

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 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.

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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: _____



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