

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 Pumice and polish cases	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 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): | <input type="checkbox"/> I have my Annual Flu Vaccine |
| | <input type="checkbox"/> I decline the Annual Flu Vaccine |
| MMR Vaccine (Measles, Mumps, Rubella): | <input type="checkbox"/> I have had my MMR Vaccine |
| | <input type="checkbox"/> I have not had my MMR Vaccine |
| Varicella Vaccine (Chicken Pox): | <input type="checkbox"/> I have my Varicella Vaccine |
| | <input type="checkbox"/> I have not had my Varicella Vaccine |
| Tetanus Vaccine (Tetanus Shot): | <input type="checkbox"/> I have my Tetanus Vaccination (within the last 10 years) |
| | <input type="checkbox"/> I have not had my Tetanus Vaccination (within the last 10 years) |
| Meningococcal Vaccine (Meningitis): | <input type="checkbox"/> I have my Meningococcal Vaccine |
| | <input type="checkbox"/> I have not had my Meningococcal Vaccine |

Signature: _____ Date: _____ Employee of: _____

VOLUNTARY VACCINATION POLICY

For the office of: _____

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: _____

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.

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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: _____

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 (N-95) 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 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 mask in the clinical setting the Employee: fills out a Medical Questionnaire, seeks a Medical Examination & provides clearance to wear an N-95 mask. 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, lightheadedness, 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 Masks 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 mask 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.

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:

- Filtering facepiece (e.g.: N95, dust mask)
- Other (type & manufacturer):

Initial Fit Test

Completion Date:

- Results **adequate**; Can wear Respirator Mask
- Results **inadequate**; Cannot wear Respirator Mask

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 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: _____



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

- Only Servicing Healthy Adults
- Other Safe Health Additions
- Occupational Health & Safety Administration

2. All U.S. Businesses have to provide and complete Annual Employee OSHA Safety Training.

- True
- 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.

- Safety Data Sheets
- Containers
- UPC Pricing Codes

Dental Products are labeled for Safety Rating with

- ADA Seal of Approval
- Our office logo
- GHS Pictograms indicating their hazardous nature

A sharps container and small red bag should be made available in each treatment room.

- True
- False

6. Bio Hazard Symbols are required at the x-ray unit button in case...

- the button gets stuck
- the power goes off
- someone accidentally leans on the button, there is warning to its hazard

7. GHS stands for:

- Good Housekeeping Standards
- Greater Healthcare Systems
- Globally Harmonized System

8. GHS needs to be:

- reviewed in the dental office but not implemented
- used in work settings outside or the USA only
- 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.

- True
- False

10. Personal Protective Equipment needs to be provided to:

- Clinical Employees only
- All employees –as the need for safety can affect everyone in the dental office
- To whomever the Office Manager chooses

11. N-95 Respirators need to be NI-OSH certified

- True
- False

12. N-95 need have an Initial Fit Test Documented

- True
- False

13. HIPAA stands for...

- Health Insurance Portability & Accountability Act
- Healthy Insight for Periodontal Aches & Abscesses
- Health Internet Portal & Account Access

14. HIPAA protects patient health information (PHI) with the main focus on...

- Privacy & Security
- Health & Welfare
- Tax & Retirement