleaning up broken glass containing blood. A piece of glass stuck in Right Thumb of Employee.

Retain until: ___/___/___ (which is five years after the end of the current calendar year).

You are required to maintain this Sharps Log if the requirement to maintain an OSHA 300 log form applies to your company. See 29 CFR 1904 for details. The purpose of this Sharps Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention and/or review. This Sharps Log must be kept in a manner which preserves the confidentiality of the affected employee(s).

Re: 29 CFR 1910.1030(h)(5).

CUSTOMIZED PROGRAM

GHS CUSTOMIZED COMMUNICATION PLAN

GHS written hazard communication plan

Facility name: _____

Address: _____

Phone:_____

Date of preparation: _____

The material in this plan will be reviewed at least annually by our team and updated regularly as needed by our OSHA Team Leader: _____

In accordance with the OSHA GHS Standards, these are the protocols and employee information that will allow us to perform our work duties to the OSHA GHS Standard of care.

The management of_____is committed to preventing accidents and ensuring the safety and health of our employees. We will comply with all applicable federal and state health and safety rules and provide a safe, healthful environment for all our employees. This written hazard communication plan is available at the following location for review by all employees: _____

Identifying hazardous chemicals

A list is attached to this plan that identifies all hazardous chemicals with a potential for employee exposure at this workplace. SEE FRONT OF SDS MANUAL. Detailed information about the physical, health, and other hazards of each chemical is included in a safety data sheet (SDS) and the product identifier for each chemical on the list matches and can be easily cross-referenced with the product identifier on its label and on its safety data sheet.

HealthFirst COMPLIANCE SOLUTIONS

GHS sample written hazard communication plan

The management of _____ *[Location name]* is committed to preventing accidents and ensuring the safety and health of our employees. We will comply with all applicable federal and state health and safety rules and provide a safe, healthful environment for all our employees. This written hazard communication plan is available at the following location for review by all employees: _____ _____.

Identifying hazardous chemicals

A list is attached to this plan that identifies all hazardous chemicals with a potential for employee exposure at this workplace. *[Attach list]*. Detailed information about the physical, health, and other hazards of each chemical is included in a safety data sheet (SDS) and the product identifier for each chemical on the list matches and can be easily cross-referenced with the product identifier on its label and on its safety data sheet.

Identifying containers of hazardous chemicals

All hazardous chemical containers used at this workplace will be marked with one of the following:

- The original manufacturer's label that includes a product identifier, an appropriate signal word, hazard statements, pictograms, precautionary statements, and the name, address, and telephone number of the chemical manufacturer, importer, or other responsible party
- Another label with the appropriate label elements just described
- Workplace labeling that includes the product identifier and words, pictures, symbols, or a combination that provides at least general information regarding the hazards of the chemicals

_____ *[Name of person or job title contact info]* will ensure that all containers are appropriately labeled. No container will be released for use until this information is verified. Workplace labels must be legible and in English. Information in other languages is available at: *[Identify the location if they are stored in a paper file. Describe how to access this information.]* _____

_____

_____

_____

_____

_____

Keeping safety data sheets (previously known as material safety data sheets)

Safety data sheets are readily available to all employees during their work shifts. Employees can review safety data sheets for all hazardous chemicals used at this workplace. *[Identify the file location if they are stored in a paper file. Describe how to access them if they are stored electronically].* _____

_____

_____

_____

The safety data sheets are updated and managed by _____ _____ *[name of person or job title responsible for managing the safety data sheets].* If a safety data sheet is not immediately available for a hazardous chemical, employees can obtain the required information by calling _____ *[name of person or job title responsible for providing information in an emergency and contact info].*

Training employees about chemical hazards

Before they start their jobs or are exposed to new hazardous chemicals, employees must attend a hazard communication training that covers the following topics:

- An overview of the requirements in OSHA's hazard communication rules
- Hazardous chemicals present in their workplace
- Any operations in their work area where hazardous chemicals are used
- The location of the written hazard communication plan and where it may be reviewed
- How to understand and use the information on labels and in safety data sheets
- Meaning of pictograms, signal words, precautionary statements, and SDS format
- Physical and health hazards of the chemicals in their work areas
- Methods used to detect the presence or release of hazardous chemicals in the work area
- Steps we have taken to prevent or reduce exposure to these chemicals
- How employees can protect themselves from exposure to these hazardous chemicals through use of engineering controls/work practices and personal protective equipment
- An explanation of any special labeling present in the workplace
- Emergency procedures to follow if an employee is exposed to these chemicals

_____ *[Name of person or job*

title responsible for managing the training program] is responsible to ensure that employees receive this training. After attending the training, employees will sign a form verifying that they understand the above topics and how the topics are related to our hazard communication plan.

Informing employees who do special tasks

Before employees perform special non-routine tasks that may expose them to hazardous chemicals, their supervisors will inform them about the chemical's hazards. Supervisors must inform employees how to control exposure and what to do in an emergency. The employer will evaluate the hazards of these tasks and provide appropriate controls including personal protective equipment and any additional training as required.

Examples of special tasks that may expose employees to hazardous chemicals include the following: *[include examples of special non-routine tasks at your facility i.e.: Lab work, emergency situations].* _____

_____

_____

_____

Informing employees about hazardous chemicals in pipes (when applicable)

Before working in areas where hazardous chemicals are transferred through unlabeled pipes or where pipes are insulated with asbestos-containing material, employees will contact _____ *[name of person or job title and contact info]* for the following information:

- Identity of chemicals in the pipes
- Physical or health hazards presented by the chemicals
- Safe work practices necessary to prevent exposure

Informing contractors and other employers about our hazardous chemicals

If employees of other employer(s) may be exposed to hazardous chemicals at our workplace *(for example, temporary employees working on-site)* It is the responsibility of *[name of person or job title]* to provide contractors and their employees with the following information:

- The identity of the chemicals, how to review our safety data sheets
- An explanation of the container and pipe labeling system
- Safe work practices to prevent exposure

_____*[Name of person or job title]* will also obtain a safety data sheet for any hazardous chemical a contractor brings into the workplace.

PICTOGRAMS USED IN THIS DENTAL OFFICE

Health Hazard

Carcinogen
Mutagenicity
Reproductive Toxicity
Respiratory Sensitizer
Target Organ Toxicity
Aspiration Toxicity

Flame over Circle

Oxidizers

Corrosion

Skin Corrosion
Burns
Eye Damage
Corrosive to Metals

Gas Cylinder

Gases Under Pressure

Flame

Flammables
Pyrophories
Self-Heating
Emits Flammable Gas
Self-Reactives
Organic Peroxides

Environment
(Non-Mandatory)

Aquatic Toxicity

Exclamation Mark

Irritant (skin & eye)
Skin Sensitizer
Acute Toxicity (harmful)
Narcotic Effects
Respiratory Tract Irritant
Hazardous to Ozone
Layer (Non-Mandatory)

Skull & Crossbones

Acute Toxicity
(Fatal or Toxic)

Exploding Bomb

Explosives
Self-Reactives
Organic Peroxides

CUSTOMIZED PROGRAM

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT CHECKLIST

This PPE checklist is provided to assist you the employee in understanding our ***Infection Control & Safety Guidelines*** at (name of practice) _____. We encourage you to ask questions, copy, or make suggestions so that we can expand upon the quality of our current ***Infection Control & Safety Guidelines***.

This document is provided as a compliance aid, but does not constitute a legal interpretation of OSHA Standards, nor does it replace the need to be familiar with, and follow, the actual OSHA Standards. Though this document is intended to be consistent with OSHA Standards, if an area is considered by the reader to be inconsistent, the current OSHA standard should be followed.

HealthFirst COMPLIANCE SOLUTIONS

PPE Hazard Assessment Certification Form

Name of work place: _____ [name of practice here]

Assessment conducted by: _____ [name of OSHA Officer here]

Work place address: _____ [office address]

Date of assessment: _____ [date]

Work area(s): Clinical

Job Area: Clinical Treatment Room, Lab, Sterilization Room.

Job Related Duties:

Clinical Dental Treatment Rooms

EYES — N/A ❑

Work activities, such as:
- ❑ abrasive blasting
- ❑ sanding
- ❑ chopping
- ❑ sawing
- ❑ cutting
- ❑ grinding
- ❑ drilling
- ❑ hammering
- ❑ welding
- ❑ chipping
- ❑ soldering
- ❑ torch brazing
- ❑ working outdoors
- ❑ computer work
- ❑ punch press operations
- ❑ other:

Work-related exposure to:
- ❑ airborne dust
- ❑ dirt
- ❑ UV
- ❑ flying particles/objects
- ❑ blood splashes
- ❑ hazardous liquids, chemicals or mists
- ❑ chemical splashes
- ❑ molten metal splashes
- ❑ glare/high intensity lights
- ❑ laser operations
- ❑ intense light
- ❑ hot sparks
- ❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
- ❑ Safety glasses
- ❑ Safety goggles
- ❑ Dust-tight goggles
- ❑ Shaded
- ❑ Impact goggles
- ❑ Prescription
- ❑ Welding helmet/shield
- ❑ Chemical goggles
- ❑ Chemical splash goggles
- ❑ Laser goggles
- ❑ Shading/Filter (#)
- ❑ Welding shield
- ❑ Other:

With:
- ❑ Side shields
- ❑ Face shield

FACE — N/A ❑

Work activities, such as:
- ❑ cleaning
- ❑ foundry work
- ❑ cooking
- ❑ welding
- ❑ siphoning
- ❑ mixing
- ❑ painting
- ❑ pouring molten
- ❑ dip tank operations
- ❑ pouring
- ❑ working outdoors
- ❑ other:

Work-related exposure to:
- ❑ hazardous liquid chemicals
- ❑ extreme heat
- ❑ extreme cold
- ❑ potential irritants:
- ❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
- ❑ Face shield
- ❑ Shading/Filter (#)
- ❑ Welding shield
- ❑ Surgical Mask
- ❑ NI OSH N-95
- ❑ FDA EUA Listed KN-95
- ❑ other: _____

HEAD:

N/A ❑

Work activities, such as:
- ❑ building maintenance
- ❑ confined space operations
- ❑ construction
- ❑ electrical wiring
- ❑ walking/working under catwalks
- ❑ walking/working on catwalks
- ❑ walking/working under conveyor belts
- ❑ working with/around conveyor belts
- ❑ walking/working under crane loads
- ❑ utility work
- ❑ other:

Work-related exposure to:
- ❑ beams
- ❑ pipes
- ❑ exposed electrical wiring or components
- ❑ falling objects
- ❑ fixed object
- ❑ machine parts
- ❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
- ❑ Protective Helmet
  - ❑ Type A (low voltage)
  - ❑ Type B (high voltage)
  - ❑ Type C
  - ❑ Bump cap (not ANSI-approved)
- ❑ Hair net or soft cap
- ❑ Surgical Mask
- ❑ NI OSH N-95
- ❑ FDA EUA Listed KN-95
- ❑ other: _____

HANDS/ARMS

N/A ❑

Work activities, such as:
- ❑ baking
- ❑ material handling
- ❑ cooking
- ❑ sanding
- ❑ grinding
- ❑ sawing
- ❑ welding
- ❑ hammering
- ❑ working with glass
- ❑ using power tools
- ❑ using computers
- ❑ working outdoors
- ❑ using knives
- ❑ dental and health care services
- ❑ garbage disposal
- ❑ computer work
- ❑ other:

Work-related exposure to:
- ❑ blood
- ❑ irritating chemicals
- ❑ tools or materials that could scrape, bruise, or cut
- ❑ extreme heat
- ❑ extreme cold
- ❑ animal bites
- ❑ electric shock
- ❑ vibration
- ❑ musculoskeletal disorders
- ❑ sharps injury
- ❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
- ❑ Gloves
  - ❑ Chemical resistance (Type _____)
  - ❑ Liquid/leak resistance
  - ❑ Temperature resistance
  - ❑ Abrasion/cut resistance
  - ❑ Slip resistance
  - ❑ Latex or nitrile
  - ❑ Anti-vibration
- ❑ Protective sleeves
- ❑ Ergonomic equipment

  _____
- ❑ Other:

FEET/LEGS

N/A ❑

Work activities, such as:
- ❑ building maintenance
- ❑ construction
- ❑ demolition
- ❑ food processing
- ❑ foundry work
- ❑ working outdoors
- ❑ logging
- ❑ plumbing
- ❑ trenching
- ❑ use of highly flammable materials
- ❑ welding
- ❑ other:

Work-related exposure to:
- ❑ explosive atmospheres
- ❑ explosives
- ❑ exposed electrical wiring or components
- ❑ heavy equipment
- ❑ slippery surfaces
- ❑ impact from objects
- ❑ pinch points
- ❑ crushing
- ❑ slippery/wet surface
- ❑ sharps injury
- ❑ blood
- ❑ chemical splash
- ❑ chemical penetration
- ❑ extreme heat/cold
- ❑ fall
- ❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
- ❑ Safety shoes or boots
  - ❑ Toe protection
  - ❑ Metatarsal protection
  - ❑ Electrical protection
  - ❑ Heat/cold protection
  - ❑ Puncture resistance
  - ❑ Chemical resistance
  - ❑ Anti-slip soles
- ❑ Leggings or chaps
- ❑ Foot-Leg guards
- ❑ Other:

BODY/SKIN

N/A ❑

Work activities, such as:
❑ baking or frying
❑ battery charging
❑ dip tank operations
❑ fiberglass installation
❑ sawing
❑ other:

Work-related exposure to:
❑ chemical splashes
❑ extreme heat
❑ extreme cold
❑ sharp or rough edges
❑ irritating chemicals
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Vest, Jacket , Lab coat
❑ Coveralls, Body suit
❑ Raingear
❑ Apron
❑ Welding leathers
❑ Abrasion/cut resistance
❑ Other:

With:
❑ Long sleeves

BODY/WHOLE

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ logging
❑ computer work
❑ working outdoors
❑ utility work
❑ other:

Work-related exposure to:
❑ working from heights
❑ impact from flying objects
❑ impact from moving vehicles
❑ sharps injury
❑ blood
❑ electrical/static discharge
❑ hot metal
❑ musculoskeletal disorders
❑ sparks
❑ chemicals
❑ extreme heat/cold
❑ elevated walking/working surface
❑ working near water
❑ injury from slip/trip/fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If yes, use:
❑ Uniform
❑ Lab Coat

If no, use:
❑ Fall Arrest/Restraint
❑ Traffic vest
❑ Static coats/overalls
❑ Flame resistant jacket/pants
❑ Insulated jacket
❑ Cut resistant sleeves/wristlets
❑ hoists/lifts
❑ ergonomic equipment:
_____
❑ Other:

With:
❑ Hood
❑ Full sleeves

LUNGS/RESPIRATORY

N/A ❑

Work activities, such as:
❑ cleaning
❑ pouring
❑ mixing
❑ sawing
❑ painting
❑ fiberglass installation
❑ compressed air or gas operations
❑ confined space work
❑ floor installation
❑ ceiling repair
❑ working outdoors
❑ other:

Work-related exposure to:
❑ dust or particulate
❑ toxic gas/vapor
❑ chemical irritants (acids)
❑ welding fume
❑ asbestos
❑ pesticides
❑ organic vapors
❑ oxygen deficient environment
❑ paint spray
❑ extreme heat/cold
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Dust mask
❑ Disposable particulate respirator
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____
❑ spray paint
❑ PAPR (Air recycle)
❑ PPSA (Air supply)
❑ half faced
❑ full faced
❑ hooded

With:
❑ face shield
❑ acid/gas crtdg
❑ organic crtdg
❑ Replaceable P-100
❑ mercury crtdg

EARS/HEARING

N/A ❑

Work activities, such as:
❑ generator
❑ grinding
❑ ventilation fans
❑ machining
❑ motors
❑ routers
❑ sanding
❑ sawing
❑ pneumatic equipment
❑ sparks
❑ punch or brake presses
❑ use of conveyors
❑ other:

Work-related exposure to:
❑ loud noises
❑ loud work environment
❑ noisy machines/tools
❑ punch or brake presses
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ ear muffs
❑ ear plugs
❑ leather welding hood

Dental Hygiene Rooms

EYES

N/A ❑

Work activities, such as:
❑ abrasive blasting
❑ sanding
❑ chopping
❑ sawing
❑ cutting
❑ grinding
❑ drilling
❑ hammering
❑ welding
❑ chipping
❑ soldering
❑ torch brazing
❑ working outdoors
❑ computer work
❑ punch press operations
❑ other:

Work-related exposure to:
❑ airborne dust
❑ dirt
❑ UV
❑ flying particles/objects
❑ blood splashes
❑ hazardous liquids, chemicals or mists
❑ chemical splashes
❑ molten metal splashes
❑ glare/high intensity lights
❑ laser operations
❑ intense light
❑ hot sparks
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Safety glasses
❑ Safety goggles
❑ Dust-tight goggles
❑ Shaded
❑ Impact goggles
❑ Prescription
❑ Welding helmet/shield
❑ Chemical goggles
❑ Chemical splash goggles
❑ Laser goggles
❑ Shading/Filter (#)
❑ Welding shield
❑ Other:

With:
❑ Side shields
❑ Face shield

FACE

N/A ❑

Work activities, such as:
❑ cleaning
❑ foundry work
❑ cooking
❑ welding
❑ siphoning
❑ mixing
❑ painting
❑ pouring molten
❑ dip tank operations
❑ pouring
❑ working outdoors
❑ other:

Work-related exposure to:
❑ hazardous liquid chemicals
❑ extreme heat
❑ extreme cold
❑ potential irritants:
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Face shield
❑ Shading/Filter (#)
❑ Welding shield
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____

HEAD:

N/A ❑

Work activities, such as:
- ❑ building maintenance
- ❑ confined space operations
- ❑ construction
- ❑ electrical wiring
- ❑ walking/working under catwalks
- ❑ walking/working on catwalks
- ❑ walking/working under conveyor belts
- ❑ working with/around conveyor belts
- ❑ walking/working under crane loads
- ❑ utility work
- ❑ other:

Work-related exposure to:
- ❑ beams
- ❑ pipes
- ❑ exposed electrical wiring or components
- ❑ falling objects
- ❑ fixed object
- ❑ machine parts
- ❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
- ❑ Protective Helmet
  - ❑ Type A (low voltage)
  - ❑ Type B (high voltage)
  - ❑ Type C
  - ❑ Bump cap (not ANSI-approved)
- ❑ Hair net or soft cap
- ❑ Other:

If yes, use:
- ❑ Surgical Mask
- ❑ NI OSH N-95
- ❑ FDA EUA Listed KN-95
- ❑ other: _____

HANDS/ARMS

N/A ❑

Work activities, such as:
- ❑ baking
- ❑ material handling
- ❑ cooking
- ❑ sanding
- ❑ grinding
- ❑ sawing
- ❑ welding
- ❑ hammering
- ❑ working with glass
- ❑ using power tools
- ❑ using computers
- ❑ working outdoors
- ❑ using knives
- ❑ dental and health care services
- ❑ garbage disposal
- ❑ computer work
- ❑ other:

Work-related exposure to:
- ❑ blood
- ❑ irritating chemicals
- ❑ tools or materials that could scrape, bruise, or cut
- ❑ extreme heat
- ❑ extreme cold
- ❑ animal bites
- ❑ electric shock
- ❑ vibration
- ❑ musculoskeletal disorders
- ❑ sharps injury
- ❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
- ❑ Gloves
  - ❑ Chemical resistance (Type _____)
  - ❑ Liquid/leak resistance
  - ❑ Temperature resistance
  - ❑ Abrasion/cut resistance
  - ❑ Slip resistance
  - ❑ Latex or nitrile
  - ❑ Anti-vibration
- ❑ Protective sleeves
- ❑ Ergonomic equipment _____
- ❑ Long Sleeve Lab coat
- ❑ other:

FEET/LEGS

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ demolition
❑ food processing
❑ foundry work
❑ working outdoors
❑ logging
❑ plumbing
❑ trenching
❑ use of highly flammable materials
❑ welding
❑ other:

Work-related exposure to:
❑ explosive atmospheres
❑ explosives
❑ exposed electrical wiring or components
❑ heavy equipment
❑ slippery surfaces
❑ impact from objects
❑ pinch points
❑ crushing
❑ slippery/wet surface
❑ sharps injury
❑ blood
❑ chemical splash
❑ chemical penetration
❑ extreme heat/cold
❑ fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Safety shoes or boots
- ❑ Toe protection
- ❑ Metatarsal protection
- ❑ Electrical protection
- ❑ Heat/cold protection
- ❑ Puncture resistance
- ❑ Chemical resistance
- ❑ Anti-slip soles

❑ Leggings or chaps
❑ Foot-Leg guards
❑ other:

BODY/SKIN

N/A ❑

Work activities, such as:
❑ baking or frying
❑ battery charging
❑ dip tank operations
❑ fiberglass installation
❑ sawing
❑ other:

Work-related exposure to:
❑ chemical splashes
❑ extreme heat
❑ extreme cold
❑ sharp or rough edges
❑ irritating chemicals
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Vest, Jacket, Lab coat
❑ Coveralls, Body suit
❑ Raingear
❑ Apron
❑ Welding leathers
❑ Abrasion/cut resistance
❑ other:

With:
❑ Long sleeves

BODY/WHOLE

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ logging
❑ computer work
❑ working outdoors
❑ utility work
❑ other:

Work-related exposure to:
❑ working from heights
❑ impact from flying objects
❑ impact from moving vehicles
❑ sharps injury
❑ blood
❑ electrical/static discharge
❑ hot metal
❑ musculoskeletal disorders
❑ sparks
❑ chemicals
❑ extreme heat/cold
❑ elevated walking/working surface
❑ working near water
❑ injury from slip/trip/fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Fall Arrest/Restraint
❑ Traffic vest
❑ Static coats/overalls
❑ Flame resistant jacket/pants
❑ Insulated jacket
❑ Cut resistant sleeves/wristlets
❑ hoists/lifts
❑ ergonomic equipment:
_____
❑ other:

With:
❑ Hood
❑ Full sleeves

If yes, use:
❑ Uniform
❑ Lab coat

LUNGS/RESPIRATORY

N/A ❑

Work activities, such as:
❑ cleaning
❑ pouring
❑ mixing
❑ sawing
❑ painting
❑ fiberglass installation
❑ compressed air or gas operations
❑ confined space work
❑ floor installation
❑ ceiling repair
❑ working outdoors
❑ other:

Work-related exposure to:
❑ dust or particulate
❑ toxic gas/vapor
❑ chemical irritants (acids)
❑ welding fume
❑ asbestos
❑ pesticides
❑ organic vapors
❑ oxygen deficient environment
❑ paint spray
❑ extreme heat/cold
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Dust mask
❑ Disposable particulate respirator

With:
❑ face shield
❑ acid/gas crtdg
❑ organic crtdg
❑ Replaceable P-100
❑ mercury crtdg

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____
❑ spray paint
❑ PAPR (Air recycle)
❑ PPSA (Air supply)
❑ half faced
❑ full faced
❑ hooded

EARS/HEARING

N/A ❑

Work activities, such as:
❑ generator
❑ grinding
❑ ventilation fans
❑ machining
❑ motors
❑ routers
❑ sanding
❑ sawing
❑ pneumatic equipment
❑ sparks
❑ punch or brake presses
❑ use of conveyors
❑ other:

Work-related exposure to:
❑ loud noises
❑ loud work environment
❑ noisy machines/tools
❑ punch or brake presses
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ ear muffs
❑ ear plugs
❑ leather welding hood

EYES

N/A ❑

Work activities, such as:
❑ abrasive blasting
❑ sanding
❑ chopping
❑ sawing
❑ cutting
❑ grinding
❑ drilling
❑ hammering
❑ welding
❑ chipping
❑ soldering
❑ torch brazing
❑ working outdoors
❑ computer work
❑ punch press operations
❑ other:

Work-related exposure to:
❑ airborne dust
❑ dirt
❑ UV
❑ flying particles/objects
❑ blood splashes
❑ hazardous liquids, chemicals or mists
❑ chemical splashes
❑ molten metal splashes
❑ glare/high intensity lights
❑ laser operations
❑ intense light
❑ hot sparks
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Safety glasses
❑ Safety goggles
❑ Dust-tight goggles
❑ Shaded
❑ Impact goggles
❑ Prescription
❑ Welding helmet/shield
❑ Chemical goggles
❑ Chemical splash goggles
❑ Laser goggles
❑ Shading/Filter (#)
❑ Welding shield
❑ other: _____

With:
❑ Side shields
❑ Face shield

FACE

N/A ❑

Work activities, such as:
❑ cleaning
❑ foundry work
❑ cooking
❑ welding
❑ siphoning
❑ mixing
❑ painting
❑ pouring molten
❑ dip tank operations
❑ pouring
❑ working outdoors
❑ other:

Work-related exposure to:
❑ hazardous liquid chemicals
❑ extreme heat
❑ extreme cold
❑ potential irritants:
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Face shield
❑ Shading/Filter (#)
❑ Welding shield
❑ other: _____

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____

HEAD:

N/A ❑

Work activities, such as:
❑ building maintenance
❑ confined space operations
❑ construction
❑ electrical wiring
❑ walking/working under catwalks
❑ walking/working on catwalks
❑ walking/working under conveyor belts
❑ working with/around conveyor belts
❑ walking/working under crane loads
❑ utility work
❑ other:

Work-related exposure to:
❑ beams
❑ pipes
❑ exposed electrical wiring or components
❑ falling objects
❑ fixed object
❑ machine parts
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Protective Helmet
  ❑ Type A (low voltage)
  ❑ Type B (high voltage)
  ❑ Type C
  ❑ Bump cap (not ANSI-approved)
❑ Hair net or soft cap
❑ other: _____

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____

HANDS/ARMS

N/A ❑

Work activities, such as:
❑ baking
❑ material handling
❑ cooking
❑ sanding
❑ grinding
❑ sawing
❑ welding
❑ hammering
❑ working with glass
❑ using power tools
❑ using computers
❑ working outdoors
❑ using knives
❑ dental and health care services
❑ garbage disposal
❑ computer work
❑ other:

Work-related exposure to:
❑ blood
❑ irritating chemicals
❑ tools or materials that could scrape, bruise, or cut
❑ extreme heat
❑ extreme cold
❑ animal bites
❑ electric shock
❑ vibration
❑ musculoskeletal disorders
❑ sharps injury
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Gloves
- ❑ Chemical resistance (Type _____)
- ❑ Liquid/leak resistance
- ❑ Temperature resistance
- ❑ Abrasion/cut resistance
- ❑ Slip resistance
- ❑ Latex or nitrile
- ❑ Anti-vibration

❑ Protective sleeves
❑ Ergonomic equipment
_____
❑ Lab coat
❑ other:

FEET/LEGS

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ demolition
❑ food processing
❑ foundry work
❑ working outdoors
❑ logging
❑ plumbing
❑ trenching
❑ use of highly flammable materials
❑ welding
❑ other:

Work-related exposure to:
❑ explosive atmospheres
❑ explosives
❑ exposed electrical wiring or components
❑ heavy equipment
❑ slippery surfaces
❑ impact from objects
❑ pinch points
❑ crushing
❑ slippery/wet surface
❑ sharps injury
❑ blood
❑ chemical splash
❑ chemical penetration
❑ extreme heat/cold
❑ fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Safety shoes or boots
- ❑ Toe protection
- ❑ Metatarsal protection
- ❑ Electrical protection
- ❑ Heat/cold protection
- ❑ Puncture resistance
- ❑ Chemical resistance
- ❑ Anti-slip soles

❑ Leggings or chaps
❑ Foot-Leg guards
❑ other:

BODY/SKIN

N/A ❑

Work activities, such as:
❑ baking or frying
❑ battery charging
❑ dip tank operations
❑ fiberglass installation
❑ sawing
❑ other:

Work-related exposure to:
❑ chemical splashes
❑ extreme heat
❑ extreme cold
❑ sharp or rough edges
❑ irritating chemicals
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Vest, Jacket, Lab coat
❑ Coveralls, Body suit
❑ Raingear
❑ Apron
❑ Welding leathers
❑ Abrasion/cut resistance
❑ other:

With:
❑ Long sleeves

BODY/WHOLE

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ logging
❑ computer work
❑ working outdoors
❑ utility work
❑ other:

Work-related exposure to:
❑ working from heights
❑ impact from flying objects
❑ impact from moving vehicles
❑ sharps injury
❑ blood
❑ electrical/static discharge
❑ hot metal
❑ musculoskeletal disorders
❑ sparks
❑ chemicals
❑ extreme heat/cold
❑ elevated walking/working surface
❑ working near water
❑ injury from slip/trip/fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Fall Arrest/Restraint
❑ Traffic vest
❑ Static coats/overalls
❑ Flame resistant jacket/pants
❑ Insulated jacket
❑ Cut resistant sleeves/wristlets
❑ hoists/lifts
❑ ergonomic equipment:
_____
❑ Lab coat
❑ other:

With:
❑ Hood
❑ Full sleeves

LUNGS/RESPIRATORY

N/A ❑

Work activities, such as:
❑ cleaning
❑ pouring
❑ mixing
❑ sawing
❑ painting
❑ fiberglass installation
❑ compressed air or gas operations
❑ confined space work
❑ floor installation
❑ ceiling repair
❑ working outdoors
❑ other:

Work-related exposure to:
❑ dust or particulate
❑ toxic gas/vapor
❑ chemical irritants (acids)
❑ welding fume
❑ asbestos
❑ pesticides
❑ organic vapors
❑ oxygen deficient environment
❑ paint spray
❑ extreme heat/cold
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Dust mask
❑ Disposable particulate respirator

With:
❑ face shield
❑ acid/gas crtdg
❑ organic crtdg
❑ Replaceable P-100
❑ mercury crtdg

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____
❑ spray paint
❑ PAPR (Air recycle)
❑ PPSA (Air supply)
❑ half faced
❑ full faced
❑ hooded

EARS/HEARING

N/A ❑

Work activities, such as:
❑ generator
❑ grinding
❑ ventilation fans
❑ machining
❑ motors
❑ routers
❑ sanding
❑ sawing
❑ pneumatic equipment
❑ sparks
❑ punch or brake presses
❑ use of conveyors
❑ other:

Work-related exposure to:
❑ loud noises
❑ loud work environment
❑ noisy machines/tools
❑ punch or brake presses
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ ear muffs
❑ ear plugs
❑ leather welding hood

EYES

N/A ❑

Work activities, such as:
❑ abrasive blasting
❑ sanding
❑ chopping
❑ sawing
❑ cutting
❑ grinding
❑ drilling
❑ hammering
❑ welding
❑ chipping
❑ soldering
❑ torch brazing
❑ working outdoors
❑ computer work
❑ punch press operations
❑ other:

Work-related exposure to:
❑ airborne dust
❑ dirt
❑ UV
❑ flying particles/objects
❑ blood splashes
❑ hazardous liquids, chemicals or mists
❑ chemical splashes
❑ molten metal splashes
❑ glare/high intensity lights
❑ laser operations
❑ intense light
❑ hot sparks
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Safety glasses
❑ Safety goggles
❑ Dust-tight goggles
❑ Shaded
❑ Impact goggles
❑ Prescription
❑ Welding helmet/shield
❑ Chemical goggles
❑ Chemical splash goggles
❑ Laser goggles
❑ Shading/Filter (#)
❑ Welding shield
❑ Other:

With:
❑ Side shields
❑ Face shield

FACE

N/A ❑

Work activities, such as:
❑ cleaning
❑ foundry work
❑ cooking
❑ welding
❑ siphoning
❑ mixing
❑ painting
❑ pouring molten
❑ dip tank operations
❑ pouring
❑ working outdoors
❑ other:

Work-related exposure to:
❑ hazardous liquid chemicals
❑ extreme heat
❑ extreme cold
❑ potential irritants:
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Face shield
❑ Shading/Filter (#)
❑ Welding shield
❑ Other:

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____

HEAD:

N/A ❑

Work activities, such as:
❑ building maintenance
❑ confined space operations
❑ construction
❑ electrical wiring
❑ walking/working under catwalks
❑ walking/working on catwalks
❑ walking/working under conveyor belts
❑ working with/around conveyor belts
❑ walking/working under crane loads
❑ utility work
❑ other:

Work-related exposure to:
❑ beams
❑ pipes
❑ exposed electrical wiring or components
❑ falling objects
❑ fixed object
❑ machine parts
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Protective Helmet
  ❑ Type A (low voltage)
  ❑ Type B (high voltage)
  ❑ Type C
  ❑ Bump cap (not ANSI-approved)
❑ Hair net or soft cap
❑ Other:

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____

HANDS/ARMS

N/A ❑

Work activities, such as:
❑ baking
❑ material handling
❑ cooking
❑ sanding
❑ grinding
❑ sawing
❑ welding
❑ hammering
❑ working with glass
❑ using power tools
❑ using computers
❑ working outdoors
❑ using knives
❑ dental and health care services
❑ garbage disposal
❑ computer work
❑ other:

Work-related exposure to:
❑ blood
❑ irritating chemicals
❑ tools or materials that could scrape, bruise, or cut
❑ extreme heat
❑ extreme cold
❑ animal bites
❑ electric shock
❑ vibration
❑ musculoskeletal disorders
❑ sharps injury
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Gloves
- ❑ Chemical resistance (Type _____)
- ❑ Liquid/leak resistance
- ❑ Temperature resistance
- ❑ Abrasion/cut resistance
- ❑ Slip resistance
- ❑ Latex or nitrile
- ❑ Anti-vibration

❑ Protective sleeves
❑ Ergonomic equipment

_____

❑ Lab coat
❑ Other:

FEET/LEGS

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ demolition
❑ food processing
❑ foundry work
❑ working outdoors
❑ logging
❑ plumbing
❑ trenching
❑ use of highly flammable materials
❑ welding
❑ other:

Work-related exposure to:
❑ explosive atmospheres
❑ explosives
❑ exposed electrical wiring or components
❑ heavy equipment
❑ slippery surfaces
❑ impact from objects
❑ pinch points
❑ crushing
❑ slippery/wet surface
❑ sharps injury
❑ blood
❑ chemical splash
❑ chemical penetration
❑ extreme heat/cold
❑ fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Safety shoes or boots
- ❑ Toe protection
- ❑ Metatarsal protection
- ❑ Electrical protection
- ❑ Heat/cold protection
- ❑ Puncture resistance
- ❑ Chemical resistance
- ❑ Anti-slip soles

❑ Leggings or chaps
❑ Foot-Leg guards
❑ Other:

BODY/SKIN

N/A ❑

Work activities, such as:
❑ baking or frying
❑ battery charging
❑ dip tank operations
❑ fiberglass installation
❑ sawing
❑ other:

Work-related exposure to:
❑ chemical splashes
❑ extreme heat
❑ extreme cold
❑ sharp or rough edges
❑ irritating chemicals
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Vest, Jacket , Lab coat
❑ Coveralls, Body suit
❑ Raingear
❑ Apron
❑ Welding leathers
❑ Abrasion/cut resistance
❑ Other:

With:
❑ Long sleeves

BODY/WHOLE

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ logging
❑ computer work
❑ working outdoors
❑ utility work
❑ other:

Work-related exposure to:
❑ working from heights
❑ impact from flying objects
❑ impact from moving vehicles
❑ sharps injury
❑ blood
❑ electrical/static discharge
❑ hot metal
❑ musculoskeletal disorders
❑ sparks
❑ chemicals
❑ extreme heat/cold
❑ elevated walking/working surface
❑ working near water
❑ injury from slip/trip/fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Fall Arrest/Restraint
❑ Traffic vest
❑ Static coats/overalls
❑ Flame resistant jacket/pants
❑ Insulated jacket
❑ Cut resistant sleeves/wristlets
❑ hoists/lifts
❑ ergonomic equipment: _____
❑ Lab coat
❑ Other:

With:
❑ Hood
❑ Full sleeves

LUNGS/RESPIRATORY

N/A ❑

Work activities, such as:
❑ cleaning
❑ pouring
❑ mixing
❑ sawing
❑ painting
❑ fiberglass installation
❑ compressed air or gas operations
❑ confined space work
❑ floor installation
❑ ceiling repair
❑ working outdoors
❑ other:

Work-related exposure to:
❑ dust or particulate
❑ toxic gas/vapor
❑ chemical irritants (acids)
❑ welding fume
❑ asbestos
❑ pesticides
❑ organic vapors
❑ oxygen deficient environment
❑ paint spray
❑ extreme heat/cold
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Dust mask
❑ Disposable particulate respirator

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____
❑ spray paint
❑ PAPR (Air recycle)
❑ PPSA (Air supply)
❑ half faced
❑ full faced
❑ hooded

With:
❑ face shield
❑ acid/gas crtdg
❑ organic crtdg
❑ Replaceable P-100
❑ mercury crtdg

EARS/HEARING

N/A ❑

Work activities, such as:
❑ generator
❑ grinding
❑ ventilation fans
❑ machining
❑ motors
❑ routers
❑ sanding
❑ sawing
❑ pneumatic equipment
❑ sparks
❑ punch or brake presses
❑ use of conveyors
❑ other:

Work-related exposure to:
❑ loud noises
❑ loud work environment
❑ noisy machines/tools
❑ punch or brake presses
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ ear muffs
❑ ear plugs
❑ leather welding hood

Other: _____ [list office area] ❑ Not Applicable

EYES

N/A ❑

Work activities, such as:
❑ abrasive blasting
❑ sanding
❑ chopping
❑ sawing
❑ cutting
❑ grinding
❑ drilling
❑ hammering
❑ welding
❑ chipping
❑ soldering
❑ torch brazing
❑ working outdoors
❑ computer work
❑ punch press operations
❑ other:

Work-related exposure to:
❑ airborne dust
❑ dirt
❑ UV
❑ flying particles/objects
❑ blood splashes
❑ hazardous liquids, chemicals or mists
❑ chemical splashes
❑ molten metal splashes
❑ glare/high intensity lights
❑ laser operations
❑ intense light
❑ hot sparks
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Safety glasses
❑ Safety goggles
❑ Dust-tight goggles
❑ Shaded
❑ Impact goggles
❑ Prescription
❑ Welding helmet/shield
❑ Chemical goggles
❑ Chemical splash goggles
❑ Laser goggles
❑ Shading/Filter (#)
❑ Welding shield
❑ Other:

With:
❑ Side shields
❑ Face shield

FACE

N/A ❑

Work activities, such as:
❑ cleaning
❑ foundry work
❑ cooking
❑ welding
❑ siphoning
❑ mixing
❑ painting
❑ pouring molten
❑ dip tank operations
❑ pouring
❑ working outdoors
❑ other:

Work-related exposure to:
❑ hazardous liquid chemicals
❑ extreme heat
❑ extreme cold
❑ potential irritants:
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Face shield
❑ Shading/Filter (#)
❑ Welding shield
❑ Other:

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____

HEAD:

N/A ❑

Work activities, such as:
❑ building maintenance
❑ confined space operations
❑ construction
❑ electrical wiring
❑ walking/working under catwalks
❑ walking/working on catwalks
❑ walking/working under conveyor belts
❑ working with/around conveyor belts
❑ walking/working under crane loads
❑ utility work
❑ other:

Work-related exposure to:
❑ beams
❑ pipes
❑ exposed electrical wiring or components
❑ falling objects
❑ fixed object
❑ machine parts
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Protective Helmet
  ❑ Type A (low voltage)
  ❑ Type B (high voltage)
  ❑ Type C
  ❑ Bump cap (not ANSI-approved)
❑ Hair net or soft cap
❑ Other:

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____

HANDS/ARMS

N/A ❑

Work activities, such as:
❑ baking
❑ material handling
❑ cooking
❑ sanding
❑ grinding
❑ sawing
❑ welding
❑ hammering
❑ working with glass
❑ using power tools
❑ using computers
❑ working outdoors
❑ using knives
❑ dental and health care services
❑ garbage disposal
❑ computer work
❑ other:

Work-related exposure to:
❑ blood
❑ irritating chemicals
❑ tools or materials that could scrape, bruise, or cut
❑ extreme heat
❑ extreme cold
❑ animal bites
❑ electric shock
❑ vibration
❑ musculoskeletal disorders
❑ sharps injury
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Gloves
- ❑ Chemical resistance (Type _____)
- ❑ Liquid/leak resistance
- ❑ Temperature resistance
- ❑ Abrasion/cut resistance
- ❑ Slip resistance
- ❑ Latex or nitrile
- ❑ Anti-vibration

❑ Protective sleeves
❑ Ergonomic equipment

_____

❑ Lab coat
❑ Other:

FEET/LEGS

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ demolition
❑ food processing
❑ foundry work
❑ working outdoors
❑ logging
❑ plumbing
❑ trenching
❑ use of highly flammable materials
❑ welding
❑ other:

Work-related exposure to:
❑ explosive atmospheres
❑ explosives
❑ exposed electrical wiring or components
❑ heavy equipment
❑ slippery surfaces
❑ impact from objects
❑ pinch points
❑ crushing
❑ slippery/wet surface
❑ sharps injury
❑ blood
❑ chemical splash
❑ chemical penetration
❑ extreme heat/cold
❑ fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Safety shoes or boots
- ❑ Toe protection
- ❑ Metatarsal protection
- ❑ Electrical protection
- ❑ Heat/cold protection
- ❑ Puncture resistance
- ❑ Chemical resistance
- ❑ Anti-slip soles

❑ Leggings or chaps
❑ Foot-Leg guards
❑ Other:

BODY/SKIN

N/A ❑

Work activities, such as:
❑ baking or frying
❑ battery charging
❑ dip tank operations
❑ fiberglass installation
❑ sawing
❑ other:

Work-related exposure to:
❑ chemical splashes
❑ extreme heat
❑ extreme cold
❑ sharp or rough edges
❑ irritating chemicals
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Vest, Jacket, Lab coat
❑ Coveralls, Body suit
❑ Raingear
❑ Apron
❑ Welding leathers
❑ Abrasion/cut resistance
❑ Other:

With:
❑ Long sleeves

BODY/WHOLE

N/A ❑

Work activities, such as:
❑ building maintenance
❑ construction
❑ logging
❑ computer work
❑ working outdoors
❑ utility work
❑ other:

Work-related exposure to:
❑ working from heights
❑ impact from flying objects
❑ impact from moving vehicles
❑ sharps injury
❑ blood
❑ electrical/static discharge
❑ hot metal
❑ musculoskeletal disorders
❑ sparks
❑ chemicals
❑ extreme heat/cold
❑ elevated walking/working surface
❑ working near water
❑ injury from slip/trip/fall
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Fall Arrest/Restraint
❑ Traffic vest
❑ Static coats/overalls
❑ Flame resistant jacket/pants
❑ Insulated jacket
❑ Cut resistant sleeves/wristlets
❑ hoists/lifts
❑ ergonomic equipment:
_____
❑ Lab coat
❑ Other:

With:
❑ Hood
❑ Full sleeves

LUNGS/RESPIRATORY

N/A ❑

Work activities, such as:
❑ cleaning
❑ pouring
❑ mixing
❑ sawing
❑ painting
❑ fiberglass installation
❑ compressed air or gas operations
❑ confined space work
❑ floor installation
❑ ceiling repair
❑ working outdoors
❑ other:

Work-related exposure to:
❑ dust or particulate
❑ toxic gas/vapor
❑ chemical irritants (acids)
❑ welding fume
❑ asbestos
❑ pesticides
❑ organic vapors
❑ oxygen deficient environment
❑ paint spray
❑ extreme heat/cold
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ Dust mask
❑ Disposable particulate respirator

If yes, use:
❑ Surgical Mask
❑ NI OSH N-95
❑ FDA EUA Listed KN-95
❑ other: _____
❑ spray paint
❑ PAPR (Air recycle)
❑ PPSA (Air supply)
❑ half faced
❑ full faced
❑ hooded

With:
❑ face shield
❑ acid/gas crtdg
❑ organic crtdg
❑ Replaceable P-100
❑ mercury crtdg

EARS/HEARING

N/A ❑

Work activities, such as:
❑ generator
❑ grinding
❑ ventilation fans
❑ machining
❑ motors
❑ routers
❑ sanding
❑ sawing
❑ pneumatic equipment
❑ sparks
❑ punch or brake presses
❑ use of conveyors
❑ other:

Work-related exposure to:
❑ loud noises
❑ loud work environment
❑ noisy machines/tools
❑ punch or brake presses
❑ other:

Can hazard be eliminated without the use of PPE? Yes ❑ No ❑

If no, use:
❑ ear muffs
❑ ear plugs
❑ leather welding hood

Signature_____ Date_____

(PPE Hazard Assessment is not "certified" unless signed by person conducting assessment)

Re: 29 CFR 1910.132(d)(2): The employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment; and, which identifies the document as a certification of hazard assessment.

Appendix A

The following list is task-specific, approved personal protective equipment (PPE) utilized by_____
_____ *[company name]* for unique processes and hazards.
This PPE is used in addition to the PPE specified in the above certified PPE hazard assessment:

Task: _____
Additional PPE Used: _____
_____
_____
_____
_____

Task: _____
Additional PPE Used: _____
_____
_____
_____
_____

Task: _____
Additional PPE Used: _____
_____
_____
_____
_____

Task: _____
Additional PPE Used: _____
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_____
_____

Task: _____
Additional PPE Used: _____
_____
_____
_____
_____

Task: _____
Additional PPE Used: _____
_____
_____
_____
_____

EMERGENCY ACTION PLAN

for

Facility Name: _____

Facility Address: _____

_____

_____

DATE PREPARED: ___/_____/_____

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE OFFICIAL (Highest Ranking Manager at:)

Facility Name: _____

Address: _____ Phone: (_____)

EMERGENCY COORDINATOR:

Address: _____ Phone: (_____)

AREA/FLOOR MONITORS (If applicable:)

❑ Not Applicable at this Facility

Area/Floor: _____ Name: _____ Phone: (_____)

Area/Floor: _____ Name: _____ Phone: (_____)

ASSISTANTS TO PHYSICALLY CHALLENGED (If applicable):

❑ Not Applicable at this Facility

Name:_____ Phone: (_____)

Name:_____ Phone: (_____)

DATE ____/____/____

EVACUATION ROUTES

- Evacuation route maps have been posted in our work area. The following information is marked on evacuation maps:
    1. Emergency exits
    2. Primary and secondary evacuation routes
    3. Locations of fire extinguishers
    4. Fire alarm pull stations' location
        a. Assembly points
- Our Facility personnel know at least two evacuation routes.

EMERGENCY PHONE NUMBERS

FIRE DEPARTMENT: _____

PARAMEDICS: _____

AMBULANCE: _____

POLICE: _____

FEDERAL PROTECTIVE SERVICE: _____

SECURITY (If applicable): _____

BUILDING MANAGER (If applicable): _____

UTILITY COMPANY EMERGENCY CONTACTS

(Specify name of the company, phone number and point of contact)

ELECTRIC: _____

_____

_____

WATER: _____

_____

_____

GAS (if applicable):_____

_____

_____

TELEPHONE COMPANY:_____

_____

_____

DATE ____/____/____

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- MEDICAL
- FIRE
- SEVERE WEATHER
- BOMB THREAT
- CHEMICAL SPILL
- STRUCTURE CLIMBING/DESCENDING
- EXTENDED POWER LOSS
- OTHER (specify) _____
  (e.g., terrorist attack/hostage taking)

MEDICAL EMERGENCY

- Call medical emergency phone number (check applicable):
  - ❑ Paramedics
  - ❑ Ambulance
  - ❑ Fire Department
  - ❑ Other_____

Provide the following information:

a. Nature of medical emergency,

b. Location of the emergency (address, building, room number), and

c. Your name / phone number from which you are calling.

- Do not move victim unless absolutely necessary.
- Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

Name:_____ Phone:_____

Name:_____ Phone: _____

- If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:
  1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
  2. Clear the air passages using the Heimlich Maneuver in case of choking.
- In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

DATE ____/____/____

FIRE EMERGENCY

When fire is discovered:

- Activate the nearest fire alarm (if installed)
- Notify the local Fire Department by calling:_____
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means (check applicable):
  - ❑ Voice Communication
  - ❑ Phone Paging
  - ❑ Radio
  - ❑ Other (specify) _____

Fight the fire ONLY if:

- The Fire Department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes.
- Assemble in the designated area (specify location): _____ .
- Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter.

Designated Official, Emergency Coordinator or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
- Coordinate an orderly evacuation of personnel.
- Perform an accurate head count of personnel reported to the designated area.
- Determine a rescue method to locate missing personnel.
- Provide the Fire Department personnel with the necessary information about the facility.
- Perform assessment and coordinate weather forecast office emergency closing procedures

Area/Floor Monitors must:

- Ensure that all employees have evacuated the area/floor.
- Report any problems to the Emergency Coordinator at the assembly area.

Assistants to Physically Challenged should:

- Assist all physically challenged employees in emergency evacuation.

DATE ____/____/____

EXTENDED POWER LOSS

In the event of extended power loss to a facility certain precautionary measures should be taken depending on the geographical location and environment of the facility:

- Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
- Facilities with freezing temperatures should turn off and drain the following lines in the event of a long term power loss.
    - Fire sprinkler system
    - Standpipes
    - Potable water lines
    - Toilets
- Add propylene-glycol to drains to prevent traps from freezing
- Equipment that contain fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

Upon Restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

CHEMICAL SPILL

The following are the locations of:

Spill Containment and Security Equipment: _____

Personal Protective Equipment (PPE):
SDS: _____

When a Large Chemical Spill has occurred:

- Immediately notify the designated official and Emergency Coordinator.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.).
- Secure the area and alert other site personnel.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call the medical emergency number, if required.
- Call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup.

  Name of Spill Cleanup Company: _____
  Phone Number: _____

- Evacuate building as necessary

When a Small Chemical Spill has occurred:

- Notify the Emergency Coordinator and/or supervisor (select one).
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- Deal with the spill in accordance with the instructions described in the MSDS.
- Small spills must be handled in a safe manner, while wearing the proper PPE.
- Review the general spill cleanup procedures.

DATE ____/____/____

STRUCTURE CLIMBING/DESCENDING EMERGENCIES

List structures maintained by site personnel (tower, river gauge, etc.) or not applicable (n/a):

NO.	STRUCTURE TYPE	LOCATION (address, if applicable)	EMERGENCY RESPONSE ORGANIZATION* (if available within 30-minute response time)

Emergency Response Organization(s):

Name:_____ Phone:_____

Name:_____ Phone: _____

(Attach Emergency Response Agreement if available)

❑ Not Applicable:

If no Emergency Response Organization available within 30-minute response time additional personnel trained in rescue operations and equipped with rescue kit must accompany the climber(s).

TELEPHONE BOMB THREAT CHECKLIST

INSTRUCTIONS: BE CALM, BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

YOUR NAME: _____ TIME: _____ DATE: _____

CALLER'S IDENTITY SEX: Male _____ Female _____ Adult _____ Juvenile _____ APPROXIMATE AGE: _____

ORIGIN OF CALL: Local _____ Long Distance _____ Telephone Booth _____

VOICE CHARACTERISTICS		SPEECH		LANGUAGE	
☐ Loud	☐ Deep	☐ Fast	☐ Distorted	☐ Excellent	☐ Poor
☐ High Pitch	☐ Pleasant	☐ Distinct	☐ Nasal	☐ Fair	_____
☐ Raspy	_____	☐ Stutter	_____	☐ Foul	Other
☐ Intoxicated	Other	☐ Slurred	Other	☐ Good	
☐ Soft		☐ Slow			

ACCENT		MANNER		BACKGROUND NOISES	
☐ Local	☐ Not Local	☐ Calm	☐ Angry	☐ Factory	☐ Trains
☐ Foreign	☐ Region	☐ Rational	☐ Irrational	☐ Machines	☐ Animals
☐ Race		☐ Coherent	☐ Incoherent	☐ Music	☐ Quiet
		☐ Deliberate	☐ Emotional	☐ Office	☐ Voices
		☐ Righteous	☐ Laughing	☐ Machines	☐ Airplanes
				☐ Street	☐ Party
				☐ Traffic	☐ Atmosphere

BOMB FACTS

PRETEND DIFFICULTY HEARING, KEEP CALLER TALKING, IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:

When will it go off? Certain Hour _____ Time Remaining _____

Where is it located? Building _____ Area _____

What kind of bomb? _____

What kind of package? _____

How do you know so much about the bomb? _____

What is your name and address? _____

If building is occupied, inform caller that detonation could cause injury or death.

Activate malicious call trace: Hang up phone and do not answer another line. Choose same line and dial *57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Call Security at _____ and relay information about call.

Did the caller appear familiar with plant or building (by his/her description of the bomb location)? Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist. Notify your supervisor immediately.

SEVERE WEATHER AND NATURAL DISASTERS

Tornado:

- When a warning is issued by sirens or other means, seek inside shelter. Consider the following:
  - Small interior rooms on the lowest floor and without windows,
  - Hallways on the lowest floor away from doors and windows, and
  - Rooms constructed with reinforced concrete, brick, or block with no windows.
- Stay away from outside walls and windows.
- Use arms to protect head and neck.
- Remain sheltered until the tornado threat is announced to be over.

Earthquake:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the Emergency Coordinator and/or the designated official.

Flood:

If indoors:

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

If outdoors:

- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to a higher ground.

Hurricane:

- The nature of a hurricane provides for more warning than other natural and weather disasters. A hurricane watch issued when a hurricane becomes a threat to a coastal area. A hurricane warning is issued when hurricane winds of 74 mph or higher, or a combination of dangerously high water and rough seas, are expected in the area within 24 hours.

Once a hurricane watch has been issued:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Moor any boats securely, or move to a safe place if time allows.
- Continue to monitor local TV and radio stations for instructions.
- Move early out of low-lying areas or from the coast, at the request of officials.

- If you are on high ground, away from the coast and plan to stay, secure the building, moving all loose items indoors and boarding up windows and openings.
- Collect drinking water in appropriate containers.

Once a hurricane warning has been issued:

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Leave areas that might be affected by storm tide or stream flooding.

During a hurricane:

- Remain indoors and consider the following:
  - Small interior rooms on the lowest floor and without windows,
  - Hallways on the lowest floor away from doors and windows, and
  - Rooms constructed with reinforced concrete, brick, or block with no windows.

Blizzard:

If indoors:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Stay indoors!
- If there is no heat:
  - Close off unneeded rooms or areas.
  - Stuff towels or rags in cracks under doors.
  - Cover windows at night.
- Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
- Wear layers of loose-fitting, light-weight, warm clothing, if available.

If outdoors:

- Find a dry shelter. Cover all exposed parts of the body.
- If shelter is not available:
  - Prepare a lean-to, wind break, or snow cave for protection from the wind.
  - Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat.
  - Do not eat snow. It will lower your body temperature. Melt it first.

If stranded in a car or truck:

- Stay in the vehicle!
- Run the motor about ten minutes each hour. Open the windows a little for fresh air to avoid carbon monoxide poisoning. Make sure the exhaust pipe is not blocked.
- Make yourself visible to rescuers.
  - Turn on the dome light at night when running the engine.
  - Tie a colored cloth to your antenna or door.
  - Raise the hood after the snow stops falling.
- Exercise to keep blood circulating and to keep warm.

CRITICAL OPERATIONS

During some emergency situations, it will be necessary for some specially assigned personnel to remain at the work areas to perform critical operations.

Assignments:

WORK AREA	NAME	JOB TITLE	DESCRIPTION of ASSIGNMENT

- Personnel involved in critical operations may remain on the site upon the permission of the site designated official or Emergency Coordinator.
- In case emergency situation will not permit any of the personnel to remain at the facility, the designated official or other assigned personnel shall notify the appropriate _____ offices to initiate backups. This information can be obtained from the Emergency Evacuation Procedures included in this OSHA Manual.

The following offices should be contacted:

Name/Location: _____

Telephone Number:_____

Name/Location: _____

Telephone Number:_____

TRAINING

The following personnel have been trained to ensure a safe and orderly emergency evacuation of other employees:

Facility:

NAME	TITLE	JOB TITLE	DATE

Summary of Infection Prevention Practices in Dental Settings

Basic Expectations for Safe Care

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

DENTAL OFFICE OSHA / GHS COMPLIANCE MANUAL

10564 v002 11/2023

Note to Readers

This document is a summary guide of basic infection prevention recommendations for all dental health care settings. These include traditional settings such as private dental practices, dental clinics, dental schools and educational programs (including dental assisting, dental hygiene, and laboratory) and nontraditional settings that often use portable dental equipment such as clinics held in schools for sealant and fluoride placement and in other sites for humanitarian dental missions.

While the information included in this document reflects existing evidence-based guidelines produced by the Centers for Disease Control and Prevention (CDC), it is not intended as a replacement for more extensive guidelines. This summary guide is based primarily upon elements of Standard Precautions and represents a summary of basic infection prevention expectations for safe care in dental settings as recommended in the *Guidelines for Infection Control in Dental Health-Care Settings—2003*. Readers are urged to use the Infection Prevention Checklist for Dental Settings (Appendix A), a companion to the summary; and to consult the full guidelines for additional background, rationale, and scientific evidence behind each recommendation.

Suggested Citation

Centers for Disease Control and Prevention. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; October 2016.

Adapted from: *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*
http://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html

Contents

Introduction

Transmission of infectious agents among patients and dental health care personnel (DHCP) in dental settings is rare. However, from 2003 to 2015, transmissions in dental settings, including patient-to-patient transmissions, have been documented.[1–4] In most cases, investigators failed to link a specific lapse of infection prevention and control with a particular transmission. However, reported breakdowns in basic infection prevention procedures included unsafe injection practices, failure to heat sterilize dental handpieces between patients, and failure to monitor (e.g., conduct spore testing) autoclaves.[2,3] These reports highlight the need for comprehensive training to improve understanding of underlying principles, recommended practices, their implementation, and the conditions that have to be met for disease transmission.

All dental settings, regardless of the level of care provided, must make infection prevention a priority and should be equipped to observe Standard Precautions and other infection prevention recommendations contained in CDC's *Guidelines for Infection Control in Dental Health-Care Settings—2003*.[5] The *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* summarizes current infection prevention recommendations and includes a checklist (Appendix A) that can be used to evaluate compliance.

The information presented here is based primarily upon the recommendations from the 2003 guideline and represents infection prevention expectations for safe care in dental settings. It is intended for use by anyone needing information about basic infection prevention measures in dental health care settings, but is not a replacement for the more extensive guidelines. Readers are urged to consult the full guidelines for additional background, rationale, and scientific evidence behind each recommendation. Additional topics and information relevant to dental infection prevention and control published by CDC since 2003 in this document can be found in Appendix B including

- Infection prevention program administrative measures.
- Infection prevention education and training.
- Respiratory hygiene and cough etiquette.
- Updated safe injection practices.
- Administrative measures for instrument processing.

For the purposes of this document, DHCP refers to all paid and unpaid personnel in the dental health care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. This includes

- Dentists.
- Dental hygienists.
- Dental assistants.
- Dental laboratory technicians (in-office and commercial).
- Students and trainees.
- Contractual personnel.
- Other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).[5]

Objectives

By highlighting existing CDC recommendations, this summary guide

1. Provides basic infection prevention principles and recommendations for dental health care settings.
2. Reaffirms Standard Precautions as the foundation for preventing transmission of infectious agents during patient care in all dental health care settings.
3. Provides links to full guidelines and source documents that readers can reference for more detailed background and recommendations.

For additional references, background information, rationale, and evidence, readers should consult the references and resources listed in Appendix C. Detailed recommendations for dental health care settings can be found in the compendium document, *Recommendations from the Guidelines for Infection Control in Dental Health-Care Settings—2003*.

References

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4. Klevens RM, Moorman AC. Hepatitis C virus: an overview for dental health care providers. *J Am Dent Assoc.* 2013;144(12):1340–1347.
5. Centers for Disease Control and Prevention. Guidelines for infection control in dental health-care settings—2003. *MMWR Recomm Rep* 2003;52(RR-17):1–61. Available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf.

Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Dental Settings

Administrative Measures

Infection prevention must be made a priority in any dental health care setting. At least one individual with training in infection prevention—the infection prevention coordinator—should be responsible for developing written infection prevention policies and procedures based on evidence-based guidelines, regulations, or standards. Policies and procedures should be tailored to the dental setting and reassessed on a regular basis (e.g., annually) or according to state or federal requirements. Development should take into consideration the types of services provided by DHCP and the patient population served, extending beyond the Occupational Safety and Health Administration (OSHA) bloodborne pathogens standard to address patient safety. The infection prevention coordinator should ensure that equipment and supplies (e.g., hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment) are available and should maintain communication with all staff members to address specific issues or concerns related to infection prevention. In addition, all dental settings should have policies and protocols for early detection and management of potentially infectious persons at initial points of patient encounter.

Key ADMINISTRATIVE RECOMMENDATIONS for Dental Settings

1. Develop and maintain infection prevention and occupational health programs.
2. Provide supplies necessary for adherence to Standard Precautions (e.g., hand hygiene products, safer devices to reduce percutaneous injuries, personal protective equipment).
3. Assign at least one individual trained in infection prevention responsibility for coordinating the program.
4. Develop and maintain written infection prevention policies and procedures appropriate for the services provided by the facility and based on evidence-based guidelines, regulations, or standards.
5. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter.

Infection Prevention Education and Training

Ongoing education and training of DHCP are critical for ensuring that infection prevention policies and procedures are understood and followed. Education on the basic principles and practices for preventing the spread of infections should be provided to all DHCP. Training should include both DHCP safety (e.g., OSHA bloodborne pathogens training) and patient safety (e.g., emphasizing job- or task-specific needs). Education and training should be provided during orientation to the setting, when new tasks or procedures are introduced and at a minimum, annually. Training records should be maintained according to state and federal requirements.

Key Recommendations for EDUCATION AND TRAINING in Dental Settings

1. Provide job- or task-specific infection prevention education and training to all DHCP.
   a. This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility.
2. Provide training on principles of both DHCP safety and patient safety.
3. Provide training during orientation and at regular intervals (e.g., annually).
4. Maintain training records according to state and federal requirements.

Dental Health Care Personnel Safety

Infection prevention programs should also address occupational health needs, including vaccination of DHCP, management of exposures or infections in personnel requiring post-exposure prophylaxis or work restrictions, and compliance with OSHA bloodborne pathogens standard. Referral arrangements for medical services can be made with qualified health care professionals in an occupational health program of a hospital, with educational institutions, or with health care facilities that offer personnel health services.

Recommendations for prevention of infections in DHCP can be found in the following documents—*Guidelines for Infection Control in Dental Health-Care Settings—2003* (available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf), *Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* (available at: http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf), and OSHA Bloodborne Pathogens and Needlestick Prevention (available at: http://www.osha.gov/SLTC/bloodbornepathogens/index.html).

Key Recommendations for DENTAL HEALTH CARE PERSONNEL SAFETY

1. Current CDC recommendations for immunizations, evaluation, and follow-up are available. There is a written policy regarding immunizing DHCP, including a list of all required and recommended immunizations for DHCP (e.g., hepatitis B, MMR (measles, mumps, and rubella) varicella (chickenpox), Tdap (tetanus, diphtheria, pertussis).
2. All DHCP are screened for tuberculosis (TB) upon hire regardless of the risk classification of the setting.
3. Referral arrangements are in place to qualified health care professionals (e.g., occupational health program of a hospital, educational institutions, health care facilities that offer personnel health services) to ensure prompt and appropriate provision of preventive services, occupationally-related medical services, and postexposure management with medical follow-up.
4. Facility has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions.

Program Evaluation

A successful infection prevention program depends on

- Developing standard operating procedures.
- Evaluating practices and providing feedback to DHCP.
- Routinely documenting adverse outcomes (e.g., occupational exposures to blood) and work-related illnesses in DHCP.
- Monitoring health care associated infections in patients.

Strategies and tools to evaluate the infection prevention program can include periodic observational assessments, checklists to document procedures, and routine review of occupational exposures to bloodborne pathogens. The Infection Prevention Checklist for Dental Settings found in Appendix A is one tool DHCP can use to evaluate their infection prevention program. Evaluation offers an opportunity to improve the effectiveness of both the infection-prevention program and dental practice protocols. If deficiencies or problems in the implementation of infection prevention procedures are identified—further evaluation and feedback, corrective action, and training (if applicable) is needed to eliminate the problems.

Key Recommendation for PROGRAM EVALUATION in Dental Settings

1. Establish routine evaluation of the infection prevention program, including evaluation of DHCP adherence to infection prevention practices.

Standard Precautions

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect DHCP and prevent DHCP from spreading infections among patients. Standard Precautions include—

1. Hand hygiene.
2. Use of personal protective equipment (e.g., gloves, masks, eyewear).
3. Respiratory hygiene/cough etiquette.
4. Sharps safety (engineering and work practice controls).
5. Safe injection practices (i.e., aseptic technique for parenteral medications).
6. Sterile instruments and devices.
7. Clean and disinfected environmental surfaces.

Each element of Standard Precautions is described in the following sections. Education and training are critical elements of Standard Precautions, because they help DHCP make appropriate decisions and comply with recommended practices.

When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission-Based Precautions. This second tier of infection prevention is used when patients have diseases that can spread through contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions. Dental settings are not typically designed to carry out all of the Transmission-Based Precautions (e.g., Airborne Precautions for patients with suspected tuberculosis, measles, or chickenpox) that are recommended for hospital and other ambulatory care settings. Patients, however, do not usually seek routine dental outpatient care when acutely ill with diseases requiring Transmission-Based Precautions. Nonetheless, DHCP should develop and carry out systems for early detection and management of

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potentially infectious patients at initial points of entry to the dental setting. To the extent possible, this includes rescheduling non-urgent dental care until the patient is no longer infectious or referral to a dental setting with appropriate infection prevention precautions when urgent dental treatment is needed.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections among patients and DHCP. Education and training programs should thoroughly address indications and techniques for hand hygiene practices before performing routine and oral surgical procedures.

For routine dental examinations and nonsurgical procedures, use water and plain soap (hand washing) or antimicrobial soap (hand antisepsis) specific for health care settings or use an alcohol-based hand rub. Although alcohol-based hand rubs are effective for hand hygiene in health care settings, soap and water should be used when hands are visibly soiled (e.g., dirt, blood, body fluids). For surgical procedures,[1] perform a surgical hand scrub before putting on sterile surgeon's gloves. For all types of hand hygiene products, follow the product manufacturer's label for instructions. Complete guidance on how and when hand hygiene should be performed, including recommendations regarding surgical hand antisepsis and artificial nails can be found in the *Guideline for Hand Hygiene in Health-Care Settings* (available at: http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf).

Key Recommendations for HAND HYGIENE in Dental Settings

1. Perform hand hygiene—
   - **a.** When hands are visibly soiled.
   - **b.** After barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or respiratory secretions.
   - **c.** Before and after treating each patient.
   - **d.** Before putting on gloves and again immediately after removing gloves.
2. Use soap and water when hands are visibly soiled (e.g., blood, body fluids); otherwise, an alcohol-based hand rub may be used.

Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect DHCP from exposure to or contact with infectious agents. PPE that is appropriate for various types of patient interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available. These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Examples of appropriate use of PPE for adherence to Standard Precautions include—

- Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.
- Use of protective clothing to protect skin and clothing during procedures or activities where

[1] Definition from 2003 CDC Dental Guidelines—Oral surgical procedures involve the incision, excision, or reflection of tissue that exposes the normally sterile areas of the oral cavity. Examples include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth (e.g., removal of erupted or nonerupted tooth requiring elevation of mucoperiosteal flap, removal of bone or section of tooth, and suturing if needed).

contact with blood or body fluids is anticipated.

- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.

DHCP should be trained to select and put on appropriate PPE and remove PPE so that the chance for skin or clothing contamination is reduced. Hand hygiene is always the final step after removing and disposing of PPE. Training should also stress preventing further spread of contamination while wearing PPE by:

- Keeping hands away from face.
- Limiting surfaces touched.
- Removing PPE when leaving work areas.
- Performing hand hygiene.

The application of Standard Precautions and guidance on appropriate selection and an example of putting on and removal of personal protective equipment is described in detail in the *2007 Guideline for Isolation Precautions* (available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf).

Key Recommendations for PERSONAL PROTECTIVE EQUIPMENT (PPE) in Dental Settings

1. Provide sufficient and appropriate PPE and ensure it is accessible to DHCP.
2. Educate all DHCP on proper selection and use of PPE.
3. Wear gloves whenever there is potential for contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment.
   a. Do not wear the same pair of gloves for the care of more than one patient.
   b. Do not wash gloves. Gloves cannot be reused.
   c. Perform hand hygiene immediately after removing gloves.
4. Wear protective clothing that covers skin and personal clothing during procedures or activities where contact with blood, saliva, or OPIM is anticipated.
5. Wear mouth, nose, and eye protection during procedures that are likely to generate splashes or spattering of blood or other body fluids.
6. Remove PPE before leaving the work area.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene/cough etiquette infection prevention measures are designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes. The strategies target primarily patients and individuals accompanying patients to the dental setting who might have undiagnosed transmissible respiratory infections, but also apply to anyone (including DHCP) with signs of illness including cough, congestion, runny nose, or increased production of respiratory secretions.

DHCP should be educated on preventing the spread of respiratory pathogens when in contact with symptomatic persons. Respiratory hygiene/cough etiquette measures were added to Standard Precautions in 2007. Additional information related to respiratory hygiene/cough etiquette can be found in the *2007 Guideline for Isolation Precautions* (available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf). Recommendations for preventing the spread of influenza are available at: http://www.cdc.gov/flu/professionals/infectioncontrol/.

Key Recommendations for RESPIRATORY HYGIENE/COUGH ETIQUETTE in Dental Settings

1. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the visit.
   - **a.** Post signs at entrances with instructions to patients with symptoms of respiratory infection to—
     - **i.** Cover their mouths/noses when coughing or sneezing.
     - **ii.** Use and dispose of tissues.
     - **iii.** Perform hand hygiene after hands have been in contact with respiratory secretions.
   - **b.** Provide tissues and no-touch receptacles for disposal of tissues.
   - **c.** Provide resources for performing hand hygiene in or near waiting areas.
   - **d.** Offer masks to coughing patients and other symptomatic persons when they enter the dental setting.
   - **e.** Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care.
2. Educate DHCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.

Sharps Safety

Most percutaneous injuries (e.g., needlestick, cut with a sharp object) among DHCP involve burs, needles, and other sharp instruments. Implementation of the OSHA Bloodborne Pathogens Standard has helped to protect DHCP from blood exposure and sharps injuries. However, sharps injuries continue to occur and pose the risk of bloodborne pathogen transmission to DHCP and patients. Most exposures in dentistry are preventable; therefore, each dental practice should have policies and procedures available addressing sharps safety. DHCP should be aware of the risk of injury whenever sharps are exposed. When using or working around sharp devices, DHCP should take precautions while using sharps, during cleanup, and during disposal.

Engineering and work-practice controls are the primary methods to reduce exposures to blood and OPIM from sharp instruments and needles. Whenever possible, engineering controls should be used as the primary method to reduce exposures to bloodborne pathogens. Engineering controls remove or isolate a hazard in the workplace and are frequently technology-based (e.g., self-sheathing anesthetic needles, safety scalpels, and needleless IV ports). Employers should involve those DHCP who are directly responsible for patient care (e.g., dentists, hygienists, dental assistants) in identifying, evaluating and selecting devices with engineered safety features at least annually and as they become available. Other examples of engineering controls include sharps containers and needle recapping devices.

When engineering controls are not available or appropriate, work-practice controls should be used. Work-practice controls are behavior-based and are intended to reduce the risk of blood exposure by changing the way DHCP perform tasks, such as using a one-handed scoop technique for recapping needles between uses and before disposal. Other work-

practice controls include not bending or breaking needles before disposal, not passing a syringe with an unsheathed needle by hand, removing burs before disassembling the handpiece from the dental unit, and using instruments in place of fingers for tissue retraction or palpation during suturing and administration of anesthesia.

All used disposable syringes and needles, scalpel blades, and other sharp items should be placed in appropriate puncture-resistant containers located close to the area where they are used. Sharps containers should be disposed of according to state and local regulated medical waste rules.

For more information about sharps safety, see the *Guidelines for Infection Control in Dental Health-Care Settings—2003* (available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf), the CDC *Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program* (available at: www.cdc.gov/sharpssafety/), and the CDC Sample Screening and Device Evaluation Forms for Dentistry (available at: www.cdc.gov/OralHealth/infectioncontrol/forms.htm).

Key Recommendations for SHARPS SAFETY in Dental Settings

1. Consider sharp items (e.g., needles, scalers, burs, lab knives, and wires) that are contaminated with patient blood and saliva as potentially infective and establish engineering controls and work practices to prevent injuries.
2. Do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body.
3. Use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., between multiple injections and before removing from a non-disposable aspirating syringe).
4. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers located as close as possible to the area where the items are used.

Safe Injection Practices

Safe injection practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient and DHCP during preparation and administration of parenteral (e.g., intravenous or intramuscular injection) medications. Safe injection practices are a set of measures DHCP should follow to perform injections in the safest possible manner for the protection of patients. DHCP most frequently handle parenteral medications when administering local anesthesia, during which needles and cartridges containing local anesthetics are used for one patient only and the dental cartridge syringe is cleaned and heat sterilized between patients. Other safe practices described here primarily apply to use of parenteral medications combined with fluid infusion systems, such as for patients undergoing conscious sedation. Unsafe practices that have led to patient harm include 1) use of a single syringe—with or without the same needle—to administer medication to multiple patients, 2) reinsertion of a used syringe—with or without the same needle—into a medication vial or solution container (e.g., saline bag) to obtain additional medication for a single patient and then

using that vial or solution container for subsequent patients, and 3) preparation of medications in close proximity to contaminated supplies or equipment.

Safe injection practices were covered in the Special Considerations section (Aseptic Technique for Parenteral Medications) of the 2003 CDC dental guidelines. However, because of reports of transmission of infectious diseases by inappropriate handling of injectable medications, CDC now considers safe injection practices to be a formal element of Standard Precautions. Complete guidance on safe injection practices can be found in the *2007 Guideline for Isolation Precautions* (available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf). Additional materials, including a list of frequently asked questions from providers and a patient notification toolkit, are also available (http://www.cdc.gov/injectionsafety/). The *One & Only Campaign* is a public health effort to eliminate unsafe medical injections. The campaign is led by CDC and the Safe Injection Practices Coalition (SIPC). To learn more about safe injection practices and access training videos and resources, please visit http://www.oneandonlycampaign.org/.

Key Recommendations for SAFE INJECTION PRACTICES in Dental Settings

1. Prepare injections using aseptic technique[2] in a clean area.
2. Disinfect the rubber septum on a medication vial with alcohol before piercing.
3. Do not use needles or syringes* for more than one patient (this includes manufactured prefilled syringes and other devices such as insulin pens).
4. Medication containers (single and multidose vials, ampules, and bags) are entered with a new needle and new syringe, even when obtaining additional doses for the same patient.
5. Use single-dose vials for parenteral medications when possible.
6. Do not use single-dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution for more than one patient.
7. Do not combine the leftover contents of single-use vials for later use.
8. The following apply if multidose vials are used—
   - **a.** Dedicate multidose vials to a single patient whenever possible.
   - **b.** If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., dental operatory) to prevent inadvertent contamination.
   - **c.** If a multidose vial enters the immediate patient treatment area, it should be dedicated for single-patient use and discarded immediately after use.
   - **d.** Date multidose vials when first opened and discard within 28 days, unless the manufacturer specifies a shorter or longer date for that opened vial.
9. Do not use fluid infusion or administration sets (e.g., IV bags, tubings, connections) for more than one patient.

[2] A technique that prevents or reduces the spread of microorganisms from one site to another, such as from patient to DHCP, from patient to operatory surfaces, or from one operatory surface to another.

* A Note about Administering Local Dental Anesthesia: When using a dental cartridge syringe to administer local anesthesia, do not use the needle or anesthetic cartridge for more than one patient. Ensure that the dental cartridge syringe is appropriately cleaned and heat sterilized before use on another patient.

Sterilization and Disinfection of Patient-Care Items and Devices

Instrument processing requires multiple steps using specialized equipment. Each dental practice should have policies and procedures in place for containing, transporting, and handling instruments and equipment that may be contaminated with blood or body fluids. Manufacturer's instructions for reprocessing reusable dental instruments and equipment should be readily available—ideally in or near the reprocessing area. Most single-use devices are labeled by the manufacturer for only a single use and do not have reprocessing instructions. Use single-use devices for one patient only and dispose of appropriately.

Cleaning, disinfection and sterilization of dental equipment should be assigned to DHCP with training in the required reprocessing steps to ensure reprocessing results in a device that can be safely used for patient care. Training should also include the appropriate use of PPE necessary for safe handling of contaminated equipment.

Patient-care items (e.g., dental instruments, devices, and equipment) are categorized as critical, semicritical, or noncritical, depending on the potential risk for infection associated with their intended use.

- Critical items, such as surgical instruments and periodontal scalers, are those used to penetrate soft tissue or bone. They have the greatest risk of transmitting infection and should always be sterilized using heat.
- Semicritical items (e.g., mouth mirrors, amalgam condensers, reusable dental impression trays) are those that come in contact with mucous membranes or non-intact skin (e.g., exposed skin that is chapped, abraded, or has dermatitis). These items have a lower risk of transmission. Because the majority of semicritical items in dentistry are heat-tolerant, they should also be sterilized using heat. If a semicritical item is heat-sensitive, DHCP should replace it with a heat-tolerant or disposable alternative. If none are available, it should, at a minimum, be processed using high-level disinfection.

  Note: Dental handpieces and associated attachments, including low-speed motors and reusable prophylaxis angles, should always be heat sterilized between patients and not high-level or surface disinfected. Although these devices are considered semicritical, studies have shown that their internal surfaces can become contaminated with patient materials during use. If these devices are not properly cleaned and heat sterilized, the next patient may be exposed to potentially infectious materials.

Digital radiography sensors are also considered semicritical and should be protected with a Food and Drug Administration (FDA)-cleared barrier to reduce contamination during use, followed by cleaning and heat-sterilization or high-level disinfection between patients. If the item cannot tolerate these procedures then, at a minimum, protect with an FDA-cleared barrier. In addition, clean and disinfect with an Environmental Protection Agency (EPA)-registered hospital disinfectant with intermediate-level (i.e., tuberculocidal claim) activity between patients. Because these items vary by manufacturer and their ability to be sterilized or high-level disinfected also vary, refer to manufacturer instructions for reprocessing.

- Noncritical patient-care items (e.g., radiograph head/cone, blood pressure cuff, facebow) are those that only contact intact skin. These items pose the least risk of transmission of infection. In the majority of cases, cleaning, or if visibly soiled, cleaning followed by disinfection with an EPA-registered hospital disinfectant is adequate. Protecting these surfaces with disposable barriers might be a preferred alternative.

Cleaning to remove debris and organic contamination from instruments should always occur before disinfection or sterilization. If blood, saliva, and other contamination are not removed, these materials can shield microorganisms and potentially compromise

the disinfection or sterilization process. Automated cleaning equipment (e.g., ultrasonic cleaner, washer-disinfector) should be used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood. After cleaning, dried instruments should be inspected, wrapped, packaged, or placed into container systems before heat sterilization. Packages should be labeled to show the sterilizer used, the cycle or load number, the date of sterilization, and, if applicable, the expiration date. This information can help in retrieving processed items in the event of an instrument processing/sterilization failure.

The ability of a sterilizer to reach conditions necessary to achieve sterilization should be monitored using a combination of biological, mechanical, and chemical indicators. Biological indicators, or spore tests, are the most accepted method for monitoring the sterilization process because they assess the sterilization process directly by killing known highly resistant microorganisms (e.g., *Geobacillus* or *Bacillus* species). A spore test should be used at least weekly to monitor sterilizers. However, because spore tests are only performed periodically (e.g., once a week, once a day) and the results are usually not obtained immediately, mechanical and chemical monitoring should also be performed.

Mechanical and chemical indicators do not guarantee sterilization; however, they help detect procedural errors and equipment malfunctions. Mechanical monitoring involves checking the sterilizer gauges, computer displays, or printouts; and documenting the sterilization pressure, temperature, and exposure time in your sterilization records. Since these parameters can be observed during the sterilization cycle, this might be the first indication of a problem.

Chemical monitoring uses sensitive chemicals that change color when exposed to high temperatures or combinations of time and temperature. Examples include chemical indicator tapes, strips or tabs, and special markings on packaging materials. Chemical monitoring results are obtained immediately following the sterilization cycle and therefore can provide more timely information about the sterilization cycle than a spore test. A chemical indicator should be used inside every package to verify that the sterilizing agent (e.g., steam) has penetrated the package and reached the instruments inside. If the internal chemical indicator is not visible from the outside of the package, an external indicator should also be used. External indicators can be inspected immediately when removing packages from the sterilizer. If the appropriate color change did not occur, do not use the instruments. Chemical indicators also help to differentiate between processed and unprocessed items, eliminating the possibility of using instruments that have not been sterilized.

> **Note:** A single-parameter internal chemical indicator provides information regarding only one sterilization parameter (e.g., time or temperature). Multiparameter internal chemical indicators are designed to react to ≥ 2 parameters (e.g., time and temperature; or time, temperature, and the presence of steam) and can provide a more reliable indication that sterilization conditions have been met.

Sterilization monitoring (e.g., biological, mechanical, chemical monitoring) and equipment maintenance records are an important component of a dental infection prevention program. Maintaining accurate records ensures cycle parameters have been met and establishes accountability. In addition, if there is a problem with a sterilizer (e.g., unchanged chemical indicator, positive spore test), documentation helps to determine if an instrument recall is necessary.

Ideally, sterile instruments and supplies should be stored in covered or closed cabinets. Wrapped packages of sterilized instruments should be inspected before opening and use to ensure the packaging material has not been compromised (e.g., wet, torn, punctured) during storage. The contents of any compromised packs should be reprocessed (i.e., cleaned, packaged, and heat-sterilized again) before use on a patient.

Recommendations for the cleaning, disinfection, and sterilization of dental equipment can be found in the *Guidelines for Infection Control in Dental*

Health-Care Settings—2003 (available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf). Recommendations for the cleaning, disinfection, and sterilization of medical equipment are available in the *Guideline for Disinfection and Sterilization in Healthcare Facilities* (available at: http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf). FDA regulations on reprocessing of single-use devices are available at: http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm071434.

Key Recommendations for STERILIZATION AND DISINFECTION OF PATIENT-CARE DEVICES for Dental Settings

1. Clean and reprocess (disinfect or sterilize) reusable dental equipment appropriately before use on another patient.
2. Clean and reprocess reusable dental equipment according to manufacturer instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.
   a. Have manufacturer instructions for reprocessing reusable dental instruments/equipment readily available, ideally in or near the reprocessing area.
3. Assign responsibilities for reprocessing of dental equipment to DHCP with appropriate training.
4. Wear appropriate PPE when handling and reprocessing contaminated patient equipment.
5. Use mechanical, chemical, and biological monitors according to manufacturer instructions to ensure the effectiveness of the sterilization process. Maintain sterilization records in accordance with state and local regulations.

Environmental Infection Prevention and Control

Policies and procedures for routine cleaning and disinfection of environmental surfaces should be included as part of the infection prevention plan. Cleaning removes large numbers of microorganisms from surfaces and should always precede disinfection. Disinfection is generally a less lethal process of microbial inactivation (compared with sterilization) that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens, including clinical contact surfaces (e.g., frequently touched surfaces such as light handles, bracket trays, switches on dental units, computer equipment) in the patient-care area. When these surfaces are touched, microorganisms can be transferred to other surfaces, instruments or to the nose, mouth, or eyes of DHCP or patients. Although hand hygiene is the key to minimizing the spread of microorganisms, clinical contact surfaces should be barrier protected or cleaned and disinfected between patients. EPA-registered hospital disinfectants or detergents/disinfectants with label claims for use in health care settings should be used for disinfection. Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use. DHCP should follow manufacturer recommendations for use of products selected for cleaning and disinfection (e.g., amount, dilution, contact time, safe use, and disposal). Facility policies and procedures should also address prompt and appropriate cleaning and decontamination of spills of blood or other potentially infectious materials. Housekeeping surfaces, (e.g., floors, walls, sinks) carry less risk of disease transmission than clinical contact

surfaces and can be cleaned with soap and water or cleaned and disinfected if visibly contaminated with blood.

Additional guidance for the cleaning and disinfection of environmental surfaces—including for cleaning blood or body substance spills—is available in the *Guidelines for Environmental Infection Control in Health-Care Facilities* (available at: http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf) and the *Guideline for Disinfection and Sterilization in Healthcare Facilities* (available at: http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf).

Key Recommendations for ENVIRONMENTAL INFECTION PREVENTION AND CONTROL in Dental Settings

1. Establish policies and procedures for routine cleaning and disinfection of environmental surfaces in dental health care settings.
   a. Use surface barriers to protect clinical contact surfaces, particularly those that are difficult to clean (e.g., switches on dental chairs, computer equipment) and change surface barriers between patients.
   b. Clean and disinfect clinical contact surfaces that are not barrier-protected with an EPA-registered hospital disinfectant after each patient. Use an intermediate-level disinfectant (i.e., tuberculocidal claim) if visibly contaminated with blood.
2. Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in health care settings.
3. Follow manufacturer instructions for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, disposal).

Dental Unit Water Quality

Dental unit waterlines (i.e., plastic tubing that carries water to the high-speed handpiece, air/water syringe, and ultrasonic scaler) promote bacterial growth and development of biofilm due to the presence of long narrow-bore tubing, inconsistent flow rates, and the potential for retraction of oral fluids. Dental health care personnel and patients could be placed at risk of adverse health effects if water is not appropriately treated.

All dental units should use systems that treat water to meet drinking water standards (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria). Independent reservoirs—or water-bottle systems—alone are not sufficient. Commercial products and devices are available that can improve the quality of water used in dental treatment. Consult with the dental unit manufacturer for appropriate water maintenance methods and recommendations for monitoring dental water quality. During surgical procedures,[1] use only sterile solutions as a coolant/irrigant using an appropriate delivery device, such as a sterile bulb syringe, sterile tubing that bypasses dental unit waterlines, or sterile single-use devices.

Guidance on dental unit water quality can be found in the *Guidelines for Infection Control in Dental Health-Care Settings—2003* (available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf), and the questions and answers on Dental Unit Water Quality (available at: http://www.cdc.gov/oralhealth/infectioncontrol/questions/dental-unit-water-quality.html).

Key Recommendations for DENTAL UNIT WATER QUALITY in Dental Settings

1. Use water that meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.
2. Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the quality of dental water.
3. Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product.
4. Use sterile saline or sterile water as a coolant/irrigant when performing surgical procedures.

Risk Assessment

Facilities are encouraged to use the Infection Prevention Checklist for Dental Settings (Appendix A)—a companion to the summary guide—to periodically assess practices in their facility and ensure they are meeting the minimum expectations for safe care. In the course of auditing practices, facilities may identify lapses in infection control. If such lapses are identified, efforts should be made to correct the practices, appropriately educate DHCP (if applicable), and determine why the correct practice was not being performed. In addition, consideration should also be made for determining the risk posed to patients by the deficient practices. Certain infection control lapses (e.g., reuse of syringes on more than one patient or to access a medication container that is used for subsequent patients, reuse of lancets) have resulted in bloodborne pathogen transmission and should be halted immediately. Identification of such lapses warrants immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients. Additional resources describing approaches to evaluation and management of infection control breaches identified in health care settings—including those involving lapses related to reprocessing of medical devices—can be found in CDC's Steps for Evaluating an Infection Control Breach (available at: http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.html). In addition, for circumstances warranting patient notification, CDC has developed a Patient Notification Toolkit (available at: http://www. cdc.gov/injectionsafety/pntoolkit/index.html) to assist health care facilities with conducting a patient notification.

Conclusions

The information presented in this document represents basic infection prevention expectations for safe care in dental health care settings. This guidance is not all-encompassing. DHCP and others are encouraged to refer to the original source documents, which provide more detailed guidance and references for the information included in this guide. DHCP are also encouraged to visit the main CDC Web page (www.cdc.gov) for the most current infection prevention information about emerging pathogens and updated information about existing recommendations.

Source Documents

Dental Infection Prevention Guidelines

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

General Infection Prevention Guidelines

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf

Guideline for Hand Hygiene in Health-Care Settings, 2002
www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

Guideline for Infection Control in Healthcare Personnel, 1998
www.cdc.gov/hicpac/pdf/InfectControl98.pdf

Guidelines for Environmental Infection Control in Health-Care Facilities, 2003
www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005
www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization, 2011
www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006
www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf

Key Links for Additional Information

CDC Division of Oral Health
www.cdc.gov/oralhealth

CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Prevention of Healthcare Associated Infections
www.cdc.gov/hicpac/pubs.html

CDC Web site on Hand Hygiene
www.cdc.gov/handwashing

CDC Web site on Influenza
www.cdc.gov/flu

CDC Web site on Injection Safety
www.cdc.gov/injectionsafety

Appendix A:

Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care

The following is a companion to the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. The checklist should be used—

1. To ensure the dental health care setting has appropriate infection prevention policies and practices in place, including appropriate training and education of dental health care personnel (DHCP) on infection prevention practices, and adequate supplies to allow DHCP to provide safe care and a safe working environment.
2. To systematically assess personnel compliance with the expected infection prevention practices and to provide feedback to DHCP regarding performance. Assessment of compliance should be conducted by direct observation of DHCP during the performance of their duties.

DHCP using this checklist should identify all procedures performed in their setting and refer to appropriate sections of this checklist to conduct their evaluation. Certain sections may not apply (e.g., some settings may not perform surgical procedures or use medications in vials, such as for conscious sedation). If the answer to any of the applicable listed questions is no, efforts should be made to determine why the correct practice was not being performed, correct the practice, educate DHCP (if applicable), and reassess the practice to ensure compliance. Consideration should also be made to determine the risk posed to patients by the deficient practice. Certain infection prevention and control lapses (e.g., re-use of syringes on more than one patient, sterilization failures) can result in bloodborne pathogen transmission and measures to address the lapses should be taken immediately. Identification of such lapses may warrant immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients.

Section I lists administrative policies and dental setting practices that should be included in the site-specific written infection prevention and control program with supportive documentation. Section II describes personnel compliance with infection prevention and control practices that fulfill the expectations for dental health care settings. This checklist can serve as an evaluation tool to monitor DHCP compliance with the CDC's recommendations and provide an assurance of quality control.

Infection Prevention Checklist

Section I: Policies and Practices

I.1 Administrative Measures

Facility name:.....

Completed by:.....

Date:.....

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC/Healthcare Infection Control Practices Advisory Committee [HICPAC]), regulations, or standards **Note:** *Policies and procedures should be appropriate for the services provided by the dental setting and should extend beyond the Occupational Safety and Health Administration (OSHA) bloodborne pathogens training.*	❑ Yes ❑ No	
B. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate **Note:** *This may be performed during the required annual review of the dental setting's OSHA Exposure Control Plan.*	❑ Yes ❑ No	
C. At least one individual trained in infection prevention is assigned responsibility for coordinating the program	❑ Yes ❑ No	
D. Supplies necessary for adherence to Standard Precautions are readily available **Note:** *This includes, but is not limited to hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment (PPE).*	❑ Yes ❑ No	
E. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter **Note:** *System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette.*	❑ Yes ❑ No	

I.2 Infection Prevention Education and Training

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. DHCP receive job or task-specific training on infection prevention policies and procedures and the OSHA bloodborne pathogens standard—		
a. upon hire	❑ Yes ❑ No	
b. annually	❑ Yes ❑ No	
c. when new tasks or procedures affect the employee's occupational exposure	❑ Yes ❑ No	
d. according to state or federal requirements	❑ Yes ❑ No	
Note: *This includes those employed by outside agencies and available by contract or on a volunteer basis to the dental setting.*		
B. Training records are maintained in accordance with state and federal requirements	❑ Yes ❑ No	

I.3 Dental Health Care Personnel Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Facility has an exposure control plan that is tailored to the specific requirements of the facility (e.g., addresses potential hazards posed by specific services provided by the facility)	❑ Yes ❑ No	
Note: *A model template that includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at: https://www.osha.gov/Publications/osha3186.pdf.*		
B. DHCP for whom contact with blood or OPIM is anticipated are trained on the OSHA Bloodborne Pathogens Standard:		
a. upon hire	❑ Yes ❑ No	
b. at least annually	❑ Yes ❑ No	
C. Current CDC recommendations for immunizations, evaluation, and follow-up are available. There is a written policy regarding immunizing DHCP, including a list of all required and recommended immunizations for DHCP (e.g., hepatitis B, MMR (measles , mumps, rubella), varicella (chickenpox), Tdap (tetanus, diphtheria, pertussis)	❑ Yes ❑ No	

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I.3 Dental Health Care Personnel Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
D. Hepatitis B vaccination is available at no cost to all employees who are at risk of occupational exposure to blood or other potentially infectious material (OPIM)	❑ Yes ❑ No	
E. Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted 1-2 months after completion of the 3-dose vaccination series	❑ Yes ❑ No	
F. All DHCP are offered annual influenza vaccination **Note:** *Providing the vaccination at no cost is a strategy that may increase use of this preventive service.*	❑ Yes ❑ No	
G. All DHCP receive baseline tuberculosis (TB) screening upon hire regardless of the risk classification of the setting	❑ Yes ❑ No	
H. A log of needlesticks, sharps injuries, and other employee exposure events is maintained according to state or federal requirements	❑ Yes ❑ No	
I. Referral arrangements are in place to qualified health care professionals (e.g., occupational health program of a hospital, educational institutions, health care facilities that offer personnel health services) to ensure prompt and appropriate provision of preventive services, occupationally-related medical services, and postexposure management with medical follow-up	❑ Yes ❑ No	
J. Following an occupational exposure event, postexposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to employee and are supervised by a qualified health care professional	❑ Yes ❑ No	
K. Facility has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. These policies include—		
a. work-exclusion policies that encourage reporting of illnesses and do not penalize staff with loss of wages, benefits, or job status	❑ Yes ❑ No	
b. education of personnel on the importance of prompt reporting of illness to supervisor	❑ Yes ❑ No	

I.4 Program Evaluation

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies and procedures for routine monitoring and evaluation of the infection prevention and control program are available	❑ Yes ❑ No	
B. Adherence with certain practices such as immunizations, hand hygiene, sterilization monitoring, and proper use of PPE is monitored and feedback is provided to DHCP	❑ Yes ❑ No	

I.5 Hand Hygiene

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Supplies necessary for adherence to hand hygiene for routine dental procedures (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible to DHCP	❑ Yes ❑ No	
a. if surgical procedures are performed, appropriate supplies are available for surgical hand scrub technique (e.g., antimicrobial soap, alcohol-based hand scrub with persistent activity) **Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*	❑ Yes ❑ No	
B. DHCP are trained regarding appropriate indications for hand hygiene including handwashing, hand antisepsis, and surgical hand antisepsis **Note:** *Use soap and water when hands are visibly soiled (e.g., blood, body fluids). Alcohol-based hand rub may be used in all other situations.*	❑ Yes ❑ No	

I.6 Personal Protective Equipment (PPE)

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Sufficient and appropriate PPE is available (e.g., examination gloves, surgical face masks, protective clothing, protective eyewear/face shields, utility gloves, sterile surgeon's gloves for surgical procedures) and readily accessible to DHCP	❑ Yes ❑ No	
B. DHCP receive training on proper selection and use of PPE	❑ Yes ❑ No	

I.7 Respiratory Hygiene/Cough Etiquette

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Policies and procedures to contain respiratory secretions in people who have signs and symptoms of a respiratory infection, beginning at point of entry to the dental setting have been implemented. Measures include—		
a. posting signs at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions)	❑ Yes ❑ No	
b. providing tissues and no-touch receptacles for disposal of tissues	❑ Yes ❑ No	
c. providing resources for patients to perform hand hygiene in or near waiting areas	❑ Yes ❑ No	
d. offering face masks to coughing patients and other symptomatic persons when they enter the setting	❑ Yes ❑ No	
e. providing space and encouraging persons with respiratory symptoms to sit as far away from others as possible—if possible, a separate waiting area is ideal	❑ Yes ❑ No	
B. DHCP receive training on the importance of containing respiratory secretions in people who have signs and symptoms of a respiratory infection	❑ Yes ❑ No	

I.8 Sharps Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies, procedures, and guidelines for exposure prevention and postexposure management are available	❑ Yes ❑ No	
B. DHCP identify, evaluate, and select devices with engineered safety features (e.g., safer anesthetic syringes, blunt suture needle, safety scalpels, or needleless IV systems)—		
a. at least annually	❑ Yes ❑ No	
b. as they become available in the market	❑ Yes ❑ No	
Note: *If staff inquire about the availability of new safety devices or safer options and find none are available, DHCP can document these findings in their office exposure control plan.*		

I.9 Safe Injection Practices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies, procedures, and guidelines for safe injection practices (e.g., aseptic technique for parenteral medications) are available	❑ Yes ❑ No	
B. Injections are required to be prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment	❑ Yes ❑ No	

I.10 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies and procedures are available to ensure reusable patient care instruments and devices are cleaned and reprocessed appropriately before use on another patient	❑ Yes ❑ No	
B. Policies, procedures, and manufacturer reprocessing instructions for reusable instruments and dental devices are available, ideally in or near the reprocessing areas	❑ Yes ❑ No	
C. DHCP responsible for reprocessing reusable dental instruments and devices are appropriately trained—		
a. upon hire	❑ Yes ❑ No	
b. at least annually	❑ Yes ❑ No	
c. whenever new equipment or processes are introduced	❑ Yes ❑ No	
D. Training and equipment are available to ensure that DHCP wear appropriate PPE (e.g., examination or heavy duty utility gloves, protective clothing, masks, eye protection) to prevent exposure to infectious agents or chemicals **Note:** *The exact type of PPE depends on infectious or chemical agent and anticipated type of exposure.*	❑ Yes ❑ No	
E. Routine maintenance for sterilization equipment is—		
a. performed according to manufacturer instructions	❑ Yes ❑ No	
b. documented by written maintenance records	❑ Yes ❑ No	

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I.10 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
F. Policies and procedures are in place outlining dental setting response (e.g., recall of device, risk assessment) in the event of a reprocessing error/failure	❑ Yes ❑ No	

I.11 Environmental Infection Prevention and Control

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies and procedures are available for routine cleaning and disinfection of environmental surfaces (i.e., clinical contact and housekeeping)	❑ Yes ❑ No	
B. DHCP performing environmental infection prevention procedures receive job-specific training about infection prevention and control management of clinical contact and housekeeping surfaces—		
a. upon hire	❑ Yes ❑ No	
b. when procedures/policies change	❑ Yes ❑ No	
c. at least annually	❑ Yes ❑ No	
C. Training and equipment are available to ensure that DHCP wear appropriate PPE (e.g., examination or heavy duty utility gloves, protective clothing, masks, and eye protection) to prevent exposure to infectious agents or chemicals	❑ Yes ❑ No	
D. Cleaning, disinfection, and use of surface barriers are periodically monitored and evaluated to ensure that they are consistently and correctly performed	❑ Yes ❑ No	
E. Procedures are in place for decontamination of spills of blood or other body fluids	❑ Yes ❑ No	

I.12 Dental Unit Water Quality

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Policies and procedures are in place for maintaining dental unit water quality that meets Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water	❑ Yes ❑ No	
B: Policies and procedures are in place for using sterile water as a coolant/irrigant when performing surgical procedures **Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*	❑ Yes ❑ No	
C. Written policies and procedures are available outlining response to a community boil-water advisory	❑ Yes ❑ No	

Infection Prevention Checklist

Section II: Direct Observation of Personnel and Patient-Care Practices

Facility name:.....

Completed by:.....

Date:.....

II.1 Hand Hygiene is Performed Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. When hands are visibly soiled	❑ Yes ❑ No	
B. After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions	❑ Yes ❑ No	
C. Before and after treating each patient	❑ Yes ❑ No	
D. Before putting on gloves	❑ Yes ❑ No	
E. Immediately after removing gloves	❑ Yes ❑ No	
F. Surgical hand scrub is performed before putting on sterile surgeon's gloves for all surgical procedures **Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*	❑ Yes ❑ No	

II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)	❑ Yes ❑ No	
B. Hand hygiene is performed immediately after removal of PPE	❑ Yes ❑ No	
C. Masks, Protective Eyewear, and Face Shields		
a. DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids	❑ Yes ❑ No	
b. DHCP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids	❑ Yes ❑ No	
c. DHCP change masks between patients and during patient treatment if the mask becomes wet	❑ Yes ❑ No	

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II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
D. Gloves		
a. DHCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment	❑ Yes ❑ No	
b. DHCP change gloves between patients; do not wear the same pair of gloves for the care of more than one patient	❑ Yes ❑ No	
c. DHCP do not wash examination or sterile surgeon's gloves for the purpose of reuse	❑ Yes ❑ No	
d. DHCP wear puncture- and chemical-resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM	❑ Yes ❑ No	
e. DHCP wear sterile surgeon's gloves for all surgical procedures	❑ Yes ❑ No	
Note: *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*		
f. DHCP remove gloves that are torn, cut, or punctured and perform hand hygiene before putting on new gloves	❑ Yes ❑ No	
E. Protective Clothing		
a. DHCP wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM	❑ Yes ❑ No	
b. DHCP change protective clothing if visibly soiled and immediately or as soon as possible if penetrated by blood or other potentially infectious fluids	❑ Yes ❑ No	

II.3 Respiratory Hygiene/Cough Etiquette

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Signs are posted at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions)	❑ Yes ❑ No	

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II.3 Respiratory Hygiene/Cough Etiquette

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
B. Tissues and no-touch receptacles for disposal of tissues are provided	❑ Yes ❑ No	
C. Resources are provided for patients to perform hand hygiene in or near waiting areas	❑ Yes ❑ No	
D. Face masks are offered to coughing patients and other symptomatic persons when they enter the setting	❑ Yes ❑ No	
E. Persons with respiratory symptoms are encouraged to sit as far away from others as possible. If possible, a separate waiting area is ideal	❑ Yes ❑ No	

II.4 Sharps Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Engineering controls (e.g., self-sheathing anesthetic needles, safety scalpels, needleless IV ports) are used to prevent injuries	❑ Yes ❑ No	
B. Work practice controls (e.g., one-handed scoop technique for recapping needles, removing burs before disconnecting handpieces) are used to prevent injuries	❑ Yes ❑ No	
C. DHCP do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body	❑ Yes ❑ No	
D. DHCP use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., between multiple injections and before removing from a reusable aspirating syringe)	❑ Yes ❑ No	
E. All sharps are disposed of in a puncture-resistant sharps container located as close as possible to the area in which the items are used	❑ Yes ❑ No	
F. Sharps containers are disposed of in accordance with federal, state and local regulated medical waste rules and regulations	❑ Yes ❑ No	

II.5 Safe Injection Practices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Injections are prepared using an aseptic technique in a clean area free from contaminants or contact with blood, body fluids, or contaminated equipment	❑ Yes ❑ No	
B. Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and other devices such as insulin pens) **Note:** *When using a dental cartridge syringe to administer local anesthesia, do not use the needle, syringe, or anesthetic cartridge for more than one patient. Ensure that the dental cartridge syringe is appropriately cleaned and heat sterilized before use on another patient.*	❑ Yes ❑ No	
C. The rubber septum on a medication vial is disinfected with alcohol before piercing	❑ Yes ❑ No	
D. Medication containers (single and multidose vials, ampules, and bags) are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient	❑ Yes ❑ No	
E. Single-dose (single-use) vials, ampules, and bags or bottles of intravenous solutions are used for only one patient	❑ Yes ❑ No	
F. Leftover contents of single-dose vials, ampules, and bags of intravenous solutions are not combined for later use	❑ Yes ❑ No	
G. Single-dose vials for parenteral medications are used when possible	❑ Yes ❑ No	

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II.5 Safe Injection Practices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
H. When using multidose medication vials		
a. multidose vials are dedicated to individual patients whenever possible	❑ Yes ❑ No	
b. multidose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., dental operatory) to prevent inadvertent contamination of the vial	❑ Yes ❑ No	
Note: *If a multidose vial enters the immediate patient treatment area it should be dedicated for single-patient use and discarded immediately after use.*		
c. multidose vials are dated when first opened and discarded within 28 days unless the manufacturer specifies a shorter or longer date for that opened vial	❑ Yes ❑ No	
Note: *This is different from the expiration date printed on the vial.*		
I. Fluid infusion and administration sets (i.e., IV bags, tubings, and connections) are used for one patient only and disposed of appropriately	❑ Yes ❑ No	

II.6 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Single-use devices are discarded after one use and not used for more than one patient	❑ Yes ❑ No	
B. Reusable critical and semicritical dental items and devices are cleaned and heat-sterilized according to manufacturer instructions between patient use **Note:** *If the manufacturer does not provide reprocessing instructions, the item or device may not be suitable for multi-patient use.*	❑ Yes ❑ No	
C. Items are thoroughly cleaned according to manufacturer instructions and visually inspected for residual contamination before sterilization	❑ Yes ❑ No	
D. Food and Drug Administration (FDA)-cleared automated cleaning equipment (e.g., ultrasonic cleaner, instrument washer, washer-disinfector) is used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood	❑ Yes ❑ No	
E. Work-practice controls that minimize contact with sharp instruments (e.g., long-handled brush) are used and appropriate PPE is worn (e.g., puncture and chemical-resistant utility gloves) if manual cleaning is necessary	❑ Yes ❑ No	
F. After cleaning and drying, instruments are appropriately wrapped/packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, instruments are disassembled if indicated by the manufacturer)	❑ Yes ❑ No	
G. A chemical indicator is used inside each package. If the internal indicator is not visible from the outside, an exterior chemical indicator is also used on the package **Note:** *The chemical indicators may be integrated into the package design.*	❑ Yes ❑ No	
H. Sterile packs are labeled at a minimum with the sterilizer used, the cycle or load number, the date of sterilization, and if applicable an expiration date	❑ Yes ❑ No	

CONTINUED

II.6 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
I. FDA-cleared medical devices for sterilization are used according to manufacturer's instructions	❑ Yes ❑ No	
J. A biologic indicator (i.e., spore test) is used at least weekly and with every load containing implantable items	❑ Yes ❑ No	
K. Logs for each sterilizer cycle are current and include results from each load and comply with state and local regulations	❑ Yes ❑ No	
L. After sterilization, dental devices and instruments are stored so that sterility is not compromised	❑ Yes ❑ No	
M. Sterile packages are inspected for integrity and compromised packages are reprocessed before use	❑ Yes ❑ No	
N. Instrument packs are not used if mechanical (e.g., time, temperature, pressure) or chemical indicators indicate inadequate processing (e.g., color change for chemical indicators)	❑ Yes ❑ No	
O. The instrument processing area has a workflow pattern designed to ensure that devices and instruments clearly flow from high contamination areas to clean/sterile areas (i.e., there is clear separation of contaminated and clean workspaces)	❑ Yes ❑ No	
P. Reusable heat sensitive semicritical items that cannot be replaced by a heat stable or disposable alternative are high-level disinfected according to manufacturer's instructions	❑ Yes ❑ No	
Q. High-level disinfection products are used and maintained according to manufacturer instructions	❑ Yes ❑ No	
R. Dental handpieces (including the low-speed motor) and other devices not permanently attached to air and waterlines are cleaned and heat-sterilized according to manufacturer instructions	❑ Yes ❑ No	

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II.6 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
S. If digital radiography is used in the dental setting—		
a. FDA-cleared barriers are used to cover the sensor and barriers are changed between patients	❑ Yes ❑ No	
b. after the surface barrier is removed, the sensor is ideally cleaned and heat sterilized or high-level disinfected according to the manufacturer's instructions. If the item cannot tolerate these procedures, then at a minimum, the sensor is cleaned and disinfected with an intermediate-level, EPA-registered hospital disinfectant	❑ Yes ❑ No	
Note: *Consult with manufacturers regarding compatibility of heat sterilization methods and disinfection products.*		

II.7 Environmental Infection Prevention and Control

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Clinical contact surfaces are either barrier-protected or cleaned and disinfected with an EPA-registered hospital disinfectant after each patient. An intermediate-level (i.e., tuberculocidal claim) disinfectant is used if visibly contaminated with blood	❑ Yes ❑ No	
B. Surface barriers are used to protect clinical contact surfaces that are difficult to clean (e.g., switches on dental chairs, computer equipment, connections to hoses) and are changed between patients	❑ Yes ❑ No	
C. Cleaners and disinfectants are used in accordance with manufacturer instructions (e.g., dilution, storage, shelf-life, contact time, PPE)	❑ Yes ❑ No	
D. Regulated medical waste is handled and disposed of according to local, state, and federal regulations	❑ Yes ❑ No	
E. DHCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)	❑ Yes ❑ No	
Note: *The correct type of PPE depends on infectious or chemical agent and anticipated type of exposure.*		

II.8 Dental Unit Water Quality

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Dental unit waterline treatment products/devices are used to ensure water meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water	❑ Yes ❑ No	
B. Product manufacturer instructions (i.e., waterline treatment product, dental unit manufacturer) are followed for monitoring the water quality	❑ Yes ❑ No	
C. Sterile saline or sterile water is used as a coolant/irrigant when performing surgical procedures **Note:** *Use devices specifically designed for delivering sterile irrigating fluids (e.g., sterile bulb syringe, single-use disposable products, and sterilizable tubing).* **Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*	❑ Yes ❑ No	

Appendix B:

Relevant Recommendations Published by CDC Since 2003

Administrative Measures

1. Develop and maintain written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards.
2. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements.
3. Assign at least one individual trained in infection prevention responsibility for coordinating the program.
4. Provide supplies necessary for adherence to Standard Precautions (e.g., hand hygiene products, safer devices to reduce percutaneous injuries, personal protective equipment).
5. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter.

References

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care
http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html

Infection Prevention Education and Training

1. Maintain training records according to state and federal requirements.

Reference

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Respiratory Hygiene/Cough Etiquette

1. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the visit.
2. Post signs at entrances with instructions to patients with symptoms of respiratory infection to—
   - Cover their mouths/noses when coughing or sneezing.
   - Use and dispose of tissues.
   - Perform hand hygiene after hands have been in contact with respiratory secretions.
3. Provide tissues and no-touch receptacles for disposal of tissues.
4. Provide resources for performing hand hygiene in or near waiting areas.
5. Offer masks to coughing patients and other symptomatic persons when they enter the dental setting.
6. Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care.
7. Educate DHCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.

Reference

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Safe Injection Practices

1. Prepare injections using aseptic technique in a clean area.
2. Disinfect the rubber septum on a medication vial with alcohol before piercing.
3. Do not reuse needles or syringes to enter a medication vial or solution, even when obtaining additional doses for the same patient.
4. Do not use single-dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution for more than one patient.
5. Dedicate multidose vials to a single patient whenever possible.
6. If multidose vials will be used for more than one patient, they should be kept in a centralized medication area and should not enter the immediate patient treatment area to prevent inadvertent contamination.
7. If a multidose vial enters the immediate patient treatment area it should be dedicated for single-patient use and discarded immediately after use.
8. Date multidose vials when first opened and discard within 28 days unless the manufacturer specifies a shorter or longer date for that opened vial.

References

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

CDC: Injection Safety, Information for Providers
www.cdc.gov/injectionsafety/providers.html

Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care
http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html

Sterilization and Disinfection of Patient-Care Items and Devices

1. Have manufacturer instructions for reprocessing reusable dental instruments/equipment readily available, ideally in or near the reprocessing area.
2. Label sterilized items with the sterilizer used, the cycle or load number, the date of sterilization, and (if applicable) the expiration date.
3. Ensure routine maintenance for sterilization equipment is performed according to manufacturer instructions and maintenance records are available.

Reference

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf

Appendix C:

Selected References and Additional Resources by Topic Area

Administrative Measures

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

Table 1: Suggested work restrictions for health care personnel infected with or exposed to major infectious diseases in health care settings, in the absence of state and local regulations

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Guideline for Infection Control in Healthcare Personnel, 1998
www.cdc.gov/hicpac/pdf/InfectControl98.pdf

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)
www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis
http://stacks.cdc.gov/view/cdc/20711

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis
www.cdc.gov/mmwr/PDF/rr/rr5011.pdf

CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management
www.cdc.gov/mmwr/PDF/rr/rr6210.pdf

Infection Prevention Education and Training

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Organization for Safety, Asepsis, and Prevention (OSAP) Knowledge Center
http://www.osap.org/?page=KnowledgeCenter

Association for Professionals in Infection Control and Epidemiology (APIC)
Practice Guidance for Infection Prevention
http://apic.org/Professional-Practice/Overview

Dental Health Care Personnel Safety

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

Guideline for Infection Control in Healthcare Personnel, 1998
www.cdc.gov/hicpac/pdf/InfectControl98.pdf

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)
www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

Influenza Vaccination of Health-Care Personnel
www.cdc.gov/mmwr/PDF/rr/rr55e209.pdf

Influenza Vaccination Information for Health Care Workers
www.cdc.gov/flu/healthcareworkers.htm

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis *in Health-Care Settings, 2005*
www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens and Needlestick Prevention Standards
www.osha.gov/SLTC/bloodbornepathogens/index.html

Program Evaluation

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf
Table 5: Examples of methods for evaluating infection control programs

Example of an audit tool used by federal surveyors in ambulatory surgical centers (including dental)
www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_351.pdf

Measuring Hand Hygiene Adherence: Overcoming the Challenges
www.cdc.gov/handhygiene/Measurement.html

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
www.cdc.gov/oralhealth/infectioncontrol/index.htm
Appendix A: Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care

Standard Precautions

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006
www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf

Harte JA. Standard and transmission-based precautions: An update for dentistry. *J Am Dent Assoc.* 141(5):572-581; 2010.
jada.ada.org/article/S0002-8177(14)61533-6/abstract

Hand Hygiene

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf
Table 2: Hand-hygiene methods and indications

Guideline for Hand Hygiene in Health-Care Settings
www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

CDC Hand Hygiene in Healthcare Settings Educational Materials
www.cdc.gov/handhygiene/

Personal Protective Equipment

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings: Slides and Posters
www.cdc.gov/hai/prevent/ppe.html

Respiratory Hygiene/Cough Etiquette

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

CDC Influenza (Flu) Resources for Health Care Facilities
www.cdc.gov/flu/professionals/infectioncontrol/

CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings
www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

Sharps Safety

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program
www.cdc.gov/sharpssafety

CDC Sample Screening and Device Evaluation Forms for Dentistry
www.cdc.gov/OralHealth/infectioncontrol/forms.htm

Safe Injection Practices

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

CDC Injection Safety: Information for Providers—includes a list of frequently asked questions for providers and injection safety training video.
www.cdc.gov/injectionsafety

One and Only Campaign
www.oneandonlycampaign.org

Sterilization and Disinfection of Patient-Care Items and Devices

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

Table 4: Infection-control categories of patient-care instruments

Appendix C: Methods for Sterilizing and Disinfecting Patient-Care Items and Environmental Surfaces

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf

Resources to assist in the event of a reprocessing error/failure

CDC Health Care Associated Infections, Outbreaks and Patient Notifications
www.cdc.gov/hai/outbreaks/outbreak-resources.html

Patel PR, Srinivasan A, Perz JF. Developing a broader approach to management of infection control breaches in health care settings. *Am J Infect Control.* 2008;36:685–690.

Rutala WA, Weber DJ. How to assess risk of disease transmission to patients when there is a failure to follow recommended disinfection and sterilization guidelines. *Infect Control Hosp Epidemiol* 2007;28:146—155.

Environmental Infection Prevention and Control

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

Guidelines for Environmental Infection Control in Health-Care Facilities
www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf

EPA Medical Waste Frequent Questions
www.epa.gov/osw/nonhaz/industrial/medical/mwfaqs.htm

EPA Where You Live—State Medical Waste Programs and Regulations
www.epa.gov/osw/nonhaz/industrial/medical/programs.htm

Dental Unit Water Quality

Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

CDC Dental Unit Water Quality
http://www.cdc.gov/oralhealth/infectioncontrol/questions/dental-unit-water-quality.html

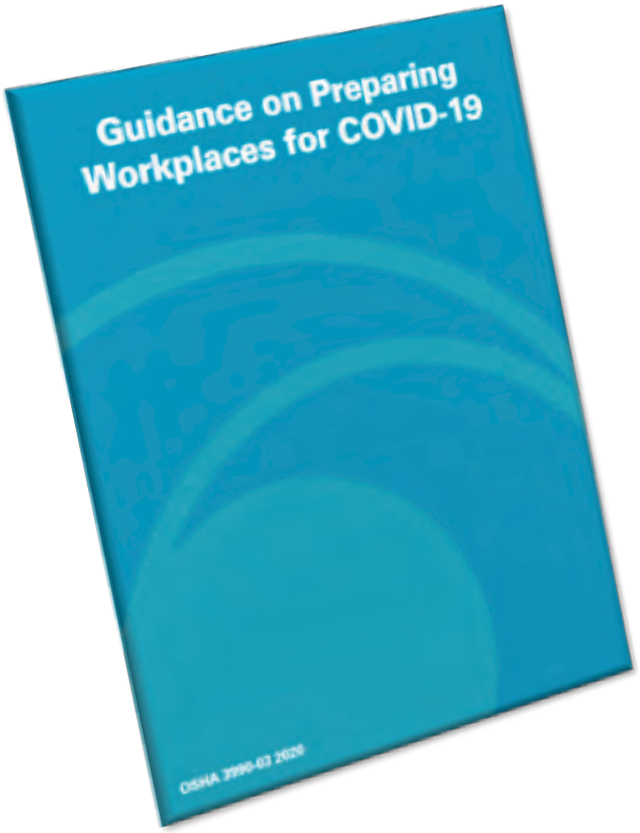
For more information please contact
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30329-4027
Telephone: 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov
Web: www.cdc.gov/oralhealth
Publication date: October 2016

CS 258389A

PANDEMIC PREPAREDNESS PLAN
HEALTHCARE SETTING

CUSTOMIZED PRACTICES & PROTOCOLS

COVID-19
CORONAVIRUS



NAME OF PRACTICE:

_____

Based upon document:
OSHA 3990

Prepared by:

HealthFirst
COMPLIANCE SOLUTIONS

HOW TO USE YOUR PANDEMIC PREPAREDNESS PLAN

The following template is intended for USA Dental Office's to prepare a ***customized*** **Pandemic Preparedness Plan,** as well as a **Respiratory Protection Plan** for your office.

(N-95 Written section to include *Medical Questionnaire & Voluntary Disclaimer* is included at the back of this packet). This plan will provide a sensible, written plan-of-action for the many perplexing & unforeseen issues that can unexpectedly challenge healthcare facilities, during a Pandemic Crisis. Employers and Employees, should use this planning guide to help identify:

Additional guidance may be needed as pandemic conditions change & update. These would include new information about the virus, its transmission, and impacts upon your workplace and safety. Use this guidebook to establish firm protocols for how your office will function & respond to the current pandemic outbreak. The benefits of establishing these protocols will help your team to experience less stress & more productivity as a result. Be safe & Stay Well.

HealthFirst Compliance Solutions

PLEASE READ ADA 8-PAGE
ADA Interim Guidance for Minimizing
Risk of COVID-19 Transmission
BEFORE FILLING IN THIS PANDEMIC PREPAREDNESS PLAN
IT WILL GIVE YOU INSIGHT TO PROPERLY LIST YOUR ANSWERS.

HOW TO COMPLETE THIS TEMPLATE…

Either by printing / using a hardcopy, then write-in your appropriate answers to customize, Or, you can fill-in the PDF version as a "fillable form", then save, print and place in your HealthFirst Compliance Solutions OSHA Manual with a Tab labeled: **Pandemic Preparedness Plan.**

Return to Work Interim Guidance Toolkit

Overview

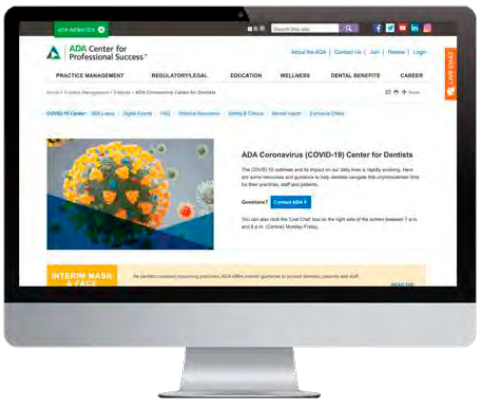
This toolkit contains interim recommendations from the American Dental Association's (ADA's) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the Council on Dental Practice as the COVID-19 knowledge base grows.

The ADA Task Force was convened to advise in the development of tools to support dentists who are returning to work after the COVID-19 closures and practice restrictions. It is recognized that different areas will return to a more familiar style of practice at different times, and under different circumstances. Each dentist will need to incorporate their clinical judgment with their knowledge of the incidences of COVID-19 cases in their area, the needs of their patients, and the availability of any necessary supplies to re-engage in the provision of elective dental care.

Due to the evolving understanding of the world's knowledge of SARS-CoV-2, it is expected that more recommendations will be brought forward that might impact how dentists deliver care. The ADA's Council on Dental Practice will carry on the work of the Advisory Task Force. Further information and recommendations will be provided to our members as it becomes available.

The ADA recognizes that as of May 1, 2020 the Centers for Disease Control (CDC) recommends postponement of elective procedures, surgeries, and non-urgent dental visits. As various jurisdictions ease restrictions on provision of non-emergent care the ADA offers this Return to Work Interim Guidance Toolkit.

For COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists at ADA.org/virus.



Return to Work Interim Guidance Toolkit

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Welcome Back Reassurance Sample Letter

Reassure patients of your office's commitment to maintaining up-to-date infection control procedures. This customizable letter can be updated with your dental practice's information and sent to patients as you reopen the office.

To customize the template for your dental practice, download a copy of the Welcome Back Reassurance Letter (English) / (Spanish).

5/7/2020

Patient Name
Street Address
City,State Zip

Dear Patient:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at office number or visit our website at web address.

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,

Dentist and Team

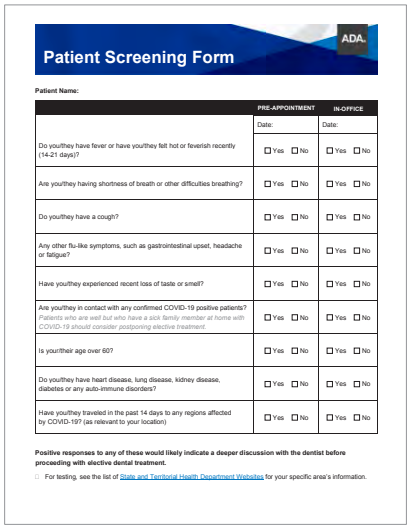
TIP: *Customize the document with your patient's and practice's information for use in print mailings or emails.*

TIP: *Review and customize the bulleted list to reflect the changes to expect when your patients come for their next office visit.*

Return to Work Interim Guidance Toolkit

Pre-Appointment Screening Process

The following questions can be used for screening patients in advance of their office visit. Dentists may need to adapt the following sample transcript to fit their preferred method of communication — phone, video conference, text reminders and secure website — for collecting patient information prior to their office visit.



Patient Screening Form

ADA

Patient Name:

	PRE-APPOINTMENT	IN-OFFICE
	Date:	Date:
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	☐ Yes ☐ No	☐ Yes ☐ No
Are you/they having shortness of breath or other difficulties breathing?	☐ Yes ☐ No	☐ Yes ☐ No
Do you/they have a cough?	☐ Yes ☐ No	☐ Yes ☐ No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/they experienced recent loss of taste or smell?	☐ Yes ☐ No	☐ Yes ☐ No
Are you/they in contact with any confirmed COVID-19 positive patients? *Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.*	☐ Yes ☐ No	☐ Yes ☐ No
Is your/their age over 60?	☐ Yes ☐ No	☐ Yes ☐ No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	☐ Yes ☐ No	☐ Yes ☐ No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

☐ For testing, see the list of State and Territorial Health Department Websites for your specific area's information.

- Identify yourself, the office/doctor's name and ask to speak with the patient or the patient's parent or legal guardian.
- After explaining the purpose for the call, such as an appointment reminder, proceed with the Patient Screening Form (English) / (Spanish) questions.
- Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
    - For testing, see the list of State and Territorial Health Department Websites for your specific area's information.
- Inform patients that these questions will be repeated and their temperature will be taken when they arrive at the office in order to ensure nothing has changed since the phone conversation.
- Remind patients/guardians to limit extra companions on their trip to your office to only essential people in order to reduce the number of people in the reception area.
- If patients/parents/guardians seem reluctant in any way, reassure them that although this may seem strange, it is all being done out of an abundance of concern for their health, as well as that of the other patients being seen in the office, the doctor and the staff, and any public with whom they might come in contact.
- If you need to leave a voicemail or are sending a text message, ask the patient to call the office prior to their appointment for preliminary screening. If your website is capable, you may install the questionnaire and instructions on there for them to access pre-appointment.

Practice Tips:

- If suitable given your office design, you might consider having your patients wait in their car and you can call or text when they should enter the practice. This is not practical for all offices, so use your own judgment. For patients who use other forms of transportation, devise a plan and provide instructions for entering the practice prior to their office visit.
- You might consider asking patients to bring their own pens to use (or supply them with a pen to take with them).
- If they need to cancel due to illness, you might consider waiving any last-minute cancellation fee policies that might exist.

Resource: CDC's Phone Advice Line Tool for Possible COVID-19 Tool

Return to Work Interim Guidance Toolkit

In-Office Patient Registration Procedures

In this section, dental offices can use the following checklist and resources to help prepare staff for accepting patients before they arrive, when they arrive, during their consultations, and after.

- ☐ Have hand sanitizer available for use.
- ☐ Check patient's temperature (<100.4°F) with thermometer.
    - Touchless forehead scan is convenient and produces less waste, though any thermometer is appropriate as long as cleaned appropriately between uses.
    - Be sure to follow the manufacturer's instructions.
    - If elevated temperature is noted, supply patient with mask and instruct them how to don it; follow through with asking screening questions and alert the dentist.
- ☐ Complete Patient Screening Form (English) / (Spanish) (regardless of presence of fever).
    - Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
    - If referring patients for testing, see the list of State and Territorial Health Department Websites for your specific area's information.
    - Remember to maintain the confidentiality of the patient.
- ☐ Consider providing pens (with office brand for marketing) for each patient and then giving it to them, rather than reusing. If reusing, remember to wipe down pens between transfers back and forth.
- ☐ Provide wipes or materials to clean pens, clipboard, counter, phone, keyboards, light switches, surfaces, and anything else high touch.
    - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
    - To disinfect, use products that meet EPA's criteria for use against SARS-CoV2, the cause of COVID-19, and are appropriate for the surface.

Post-Procedural Patient Exit

- ☐ Post-op instructions should include a reminder to report any signs or symptoms of COVID-19 within next 14 days.

Resource: CDC Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response

Return to Work Interim Guidance Toolkit

Reception Area Preparation Strategies

Get your dental office ready for COVID-19. Protect your patients and staff with this checklist. Emphasize hand hygiene and cough etiquette for everyone.

Prepare the entrance to the building or office:

- ☐ Provide a hand sanitation station upon entry into facility, with a notice to people to use it before entry into the rest of the office.

Prepare the waiting area, bathrooms and patient consultation rooms:

- ☐ Provide supplies:
  - ☐ Tissues
  - ☐ Alcohol-based hand rub
  - ☐ Soap at sinks
  - ☐ Trash cans
- ☐ Place chairs 6 feet apart, when possible. Use barriers (like screens), if possible.
- ☐ If your office has toys, reading materials, remote controls or other communal objects, remove them or clean them regularly.
- ☐ On a regular schedule, wipe all touchable surface areas with an approved surface cleaner. Remember to include tables, chair arms, doorknobs, light switches, hangers, and anything else with which people come in contact.
  - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - To disinfect, use products that meet EPA's criteria for use against SARS-CoV, the cause of COVID-19, and are appropriate for the surface.

Resource: CDC's Get Your Clinic Ready for COVID-19

Return to Work Interim Guidance Toolkit

Chairside Checklist

Dentists and staff can use this checklist as they prepare the procedures for working in the operatory rooms during the patient's visit and after.

- ☐ Informed consent: check with your malpractice carrier for any consideration of a revised informed consent form.
- ☐ Limit paperwork in the operatory as much as possible.
    - If using paper charting, cover with clear barrier so you may read what is needed for appointment.
    - Place new chart notes into document away from patient contact area when possible.
- ☐ Cover keyboard of computer with disposable, flexible, clear barrier (e.g. plastic wrap) and change between patients.
- ☐ Limit access to the operatory to the patient only when possible. Supply a mask and shield to anyone who accompanies the patient.
    - Reminder: In certain circumstances, it may be impracticable to limit others in the operatory when their presence is legally required (e.g., translators, service animals).
- ☐ Keep staff level in operatory to the minimum required.
- ☐ Mask pre-entry (for chairside staff also) as virus-containing aerosol particles may exist.
- ☐ No hand shaking, or physical contact.
- ☐ Wash hands and glove in room.
- ☐ Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary.
- ☐ No documented evidence exists at this time to support the pre-procedural rinses to reduce the transmission of the COVID-19 virus.
- ☐ Decide on treatment using clinical judgment and known facts, combining:
    - Patient health/risk factors/geographic incidence of COVID-19.
        - COVID-19 cases by county (CDC data)
        - COVID-19 cases by zip code (Johns Hopkins data)
    - Procedural requirements/clinical risks (production of aerosol, inducement of patient cough during procedure, ability to employ use of rubber dam.)
    - Availability of PPE with relation to risk.
        - ADA Interim Mask and Face Shield Guidelines
        - Understanding Mask Types
        - Tips to Avoid Counterfeit Masks

- ☐ Use professional judgment to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care.
    - As an example, use hand scaling rather than ultrasonic scaling when appropriate.
    - High velocity evacuation should be employed whenever possible.
- ☐ Use of nitrous oxide: use disposable nasal hood; tubing should either be disposable or if reusable, sterilized according to the manufacturer's recommendations.
- ☐ Shock your dental unit water lines if you are returning from an extended break in practice. Consult your manufacturer for proper product recommendations.
- ☐ Use professional judgment on mask removal and replacement between patients.
    - If you are removing your mask, do so outside the treatment room.
    - If the mask is soiled, damaged, or hard to breathe through, it must be replaced.
    - **Resource:** CDC Strategies for Optimizing the Supply of Facemasks
- ☐ Clean the operatory while wearing gloves, a mask, and face shield or goggles.
    - Dispose of surface barriers after each patient.
    - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
    - For disinfection, use products that meet EPA's criteria for use against SARS-CoV-2 (the cause of COVID-19) and are appropriate for the surface, following manufacturer's instructions.
    - Replace surface barriers.
    - Limit paperwork in operatory.
    - Include other evacuation systems.

Resources:

- American Dental Association and Organization for Safety, Asepsis, and Prevention (OSAP) webinar: COVID-19 Infection Control Protocols and Procedures Webinar
- A second webinar was presented on April 24 by the ADA and OSAP on PPE. Visit ADA.org COVID-19 Digital Events page to view the on-demand version.

Staff Protection Strategies

Help protect office staff as you reopen the practice by utilizing the following strategies. Dentists should consider a soft launch where they discuss the new strategies to be implemented and the reasons behind them. Practice these routines with staff before welcoming patients. This should include, among other things, consideration of patient flow into and through the practice, timing for operatory usage and sterilization, staff routines as they don and doff PPE, and how to best time the daily schedules when returning to patient care.

Front Desk

- Front desk staff can wear masks and goggles, or face shields, or offices can install a clear barrier.
- Consider individual phone headsets for each front desk staffer to reduce virus spread through the phone hand piece.

Hand Hygiene

With strict attention to staff hand hygiene, instruct staff to clean hands thoroughly:

- Upon entry into the workplace.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment.
- After removing PPE, refer to the ADA's Hand Hygiene for the Dental Team.
- **Resource:** Introduction to Hand Hygiene for Healthcare Providers

Clothing

- If available, gowns should be considered.
    - Change gown if it becomes soiled.
    - Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
    - **Resource:** Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response
- If scrubs are to be worn, change between street clothes and scrubs upon entry and exit, or do the same with other office garb.
    - Provide laundry facilities in the office.
    - Contracting with a laundry service is another option.
    - Long sleeved garments should be worn.
- Professional judgment should be exercised with regard to the use of disposable foot covers or head covers.

Return to Work Interim Guidance Toolkit

Pregnancy

- Pregnant staff members should seek and follow medical guidance from their physician regarding work.
- Information on COVID-19 in pregnancy is very limited; offices may want to consider limiting exposure of pregnant staff to patients, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible, based on staffing availability. (Source: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.)
- **Resource:** American College of Obstetrics and Gynecology

Coronavirus Diagnostic Tests

- At this time, there is not a FDA approved test that is widely available.
- There are a large number of gray market tests being marketed, not all with reliable results.
- Refer to the ADA News article, *ADA advises dentists to follow science-backed guidance regarding COVID-19 testing, avoid 'gray market'*, that urges dentists to be cautious about using novel coronavirus diagnostic tests before they have been properly evaluated and made available for dentists.
- FDA's FAQs on Diagnostic Testing for SARS-CoV-2
- For testing, see the list of State and Territorial Health Department Websites for your specific area's information.

COVID-19 Employee Screening

- Consider implementing a daily health screening check point and log for all employees entering the workplace. (Download the COVID-19 Daily Screening Log (English) / (Spanish).)

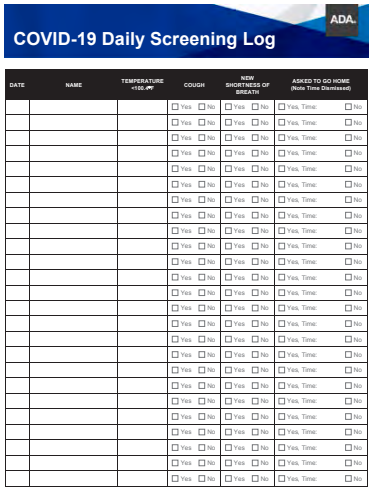
DATE	NAME	TEMPERATURE <100.4°F	COUGH	NEW SHORTNESS OF BREATH	ASKED TO GO HOME (Note Time Dismissed)
	SAMPLE		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No

Example of daily log, available for download.

- Ask all persons (employees/owners/associates) reporting to work the following questions, remembering to respect their confidentiality:

Do you have any of the following?

- Fever or feeling feverish (chills, sweating). Not necessary if temperature taken, though ask about fever-reducing or symptom altering medications.
- Employees who have symptoms of acute respiratory illness are recommended to notify their supervisor and stay home until they are free of fever (100.4° F [38.0° C] or greater using an oral thermometer), have signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
- Shortness of breath (not severe)
- Cough


COVID-19 Daily Screening Log

DATE	NAME	TEMPERATURE <100.4°F	COUGH	NEW SHORTNESS OF BREATH	ASKED TO GO HOME (Note Time Dismissed)
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No

Are you ill, or caring for someone who is ill?

- Persons who are well but who have a sick family member at home with COVID-19 should notify their supervisor.
- Address coming to work in your office policies, addressing sick leave absences as is appropriate for your office situation and size, following any federal and state employment law provisions.
- If an employee is confirmed to have COVID-19, the employer should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (AwDA).
- Resources:
  - What To Do If Someone on Your Staff Tests Positive for COVID-19
  - COVID-19 Employment Law FAQs

In the two weeks before you felt sick, did you:

- Have contact with someone diagnosed with COVID-19?
- Live in or visit a place where COVID-19 is spreading?

Resource: You may send home an employee exhibiting influenza-type symptoms. For more information, see the CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

Return to Work Interim Guidance Toolkit

Shopping List

Think broadly for securing products and supplies. Consider janitorial supply companies, restaurant supply houses, local hardware stores and other places as resources for some materials. Be sure to add yourself to wait lists for products/supplies. It is unclear when supply chains will return to normal, but if you are not on a list you may miss out. Be cautious of the 'gray market' products when shopping.

- ☐ Front desk barrier
- ☐ Hand sanitizer
- ☐ Hand sanitizer stations for entry/exit of practice
- ☐ Tissues: available throughout practice for cough/sneeze etiquette
- ☐ Wastebaskets: near tissues
- ☐ Thermometer(s): for entrance/registration stations
- ☐ Soap
- ☐ Paper goods
- ☐ Disposable pens: May want to order customized pens to give each patient their own or suggest in screening call that patients bring their own.
- ☐ PPE
    - ADA Interim Mask and Face Shield Guidelines
    - Understanding Mask Types
    - Tips to Avoid Counterfeit Masks

This guidance is intended to help dental practices lower (but not eliminate) the risk of coronavirus transmission during the current pandemic. Dental practices should not presume that following the guidelines will insulate them from liability in the case of infection. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.

Return to Work Interim Guidance Toolkit

Appendix

1. Welcome Back Reassurance Letter (English) / (Spanish) (Use link to download Word document)
2. Patient Screening Form (English) / (Spanish) (Use link to download Word form)
3. Interim Mask and Face Shield Guidelines
4. Understanding Mask Types
5. Tips to Avoid Counterfeit Masks
6. COVID-19 Daily Screening Log (English) / (Spanish) (Use link to download Word form)

5/7/2020

Patient Name
Street Address
City,State Zip

Dear Patient:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at office number or visit our website at web address.

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,

Dentist and Team

5/6/20

Nombre del Paciente
Dirección
Dirección

Estimado Paciente:

Esperamos que usted y su familia se encuentren bien de salud. En los últimos meses nuestra comunidad ha pasado por mucho y todos anhelamos regresar a nuestras rutinas. Aunque muchas cosas han cambiado, hay una que no ha cambiado: nuestro compromiso para mantenerlos sanos y salvos.

El control de infección siempre ha sido nuestra máxima prioridad, probablemente usted ya se ha dado cuenta durante sus previas visitas. Nuestros procedimientos para el control de infecciones están hechas para que cuando usted reciba su tratamiento este cómodo y seguro. Les queremos informar sobre los procedimientos que llevamos a cabo para el bienestar de nuestros pacientes y empleados.

Nosotros llevamos a cabo las recomendaciones proporcionadas por la Asociación Dental Americana (American Dental Association - ADA por sus siglas en inglés), por El Centro de Vigilancia de las Enfermedades de los Estados Unidos (U.S. Centers for Disease Control and Prevention – CDC por sus siglas en inglés) y por la Administración de Salud y Seguridad Ocupacional (Occupational Safety and Health Administration – OSHA por sus siglas en inglés). Le damos seguimiento a las actividades de estas organizaciones para mantenernos al día de nuevas normativas u orientaciones emitidas.

En su próxima visita, es muy probable que vea algunos cambios. Estos cambios se hicieron para la protección de nuestros pacientes y empleados. Por ejemplo:

- Antes de su cita nos comunicaremos con usted y le haremos unas preguntas de detección. Al llegar al consultorio le haremos de nuevos las mismas preguntas de detección.
- Al entrar al consultorio le vamos a pedir que use el gel antibacterial para sus manos. Tendremos gel antibacterial en la recepción y en otras áreas del consultorio para su uso.
- Va a notar que ya no tenemos revistas, juguetes y demás en la sala de espera por el simple hecho que son difíciles de desinfectar.
- Llevaremos a cabo las citas de tal manera para permitir distanciamiento social entre los pacientes. Esto puede darle menos opciones para agendar su cita.
- Haremos todo lo posible para espaciar las citas entre los pacientes y a la vez reducir el tiempo de espera y el número de pacientes que estén en la sala.

Esperamos verlos de nuevo y con gusto les contestaremos cualquier pregunta que tenga sobre los pasos que estamos llevando para mantenerlo a usted y a cada paciente seguros en nuestra practica dental. Para hacer una cita, hable al número xxx.xxx.xxxx o visite nuestra página www.xxxxxxxxxx.

Gracias por ser nuestro paciente. Valoramos su confianza y lealtad.

Esperamos darles la bienvenida de nuevo a nuestros pacientes, vecinos y amistades.

Atentamente,

Dentista y personal

Patient Screening Form

Patient Name:

	PRE-APPOINTMENT	IN-OFFICE
	Date:	Date:
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	☐ Yes ☐ No	☐ Yes ☐ No
Are you/they having shortness of breath or other difficulties breathing?	☐ Yes ☐ No	☐ Yes ☐ No
Do you/they have a cough?	☐ Yes ☐ No	☐ Yes ☐ No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/they experienced recent loss of taste or smell?	☐ Yes ☐ No	☐ Yes ☐ No
Are you/they in contact with any confirmed COVID-19 positive patients? *Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.*	☐ Yes ☐ No	☐ Yes ☐ No
Is your/their age over 60?	☐ Yes ☐ No	☐ Yes ☐ No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	☐ Yes ☐ No	☐ Yes ☐ No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

- For testing, see the list of State and Territorial Health Department Websites for your specific area's information.

Forma de Detección

Nombre del Paciente:

	CITA PREVIA	EN LA CITA
	Fecha:	Fecha:
¿Tiene fiebre o se ha sentido con algo de temperatura (en los últimos 14 – 21) días?	☐ Sí ☐ No	☐ Sí ☐ No
¿Ha tenido falta de aire o dificultad para respirar?	☐ Sí ☐ No	☐ Sí ☐ No
¿Tiene tos?	☐ Sí ☐ No	☐ Sí ☐ No
¿Ha tenido otros síntomas como de gripe? ¿Molestias gastrointestinales, dolor de cabeza o fatiga?	☐ Sí ☐ No	☐ Sí ☐ No
¿Recientemente ha tenido pérdida del olfato o del gusto?	☐ Sí ☐ No	☐ Sí ☐ No
¿Tiene contacto con algún paciente diagnosticado con COVID-19? *Pacientes que están bien de salud pero viven con alguien que tiene COVID – 19 deben considerar posponer su cita.*	☐ Sí ☐ No	☐ Sí ☐ No
¿Es mayor de 60 años?	☐ Sí ☐ No	☐ Sí ☐ No
¿Padece de alguna enfermedad cardíaca, enfermedad pulmonar, enfermedad renal, diabetes o trastorno autoinmune?	☐ Sí ☐ No	☐ Sí ☐ No
¿En los últimos 14 días ha viajado a regiones afectadas con COVID-19? (Relevante a su ubicación)	☐ Sí ☐ No	☐ Sí ☐ No

Contestar "Sí" a cualquiera de estas preguntas, indicará una discusión más profunda con su dentista antes de poder proceder con un tratamiento electivo.

- Para análisis, consulte la lista de State and Territorial Health Department Websites para información en su área específica.

Interim Mask and Face Shield Guidelines

These recommendations align with existing CDC recommendations for patients without signs/symptoms of COVID-19.

Use the highest level of PPE available when treating patients to reduce the risk of exposure. Some risk is inherent in all scenarios. If masks with either goggles or face shields are not available, please understand there is a higher risk for infection; therefore, use your professional judgment related to treatment provided and the patient's risk factors.

Considering that patients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all patients can transmit disease.

Mask Type – With Goggles or Face Shield (Understanding Mask Types)		Level of Risk*** to DHCP
	**N95**	Low
	**N95 EQUIVALENT MASK* KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST**	Low
	**Surgical Mask****	Moderate

**The FDA has authorized the use of masks equivalent to the N95 during the pandemic period. Manufacturers approved can be found here: https://www.fda.gov/media/136663/download*

***ASTM has established performance levels for surgical masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.*

- *Level 1 masks have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance.*
- *Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance.*
- *Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure.*

****https://www.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adaorg&utm_medium=covi d-resources-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19*

Professional judgment should be exercised when considering the use of gowns, foot covers and head covers.

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Last Updated: April 19, 2020

Understanding Mask Types

	 SURGICAL MASK	 N95 MASK*	 N95 EQUIVALENT MASK KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST*
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84	FDA Emergency Use Authorization (EUA)
Sizing	No	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/ medium, medium, medium/large, and large.	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/ medium, medium, medium/large, and large.
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's mask emissions	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols). OSHA recommends certifying the authenticity of masks to insure they provide the expected protection.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (non-oil aerosols). Manufactured in compliance with standards of other countries and considered equivalent to NIOSH approved N95 masks. Authorized manufacturers are listed at: https://www.fda.gov/media/136663/download
Face Seal Fit+	Loose-fitting	Tight-fitting**	Tight-fitting**
Fit Testing+ Requirement	No	Temporary lifting of fit test enforcement requirement.	Temporary lifting of fit test enforcement requirement.
User Seal Check Requirement	No	Yes. Required each time the mask is donned (put on)	Yes. Required each time the mask is donned (put on)
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each aerosol-generating patient encounter. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.	Ideally should be discarded after each aerosol-generating patient encounter. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

**OSHA video on mask seal check: https://www.youtube.com/watch?v=pGXiUyAoEd8 .*
Facial hair may affect the fit of the mask: https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf

+Note: A seal test is a user test performed by the wearer every time the mask is put on to insure that the mask is properly seated to the face. If not, it needs to be adjusted. A fit test is used to determine appropriate mask size for the individual.

***A mask that does not fit does not protect you, meaning that you should not rely on it to protect you from infection.*

4/17/20

10564 v002 11/2023

Tips to Avoid Counterfeit Masks*

The Centers for Disease Control and Prevention (CDC) has issued guidance, Counterfeit Respirators / Misrepresentation of NIOSH-Approval, to help healthcare professionals avoid buying counterfeit masks. This page includes information on how to identify a NIOSH-approved respirator, and also a link to NIOSH Certified Equipment List and a NIOSH Trusted Source page.

See the ADA's mask comparison chart and interim guidance on PPE.

Tips for spotting suspicious websites and/or marketplaces before you buy

Website tip-offs:

- Primary email contact uses a free email service
- Presence of typos, bad grammar and other errors
- Contains broken links
- Site is unfinished and temporary “dummy” text is still present

Third-party marketplace red flags:

- Use of terms like “legitimate” and “genuine”
- Customer feedback that seems suspicious
- Inconsistency in the type of products sold
- Prices that are too good to be true
- During times of shortage, claiming “unlimited stock”

Signs that a mask may be counterfeit

- Lack of, or misspelling of NIOSH in the marking
- Claiming approval for use by children
- Presence of decorative add-ons
- Lack of NIOSH approval (TC) number on the N95 or headband
- Lack of any type of marking on the N95
- N95 has ear loops instead of headband

**The CDC uses the term "respirators" in relation to N95, KN95, etc., whereas the ADA uses the term "masks."*

COVID-19 Daily Screening Log

ADA

DATE	NAME	TEMPERATURE <100.4°F	COUGH	NEW SHORTNESS OF BREATH	ASKED TO GO HOME (Note Time Dismissed)
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
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			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No

Registro Diario del COVID-19

FECHA	NOMBRE	TEMPERATURA <100.4°F	TOS	FALTA DE AIRE RECIENTE	LE PIDIERON IRSE A SU CASA (indique la hora)
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
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			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
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			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No
			☐ Sí ☐ No	☐ Sí ☐ No	☐ Sí, Hora: ☐ No

COVID-19

CURRENT PANDEMIC INDICATORS & EFFECTS:

(This template is provided in raw format in the next section of this guidebook. It can be used to fill in for future Pandemic Management)

COVID-19 SYMPTOMS:

Fever, Dry Cough, Body Aches, Headache & Shortness-of-Breath

COVID-19 SPREAD:

Through respiratory droplets, if within 6 ft. of infected person. Secondarily spread through surface contact & inoculation to mouth, nose or eyes. **Known to spread for 2-14 days.**

WORKPLACE EFFECTS:

- Fear / Panic to Misunderstanding / Negligence
- Employee Absenteeism
- Patient Cancellations
- Lack / Limited of PPE
- More Risky Workplace Conditions
- Decrease in Fiscal Stream

SOURCES OF COVID-19

Circulation with: General public, customers, coworkers, sick individuals, international travelers, healthcare workers with unprotected COVID-19 exposures.

EMPLOYEE & PATIENT RISK FACTORS:

Over age 70+, chronic medical conditions, immunocompromised, pregnancy, recent international travel, COVID-19 symptoms.

NON-OCCUPATIONAL RISK FACTORS:

Community exposures, family members with unprotected COVID-19 exposures.

CLASSIFYING WORKER EXPOSURE RISK LEVELS:

- **VERY HIGH — HIGH EXPOSURE RISK:**

  Healthcare workers performing aerosol-generating procedures or invasive specimen collection **on known or suspected COVID-19 patients.** *i.e. Dentists, Hygienists, Dental Assistants*

- **MEDIUM EXPOSURE RISK**

  Medium exposure risk jobs that require frequent and/or close contact (within 6 feet of) of people or patients who may be infected with or suspected COVID-19 patients. *i.e.: Receptionists, Office Managers, Administrative Personnel*

- **LOWER EXPOSURE RISK (CAUTION)**

  Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (i.e., within 6 feet of) the general public. *i.e.: Workers that have minimal occupational contact with the public and other coworkers.*

CONTROL MEASURES TO REDUCE EMPLOYEE RISK & EXPOSURE

1. All Employees will be required to review: Current OSHA, Infection Control & Pandemic Management Protocols (course / video), prior to treating patients within our office. This will include clinical and non-clinical personnel.
2. We will implement all required OSHA Protocols for:

   a. ***Proper donning, discarding and disinfection of PPE.***

   b. ***We will implement immediate disinfection / sterilization practices with hypervigilance during and after patient care.***

   c. ***We will implement current Sterilization & Disinfection Standards, in accordance with the Summary of Infection Prevention for the Dental Setting (2016+)***

   d. ***We will customize our Respiratory Protection Plan. (see below)***

   e. ***We will ensure that our dental facility takes additional measures to protect our quality of air by implementing additional requirements or elective systems to purify & reduce bio-aerosols within our office. We have elected to implement:***
   (check all that apply):
      - ❑ Intraoral "all-in-one-type" bite-block high-speed evacuators
      - ❑ Use Saliva Ejectors designed with safety back flows built in.
      - ❑ Overhead, wide-mouth, Dental Aerosol Suction Systems
      - ❑ Ceiling Panel HEPA / UV Purification Systems
      - ❑ Negative-Pressure Treatment Room Air Purification Systems
      - ❑ Anti-Viral Fogging Unit System for Clinical Area Decontamination
      - ❑ Other: _____

   f. ***We will provide PPE-Head Gear in accordance with current OSHA, CDC & ADA guidelines. This will include the availability of proper fitting, industry standard:***
   (check option that applies to this facility):
      - ❑ Respirators (N-95 or better) with all preliminary safeguards in place, to include: Employee Medical Questionnaire, Written Medical Clearance(s), Voluntary Disclosure/ Risk Factors, Written Respiratory Protection Plan, Initial Fit Test (applicable for N-95s only), Quick-Fit Instructions, Method for Proper care / Decontamination of N-95 Mask & Replacement Protocols. (Required for all USA Dental Offices during Aerosol Procedures at present. Check OSHA, CDC & State Guidelines for future updates)
      - ❑ Surgical Level 3 Masks, Protective Eyewear with side shields & face shield (Use this option with Well-Patients in Non-Aerosol Procedures only)

   g. ***We will provide all required OSHA standard PPE to include:***
      - Proper Fitting Patient / Clinical Gloves
      - Puncture Proof Utility Gloves (1 pair / employee handling soiled instruments)
      - Ear Protection for High Decibel Turbine & Ultrasonic Handpieces
      - Lab Coats ***(check all that apply) (take-home, self-laundering is <u>not</u> OSHA compliant)***
         - ❑ Disposable

- ❑ On-Site Laundered
- ❑ BMW Laundry Service

  * Scrubs are considered "uniforms"; During COVID, Scrubs should be laundered on site or changed prior to leaving the work facility; Isolated in a closed container or zip lock bag; Laundered immediately upon arriving home separate from other family laundry; Clinician should shower immediately.

h. We will provide additional PPE to include:

(check all that apply)

- ❑ Surgical Gowns
- ❑ Hair bonnets
- ❑ Other (explain: _____)
- ❑ Shoe Covers
- ❑ Face Shields

INFECTIOUS DISEASE PREPAREDNESS & RESPONSE PLAN

Management will keep up-to-date on current Pandemic news & directives, our office will refer to:

- Media Broadcasts
- Internet News Posts (trustworthy)
- Federal, State, Local, Tribal Agencies
- Professional & Health Agencies to include:
  - www.ada.org
  - www.cdc.gov (Guidance for Dental during Pandemic)
  - www.osap.org
  - www.hhs.gov
  - www.who.int

We will also implement the following Infectious Disease Preparedness Responses:

(check all that apply; fill-in customized answers as indicated):

a. All Employees understand how to monitor their own Signs & Symptoms of the current Pandemic Virus and agree to remain at home if any symptoms appear or persist.

b. All Employee will be required to review the current Dental Infection Control Mandates as set forth in: CDC Summary for Infection Prevention in the Dental Setting.

c. Each Employee will be required to understand the infection prevention and control policies and CDC infection control recommendations for COVID-19 or current pandemic.

d. All Employees will understand how to evaluate, assess and triage patients with acute respiratory symptoms.

e. All Employees understand fully and know how to implement Standard / Universal Precautions when working clinically.

f. Administrative Employees understand and will implement the use of PPE when within 6 feet or in any kind of contact with patients or office visitors. This will be especially applicable to Administrative and Office Managers. In this office, this will include the use of:

(check all that apply):

- ❑ Masks (Level 1 or 2 for Administrators)
- ❑ Protective Eyewear
- ❑ Lab Coats
- ❑ Gowns
- ❑ Other (explain): _____

_____

g. ***Clinical Employees will understand the Requirements for Performing Aerosol Generating Procedures:***

- Follow Universal Precautions
- Use of all Required PPE / Properly worn
- Use of High-Speed Evacuation Suction

Also see **#2(e)** listed above, for our facility provisions for additional elective protections to aerosol exposure:

h. ***All Employees understand that our facility will provide: amply, proper fitting PPE & a workplace free of hazard or serious harm. Employees will work as a team to ensure that our work environment remains safe & hazard free. Discovery of Virus Positive Patients or Employees will require prompt & proper reporting steps, precaution & possible repeat quarantine. These discoveries should not be misconstrued as a permissible unsafe work environment, as our efforts will be continually focused on Employee Safety & Infection Control & Disease Transmission Prevention.***

i. ***Patient Notification of Emergency Treatment Only***

Our Confirmation Voice Messages to Patients will be:

(check all that apply):

- ❑ In observance of Pandemic Quarantine, we are closed
- ❑ We are seeing Emergencies Only
- ❑ Leave Message with your Contact Information
- ❑ Call Doctor on Duty for Tele-Dentistry Evaluation
- ❑ Call Doctor on Duty for Pre-Screening
- ❑ Other (explain): _____

_____

Our Confirmation Emails to Patients will be:

(check all that apply):

- ❑ In observance of Pandemic Quarantine, we are closed
- ❑ We are seeing Emergencies Only
- ❑ All non-emergency appointments are cancelled
- ❑ Please call us to reschedule your non-emergency appointment
- ❑ Please contact us via phone for a Pre-Screening Evaluation
- ❑ Emergency Patients: Please do not enter our Office upon Arrival, wait in your vehicle, call us to notify us you have arrived. We will need to complete one last Pre-Screening Evaluation. We will approach your car when it is time for you to go into the clinical treatment room.
- ❑ Other (explain): _____

_____

Our Confirmation Texts to Patients will be:

(check all that apply):

- ❑ In observance of Pandemic Quarantine, we are closed
- ❑ We are seeing Emergencies Only
- ❑ All non-emergency appointments are cancelled
- ❑ Please call us to reschedule your non-emergency appointment
- ❑ Please contact us via phone for an additional Pre-Screening Evaluation
- ❑ Emergency Patients: Please do not enter our Office upon Arrival, wait in your vehicle, call us to notify us you have arrived. We will need to complete one last Pre-Screening Evaluation. We will approach your car when it is time for you to go into the clinical treatment room.
- ❑ Other (explain): _____

_____

j. During a Tele-Phone Screening we will use the current ADA Initial Guide Management of Emergency Patient During COVID-19: We will refer to:

ADA, ALGORITHM #1: TRIAGE TO DETERMINE IF PT IS TRUE EMERGENCY—FLOW CHART

ADA ALGORITHM #2: SCREENING THE DENTAL PATIENT FOR EMERGENCY CARE DURING COVID-19—FLOW CHART *(see attached)*

* We abide by our State Directives for Tele-Dentistry Protocols.

k. Patient Placement will be managed with Social Distancing measures, up until the time clinical care is to begin. We will accomplish this by:

(check all that apply):

- ❑ Placing signs outside of our Office for patients to be informed that they are to wait in their vehicle until they are called upon for their appointment.
- ❑ Placing signs outside of our office to ask patient to wait outside, keep social distance from others and call us from their cell phone for one final patient screening.
- ❑ Patients will be seated within our reception room, at least 6 feet from others.
- ❑ Patients will be asked to enter our facility alone; No visitors may accompany them during times of pandemic.
- ❑ Patients will be asked to wait in another designated area, which is: _____

_____

l. Patients, suspected of being COVID (+) will be asked to:

(check all that apply):

- ❑ Asked to leave office; Seek Medical Evaluation. (This will be documented in the patient's chart.)
- ❑ Seek Emergency Care form a Hospital-Type Setting
- ❑ Get a COVID-19 Test prior to being treated at our office
- ❑ We will see these patients using Proper PPE & Infection Control _____

_____

m. Patients, during treatment will be provided:

- ❑ Masks (Level 2 -3)

- ❑ We ask patients to bring & wear their own masks
- ❑ Protective Patient Eyewear
- ❑ Mini Face Shield
- ❑ No additional PPE
- ❑ Patient Bib
- ❑ Disposable, single use cups, saliva ejectors & paper items
- ❑ Other (explain): _____

_____

n. ***Visitors that accompany patients during Pandemic situations will be asked to wait:*** _____

_____

o. ***Visitor that make deliveries will be asked to make drop offs:***

(check all that apply):

- ❑ As usual
- ❑ Using gloves / Mask
- ❑ Left outside of our office dwelling
- ❑ Other (explain): _____

_____

p. ***Our Employees know how to contact our Local / State Health Department for reporting COVID-19 (+) Patients, Suspected patients or patients who meet the persons under investigation (PUI) definition, (patients highly suspect to be COVID-19 (+), exhibiting symptoms, having been exposed to COVID-19 (+) persons or traveled internationally). We have called to confirm that this is the correct phone number, email address:***

Local Health Department:

Phone: _____ Email: _____

or

State Health Department:

Phone: _____ Email: _____

q. ***Our Employees understand that the proper reporting protocol to report a COVID-19 (+), suspected (+) or PUI will be to:***

- **Appendix A** *(located at back of packet—6 pages)*
  Read Instructions for Completing the Human Infection (COVID-19) Person Under Investigation (PUI) and Case Report Form
- **Appendix B** *(located at back of packet—2 pages)*
  Fill out Report Form: Human Infection with COVID-19 Person Under Investigation (PUI) Case Report Form

IMPLEMENTATION OF BASIC INFECTION PREVENTION MEASURES

1. **We Promote Frequent & Thorough Hand Washing,** by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, we provide alcohol-based hand rubs containing at least 60% alcohol.

2. **We Encourage Workers to Stay Home When Sick.** We have policies in place to ask employees to stay-at-home if they are exhibiting signs and symptoms of contagious illness.

3. **Encourage Respiratory Etiquette,** through this written plan, we encourage:
   - Cough etiquette, by use of CDC's: "Cover Your Cough" Poster
   - Provide patients with tissues, trash receptacles & sanitizer gels
   - Train our Employees on Respiratory Etiquette for Infectious Contaminates as well as harmful inhalants.

4. **Guidance on Preparing the Workplace,** we practice hypervigilance when practicing disinfection and housekeeping duties on work-surfaces, equipment, and during sterilization processes. When choosing disinfectant chemicals, we will use (EPA)-approved, medical-grade disinfectants, labeled with claims against emerging viral pathogens, which are most likely to be effective against SARS-CoV-2 based on data for harder to kill viruses. We will follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE worn).

5. **Use Sanitization Precautions to Prevent Cross-Contamination of Shared Work Items.** Employees will be discouraged from using other workers' phones, desks, offices, or other work tools and equipment, when possible. In an effort to limit cross-contamination, instructions to disinfect work surfaces and personal items will be encouraged and enforced. Fresh PPE should be worn even when not in clinical care.

6. **Cross-Training of Personnel & Professional Behavior.** As part of our team-cooperation effort, we understand that we may be asked and will participate in essential operations during and participate as part of a reduced workforce. This would include participation in the cross-training across different job duties, in order to continue operations or deliver limited services. All personnel understand that during Pandemic crisis, they are expected to respond to this request in a supportive and professional manner, in an effort to conserve our resources. We also understand that retaliation or divisive behavior would be legitimate grounds for dismissal.

7. **Anticipated Interrupted Supply Chains or Delayed Deliveries.** We will make contingency delivery plans, as needed, to alternate addresses, and/ or take other steps to reduce the risk of employee exposure to infectious pathogens during Pandemic crisis and also to conserve our resources and keep functions as near to normal as possible.

PROTOCOLS FOR PROMPT IDENTIFICATION OF SICK COVID-19 (+) INDIVIDUALS

The prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, patients & visitors, at our facility. In an effort to identify sick or potentially infected individuals we will:

Employee Identification & Isolation Policies:

(check all that apply):

- ❑ Our Management Monitors Employees' Temperatures & other Signs, Symptoms of Covid-19. We do so privately, prior to beginning patient care for the day; The person administering this wears proper PPE; We privately monitor the results. Employees with Temperatures over 100.4, will be immediately sent home. We will communicate with them for 48 hours to monitor the status of their fever; If it does not break, we will take steps to contact all employees and patients who may have been exposed to the employee according to CDC present directives.
- ❑ Our Management encourages our employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.
- ❑ We encourage our Employees to self-monitor, for Fever.
- ❑ All Employees will review & sign: EMPLOYEE COVID-19 EXPOSURE ASSESSMENT
  This is kept on file. Employees will reassess and inform Management of changes to this status daily until unnecessary. (see Respiratory Protection Plan for Assessment Form)
- ❑ We have a policy for Employees to report signs & symptoms of COVID-19 immediately, or should they have family members that are experiencing such. This should be communicated to Management:
  (Member of Management) _____
- ❑ Via cell phone
- ❑ Via email
- ❑ Via Office Phone Number
- ❑ Other (explain): _____

Patient Identification & Isolation Policies:

a. ***Should a patient be exhibiting signs or symptoms of COVID-19, upon phone screening, the patient's emergency appointment would be cancelled and the patient would be asked to go to the nearest emergency room or hospital with dental care provisions. We will refer to the ADA Initial Guide Management of Emergency Patient During COVID-19: Specifically, we will refer to:***

ADA, ALGORITHM #1: TRIAGE TO DETERMINE IF PT IS TRUE EMERGENCY—FLOW CHART

ADA ALGORITHM #2: SCREENING THE DENTAL PATIENT FOR EMERGENCY CARE DURING COVID-19—FLOW CHART *(see attached)*

❑ Upon approaching our facility, Emergency Patients will see posted signs that will request:

(check all that apply):

- ❑ Signs Posted that ask patient to wait in vehicle; Call our office from their mobile phone; (We will

perform one more patient pre-screening via phone); Tell Patient that an Employee will notify them when it is time for their clinical care.

- ❑ Signs will be posted to ask Patients to keep at least 6-feet from each other when waiting within our Facilities Reception Area
- ❑ Signs requesting patient to wait: _____

  _____
- ❑ We will not allow accompanying visitors with Emergency patients over age 21 and able to wait without assistance. (Check Federal & State for lifts on this protocol)
- ❑ All Patients will review & sign: PATIENT COVID EXPOSURE ASSESSMENT
  This is kept on file. Clinical team & Doctor will assess the patient for physical signs & symptoms as well.

❑ Should a patient be exhibiting signs or symptoms of COVID-19, upon chairside screening & medical history update:

1. The patient would be immediately given a face mask to wear. Patient would be isolated in a designated isolation area within our office.
2. Other workers or people within our facility, would be isolated, behind closed doors and with prohibitive distance
3. Said patient would be dismissed and given contact information and instructed to go to the nearest COVID-19 Testing Center & given Emergency Room / Hospital with dental care:

Name of Hospital / Dental Care Facility: _____

Address: _____

_____ Phone: _____

4. The room and surrounding area where the symptomatic patient occupied would be immediately treated with:

(check all that apply):

- ❑ Medical Grade Disinfectant that is effective as an anti-viral
- ❑ Sprayed, Cleaned, re-wiped with hypervigilance
- ❑ Anti-Viral Fogging Unit will be used
- ❑ Other (explain): _____

  _____
- ❑ If possible, the exposed Employees would seek testing or self-isolate for 14 days.

COVID-19 PATIENT ASSESSMENT

To preserve the health of our patients and employees, please complete the following assessment regarding COVID-19. Your responses will help us prevent any unnecessary exposure. Please let us know if you have any questions. Thank you!

Name: _____ Date: _____

Date of Birth: _____ Gender: ❑ Male ❑ Female

Temperature Upon Arrival: _____

1. Have you been exposed to anyone who has tested positive for COVID-19 in the last two weeks? ❑ Yes ❑ No

2. Have any members of your household been exposed to anyone who has tested positive for COVID-19 in the last two weeks? ❑ Yes ❑ No

3. Have you been exposed to anyone who has, or has had any symptoms associated with COVID-19 in the last two weeks? (e.g. dry cough, fever, shortness of breath) ❑ Yes ❑ No

4. Do any members of your household currently have, or have had, any symptoms associated with COVID-19? (e.g. dry cough, fever, shortness of breath) ❑ Yes ❑ No

5. Have any members of your household been exposed to anyone who has, or has had, any symptoms associated with COVID-19 in the last two weeks? (e.g. dry cough, fever, shortness of breath) ❑ Yes ❑ No

6. Have you been advised to seek COVID-19 testing by another healthcare professional in the last two weeks? ❑ Yes ❑ No

7. Have you been advised to self-quarantine by another healthcare provider in the last two weeks? ❑ Yes ❑ No

Patient Signature: _____

Patient Coordinator: _____

Thank you for helping us prevent any unnecessary exposure to COVID-19!
Your participation will help us flatten the curve and protect our community!

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OUR OBLIGATION TO RECORD & REPORT PANDEMIC (+) CASES:

Employee Monitoring:

While the "common cold / flu" is not expected to be recorded by Employers, OSHA expects that Employers identify COVID-19 / Pandemic Viral Infections among employees. Record & Report using OSHA Form 300/300A within 48 hrs. of discovery. **Employees should self-monitor their signs and symptoms:** Dry cough, elevating fever, body aches, headache & shortness of breath. ***Employers can also take employee's temperatures*** at this juncture.

Reporting COVID (+) or PUI will be completed with Local / State Health Departments as listed previously within this document.

Patient Monitoring:

Pre-Screening Patients prior to Treatment, upon making appointment and then again prior to allowing them entry into our facility is imperative. We will also thoroughly update patient medical history.
Taking Patient Temperature is permissible for most licensed medical professionals and is considered part of a routine vital signs examination. Check your State Licensing Board for details.

Reporting COVID (+) or PUI will be completed with Local / State Health Departments as listed previously within this document.

WORKPLACE COMMUNICATION, FLEXIBILITIES & PROTECTION PLAN

1. **We Encourage Sick Employees to Stay-at Home,** self-monitor, self-isolate if sick. During Pandemic situations, sick leave policies will remain flexible and consistent with public health guidance. We will demonstrate non-punitive sick leave policies; Management will not require a "doctor's note" for employees who are sick with acute respiratory illness to validate their illness or to return to work. We would, however, expect that the employee and Health Department contact us to confirm if an Employee suffers a COVID-19(+) test result.
2. **We will Maintain Flexible Care-for-Sick Family Member Policies** that will permit employees to remain home to care for a sick loved one. We will follow CDC's Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html.
3. **We Recognize Employees' Concerns** about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Our management will provide usable, and appropriate insight and encourage the employee to utilize their employee benefits in conjunction with government aid and support. Management & Employee will mutually respect the consequences of the Pandemic and hold-each-other harmless for unforeseen circumstances or losses. Our policy for pay when experiencing signs, symptoms or fever during COVID / Pandemic will be:
    - ❑ Case-by-case & per Employee
    - ❑ We will pay with in Labor Board State Guidelines
    - ❑ Other: _____
4. **We will Provide Training on Job-Essential Functions,** to include workplace safety, proper hygiene, infection control & sterilization practices and the use of any workplace controls (including PPE & aerosol control systems). We are committed to informing and protecting our workforce with updated safety and infection control practices, prior to having them re-enter the workplace after hiatus.

IMPLEMENTATION OF WORKPLACE CONTROLS:

This section will outline our compliance with OSHA's Hierarchy of Controls to Reduce Workplace Hazards. Listed below, from most effective to least effective are our: ***Engineering, Administrative*** and ***Safe Work Practices*** that help to systematically remove hazardous exposures, rather than relying on workers to reduce their exposure. During a Pandemic Outbreak, we understand that it is not possible to eliminate the hazard. During Emergency Procedures, we know that a combination of control measures will be necessary to protect workers from viral exposure & complying with governmental guidelines to remain on hiatus is the best protection.

Engineering

Engineering Controls involve isolating employees from work-related hazards by reducing exposure to hazards without relying on worker behavior.

Our Engineering Controls during COVID-19 will be to:

(check all that apply):

- ❑ Install High-Efficiency Air Filters
- ❑ Install Negative Pressure Ventilation Systems
- ❑ Increase Ventilation Circulation within the Work Environment

- ❑ Implement a Policy to have Patient Pre-Rinse with an Anti-Viral Rinse
- ❑ Implement Extra-Oral High-Speed Evacuation Systems
- ❑ Implement Intra-Oral High-Speed Evacuation Systems
- ❑ Utilize Anti-Viral Fogging Units within the Clinical Areas
- ❑ Install Barrier Clear Plastic Sneeze Guards

Administrative

Administrative Controls involve the revision of our workplace policies and procedures to reduce or minimize exposure to the Pandemic viral hazard.

Our Administrative Controls during COVID-19 will be to:

(check all that apply):

- ❑ Abide by Government Quarantine Orders
- ❑ Communicate with Patients by use of Tele-Dentistry
- ❑ Minimize Interactions with Co-Workers by Reducing Number of Workforce members
- ❑ Establish new work shifts to reduce the number of employees at our facility at one time
- ❑ Use of PPE during all work hours by all employees (Clinical & Non-Clinical)
- ❑ Establish Communication with Employees via Phone, Text & Email
- ❑ Provide Updates to Employees via Educational Video Links & Webinar Invites
- ❑ Offer Employees Remote Training on:

  (required for reentry into workplace)

  - ❑ COVID-19 Dental Office Management
  - ❑ Infection Control & Housekeeping Updates
  - ❑ Instruct on Implementation of New Equipment for Managing of COVID-19
  - ❑ Proper donning, wearing, storing & replacement of PPE
  - ❑ Proper Handwashing & Hand Care Protocols
  - ❑ OSHA Return-to-Work Updates
  - ❑ HIPAA Return-to-Work Updates

Safe Work Practices

Safe Work Practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard.

Our Safe Work Practices during COVID-19 will be to:

(check all that apply):

- ❑ Promote fresh and continual donning of PPE (clinical & non-clinical personnel)
- ❑ Promote Cough Etiquette & Respiratory Hygiene (provision of Tissue & Hand Sanitizer Gels)
- ❑ Promote Personal Hygiene / Proper Handwashing (provisions of soaps & barrier creams)
- ❑ Post Hand Washing & Cough Etiquette Signs in Facility / Restrooms

PPE

Personal Protective Equipment (PPE) Engineering & Administrative controls are considered more effective in minimizing viral exposures. PPE is also a critical part of disease transmission. PPE needs to me worn and maintained correctly to be effective. Other prevention strategies need to work in tandem with PPE. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Our PPE during COVID-19 will include & be:

(check all that apply):

- ❑ Respirators or Equivalent Respirators are made available to all Employees; Respirators are in adequate supply for the amount of Aerosol Procedure Patients, that are being seen at our location. (OSHA / CDC Pandemic Requirement)
- ❑ Surgical Level 3 Masks are utilized on Well Patients during Non-Aerosol Procedures per Pandemic OSHA & CDC Directives. (OSHA / CDC Pandemic Requirement)
- ❑ Properly Fitted, readily available & replaced when needed, or Employee will not be asked to perform work duties
- ❑ Refitted, Re-tested with Medical Clearances as applicable (N-95 and other Respirators)
- ❑ Up to current OSHA, CDC & ADA Standards
- ❑ Selected based upon highest protection to Employee against Hazard
- ❑ Properly removed, cleaned, and stored or disposed of, to avoid contamination of self, others, or environment
- ❑ Use of Respirators—See Respiratory Plan for all of our Followed Specifications

Current OSHA Standards

OSHA Standards our facility follows current OSHA standards. We provide updates as laws or requirements update or change during Pandemic crisis and after.

Our OSHA Standards during COVID-19 will be to:

(check all that apply):

- ❑ We Follow updates to OSHA Law during & upon "return-to-work" status.
- ❑ We provide all Employees with updates on COVID-19 Standards.
- ❑ We Provide Updated "back-to-work" OSHA Safety Standards to all Employees ***prior*** to having them work at our facility by:
    - ❑ Updating / Reviewing Employee OSHA Training Modules
    - ❑ Updating Employee Required Occupational Hazard Exposure Forms
    - ❑ Provide new Employee Training on COVID-19 Management within the Dental Setting.
    - ❑ Ensure that all OSHA /CDC Infection Prevention Protocols from the Summary of Infection Prevention for the Dental Setting are implemented.
    - ❑ Updating our OSHA Manual with new applicable COVID & Post COVID Mandates.

- ❑ While there is no specific OSHA standard covering SARS-CoV-2 exposure, we adhere to OSHA requirements that most closely apply to preventing occupational exposure to SARS-CoV-2.
- ❑ We adhere to OSHA's Personal Protective Equipment (PPE) standards (29 CFR 1910 Subpart I), which requires employees to use properly fitting:
    - ❑ Properly Fitting Clinical Gloves
    - ❑ Protective eye ware with side shields
    - ❑ Face Shield Protection
    - ❑ Respiratory protection (N95 or Better Respirator for Aerosol Procedures; Surgical Level 3 Mask for Non-Aerosol Procedures (with known well patients)
      www.osha.gov/laws-egs/regulations/standardnumber/1910#1910_Subpart_I

- ❑ As respirators are necessary during Aerosol Procedures to protect our Employees, we will implement a comprehensive Respiratory Protection Program in accordance with the Respiratory Protection standard (29 CFR 1910.134). www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134
- ❑ We abide by OSHA's General Duty Clause, Section 5(a)(1) OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm. www.osha.gov/laws-regs/oshact/completeoshact
    - ❑ To comply we abide by State & Federal Mandates for Workplace closure, limited to only State Directed / Allowed Procedures Treatment. During such time we implement all afore-mentioned Employee Safety Protocols.
    - ❑ To comply we will also implement:

    (check all that apply):

        - ❑ Protocol for Patient to Pre-Rinse with Anti-Viral Rinse
        - ❑ Intraoral "all-in-one-type" bite-block high-speed evacuators
        - ❑ Overhead, wide-mouth, Dental Aerosol Suction Systems
        - ❑ Ceiling Panel HEPA / UV Purification Systems
        - ❑ Negative-Pressure Treatment Room Air Purification Systems
        - ❑ Anti-Viral Fogging Unit System for Clinical Area Decontamination
        - ❑ Other: _____

          _____

- ❑ We comply with OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) as it applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

PREPARING OUR WORKPLACE

OUR PANDEMIC CONTINGINCY PLAN:
GUIDANCE ON PREPARING WORKPLACES FOR PANDEMIC

We acknowledge that establishing a thorough Pandemic Contingency Plan will provide our workforce with improved and / or more reliable response capabilities during a Pandemic Crisis or Ordered Quarantine. Because a crisis of this magnitude affects literally every aspect of our business, below we have created a set of policies, procedures and useable tables to implement in times of Pandemic crisis:

Pandemic Patient Care:

1. Our Policy for Participating in **Tele-Dentistry during Pandemic:**

   (check option that applies to your facility):

   - ❑ Our Doctor(s) will implement Tele-Communication / Tele-Dentistry (As allowed per State Directives.)
   - ❑ Policies to communicate with patients during a Pandemic Ordered Quarantine. These will include policies to enter such communications within the patient chart using applicable codes and patient notes, with date of telecommunication.
   - ❑ Our Doctor(s) will ***not*** participate in Tele-Dentistry during a Pandemic.
   - ❑ We will communicate only via traditional telephone communications.
   - ❑ Other (explain): _____

     _____

     _____

2. Our Policy for **Treating Emergency Patients during a Pandemic.**

   (check option that applies to your facility):

   - ❑ As OSHA, CDC & State Directives prevail, we will adjust to follow these directives above and beyond those of the ADA.
   - ❑ We will not see Emergency Patients during Pandemics; we will make alternative arrangements for seeing Emergency Patients.

     Our Reason for not seeing Emergency Patients:

     - ❑ Doctor(s) / Owner inaccessible
     - ❑ Facility uninhabitable
     - ❑ Technology or Employees unavailable
     - ❑ Other (explain): _____

       _____

       _____

Pandemic Workforce Plan:

1. Our Policies on **"When & Why" to Close Office:**

   (check option that applies to your facility):

   - ❑ Our facility will close when government closure orders are issued.
   - ❑ When & if pandemic conditions are a threat to our employees, families & patients per management decision.
   - ❑ Other (explain): _____

     _____

2. Our Process for Determining **Workforce Shift Staggering, Reduction & Downsizing:**

(check option that applies to your facility):

- ❑ When government mandates closure.
- ❑ When government mandates employee furloughs / unemployment compensation.
- ❑ When & if pandemic conditions are a threat to our employees, families & patients per management decision.
- ❑ When we experience increased rates in worker absenteeism.
- ❑ When Social Distancing or Quarantine is government mandated.

3. Our Policy for **Cooperative Work Hours, Furlough & Labor Reduction Plan during a Pandemic:** Because Pandemic situations are dynamic and continually change, we will follow Federal & Local Government issued mandates during any phase of a Pandemic situation. The following are optional "codes-of-behavior" that we may implement, during various stages of a Pandemic to consolidate work hours as a result of a decrease in demand for patient appointments, to increase the physical distance among employees and patients and to conserve our monetary expenditures:

   - **Flexible Work Hours:** Our team may choose to stagger work shifts.
   - **Furlough:** Some or all employees may take leave of absence as ordered by government officials or management.
   - **Release from Duties:** Some or all of our employees understand that the possibility of employee termination may be required as a result of a Pandemic situation.

In all of the above cases, our team will work will work cooperatively to coordinate our labor reduction efforts during Pandemics. Management will provide guidance or support, as needed for Furlough or Released Employees to secure unemployment or other government relief during this time. Both Management & Employees will exhibit professionalism, cooperation and respect during such required staff changes.

As previously stated, all personnel are aware they may be called upon to be cross-trained, in areas on different or varying job duties. This would be necessary to perform essential operations during a Pandemic crisis. All personnel understand that during Pandemic crisis, they are expected to respond to this request in a supportive and professional manner, in an effort to conserve our resources. Management will of course consider each employees ability to participate in such requests. Employees understand that retaliation or divisive behavior, against or in non-support of our practice, could be legitimate grounds for dismissal.

To ensure that we execute a successful transition to a labor reduction, staggered shift, cooperative hours program, we will ensure:

(check option that applies to your facility):

- ❑ That data within our Facility is properly secured and stored.
- ❑ That individuals working remotely use office issued encrypted laptops with unique passwords.
- ❑ That no paper or electronic drives containing Patient PHI/files leave our facility.
- ❑ That we abide by current HIPAA Standards to keep Patient PHI protected, private & secure.
- ❑ If working from the office, that Administrative Staff have access to PPE, wear it and keep doors locked so as not to be open to unscheduled visitors.
- ❑ If working form office, that we post appropriate signs to instruct unscheduled visitors to call our office with their needs or concerns.

❑ Other (explain): _____

_____

When planning labor reduction, staggered shifts or cooperative work hours during a pandemic crisis, we may utilize the following table.

EMPLOYEE NAME	MONDAY Hours of Coverage	TUESDAY Hours of Coverage	WEDNESDAY Hours of Coverage	THURSDAY Hours of Coverage	FRIDAY Hours of Coverage	SATURDAY Hours of Coverage	SUNDAY Hours of Coverage

Pandemic Supplies Shortages & Deliveries

During times of pandemic crisis, supply and demand of particular critical products may be in short supply / high demand. Should this affect our facilities ability to operate, we will:

(check option that applies to your facility):

- ❑ Employees will not be asked to work if critical or necessary supplies are not available for use within our facility. We will not put our employees at risk.
- ❑ Reduce our work shifts to match, accommodate & ensure that the supply that we have on hand, will be adequate to cover our needs.
- ❑ Create a "Supplies Reimbursement Program", asking interested employees to "scout for supplies" either on-line or from local suppliers. Reimbursement for such supplies would be immediately refunded by:
  Management Name: _____

SUPPLY TYPE	EMPLOYEE NAME Number of Items Cost of Goods	EMPLOYEE NAME Number of Items Cost of Goods	EMPLOYEE NAME Number of Items Cost of Goods	EMPLOYEE NAME Number of Items Cost of Goods	EMPLOYEE NAME Number of Items Cost of Goods

Should our office need to remain closed or sporadically closed during times of pandemic crisis, we would arrange for package deliveries to be:

(check option that applies to your facility & fill-in appropriately):

- ❑ Delay or cancel all deliveries.
- ❑ Allow deliveries to be "left on doorstep"; Post a sign requesting this; Have rotating staff look for and transport all packages into our facility safely.
- ❑ Forward packages, during the duration of the pandemic to:

  Office Members Name: _____

  Office Members Title: _____

  Address: _____

  Cell Phone Number: _____

RESPIRATORY PROTECTION PROGRAM

OUR FACILITIES RESPIRATORY PROTECTION PROGRAM

In accordance with, 29 CFR § 1910.134

OUR RESPIRATORY PROTECTION PROGRAM

In accordance with, 29 CFR § 1910.134.

This section will serve as our **Written Respiratory Protection Program.** We have included our program administrator, respirator-selection process & safety protocols, employee training in **respiratory** hazards.

For N-95 Masks (or better Respirators) we will include: voluntary use disclaimer, medical questionnaire, evaluations & clearance with documentation on file; fit testing; procedures for use; procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing and discarding; procedures to ensure adequate air quality, quantity and flow;

Our **Respiratory Protection Program Administrator is:**
Name of Administrator at the Location: _____

Respiratory PPE Election

Our Respiratory / Head-Gear PPE Election is based upon the ADA Interim Guide Management of Emergency Patient During COVID-19:, as presented in Algorithm 3, MINIMIZING RISK OF COVID-19 TRANSMISSION DURING TRX—FLOW CHART, we are electing to choose:

(check option that applies):

❑ OPTION A ❑ OPTION B

ADA INTERIM GUIDELINES INTERPRETATION FOR MINIMIZING RISK OF COVID-19 TRANSMISSION	**ADA OPTION A**	**ADA OPTION B**
HEAD-GEAR OPTIONS	1. **N-95 MASK PROTECTIVE** 2. EYEWARE W/ SIDE SHIELDS 3. FACE SHIED **ALL PATIENTS** **AEROSOL PROCEDURES**	1. **SURGICAL MASK LEVEL 2-3** 2. EYEWARE W/ SIDE SHIELDS 3. FACE SHEILD **WELL PATIENTS** **NON-AEROSOL PROCEDURES ONLY**
MASK FITTING REQUIREMENTS	Initial Fit Test / Manufacturer Kit Pre-Check Self-Fit Test/ Each Use	Usual PPE Fit Parameters
PATIENT COVID-19 TEST RECOMMENDED *PRIOR* TO DENTAL TRX.	If Possible	If Possible
OTHER CLINICIAN REQUIREMENTS	• Wear proper size clinical gloves • Cloth Lab Coat or Disposable Lab Coat / Gown (Level 2-3) • Puncture Proof Utility Gloves for Room Disinfection & Instrument Transport • Disinfect all reusable PPE immediately after patient care.	• Wear proper size clinical gloves • Cloth Lab Coat or Disposable Lab Coat / Gown (Level 2-3) • Puncture Proof Utility Gloves for Room Disinfection & Instrument Transport Disinfect all reusable PPE immediately after patient care.
POST-DENTAL TRX. PATIENT TESTS COVID-19 (+)	Exposed Clinicians: No Self-Quarantine recommended	Exposed Clinicians: 14-Day Self-Quarantine recommended

Our Employees have been Trained in Respiratory Hazards:

(check all that apply):

- ❑ In relation to COVID-19-Aerosol / Bio-Aerosol Transmission
- ❑ Training was completed prior to returning to our workplace
- ❑ During our Annual OSHA Training & Certification Course
- ❑ Additional Training was provided via: _____

Our PPE Checklist for Disinfection, Decontamination or Replacement:

(All should be in use at this facility; Check all that apply for Lab Coats):

PPE Provided	Employee Type	Well Fitting	Disposable	Maintenance	Replacement
Clinical Gloves	Clinical Non-Clinical	Yes	Yes	Single Use	Yes
Puncture Proof Utility Gloves	All Employees who handle Soiled Instruments	Yes	Reusable	Replace as Needed Disinfect with Medical Grade Disinfectant	Yes
N-95 Respirator or Better	Clinical	Yes ❑	Yes ❑	Decontaminate or Dispose	Yes
Mask Level 3 Well Patients; Non-Aerosol Procedures Only	Clinical	Yes ❑	Yes ❑	Single Use	Yes
Mask Level 1 or 2	Non-Clinical	Yes	Yes	Per Manufacturer	Yes
Lab Coat	All Employees	Yes	❑ Yes ❑ No	❑ Dispose ❑ Launder On-Site ❑ Medical Grade Laundry Service	Yes
Ear Protection	Clinical—Exposure to 2+ Hr. Turbine or Ultrasonic Scaler	Yes (as applicable)	Disposable	Per manufacturer	Yes

THE FOLLOWING SECTION IS APPLICABLE ONLY FOR DENTAL FACILITIES CHOOSING:

ADA OPTION A: N-95 Respirator (of Better) PROTOCOLS

N-95: Facts & Clarifications about N-95 Respirator Use in a Dental Clinical Setting:

- N-95 or Better Respirator are required by OSHA.
- Dental Setting use of a respirator is Voluntary, but not wearing one, could affect your job placement within this facility to keep you safe.
- A N-95 (or Better) respirator is a protective device designed to achieve a very close facial fit and efficient filtration of airborne particles. When properly fitted, the filtration capabilities of N-95 respirators provide exceptional particulate filtration.
- Respirators may not effectively seal, when worn with beards or other facial hair.
- A N-95 respirator is an example of **"a filtering facepiece respirator"**.
- Not all **"filtering facepiece respirators"** require a medical evaluation. Check with Manufacturer to determine this. Employers should pay for the costs of all N-95 Medical Evaluations.
- It is considered Best Practices to conduct Medical Evaluations to ensure the health & well-being of Employees volunteering to wear N-95 or better Respirator.
- Most Respirator Manufacturers include this type of disclaimer with their product:

  Example:

  It is important to understand that while the use of certain N-95 Respirators can reduce the clinician's inhalation exposure to certain bio-aerosols (e.g. viruses, mold, Bacillus anthracis, Mycobacterium tuberculosis,

etc.) Most Respirators cannot eliminate the risk of contracting infection, illness or disease. OSHA and other government agencies have not established safe exposure limits for these contaminants.

- Should the facility determine that Respirator Medical Clearance is necessary, the Employee should fill out a **Medical Questionnaire** (prior to using any Respirator).
- The **Medical Questionnaire** is for the Employee & Physician only and cannot be viewed or kept on file by management.
- Should the facility determine that Respirator Medical Clearance is necessary, a Physician or Qualified Medical Professional must perform a N-95 Medical Exam to ensure the Employee is capable of wearing a respirator mask for long periods of time. Lung capacity and lung health will be confidentially evaluated.
- Only if Required, the Employee will provide a Written Medical Clearance from a qualified Medical Professional to the dental facility, (if the N-95 Respirator model requires such).
- Written Medical Clearances would be kept in the Employee's file.
- After Medical Clearance is obtained, a N-95 Initial Fit Test must be performed.
- Initial Fits Tests are required to match the model or respirator that office is using. OSHA Inspectors will provide a "grace period" to complete the Initial Fit Test, should it be on back order. The Initial Fit test must be completed, ASAP, upon receiving Initial Fit Test Kit.
- Employees must be trained to use & perform a quick, self-fit test of their Respirator.
- If the Respirator becomes damaged, soiled or if the Employee experiences challenges (i.e. breathing becomes difficult, dizziness, headache, irritation, etc.), they should be instructed to leave work area immediately, remove respirator when in a safe zone & report the issue to a supervisor.

Our Respirator Mask Selection Process & Safety Protocols will include & be:

(Facility Management check all that apply):

- ❑ NIOSH-approved, N-95 filtering facepiece respirators or better will be properly used in the context of this comprehensive, written respiratory protection program.
- ❑ Employees understand the wearing an Respirator in this facility is Voluntary.
- ❑ Employees will be educated as to the Risks & Benefits of wearing an Respirator, and sign a Voluntary Disclaimer Form. Risks can include ischemia/ lack of oxygen due to compromised lung capacity, ill-fitting mask or improper decontamination of mask.
- ❑ Before choosing a N-95, we checked with Manufacturer to see if Medical Clearance for the particular model of the ***"fitted facepiece respirator"*** is required.
- ❑ As required, Employees will fill-out a pre-qualifying Medical Questionnaire. (This document is for the employee & physician only)
- ❑ As required and instructed by manufacturer, before wearing a N-95 mask, Employees must be evaluated by a physician to ensure their lung capacity is adequate for donning a N-95 mask during work shifts. A Physicians Note to confirm pass or fail is required and will be kept on file.
- ❑ As "Best Practices" our Facility will have all volunteering Employees go through Medical Evaluations. We will provide the Medical Questionnaire. (see attached)
- ❑ Initial Fit Tests are required to match the model or N-95 respirator that office is using. OSHA Inspectors will provide a "grace period" to complete the N-95 Initial Fit Test, should it be on back order. The Initial Fit test must be completed, ASAP, upon receiving N-95 Initial Fit Test Kit.
- ❑ Before wearing an Respirator, the Employee must pass a physical endurance test that includes fit-testing, training, donning and fore mentioned medical exams. Repeated test will be performed

whenever a new Respirator is needed for replacement. ***See OSHA's Respiratory Protection standard, 29 CFR 1910.134 at www.osha.gov/laws***

- ❑ All Employees capable of wearing Respirator, and having signed a Voluntary Disclaimer, will partake in Respiratory Training that includes: Respirator Mask: use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations of respiratory protection equipment. (see attached Respirator Training Guide Example)
- ❑ When disposable respirators are not available, we will consider using other respirators that provide greater protection and improve worker comfort. These will only be implemented upon checking with manufacturers for medical clearance requirements. Examples include: A R/P95, N/R/P99, or N/R/P100, air-purifying elastomeric (e.g., half-face or full-face) respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate resistance (HEPA) filter; or supplied air respirator (SAR). ***See CDC/NIOSH guidance for optimizing respirator supplies at: www. cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy***
- ❑ We may consider using PAPRs or SARs, (Powered Air Purifying Respirators or Supplied Air Respirators; Motorized; Battery powered; Deliver continuous flow of filtered air) which are more protective than filtering facepiece respirators, for any aerosol generating dental procedures. IF used, all Medical Clearances would be followed.
- ❑ Some Clinicians within our facility are choosing to use, NIOSH-Approved Surgical N-95 respirator, upon passing all required tests.
- ❑ Face shields will also be worn over our respirators to prevent bulk contamination of the respirator.
- ❑ We have chosen our Respirator Masks, considering factors such as function, fit, ability to decontaminate, disposal, and cost. We comply with manufacturers testing requirements for fit and medical clearances as applicable.

Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face shield. We will ensure that the face shield does not prevent airflow through the respirator.

OSHA's Respiratory Protection eTool provides basic information on respirators such as medical requirements, maintenance and care, fit testing, written respiratory protection programs, and voluntary use of respirators, which employers may also find beneficial in training workers at: www.osha.gov/SLTC/etools/respiratory.

Also see NIOSH respirator guidance at: www.cdc.gov/niosh/topics/respirators

Learn more at: www.osha.gov/SLTC/respiratoryprotection.

Our Respirator Medical Questionnaire, Medical Evaluation & Medical Clearance.

As required by manufacturer for some "fitted facepiece respirator", the following forms will serve to document that an Employee at our facility have completed these required steps and are ready to proceed to fit-testing:

1. **Employee to Complete Voluntary Disclaimer Form**—All clinicians need to sign & kept on file.
2. **Medical Questionnaire—given to Employee to Complete** and share with Physician (Management at this facility will only provide this form. Information to be filled-out is confidential and kept between the Employee & Medical Examiner only)

3. **Medical Clearance Performed** by Physician or qualified Licensed Healthcare Professional:
4. **If Required, Written Medical Clearance Kept on File** at this facility in the Employees file.
5. **Respirator Fit Test Completed** this will be a thorough fit test according to manufacturer's directions.
6. **Employee Tracking by Management** at this facility. We will monitor the Employee to ensure that the use of said respirator is not causing any undesirable side effects. If so, Employee will be asked to consider discontinuing use, and implementing an alternative acceptable PPE choice.

Appendix D: OSHA Respiratory Protection Standard

REQUIRED COPY: APPENDIX D OF OSHA RESPIRATORY PROTECTION STANDARD § 1910.134 MANDATORY INFORMATION FOR EMPLOYEES USING RESPIRATORS WHEN NOT REQUIRED UNDER THE STANDARD

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. ***However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker.*** Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. ***If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.***

1. We read & implement all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. We only use N-95 respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Each clinical employee understands that wearing Respirator at our facility will be voluntary. A Disclosure with risk factors, Medical Questionnaire and Medical Clearance Examination (to ensure lung breathing capacity is adequate), will be provided to each employee that would like to wear an N-95 should we make provisions to provide them. (see attached documents)
4. Employees wearing will not wear respirator into atmospheres containing contaminants for which the respirator is not designed to protect against. It is understood that a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
5. Employees wearing Respirators, will keep track of their own Respirator and mask. Be sure to dispose of in BMW Red Bag.

Respirator: Forms & Employee Use Training Guide

The following pages will provide:

- Voluntary Use, Disclaimers Signature Form
- Medical Questionnaire Form
  (includes: OSHA's Respiratory Protection (Sec. 1910.134)
- Respirator Basic Training Document

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Use of Respirators in Dental Clinical Setting

Voluntary Use Agreement & Disclaimer

This document will serve to disclose and clarify the risks and benefits of wearing a respirator type clinical mask within the clinical setting. Wearing a respirator in the dental clinical setting is not required by your employer & it is not an OSHA standard.

Should you request to wear a respirator to avoid or reduce exposure to an airborne hazard, if your employer permits you to wear a respirator where it is not required, it is considered voluntary respirator use. Other types of considered respirators may include, other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, powered air purifying respirators.

WARNING:

It is important to understand that while the use of certain Respirators can reduce the clinician's inhalation exposure to certain bio-aerosols (e.g. viruses, mold, Bacillus anthracis, Mycobacterium tuberculosis, etc.) the Respirators cannot eliminate the risk of contracting infection, illness or disease. OSHA and other government agencies have not established safe exposure limits for these contaminants.

Before you can voluntarily use a respirator, your employer must ensure that its use does not present a health hazard to you. To do this, your employer must implement and review with you, a workplace, ***Written Respiratory Protection Program*** necessary to ensure that any worker using a respirator voluntarily is medically able to use that respirator. It is important that before wearing an Respirator in the clinical setting the Employee: fills out a Medical Questionnaire, seeks a Medical Examination & provides clearance to wear a Respirator. This will be to ensure that your lung capacity is capable of pulling adequate oxygen through the respirator apparatus.

Warning signs that a respirator may not be an appropriate choice for the clinician would be: dizziness, light-headedness, shortness of breath, lack of oxygen, headaches, tiredness, weakness, discomfort from wearing the mask, difficulty communicating. Touching under the Respirator or near eyes will increase the chance for contracting infectious pathogens.

In addition, your employer must ensure that the respirator is properly cleaned, stored and maintained so that its use does not present a health hazard to you.

If you will be voluntarily using a respirator, your employer is also required to provide you with this, copy of ***Appendix D of OSHA's Respiratory Protection (Sec. 1910.134).*** This document contains the precautions you should take when wearing a respirator voluntarily:

- Read and follow the manufacturer's instructions provided with the respirator. These instructions include information on how to properly use, maintain, and care for the respirator, along with warnings on the capabilities and limitations of the respirator;
- Choose N-95 respirators that have been certified by NIOSH for protection against the contaminant of concern;
- Keep track of your respirator so that you do not use someone else's respirator by mistake; and
- Do not wear your respirator in areas with contaminants that the respirator is not designed to protect against. For example, remember that a particulate respirator does not protect you against gases, vapors and the non-particulate components of fumes, mists, fogs, smoke and sprays.

Voluntary use is *only* permitted when your employer has determined that there is no airborne hazard that would *require* the use of a respirator. Most Respirators are designed for use in a dry-field, without exposure to aerosol

moisture. Commonly, manufacturers will include disclaimers about this and make reference that the Respirator cannot eliminate the risk of contracting infection, illness or disease. There are also other pathways for viral contraction of communicable disease.

Talk to your Supervisor about respirator use or requirements, follow all medical pre-checks, examinations and clearance requirements before wearing your initial or subsequent respirators.

For more information about respirator use in your workplace, refer to these OSHA and NIOSH websites. You will find OSHA's Respiratory Protection Standard, additional respirator training videos, and other guidance material to help you work safely. https://www.osha.gov/video/respiratory_protection/voluntaryuse.html

I have read and fully understand the information provided within the Voluntary Agreement / Disclaimer & OSHA's Appendix D for Respiratory Protection Standard **(1910.134)**. I am fully aware of the risks and limitation that a respirator mask will provide to me in a dental clinical environment. I will complete all required medical questionnaires, examination(s), provide medical clearance from a physician, participate in a comprehensive N-95 fit-test (per manufacturer's instructions) and perform quick-fit-self-test (for N-95s & KN-95s) when donning my respirator. Upon respirator replacement, I will repeat steps as the current law requires.

Respirator Type:
- ❑ Filtering facepiece (NIOSH N-95)
- ❑ Other (type & manufacturer): _____

N-95 Initial Fit Test: Completion Date _____
- ❑ Results ***adequate;*** Can wear N-95 Respirator
- ❑ Results ***inadequate;*** Cannot wear N-95 Respirator

Employee Signature: _____ Date: _____

Print Employee Name: _____

Management / Witness Signature: _____ Date: _____

Print Management Name: _____

Management Title/ Role: _____

Risk Assessment for Employee who cannot / will not wear N-95:

As this employee cannot / will not wear a N-95 Respirator or Better Mask, therefore, they will:

- ❑ Wear Surgical Level 3 Mask and perform only Non-Aerosol Procedures, on well patients understanding this PPE is rated to provide Moderate Risk Protection.
- ❑ This Employee will not provide clinical care within our Facility.
- ❑ Other: _____

COVID-19 EMPLOYEE ASSESSMENT

To preserve the health of our patients and employees, please complete the following assessment regarding COVID-19. Your responses will help us prevent any unnecessary exposure. Please let us know if you have any questions. Thank you!

Name: _____ Date: _____

Date of Birth: _____ Gender: ❑ Male ❑ Female

Temperature Upon Arrival: _____

1. Have you been exposed to anyone who has tested positive for COVID-19 in the last two weeks? ❑ Yes ❑ No

2. Have any members of your household been exposed to anyone who has tested positive for COVID-19 in the last two weeks? ❑ Yes ❑ No

3. Have you been exposed to anyone who has, or has had any symptoms associated with COVID-19 in the last two weeks? (e.g. dry cough, fever, shortness of breath) ❑ Yes ❑ No

4. Do any members of your household currently have, or have had, any symptoms associated with COVID-19? (e.g. dry cough, fever, shortness of breath) ❑ Yes ❑ No

5. Have any members of your household been exposed to anyone who has, or has had, any symptoms associated with COVID-19 in the last two weeks? (e.g. dry cough, fever, shortness of breath) ❑ Yes ❑ No

6. Have you been advised to seek COVID-19 testing by another healthcare professional in the last two weeks? ❑ Yes ❑ No

7. Have you been advised to self-quarantine by another healthcare provider in the last two weeks? ❑ Yes ❑ No

Employee Signature: _____

Practice Coordinator: _____

Thank you for helping us prevent any unnecessary exposure to COVID-19!
Your participation will help us flatten the curve and protect our community!

COVID-19 EMPLOYEE / PATIENT ASSESSMENT—MULTI USE

1. Do you have or have you had a fever or above normal temperature during the past 14 days?
2. Have you experienced shortness of breath or had trouble breathing?
3. Do you have a dry cough?
4. Do you have a runny nose?
5. Any other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue?
6. Have you experienced a recent loss of taste or smell?
7. Do you have a sore throat?
8. Have you had contact with someone who tested positive for COVID-19?
9. Have you been tested for COVID-19 are awaiting test results?
10. Have you traveled outside the United States by air or cruise ship within the past 14 days?
11. Have you traveled within the United States by air/bus/train/Uber/Lyft within the past 14 days?

If any of the above statements apply to you, please write the number(s) in the "Changes" box.
If none of the above statements apply, write "N/A" in the "Changes" box.

Date	Temp.	Changes	Initials

Date	Temp.	Changes	Initials

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Medical Questionnaire Form

Note: This is not a fillable form. Pages 42-46 must be printed and given to employee to fill out for privacy purposes.

A Medical Questionnaire (M/Q) is not always required for all models of Respirators. It is however, considered Best Practices to provided a copy of this M/Q to an employee who is concerned or interested in having their lung capacity checked with a qualified healthcare provider, in order to obtain clearance to wear a Respirator.

Employers should provide a blank copy of the M/Q for the employee to take to the healthcare examiner. This document is not to be kept on file nor viewed by the Employer.

OSHA INFOSHEET

Respirator Medical Evaluation Questionnaire

Respirators must be used in workplaces in which employees are exposed to hazardous airborne contaminants. When respiratory protection is required employers must have a respirator protection program as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134). Before wearing a respirator, workers must first be medically evaluated using the mandatory medical questionnaire or an equivalent method. To facilitate these medical evaluations, this INFOSHEET includes the mandatory medical questionnaire to be used for these evaluations.

Medical Evaluation and Questionnaire Requirements

The requirements of the medical evaluation and for using the questionnaire are provided below:

- The employer must identify a physician or other licensed health care professional (PLHCP) to perform all medical evaluations using the medical questionnaire in Appendix C of the Respiratory Protection standard or a medical examination that obtains the same information. (See Paragraph (e)(2)(i).)
- The medical evaluation must obtain the information requested in Sections 1 and 2, Part A of Appendix C. The questions in Part B of Appendix C may be added at the discretion of the health care professional. (See Paragraph (e)(2)(ii).)
- The employer must ensure that a follow-up medical examination is provided for any employee who gives a positive response to any question among questions 1 through 8 in Part A Section 2, of Appendix C, or whose initial medical examination demonstrates the need for a follow-up medical examination. The employer must provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP. (See Paragraph (e)(3)(i).)
- The medical questionnaire and examinations must be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee and in a manner that ensures that he or she understands its content. The employer must not review the employee's responses, and the questionnaire must be provided directly to the PLHCP. (See Paragraph (e)(4)(i).)

Excerpt from Appendix C of 29 CFR 1910.134:
OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Once filled out, this form must be given to the PLHCP. This form should **not** be submitted to OSHA.

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Part A Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:
2. Your name:
3. Your age (to nearest year):
4. Sex: ☐ Male ☐ Female
5. Your height: ft. in.
6. Your weight: lbs.
7. Your job title:
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health care professional who will review this questionnaire (check one): ☐ Yes ☐ No
11. Check the type of respirator you will use (you can check more than one category):
    a. ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
    b. ☐ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (check one): ☐ Yes ☐ No If "yes," what type(s):

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

	YES	NO
1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?	☐	☐
2. Have you *ever had* any of the following conditions?	☐	☐
a. Seizures	☐	☐
b. Diabetes (sugar disease)	☐	☐
c. Allergic reactions that interfere with your breathing	☐	☐
d. Claustrophobia (fear of closed-in places)	☐	☐
e. Trouble smelling odors	☐	☐
3. Have you *ever had* any of the following pulmonary or lung problems?	☐	☐
a. Asbestosis	☐	☐
b. Asthma	☐	☐

	YES	NO
c. Chronic bronchitis	☐	☐
d. Emphysema	☐	☐
e. Pneumonia	☐	☐
f. Tuberculosis	☐	☐
g. Silicosis	☐	☐
h. Pneumothorax (collapsed lung)	☐	☐
i. Lung cancer	☐	☐
j. Broken ribs	☐	☐
k. Any chest injuries or surgeries	☐	☐
l. Any other lung problem that you've been told about	☐	☐
4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?	☐	☐
a. Shortness of breath	☐	☐
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐	☐
c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐	☐
d. Have to stop for breath when walking at your own pace on level ground	☐	☐
e. Shortness of breath when washing or dressing yourself	☐	☐
f. Shortness of breath that interferes with your job	☐	☐
g. Coughing that produces phlegm (thick sputum)	☐	☐
h. Coughing that wakes you early in the morning	☐	☐
i. Coughing that occurs mostly when you are lying down	☐	☐
j. Coughing up blood in the last month	☐	☐
k. Wheezing	☐	☐
l. Wheezing that interferes with your job	☐	☐
m. Chest pain when you breathe deeply	☐	☐
n. Any other symptoms that you think may be related to lung problems	☐	☐
5. Have you *ever had* any of the following cardiovascular or heart problems?		
a. Heart attack	☐	☐
b. Stroke	☐	☐
c. Angina	☐	☐
d. Heart failure	☐	☐

	YES	NO
e. Swelling in your legs or feet (not caused by walking)	☐	☐
f. Heart arrhythmia (heart beating irregularly)	☐	☐
g. High blood pressure	☐	☐
h. Any other heart problem that you've been told about	☐	☐
6. Have you *ever had* any of the following cardiovascular or heart symptoms?	☐	☐
a. Frequent pain or tightness in your chest	☐	☐
b. Pain or tightness in your chest during physical activity	☐	☐
c. Pain or tightness in your chest that interferes with your job	☐	☐
d. In the past two years, have you noticed your heart skipping or missing a beat	☐	☐
e. Heartburn or indigestion that is not related to eating	☐	☐
f. Any other symptoms that you think may be related to heart or circulation problems	☐	☐
7. Do you *currently* take medication for any of the following problems?	☐	☐
a. Breathing or lung problems	☐	☐
b. Heart trouble	☐	☐
c. Blood pressure	☐	☐
d. Seizures	☐	☐
8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9.) ☐	☐	☐
a. Eye irritation	☐	☐
b. Skin allergies or rashes	☐	☐
c. Anxiety	☐	☐
d. General weakness or fatigue	☐	☐
e. Any other problem that interferes with your use of a respirator	☐	☐
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	☐	☐

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever* lost vision in either eye (temporarily or permanently)?	☐	☐
11. Do you *currently* have any of the following vision problems?	☐	☐
a. Wear contact lenses	☐	☐
b. Wear glasses	☐	☐
c. Color blind	☐	☐
d. Any other eye or vision problem	☐	☐

	YES	NO
12. Have you *ever had* an injury to your ears, including a broken eardrum?	☐	☐
13. Do you *currently* have any of the following hearing problems?	☐	☐
a. Difficulty hearing	☐	☐
b. Wear a hearing aid	☐	☐
c. Any other hearing or ear problem	☐	☐
14. Have you *ever had* a back injury?	☐	☐
15. Do you *currently* have any of the following musculoskeletal problems?	☐	☐
a. Weakness in any of your arms, hands, legs, or feet	☐	☐
b. Back pain	☐	☐
c. Difficulty fully moving your arms and legs	☐	☐
d. Pain and stiffness when you lean forward or backward at the waist	☐	☐
e. Difficulty fully moving your head up or down	☐	☐
f. Difficulty fully moving your head side to side	☐	☐
g. Difficulty bending at your knees	☐	☐
h. Difficulty squatting to the ground	☐	☐
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.	☐	☐
j. Any other muscle or skeletal problem that interferes with using a respirator	☐	☐

This infosheet does not include the questions in Part B because they are not mandatory; rather, they may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

OSHA Educational Materials

OSHA has an extensive publications program. For a listing of free items, visit OSHA's web site at www.osha.gov/publications or contact the OSHA Publications Office, U.S. Department of Labor, 200 Constitution Avenue, N.W., N-3101, Washington, DC 20210. Telephone (202) 693-1888 or fax to (202) 693-2498.

Contacting OSHA

To report an emergency, file a complaint or seek OSHA advice, assistance or products, call (800) 321-OSHA (6742) or contact your nearest OSHA regional, area, or State Plan office; TTY: 1-877-889-5627.

U.S. Department of Labor

OSHA® Occupational Safety and Health Administration

DTSEM OSHA 3789-05 2015

N-95 RESPIRATOR TRAINING GUIDE

The following is an example of a training guide that covers the use of disposable N-95 filtering facepiece respirators.

What Is a N-95 Filtering Facepiece Respirator?	***N-95 Mask is a filtering facepiece respirator*** that can purify air. Dental Offices need to choose NIOSH-certified N-95s, (National Institute of Occupational Safety and Health) Filter efficiency level of 95% or greater against particulate aerosols free of oil and greater than 0.3 microns in size. Examples of airborne contaminants that N-95 respirators filter out include dusts, fumes, mists and microbial agents such as tuberculosis bacteria & flu virus.
Are N-95 Respirators Required in Dental?	During COVID-19, N-95 or Equivalent Respirators are voluntary, but required by OSHA / CDC for all Aerosol Producing Procedures in the dental clinical area. Be sure to follow all preparation steps to ensure you are medically able to wear one, and that you know how to use one.
What to do before you are able to wear N-95 Mask?	Review this N-95 Training Guidance Ask Questions & Gain Clarifications on the Benefits vs. Risks of wearing N-95 Masks. Consider the ADA Options B & C as alternatives: **Option B:** Surgical Level 3 Mask + Protective Eyewear with Side Shields + Full Face Shield **Option C:** Surgical Level 3 Masks + Protective Eyewear with Side Shields Review & Sign Voluntary Disclosure Complete this N-95 Training Complete a Fit Test for the N-95 Mask to be worn Understand how to execute a Quick Self-Fit Test Understand how to keep track of, wear, store, decontaminate, replace and discard of N-95 ***Consider Best Practices:*** Complete a Medical Questionnaire Get a Medical Clearance to wear N-95 Mask from a qualified Medical Professional to determine if you are physically fit to wear a respirator.
Capabilities/Limitations of N-95 Respirators…	**N-95 =** Only filter out particulate contaminants. N-95 = Do not protect you from: Chemical vapors/gases, O2-deficient atmosphere High risk exposures **N-95=** Has limited protection against Aerosol-generating procedures with Infectious Microbes. **N-95 =** Have a limited lifespan of use. ***(CHECK WITH MANUFACTURER FOR DETAILS)***
Effective Use of N-95	**N-95 =** Is only effective if a proper seal is achieved & maintained. **N-95 =** Use only the model N-95 mask you were fit -tested to use; Respirators will vary by model and size. **N-95 =** Should not be worn with beards or facial hair: Seal will be inadequate. **N-95 =** Conduct a self- seal-check every time you don the N-95, before entering clinical area.

Seek additional help if…	**N-95 =** If damaged, soiled or you experience concerns with use (i.e.: breathing becomes difficult, dizziness, headache, irritation, etc.), leave the work area immediately and remove the respirator when you are no longer exposed to the potential airborne hazard. Seek help from your Superior. **N-95 =** Seek Medical Attention if you experience the signs / symptoms listed above, if you are having physical or psychological burden when wearing the N-95 or if your workplace environment has changed. **N-95 =** Fit-Tests need to be repeated with certain changes in workplace activities, if the brand of N-95 is changed, if the clinician experiences dental, facial changes or loss of weight more that 10-20 lbs. Annual Re-testing is not required during COVID-19; Watch OSHA, CDC & ADA websites for changes to this mandate. **N-95 =** Training needs to be repeated: Annually and when inadequacies in wearers knowledge or skills-of-use are noticed.
Inspection	**N-95 =** Prior to wearing inspect the respirator for damage and contamination; Verify all components of the respirator are in good condition (e.g. straps, nose piece, etc.)
Decontamination	**N-95 =** Follow Manufacturer's Directions for cleaning and decontamination of your personal respirator. Keep track of your N-95; Replace it upon defect;

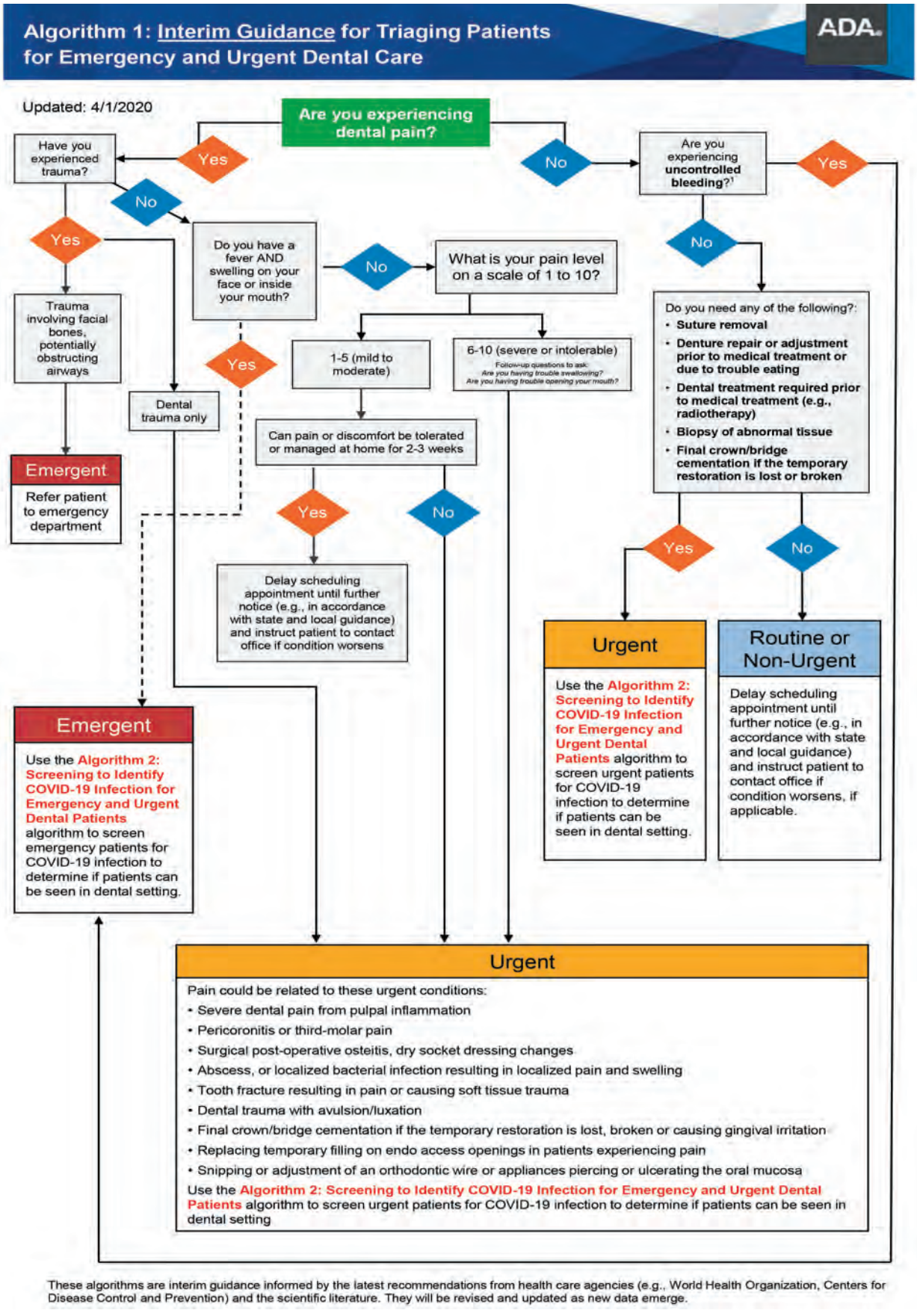
Donning N-95 & Quick Self-Seal-Check

	1. Hold N-95 in one hand; Slip hand under straps; Allow straps to hang loosely under the cup. Cup the respirator with fingertips at top front as shown.
	2. Engage face with mask at chin; Cup mask in hand; Simultaneously, pull and flatten head strap over upper back of skull. Pull and flatten neck strap on skin of neck, under ears. ***(pull long hair out from under neck strap.)***
	3. Use both hands to secure a seal of the mask. Pressing bi-laterally along the bridge of your nose will secure a tight even seal.
	4. **QUICK-SEAL-TEST:** Use both hands to cover the mask, while pushing it against face, take in 3-4 sharp deep breaths. If air blows out against your face and eyes, repeat Step #3. You must accomplish a tight seal, with no leakage, prior to wearing the mask during clinical care.
Mask Removal:	Using a Clean glove, cup the mask; Pull the Head strap forward and off of head. Pull the neck strap forward and off of head. If mask was contaminated, place in Biomedical Waste Container. Decontaminate or replace respirator according to manufacturer's directions.

For clarifications on this N-95 Training guide, contact your Respiratory Protection Plan Manager Name:

_____

ADA ALGORITHMS 1, 2 & 3



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Algorithm 2: Interim Guidance for Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

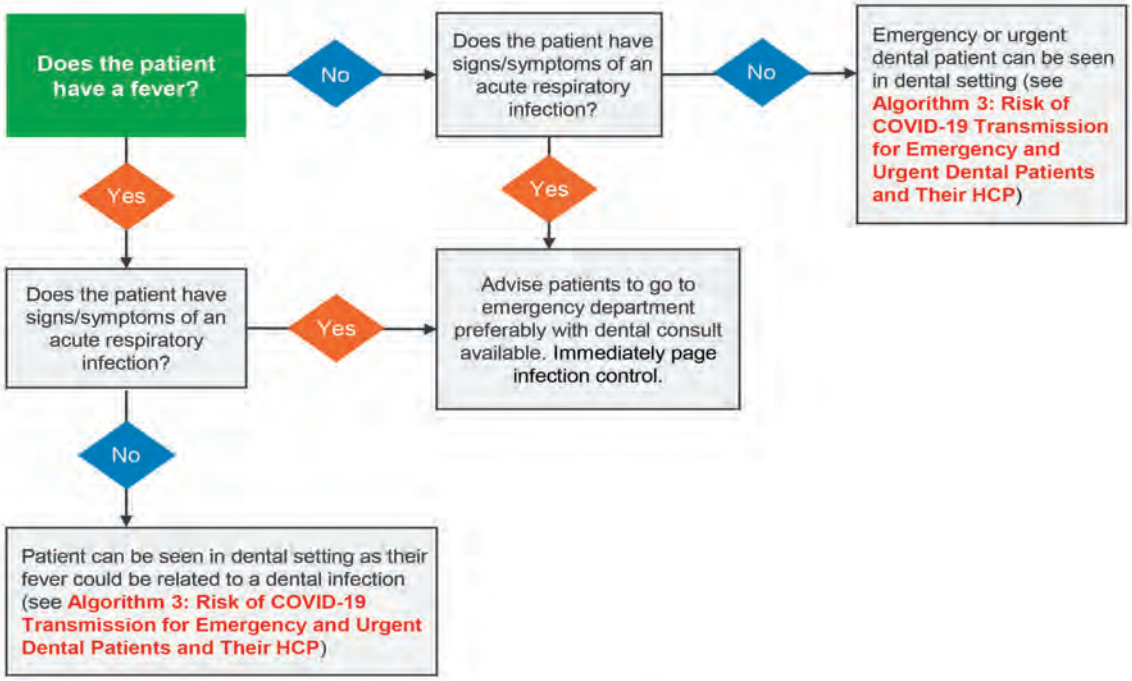
ADA

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and issue can be solved without an office visit.

Emergency and urgent dental patients in this algorithm are being evaluated for COVID-19 infection signs/symptoms to determine in which clinical setting they should be seen. Patients with **active** COVID-19 infection should **not** be seen in dental settings per CDC guidance.



1. During screening procedure for COVID-19 infection, patients should be asked if they have tested positive for COVID-19 infection and if yes, the patient should be immediately referred to the emergency department for the management of the dental condition. If patient has previously tested positive for COVID-19 infection and 3 days have passed since symptoms have resolved, the patient can be seen in a dental setting (see Algorithm 1).
2. Fever in the absence of respiratory symptoms in the context of this algorithm should be strongly associated with an emergency or urgent dental condition (e.g., dental infection) if dental settings are to be used.
3. No companions should be invited inside the clinic, they should not sit in the waiting room, and patients with a fever being seen in dental setting should be given a mask if they don't have one already. As the patient's mask will come off during dental treatment, it should be placed back on as soon as treatment is complete.
4. If patient has had exposure to an individual with suspected or confirmed COVID-19 infection, traveled to countries currently under a travel ban, or been exposed to confirmed SARS-CoV-2 biologic material (either themselves or via another individual), consider referring patient to a hospital setting. Risk of transmission increases with these exposures.
5. If the patient needs to be referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. Clinic director and/or coordinators should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits into the clinic's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
6. Information about reporting suspected cases of COVID-19 infection can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

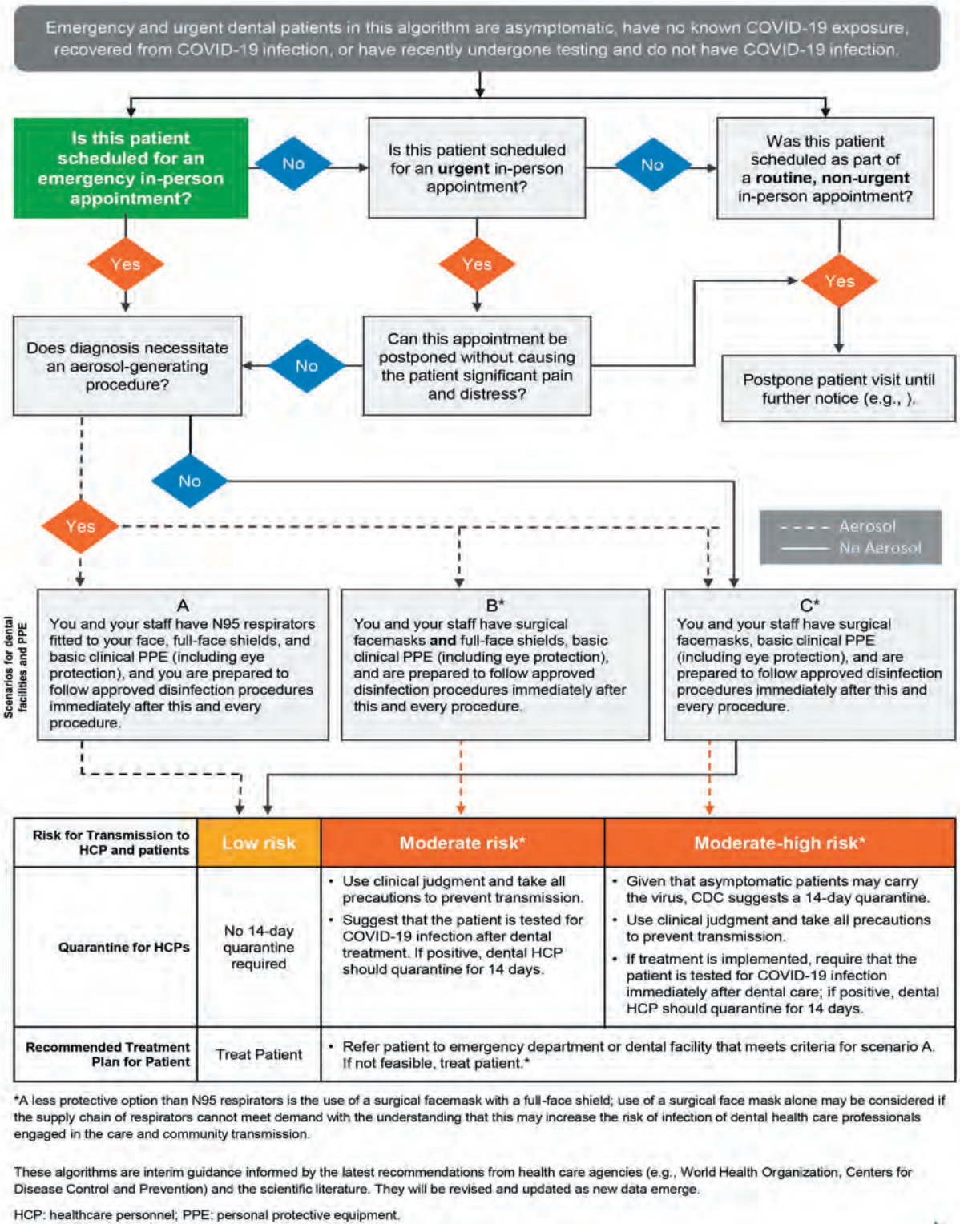
Algorithm 3: Interim Guidance to Minimize Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and HCP

ADA

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and re-schedule.
3. See emergency triage and COVID-19 infection screening procedures.



Risk for Transmission to HCP and patients	Low risk	Moderate risk*	Moderate-high risk*
Quarantine for HCPs	No 14-day quarantine required	• Use clinical judgment and take all precautions to prevent transmission. • Suggest that the patient is tested for COVID-19 infection after dental treatment. If positive, dental HCP should quarantine for 14 days.	• Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. • Use clinical judgment and take all precautions to prevent transmission. • If treatment is implemented, require that the patient is tested for COVID-19 infection immediately after dental care; if positive, dental HCP should quarantine for 14 days.
Recommended Treatment Plan for Patient	Treat Patient	• Refer patient to emergency department or dental facility that meets criteria for scenario A. If not feasible, treat patient.*	

*A less protective option than N95 respirators is the use of a surgical facemask with a full-face shield; use of a surgical face mask alone may be considered if the supply chain of respirators cannot meet demand with the understanding that this may increase the risk of infection of dental health care professionals engaged in the care and community transmission.

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

HCP: healthcare personnel; PPE: personal protective equipment.

Understanding Mask Types

ADA®

	 SURGICAL MASK	 N95 MASK*	 N95 EQUIVALENT MASK KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST*
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84	FDA Emergency Use Authorization (EUA)
Sizing	No	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/ medium, medium, medium/large, and large.	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/ medium, medium, medium/large, and large.
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's mask emissions	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols). OSHA recommends certifying the authenticity of masks to insure they provide the expected protection.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (non-oil aerosols). Manufactured in compliance with standards of other countries and considered equivalent to NIOSH approved N95 masks. Authorized manufacturers are listed at: https://www.fda.gov/media/136663/download
Face Seal Fit+	Loose-fitting	Tight-fitting**	Tight-fitting**
Fit Testing+ Requirement	No	Temporary lifting of fit test enforcement requirement.	Temporary lifting of fit test enforcement requirement.
User Seal Check Requirement	No	Yes. Required each time the mask is donned (put on)	Yes. Required each time the mask is donned (put on)
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each aerosol-generating patient encounter. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.	Ideally should be discarded after each aerosol-generating patient encounter. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

**OSHA video on mask seal check: https://www.youtube.com/watch?v=pGXiUyAoEd8 .*
Facial hair may affect the fit of the mask: https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf

+Note: A seal test is a user test performed by the wearer every time the mask is put on to insure that the mask is properly seated to the face. If not, it needs to be adjusted. A fit test is used to determine appropriate mask size for the individual.

***A mask that does not fit does not protect you, meaning that you should not rely on it to protect you from infection.*

4/17/20

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APPENDIX B: COVID-19 CDC PUI FORM INSTRUCTIONS

Version 13 Apr 2020

Instructions for Completing the Human Infection with 2019 Novel Coronavirus (COVID-19) Person Under Investigation (PUI) and Case Report Form

Purpose: This document describes the procedures for completing the 2019 Novel Coronavirus (COVID-19) Person Under Investigation (PUI) and Case Report Form (CRF) for persons under investigation who are being tested or have been tested for the virus that causes COVID-19, presumptive positive cases and confirmed cases of COVID-19, and probable cases of COVID-19.

Please see CSTE Interim-20-ID-01 Guidance, "Standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19)", for additional details on confirmed and probable case requirements.

Please update the CRF as more information on the case-patient becomes available.

General:

1. All dates should be formatted MM/DD/YYYY.
2. If completing the .pdf version of the form, use an "X" to mark boxes. Make sure to carefully mark boxes so that the "X" does not cross multiple boxes.

Header:

PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC AND IS FOR LOCAL-USE ONLY:
Patient first name: Enter case's first (given) name.
Patient last name: Enter case's last (family) name.
Date of birth (MM/DD/YYYY): Enter date of birth in MM/DD/YYYY format.

ID information:

Reporting jurisdiction: Enter the reporting jurisdiction where the PUI or case was identified. The reporting jurisdiction must be a state/city/territory authorized to submit data through NNDSS.

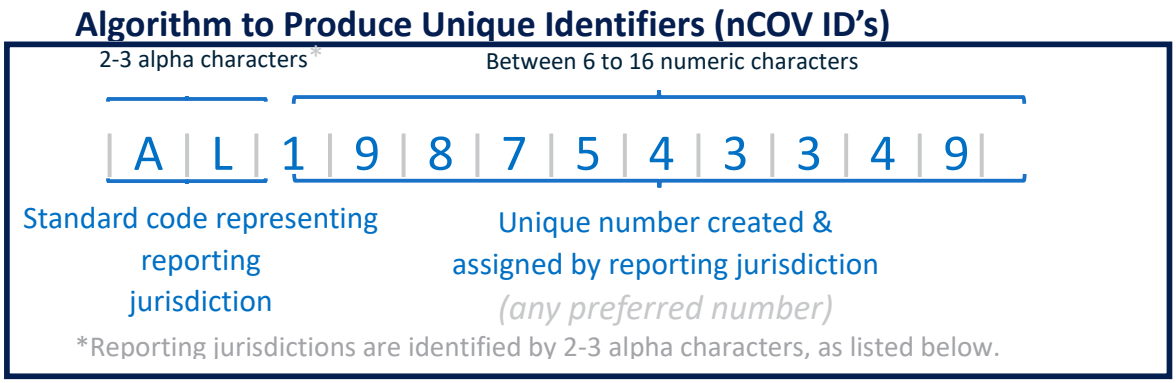
Reporting health department: Enter the name of the health department completing the PUI or case report.

Case state/local ID: Enter a local-use ID assigned by the state or local health department if desired for patient tracking or matching.

CDC 2019-nCoV ID: Enter the CDC 2019-nCoV ID assigned to the PUI or case. If the case was already identified as a PUI in collaboration with CDC, or was part of a contact investigation in which CDC was collaborating with the state or local health department, this CDC 2019-nCoV ID should have already been assigned and the CDC 2019-nCoV ID that was already provided by CDC should be entered. The CDC 2019 nCoV ID should be a part of the state or local health departments records; please check with the reporting jurisdiction. This may have previously been called a PUI ID. **Do not assign a new 2019-nCoV ID for these individuals**.

If this is a new PUI or case that was not previously under investigation or reported, the CDC 2019-nCoV ID should be assigned by the jurisdiction. CDC 2019-nCoV IDs should be assigned for all PUIs and laboratory-confirmed

cases so that this person can be tracked at the jurisdictional and national level. The reporting jurisdiction should assign the CDC 2019-nCoV ID, and use this ID for all specimens and data transmitted to CDC for that person. The structure of the ID should be as follows:



!!! Important !!!

Do not add special characters, dashes, or white spaces to the nCoV ID. The alpha- and numeric-portions of the ID are seamless. The numeric portion of the ID cannot begin with zero ('0').

State	Code
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY

State	Code
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND

State	Code
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

Territory/Jurisdiction	Code
American Samoa	AS
District of Columbia	DC
Guam	GU
New York City	NYC
Northern Mariana Islands	MP
Puerto Rico	PR
U.S. Virgin Islands	VI
Federated States of Micronesia	FSM
Republic of Marshall Islands	RMI
Republic of Palau	ROP

This ID will be used to track information about the PUI or case-patient in CDC data systems and **must** be provided on all forms or specimens related to this individual.

Contact ID: Only fill out this field if a PUI or case-patient is a known contact to another presumptive or confirmed case of COVID-19. Contact IDs are assigned using the original (source) case-patient's nCoV ID followed by a hyphen and a sequential number indicating the order in which the contact was identified (e.g., Confirmed case CA102034567 may have contacts CA102034567 -01 and CA102034567 -02). If the person was previously under investigation in collaboration with CDC, or was part of a contact investigation in which CDC was collaborating with state/local health departments, this Contact ID may have been assigned previously. This should be a part of the state or local health departments records; please check with the reporting jurisdiction.

NNDSS loc. rec. ID/Case ID: For NNDSS reporters, enter the GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Enter the last name and first name of the person performing the interview.

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Affiliation/Organization: Enter the interviewer's affiliation/organization.

Telephone: Enter the interviewer's telephone number.

Email: Enter the interviewer's email address.

Basic case information

What is the current status of this person?

- Select "PUI, testing pending" if a PUI has been identified but the initial laboratory testing has not yet been completed.
- Select "PUI, tested negative" if a PUI was previously identified, but the laboratory testing for the virus that causes COVID-19 was negative.
- Select "Presumptive case (positive local test), confirmatory testing pending" if at least one respiratory specimen from the person has tested positive for the virus that causes COVID-19 at the state or local level. This applies only if a jurisdiction is utilizing CDC laboratories for confirmatory testing.
- Select "Presumptive case (positive local test), confirmatory testing negative" if at least one respiratory specimen from the person has tested positive for the virus that causes COVID-19 at the state or local level, but the confirmatory result at CDC was negative. This applies only if a jurisdiction is utilizing CDC laboratories for confirmatory testing.
- Select "laboratory-confirmed case" if a person has at least one respiratory specimen that tested positive for the virus that causes COVID-19 by CDC, or a state, local, or commercial laboratory.
- Select "Probable case" if a person meets the definition of probable case per the criteria outlined in the following: CSTE Interim-20-ID-01 Guidance.

Please update this field each time the individual's status changes.

Report date of PUI to CDC: Enter the date the person was initially reported to CDC **as a PUI** in MM/DD/YYYY format.

Report date of case to CDC: Enter the date the case-patient was initially reported to CDC **as a case (including a presumptive positive case or probable case)** in MM/DD/YYYY format. That is, please report the date at which the person changed from not being a confirmed or probable case to being either a presumptive positive, laboratory-confirmed, or probable case.

County of Residence: Please enter the individual's county of residence. Residence is typically defined by CSTE as the place of 'usual residence' at the time an infection is acquired.

State of Residence: Please enter the individual's county of residence. Residence is typically defined by CSTE as the place of 'usual residence' at the time an infection is acquired. The state of residence and reporting jurisdiction may be two distinct places.

Ethnicity: Select appropriate response. If unknown, select not specified.

Sex: Select appropriate response.

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Race: Check all race categories that apply. If other, please specify in free text.

Date of birth: Enter the PUI or case-patient's date of birth in MM/DD/YYYY format. Only enter data in this field if data can be transmitted to CDC per state/local policy.

Age: Enter the PUI or case-patient's age. Age may be entered in units of years, months, or days. Units will be specified later.

Age units (year/month/day): Select age units.

Date of first positive specimen collection: Enter the date of this person's first positive respiratory specimen collection, regardless of specimen type, in MM/DD/YYYY format. If the person tested positive, but the date is unknown, select "Unknown." If the person is a PUI and tested negative or is awaiting initial test results, select "N/A."

Did the patient develop pneumonia?: Select the appropriate response. Refer to the clinical discharge summary in the patient's medical chart. This should not be from ICD codes. Select 'unknown' if missing chart.

Did the patient have acute respiratory distress syndrome?: Select appropriate response. Refer to the clinical discharge summary in the patient's medical chart. This should not be from ICD codes. Select "unknown" if missing chart.

Did the patient have another diagnosis/etiology for their illness?: Select appropriate response. Refer to the clinical discharge summary in the patient's medical chart. This should not be from ICD codes. Select "unknown" if missing chart.

Did the patient have an abnormal chest X-ray?: Select appropriate response. Select "unknown" if missing chart. Select 'yes' if—at any time—the person had an abnormal chest X-ray as part of this illness.

Symptoms present during course of illness?: This question refers to the PUI or case-patient's symptom status related to the entire duration of illness. If the PUI or case-patient was ever symptomatic as part of this illness with COVID-19, select "symptomatic." If the PUI or case-patient was asymptomatic (never experienced symptoms as part of this illness), please select "asymptomatic." If symptom status is unknown, select "unknown."

- If symptomatic, record symptom onset date in MM/DD/YYYY format or mark "unknown."
- If the PUI or case-patient was previously symptomatic and symptoms are currently resolved at the time of completing or updating this form, list date of symptom resolution in MM/DD/YYYY format. If exact dates of symptom resolution are not known, but there is a known approximate date, enter this in the date field. If still symptomatic at time of interview, mark "Still symptomatic." If the PUI or case-patient had symptoms, and the symptoms are resolved, but there is no information about the time frame of symptom resolution, mark "Symptoms resolved, unknown date." If the interviewer and patient do not know the symptom status, mark "Unknown symptom status."

Was the patient hospitalized? Select the appropriate response. If yes, provide dates of first hospital admission and first hospital discharge in MM/DD/YYYY format. If the patient is currently hospitalized, please leave the discharge date blank. This field can be revised at a later time.

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Was the patient admitted to an intensive care unit (ICU)? Select the appropriate response. Select "unknown" if the medical chart is not available or ICU admission is not known.

Did the patient receive mechanical ventilation (MV)/intubation? Select "Yes" if the patient was mechanically ventilated during hospitalization via intubation *or* tracheostomy. If yes, count the total number of days with mechanical ventilation. Round up to whole number. Select "unknown" if the medical chart is not available.

Did the patient receive extracorporeal membrane oxygenation (ECMO)?: Select the appropriate response. Select "unknown" if the medical chart is not available.

Did the patient die as a result of this illness? Select appropriate response. If "Yes," then enter date of death in MM/DD/YYYY format. If unknown date of death, please select "Unknown date of death." (In DCIPHER, this is phrased as "Check if date of death unknown.")

Is the patient a health care worker in the United States?: Select the appropriate response. HCP are defined as all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

Does the patient have a history of being in a healthcare facility (as a patient, worker, or visitor) in China?: Select the appropriate response.

In the 14 days prior to illness onset, did the patient have any of the following exposures: Check all that apply. For healthcare contact with another lab-confirmed COVID-19 case-patient, check if the PUI or case-patient identified in the current form was a patient, a visitor (e.g., accompanying family member who was seeking care), or a healthcare worker, when they contacted a lab-confirmed COVID-19 case-patient.

If the PUI or case-patient traveled to a non-US country that was not China, select all of the countries that the person traveled to within the past 14 days by selecting all relevant response options from the drop-down menu. If the country that the PUI or case-patient traveled to in the past 14 days is not listed, you may write the appropriate country in the text field.

If the patient had contact with another COVID-19 case, was this person a U.S. case?: Select the appropriate response. If yes, please provide the nCoV ID of the source case. If the patient did not have contact with another case, please select "N/A."

Under what process was the PUI or case first identified? Please check all that apply. If identified by the EpiX notification of travelers, please provide the DGMQID. If other, please specify.

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Symptoms, clinical course, past medical history and social history:

Collected from (check all that apply): Please select "patient interview" or "medical record review." If both sources were used to collect information on symptoms, clinical course, past medical history, and social history, please select both response options.

During this illness, did you experience any of the following symptoms? Please select "Yes," "No," or "Unknown" for each specific symptom. Please indicate the symptoms that the PUI or case-patient has experienced to date, even if he/she is no longer experiencing these symptoms. All symptoms should have an answer. If other symptoms were experienced, then describe the symptom in the space after "Other".

Pre-existing medical conditions?: Mark the appropriate response based on whether the PUI or case-patient has *any* pre-existing medical conditions prior to investigation or confirmation of COVID-19. If PUI or case-patient has no pre-existing medical conditions, mark "No." If not collected during interview and medical chart is missing, mark "Unknown." After answering the initial (summary) question, please provide a response for *each* pre-existing condition. All questions—other than pregnancy—pertain to a *current* or *past* history of the condition. If "Yes" to neurologic/neurodevelopment/intellectual disability or Other Chronic Diseases, please specify. The pregnancy question should be marked "Yes" if the PUI or case-patient is female and currently or recently pregnant (i.e., gave birth while ill with COVID-19).

Current smoker: Select the appropriate response.

Former smoker: Select the appropriate response.

Respiratory diagnostic testing: For each pathogen, indicate whether the test was positive, negative, pending, or not done. If the PUI or case-patient had a test performed for another pathogen, please check the appropriate test result and specify the name of the pathogen next to "Other, Specify." (In DCIPHER, please specify additional tests/pathogens only if they are positive.) If multiple tests for the same pathogen were completed, mark "Positive" if any of the tests for that pathogen were positive during the course of the illness suspected to be COVID-19.

Specimens for COVID-19 testing: For each specimen tested for the virus that causes COVID-19, record if the specimen was from a nasopharyngeal swab (NP), oropharyngeal swab (OP), sputum, or other specimen (specify type). Jurisdictions can provide up to three results for each type of specimen; if additional specimens are collected, please provide information about these specimens in the "additional state/local specimen ID" fields below this question. If there are still additional specimens, please use the notes field following the specimen collection information to provide specimen IDs. Provide the local, state, or jurisdictional specimen ID associated with each specimen, as well as the date the specimen was collected in MM/DD/YYYY format. Mark for each specimen whether it was sent to CDC or was tested at the state or jurisdictional public health laboratory. For each test performed at the state or local level, indicate the result: positive, negative, pending, not done, or indeterminate. CDC will populate results from CDC laboratories.

Please update these test results as they become available.

Additional state/local Specimen IDs: Provide additional specimen IDs from state/local laboratories for specimens tested for the virus that causes COVID-19. If needed, prioritize listing those specimens testing positive for the virus that causes COVID-19, regardless of specimen type.

APPENDIX C: COVID-19 CDC PUI FORM

CDC 2019-nCoV ID: ☐ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ____/_____/_____

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____
Reporting health department: _____ CDC 2019-nCoV ID: _____
Contact ID [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First_____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person?
☐ PUI, testing pending
☐ PUI, tested negative
☐ Presumptive case (positive local test), confirmatory testing pending
☐ Presumptive case (positive local test), confirmatory tested negative
☐ Laboratory-confirmed case
☐ Probable case

Report date of PUI to CDC (MM/DD/YYYY):
____/_____/_____

Report date of case to CDC (MM/DD/YYYY):
____/_____/_____

County of residence: _____
State of residence: _____

Ethnicity:
☐ Hispanic/Latino
☐ Non-Hispanic/ Latino
☐ Not specified

Sex:
☐ Male
☐ Female
☐ Unknown
☐ Other

Race (check all that apply):
☐ Asian
☐ Black
☐ White
☐ Other, specify: _____
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Unknown

Date of birth (MM/DD/YYYY): ____/_____/_____
Age: _____
Age units(yr/mo/day): _____

Date of first positive specimen collection (MM/DD/YYYY):
____/_____/_____
☐ Unknown ☐ N/A

Did the patient develop pneumonia?
☐ Yes ☐ Unknown
☐ No

Did the patient have acute respiratory distress syndrome?
☐ Yes ☐ Unknown
☐ No

Did the patient have another diagnosis/etiology for their illness?
☐ Yes ☐ Unknown
☐ No

Did the patient have an abnormal chest X-ray?
☐ Yes ☐ Unknown
☐ No

Was the patient hospitalized?
☐ Yes ☐ No ☐ Unknown

If yes, admission date 1
___/___/___ (MM/DD/YYYY)
If yes, discharge date 1
__/___/____ (MM/DD/YYYY)

Was the patient admitted to an intensive care unit (ICU)?
☐ Yes ☐ No ☐ Unknown

Did the patient receive mechanical ventilation (MV)/intubation?
☐ Yes ☐ No ☐ Unknown
If yes, total days with MV (days)
_____

Did the patient receive ECMO?
☐ Yes ☐ No ☐ Unknown

Did the patient die as a result of this illness?
☐ Yes ☐ No ☐ Unknown

Date of death (MM/DD/YYYY):
____/_____/_____
☐ Unknown date of death

Symptoms present during course of illness:
☐ Symptomatic
☐ Asymptomatic
☐ Unknown

If symptomatic, onset date (MM/DD/YYYY):
____/_____/_____
☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY):
____/_____/_____
☐ Still symptomatic ☐ Unknown symptom status
☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown
Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown
In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):
☐ Travel to Wuhan
☐ Travel to Hubei
☐ Travel to mainland China
☐ Travel to other non-US country specify:_____
☐ Household contact with another lab-confirmed COVID-19 case-patient
☐ Community contact with another lab-confirmed COVID-19 case-patient
☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient
☐ Patient ☐ Visitor ☐ HCW
☐ Animal exposure
☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
☐ Other, specify:_____
☐ Unknown

If the patient had contact with another COVID-19 case, was this person a U.S. case? ☐ Yes, nCoV ID of source case: _____ ☐ No ☐ Unknown ☐ N/A

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination
☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID_____
☐ Unknown ☐ Other, specify:_____

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk
Chills	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk
Nausea or vomiting	☐Yes ☐No ☐Unk
Headache	☐Yes ■No ☐Unk
Abdominal pain	☐Yes ☐No ☐Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk
Other, specify:_____	

Pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	
Cardiovascular disease	☐Yes	☐No	☐Unknown	
Chronic Renal disease	☐Yes	☐No	☐Unknown	
Chronic Liver disease	☐Yes	☐No	☐Unknown	
Immunocompromised Condition	☐Yes	☐No	☐Unknown	
Neurologic/neurodevelopmental/intellectual disability	☐Yes	☐No	☐Unknown	(If YES, specify) _____
Other chronic diseases	☐Yes	☐No	☐Unknown	(If YES, specify) _____
If female, currently pregnant	☐Yes	☐No	☐Unknown	
Current smoker	☐Yes	☐No	☐Unknown	
Former smoker	☐Yes	☐No	☐Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify:_____	☐	☐	☐	☐

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	State Lab Tested	State Lab Result	Sent to CDC	CDC Lab Result
NP Swab			☐		☐	
OP Swab			☐		☐	
Sputum			☐		☐	
Other, Specify: _____			☐		☐	

Additional State/local Specimen IDs: _____ _____ _____ _____ _____

RESOURCES

Below is important information on **Healthcare Office COVID-19 Transmission Prevention** & **Known-Case Reporting Requirements,** that your dental office will need to implement. Keep in mind, that the COVID-19 information is ***very time sensitive,*** but the links listed below are a great way to get and keep your office on pace for success with prevention and known-case reporting. These sites will be providing ongoing updates, as this situation unfolds, but links may change.

Occupational Safety and Health Administration website: www.osha.gov

Centers for Disease Control and Prevention website: www.cdc.gov

National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

OSHA 3390 (COVID-19 MARCH 2020) https://www.osha.gov/Publications/OSHA3990.pdf

OSHA COVID-19 Standards https://www.osha.gov/SLTC/covid-19/standards.html

Employer-Employee COVID Questions https://www.perlmanandperlman.com/doctors-orders-get-organization-prepared-handling-covid-19-workplace/

N-95 Medical Questionnaire: https://www.law.cornell.edu/cfr/text/29/1910.134

Professional Association Websites

www.ada.org
www.osap.org

Respirator References:

3M Occupational Health and Environmental Safety Division
3M Center, Building 0235-02-W-70 St. Paul, MN 55144-1000
3M products:1-800-3M-HELPS or 1-651-737-6501
https://www.osha.gov/memos/2020-04-13/interim-enforcement-response-plan-coronavirus-disease-2019-covid-19

RISK ASSESSMENTS

RISK ASSESSMENT

Topic:

_____

_____

For the office of: _____

(Name of Office)

The following is a Risk Assessment Rationale for why our office is choosing:

_____

_____

After assessment, we believe our choice to implement the above listed rationale is most sound because of these added safety features: _____

Affected Employee:

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

PRINT NAME: _____ _____ _____ _____

SIGNATURE: _____ _____ _____ _____

May this document serve as our **Written Risk Assessment** determination form, for choosing the above listed safety rationale as a useful protocol within our office.

DATE IMPLEMENTED: _____

OFFICE MANAGEMENT NAME: _____ SIGNATURE: _____

RESPIRATORY OFFICER NAME: _____ SIGNATURE: _____