THRIVE LIVE™ 2026

APRIL 29 – MAY 2 | RESORTS WORLD, LAS VEGAS

ANNUAL FEDERAL OSHA CERTIFICATION

Donald Cohen, DMD and Kristina Brady

Conflict of Interest Disclaimer

Dr. Cohen and Kristina Brady are employees of HealthFirst.

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Introduction

- Definition and scope.
- OSHA standards relating to Bloodborne Pathogens.
- Employer responsibilities.

Protect yourself. Protect others.
Prevent exposure.

The Reality

Compliance isn't a one-time task—it's a continuous process.

Challenges for a Practice:

- ❑ High staff turnover
- ❑ Retraining staff
- ❑ Keeping up-to-date with everchanging regulations
- ❑ Managing multiple offices
- ❑ Finding ways for your staff to efficiently stay compliant
- ❑ Keeping compliance costs down

Some OSHA Training Requirements

OSHA CATEGORY / TOPIC	OSHA LAW CODE
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 Bio-Medical 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 of Disinfection, Disposal & Replacement of PPE	29 CFR 1910.1030 (d) (3) (iv)
Proper sterilization of Handpieces	

Proper Compliance Procedures Can Help Reduce Your Risk of Fines and Penalties

Frequently Cited OSHA Standards Results

NAICS Code: 6212 *Offices of Dentists*

Establishment Size: ALL sizes

Listed below are the standards which were cited by **Federal OSHA** for the 6212 NAICS Code for establishments with ALL sizes employees, that were **issued** during the period October 2023 through September 2024. Penalties shown reflect current rather than initial amounts. For more information, see definitions.

Standard	Citations	Inspections	Penalty	Description
Total	32	11	$25,217	*All Standards cited for Offices of Dentists*
19101030	16	8	$17,117	Bloodborne pathogens.
19101200	9	4	$5,388	Hazard Communication.
19100157	2	1	$0	Portable fire extinguishers.
19100022	1	1	$0	General requirements.
19100036	1	1	$0	Design and construction requirements for exit routes.
19100303	1	1	$0	General.
19100305	1	1	$0	Wiring methods, components, and equipment for general use.
19101020	1	1	$2,712	Access to employee exposure and medical records.

OSHA statistics are from https://www.osha.gov/data / HIPAA statistics are from www.hipaajournal.com

Employee Training

Required Modules:

- Annual OSHA
- GHS
- Infection Control
- Pandemic Management

Required Documents

Customized:

- Manuals
- Employee Tracking Forms
- Required Reports

Facility Protocols

Customized:

- OSHA Checklist

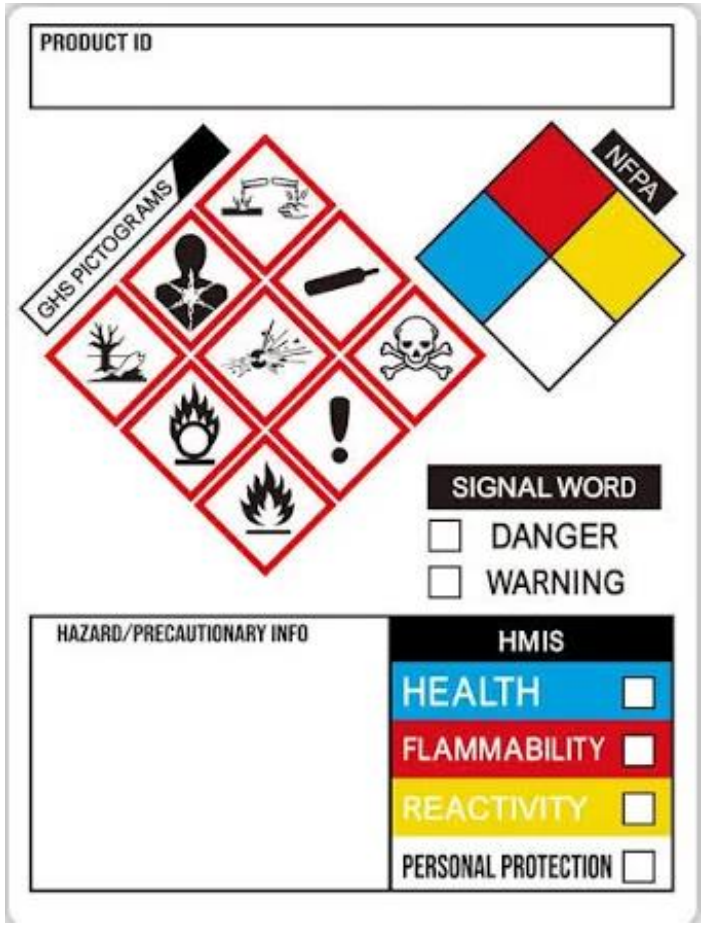
GET PREPARED!

Hazard Communication Standard (HCS) & Globally Harmonized System (GHS)

Hazard Communication Standard (HCS)

Now aligned with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

Provides a clear and unified approach to classifying chemicals and communicating hazard information on labels and Safety Data Sheets (SDS).



Steps for Hazard Communication Program

1. Learn the Standard/Identify Responsible Staff
2. Prepare and Implement a Written Hazard Communication Program
3. Ensure Containers & Secondary Containers are Labeled
4. Maintain Safety Data Sheets (SDS)
5. Inform and Train Employees
6. Evaluate and Reassess Your Program

Chemical Entry Pathways

To cause problems, chemicals must enter the body

1

Inhale:
e.g., Inhaling fumes from spill while at work.

2

Absorbing:
e.g., Absorbing asbestos or mercury particles while at work.

3

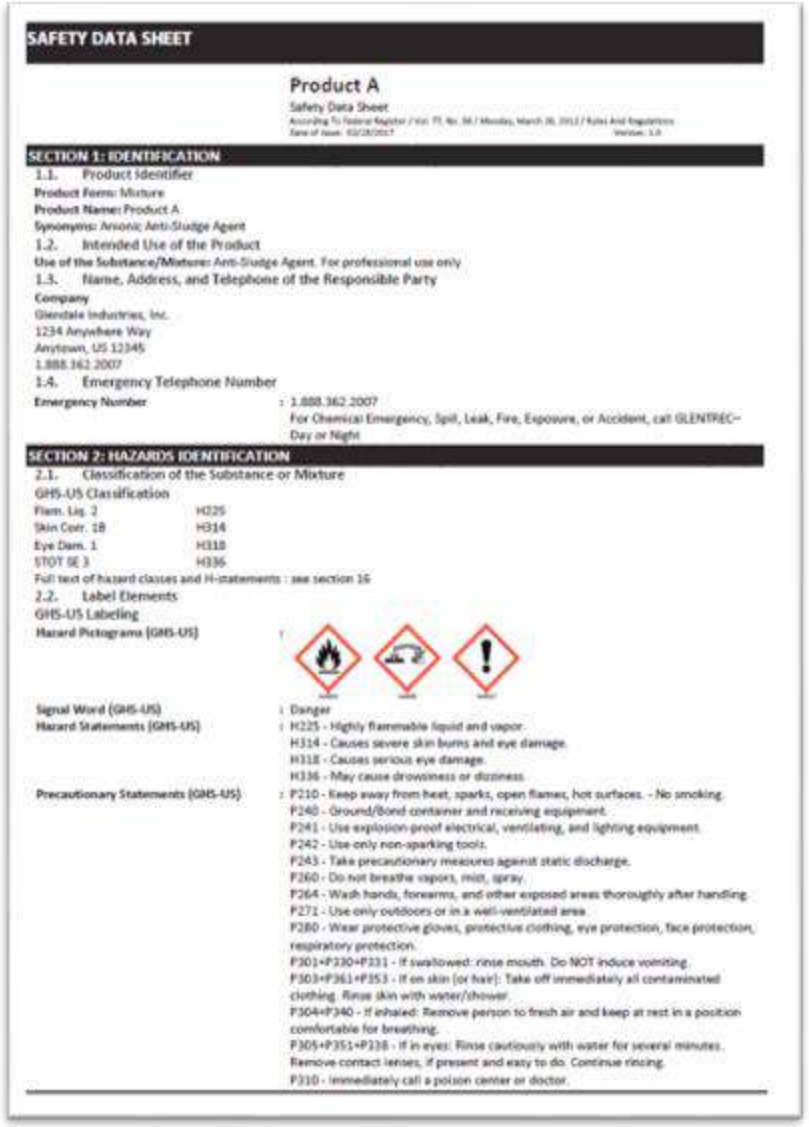
Ingest:
e.g., Swallowing a residue of a chemical or a chemical accidentally.

4

Inject:
e.g., Accidentally leaning on a syringe of medication while at work.

International Safety Data Sheets (SDS)

Formerly known as ***Material Safety Data Sheets (MSDS)***, The information contained in the SDS is the same as the MSDS, except now the SDS are required to be presented in a consistent user-friendly, 16-section format.



SAFETY DATA SHEET

Product A

Safety Data Sheet

SECTION 1: IDENTIFICATION

1.1. Product Identifier

Product Form: Mixture

Product Name: Product A

Synonyms: Arsonic Anti-Sludge Agent

1.2. Intended Use of the Product

Use of the Substance/Mixture: Anti-Sludge Agent. For professional use only

1.3. Name, Address, and Telephone of the Responsible Party

Company

Glendale Industries, Inc.
1234 Anywhere Way
Anytown, US 12345
1.888.362.2007

1.4. Emergency Telephone Number

Emergency Number : 1.888.362.2007
For Chemical Emergency, Spill, Leak, Fire, Exposure, or Accident, call GLENTREC– Day or Night

SECTION 2: HAZARDS IDENTIFICATION

2.1. Classification of the Substance or Mixture

GHS-US Classification

Flam. Liq. 2	H225
Skin Corr. 1B	H314
Eye Dam. 1	H318
STOT SE 3	H336

Full text of hazard classes and H-statements : see section 16

2.2. Label Elements

GHS-US Labeling

Hazard Pictograms (GHS-US)

Signal Word (GHS-US) : Danger

Hazard Statements (GHS-US) : H225 - Highly flammable liquid and vapor.
H314 - Causes severe skin burns and eye damage.
H318 - Causes serious eye damage.
H336 - May cause drowsiness or dizziness.

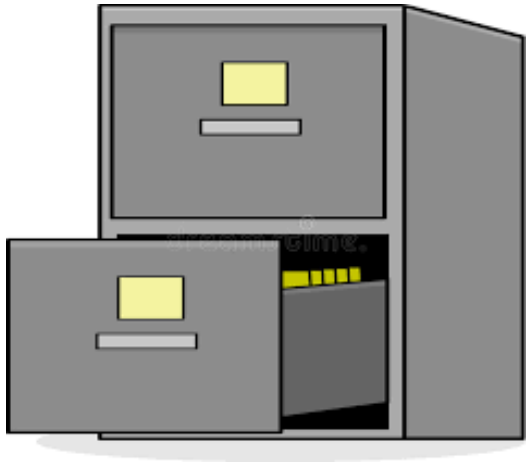
Precautionary Statements (GHS-US) : P210 - Keep away from heat, sparks, open flames, hot surfaces. - No smoking.
P240 - Ground/Bond container and receiving equipment.
P241 - Use explosion-proof electrical, ventilating, and lighting equipment.
P242 - Use only non-sparking tools.
P243 - Take precautionary measures against static discharge.
P260 - Do not breathe vapors, mist, spray.
P264 - Wash hands, forearms, and other exposed areas thoroughly after handling.
P271 - Use only outdoors or in a well-ventilated area.
P280 - Wear protective gloves, protective clothing, eye protection, face protection, respiratory protection.
P301+P330+P331 - If swallowed: rinse mouth. Do NOT induce vomiting.
P303+P361+P353 - If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.
P304+P340 - If inhaled: Remove person to fresh air and keep at rest in a position comfortable for breathing.
P305+P351+P338 - If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310 - Immediately call a poison center or doctor.

Figure 1: Sample of SDS From

Inspector Expect You to Have:

SDS

- Working Copy and Back-Up Copy with 24-Hour Access
- Documentation of Training



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Globally Harmonized System (GHS) Labeling

1. Manufacturers label hazardous chemical pictogram.

2. Employees required to understand pictograms prior to handling hazardous product.

3. Employers required to display pictograms in English / all shifts and reflect product safety.

4. Pictograms contain both words and symbols.

Pictograms MUST be Understood

OSHA / GHS Pictograms for Dental Office:

OSHA / GHS mandated all but the Environmental Hazard Warning

Making Pictograms

Why would you need to create your own Pictogram Labels?

1) Tiny items taken out of box with pictogram.
2) When re-pouring into secondary container.
3) Secondary labels

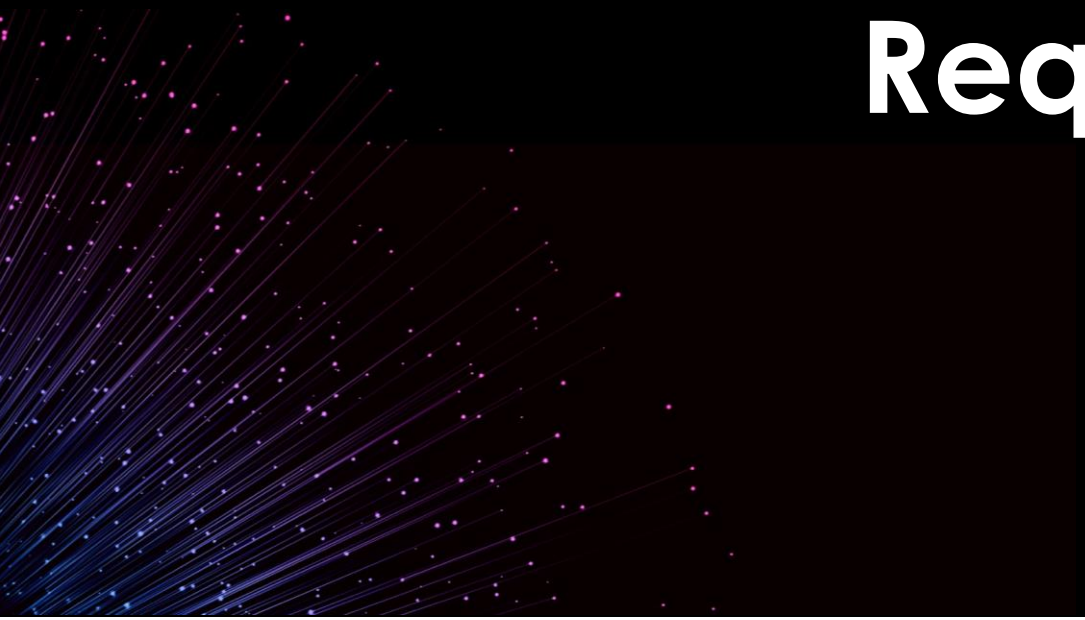
Figure 5: Examples of Pictogram Re-labeling

Globally Harmonized System (GHS)

Summary Review

1. **The Hazard Communication Standard gave workers the right to know and the right to understand.**
2. **The Globally Harmonization System (GHS) manages chemical safety in the workplace.**
3. **The International Safety Data Sheets (SDS) replaced the Material Safety Data Sheets (MSDS) for a consistent user-friendly format and is used to communicate chemical hazards.**
4. **SDS forms should be stored 2 varying formats: in a paper file, digital file, or on a cloud server and maintained for 30 years.**
5. **Hazardous chemicals should be labeled with a pictogram label and employees should be trained.**

Infection Control Requirements



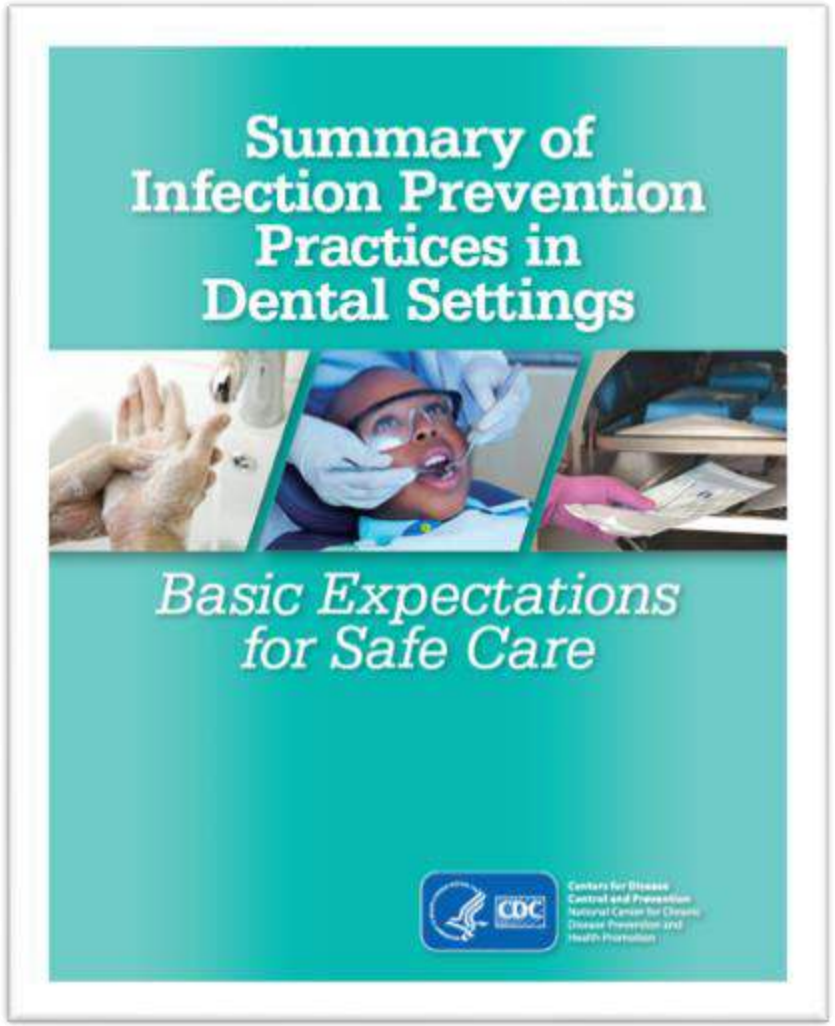
GHS Rule

OSHA has issued a final rule that will improve the amount and quality of information on chemical labels and safety data sheets to better protect workers.

- **Labels on small packaging**
- **Clearer hazard classification process**
- **updated precautionary statements**

The final rule addresses issues that arose since the implementation of the 2012 standard and improves alignment with other federal agencies and Canada.

Guidelines for Infection Control in Dentistry



- Since 2016
- CDC studied dentistry & created the basic expectations for safe care in the dental setting
- All Dental facilities to adopt all policies within Summary of Infection Prevention Practices in Dental Settings (Figure 7)
- OSHA & Health department inspectors will check for these infection control updates.
- Created for OSHA; Adopted by OSAP (ADS)

Figure 7: Summary of Infection Prevention Practices in Dental Settings

Hand Hygiene

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.

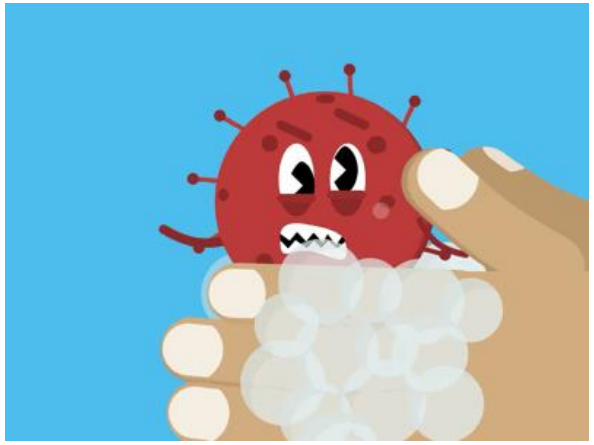


Figure 8: Key Recommendations for Hand Hygiene inn Dental Settings from Summary of Infection Prevention Practices in Dental Settings

*Image from CDC Summary of IC, pg.7

Hand Hygiene

Do not compromise hand hygiene and wash with soap for 20+ seconds. Drying hands thoroughly, remove 1000 times more bacteria. Double-dry as best practices.

Perform hand hygiene…

- ❑ At the beginning of the workday
- ❑ Before touching patient
- ❑ Before touching instruments or performing a procedure
- ❑ Before putting on PPE (including gloves)
- ❑ When moving from a "dirty" task to a "clean" task
- ❑ Immediately after touching the patient or their immediate environment
- ❑ Immediately after contact with blood, body fluids or contaminated surfaces
- ❑ Immediately after PPE (including glove) removal
- ❑ Before you leave for the day

Respir quirements

- Post Respiratory Etiqu
- Assign a respiratory s
- Customize a written l upon OSHA 3990 document).
- Train clinicians on us
- Execute & documen
- Utilize HEPA filtration.
- Update respiratory h

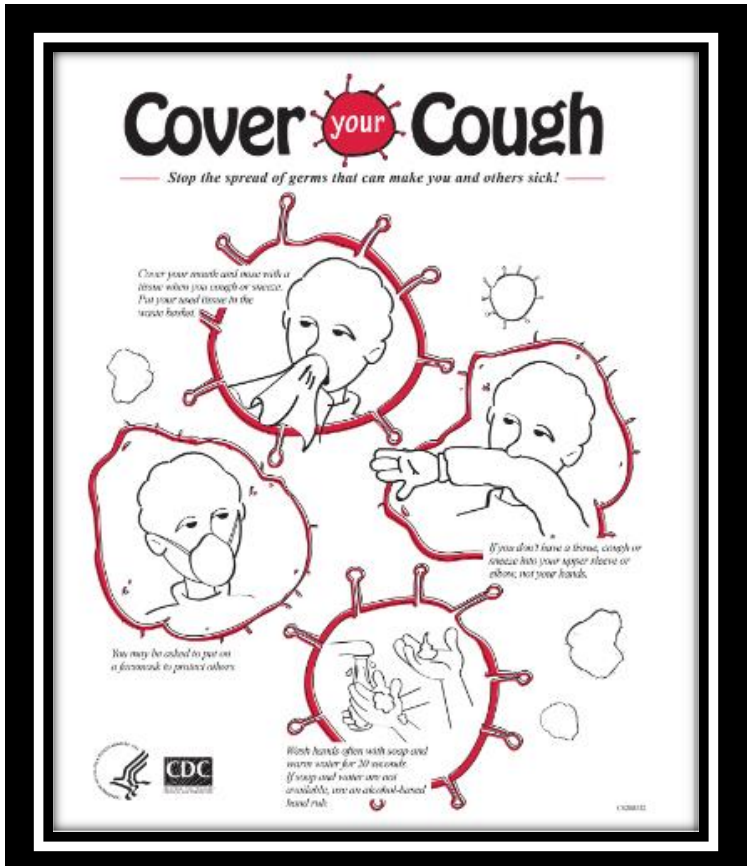


Figure 9: Example of Respiratory E

Sterilization & Disinfection of Patient Care Items

- Critical Items: Have the greatest risk of transmitting infection and should always be sterilized using heat. (e.g., Surgical Instruments).
- Dental Handpieces: Heat Sterilized after each use per manufactures guidelines; clean & lubricate for longevity & performance.
- Semi Critical Items: Items with lower risk of transmission. If heat-tolerant, sterilized using heat. If heat-sensitive, replace with a heat-tolerant or disposable alternative. (e.g., mouth mirrors, amalgam condensers).
- Non-Critical Items: Items that only contact intact skin and have the least risk of transmission of infection. Clean if visibly soiled, using an EPA-registered hospital disinfectant. Consider protecting these surfaces with disposable barriers.

Dental Unit Waterline Testing

- Are you testing and shocking your Dental Chair Waterlines in each treatment room?
- Biofilm causes microorganisms to colonize.
- Dental units should use systems to treat water to meet drinking standards.
- ≤500 CFU/ML of heterotrophic water bacteria.

Biological Monitoring: Spore Testing

- Biological indicators, or spore tests, are the most accepted method for monitoring the sterilization process. Should be performed at least weekly.
- Because spore tests are only performed periodically is recommended that mechanical and chemical monitoring should also be performed.
- Sterilization monitoring and equipment maintenance records are an important component of a dental infection prevention program, and accurate records must be maintained.

Sterilization: Processing Instruments

1. Transport Instruments to st ntainer).
2. Work form "dirty-to-clean"
3. Cleaning instruments: use ing; reduce hand injuries.
4. Rinse & fully dry instrumen
5. Pack instruments in bags tion); do not over pack.
6. Label package with date
7. Pack properly (paper-side ns).
8. Verify chemical indicators
9. Set heat sterilizer to prope .
10. Ensure packages run fully rocessed packages.
11. Store sterile items; ensure use timings.

Bloodborne Pathogens


IF SALIVA WERE
RED
OSAP.org
Educational Grant
Provided By:
CareQuest
Institute for Oral Health

Bloodborne Pathogens

Occupational Safety and Health Course
for Healthcare Professionals

When are you required to train new Employee on Bloodborne Pathogens?

Objectives

- Define bloodborne pathogens.
- Recognize OSHA standards related to bloodborne pathogens.
- Identify employer responsibilities related to compliance with OSHA standards.
- Airborne pathogens

Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Duties may include:

- Direct Patient Care
- Phlebotomy/Laboratory
- Environmental Services
- Waste Management
- Other

Pathogen Exposure

Preventing Transmission

Infection Control prevents infection transmission by acting on one or more of the below transmission factors.

- **Enough disease-producing microorganisms**
- **A reservoir, most likely a body fluid (blood, saliva, oral and respiratory secretions)**
- **A route of transmission from the source to the host**
- **An entrance to the host**
- **A nonimmune host (susceptible host)**

Standard precautions prevent and minimize infection transmission!

Exposure Control Plan

Key Components

Your Exposure Control Plan must also include:

- Methods to ensure compliance
- Hepatitis B vaccination documentation of each employee (or their declination)
- Your post-exposure evaluation protocols
- Exposure follow-up protocols & schedule
- Communication of BBP hazards to employees
- Recordkeeping

Exposure Control Plan

Why is it important?

1. Protects all employees from exposure to bloodborne pathogens.
2. Required by law to have a written exposure plan.
3. Cost of exposure can be significant. The plan helps to control this by reducing exposure.

Exposure Control Plan

The procedure for the evaluation of circumstances surrounding exposure incidents:

- Immediate availability for exposed employees to confidential medical evaluation and follow-up.
- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.

Engineering & Work Practice Controls

Purpose - to eliminate or minimize employee exposure:

✓Readily accessible hand-washing facilities.
✓Contaminated sharps management.
✓Keeping food and drink out of the work area.
✓Procedures involving blood handling.
✓Transport of specimens.
✓Contaminated equipment.
✓CFR 1910.1030 (d)(2)
✓**TRAINING**
✓**TRAINING**
✓**TRAINING**

Standard Precautions

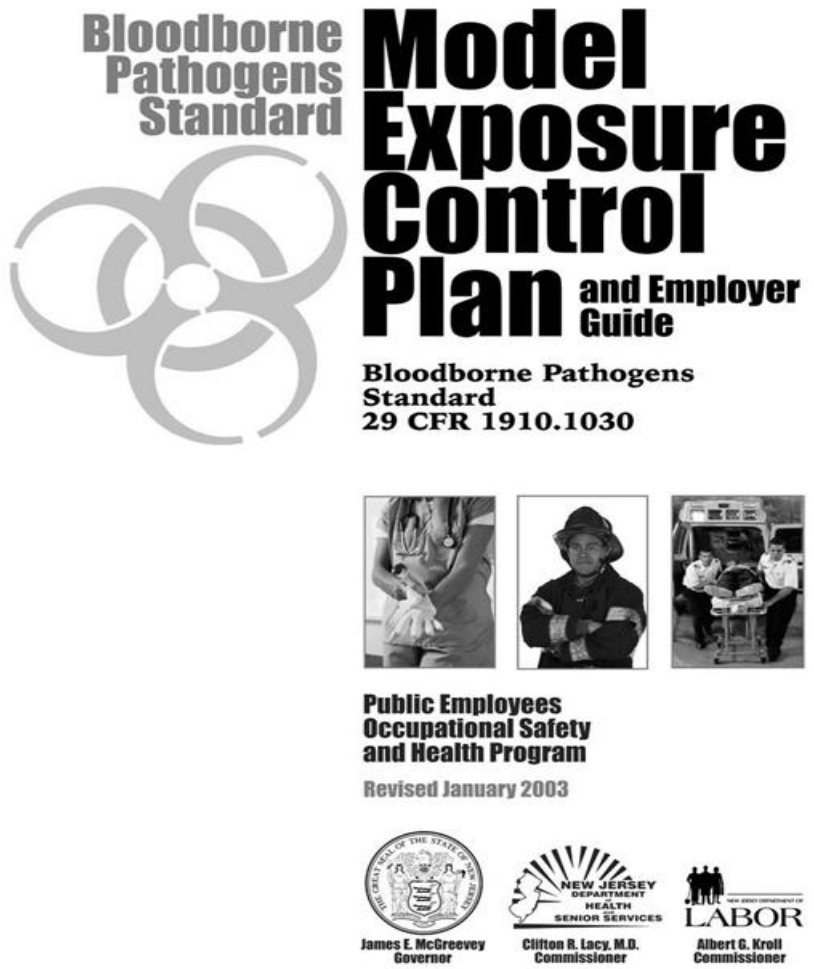
- ✓ Shall be observed to prevent contact with blood or other potentially infectious materials.
- ✓ All body fluids shall be considered potentially infectious materials.
- ✓ All patients should be considered potential reservoirs.

Information & Education

- Provided to all employees who may be at risk for exposure.
- Regardless of role in practice.
- At no cost to employees.
- Minimum requirements

CFR 1910.1030 (g)(2)(vii) lists all training program requirements.

•TRAINING

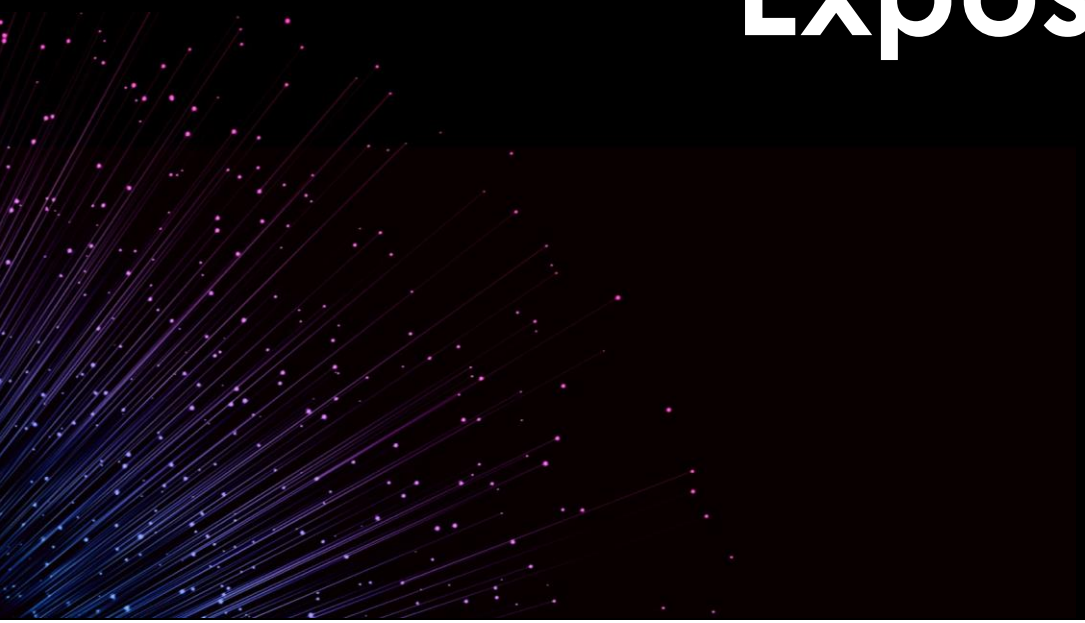


Resources Available

Posters, Fact Sheets….OSHA, CDC, NIOSH

Reminders are especially helpful with images!

Exposure Control



Dental Office Regulated Waste

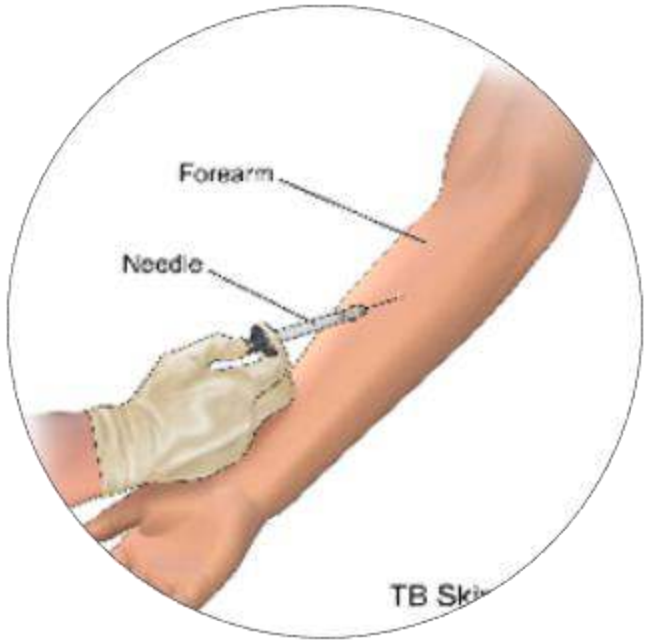
Biomedical Sharps, Biomedical Soft Waste, Amalgam & Pharmaceutical Regulated Wastes:

- Closeable and suitable to contain contents (Fig. 10).
- Labeled or color-coded.
- Closed prior to removal. If contamination occurs, place in second container.
- Disposal of all regulated waste in accordance with applicable regulations.
- Lead Disposal

Figure 10: Waste Management Container

Tuberculosis Facts

Per CDC: All U.S. health care personnel should be screened for TB upon hire.



Tuberculosis	
2022 USA	8,331 Active Cases
2021 USA	7,870 Active Cases / 602 Deaths
2020 USA	7,171 Active Cases / 600 Deaths

ALL NEW HIRES MUST BE SCREEN FOR TB
BEFORE WORKING WITHIN A DENTAL OFFICE,
regardless of the risk classification of the setting.

https://www.cdc.gov/tb/statistics/reports/2022/table1.htm https://www.cdc.gov/tb-health-care-settings/hcp/screening-testing/index.html

Contaminated Sharps and Needlestick Safety

Public Law 106-430

Signed into law November 2000 – enacted in 2001 – part of OSHA standards.

“Needlestick Safety and Prevention Act”

Why?

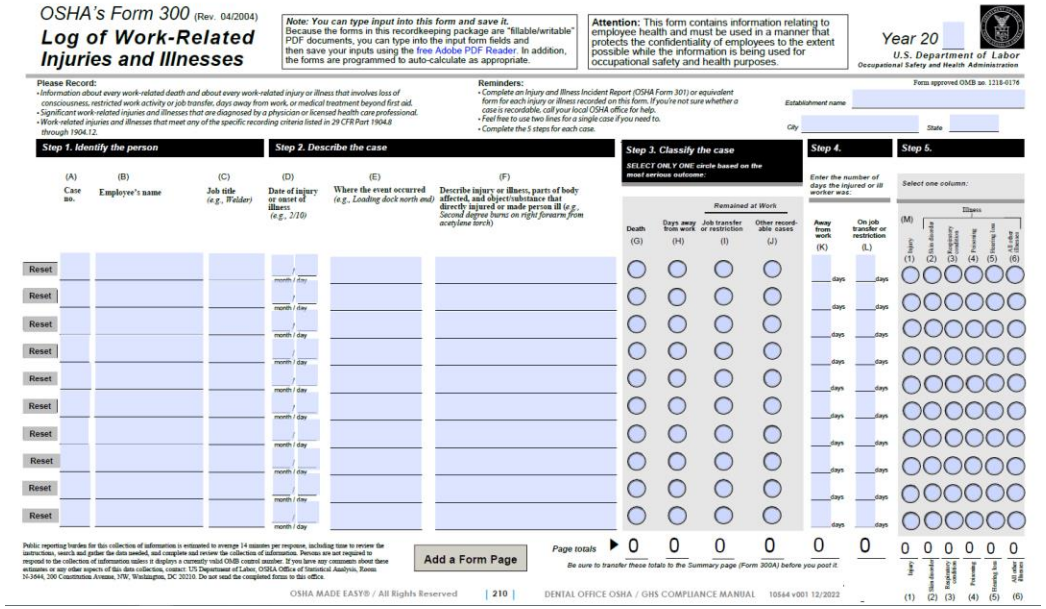
In 2000, it was estimated that over 300,000 percutaneous injuries would occur involving contaminated sharps.

- Needle Stick Safety requires that organizations use safer medical devices with injury protection or needleless systems.
- Need to reflect the changes in technology that can eliminate or reduce exposure to bloodborne pathogens.
- Must document annually the consideration and implementation of safer devices.

Exposure Control

Sharps – Needlestick Safety

- **Must "solicit input" from non-managerial staff in the identification, evaluation, and selection of effective engineering and work practice controls and shall document this input process in the Exposure Control Plan.**
- **Must maintain a Sharps Injury Log. (Fig. 11)**
- **List for each incident the type and brand of device involved, department/work area, and how the incident happened.**



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

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.

Form approved OMB no. 1218-0176

Establishment name

City State

Step 1. Identify the person

(A) Case no. | (B) Employee's name | (C) Job title (e.g., Welder)

Step 2. Describe the case

(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)

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work

Death (G) | Days away from work (H) | Job transfer or restriction (I) | Other recordable cases (J)

Step 4.

Enter the number of days the injured or ill worker was:

Away from work (K) | On job transfer or restriction (L)

Step 5.

Select one column:

Illness

(M) Injury (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | Hearing loss (5) | All other illnesses (6)

Reset

month / day

Add a Form Page

Page totals ▶ 0 0 0 0 0 0 | 0 0 0 0 0 0

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 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.

Be Safe with Sharps

Do Not Walk with Needled Syringe

RE-CAP Immediately for **88%** less **INJURIES**!

Test Recapping Device Required:

- **NJ**
- **NY**
- **OR**
- **TN**
- **TX**

Test & Document a SAFETY DEVICE Annually

The Clinician Giving the Injection ***must*** Re-load & Re-cap

Employers must test with Employees

FINE FOR NOT TESTING & DOCUMENTING:

$3,000 OSHA Fine!

Sharps Containers

- Whenever possible, engineering controls should be used as the primary method to reduce exposures to bloodborne pathogens.
- Dispose of sharps at the point of use.

What Happens if You get Stuck?

Was the Instrument / Needle that caused injury soiled with Blood / Saliva?

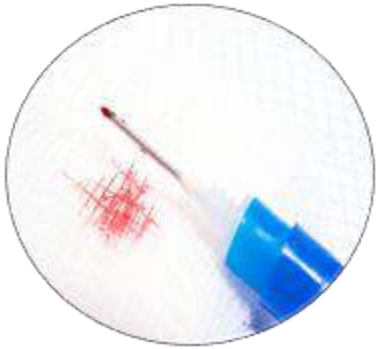
If ***NO***, apply First Aid

If ***YES***, apply First Aid

Check Source Patient's Medical History to Assess Risk

Ask Patient to Have Blood Test is desired

Know which Treatment Center to use; Go immediately!



After Suffering a Sharps Injury

- Cleanse wound and bandage.
- Seek medical assistance within 2 hours of sharps Injury.
- HIV test and/or Hep B/C. Request test of source patient.
- Seek counseling.
- Seek prophylactic meds.
- Complete post evaluation & follow ups via incident reports and supporting documents.

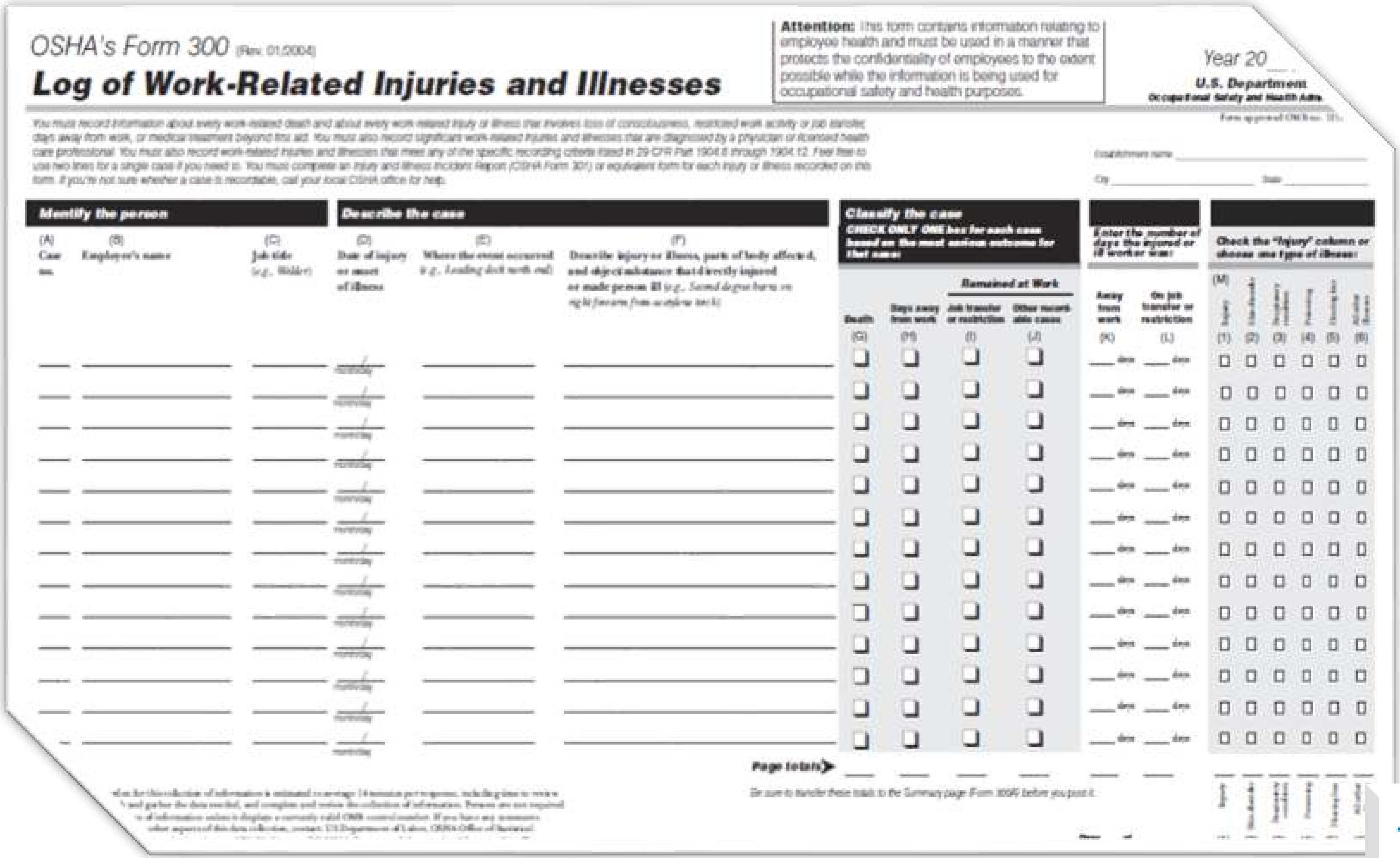
All at Employer's Expense!

Needlestick Safety

- Must maintain a Sharps Injury Log.
- List for each incident the type and brand of device involved, department/work area, and how the incident happened.
- Must “solicit input” from non-managerial staff in the identification, evaluation, and selection of effective engineering and work practice controls and shall document this input process in the Exposure Control Plan.

Post Exposure Evaluation and Follow-Up

- ✓ **Documentation** of the route(s) of exposure
- ✓ Identification and **documentation** of the source individual
- ✓ Collection and testing of blood for HBV and HIV
- ✓ Post-exposure prophylaxis and care
- ✓ **Counseling**
- ✓ Evaluation of reported illnesses


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

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 ____
City ____ State ____

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:
(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) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) (1)–(6)

Page totals ____

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

20+ Employees= Report Injuries to OSHA On-Line

NV = Designate Facility & Post

CO = Workman's Comp Designated

Hospitalizations, amputations and loss of an eye report within 24 hours to OSHA

Hepatitis B Vaccination Requirement

Hep B Vaccination Series

- Series: 3 within 7 months
  1st / 1 mo. / 6mo
- If Declined—Must Document
- Pharmacy, Family Doctor or Local Resource

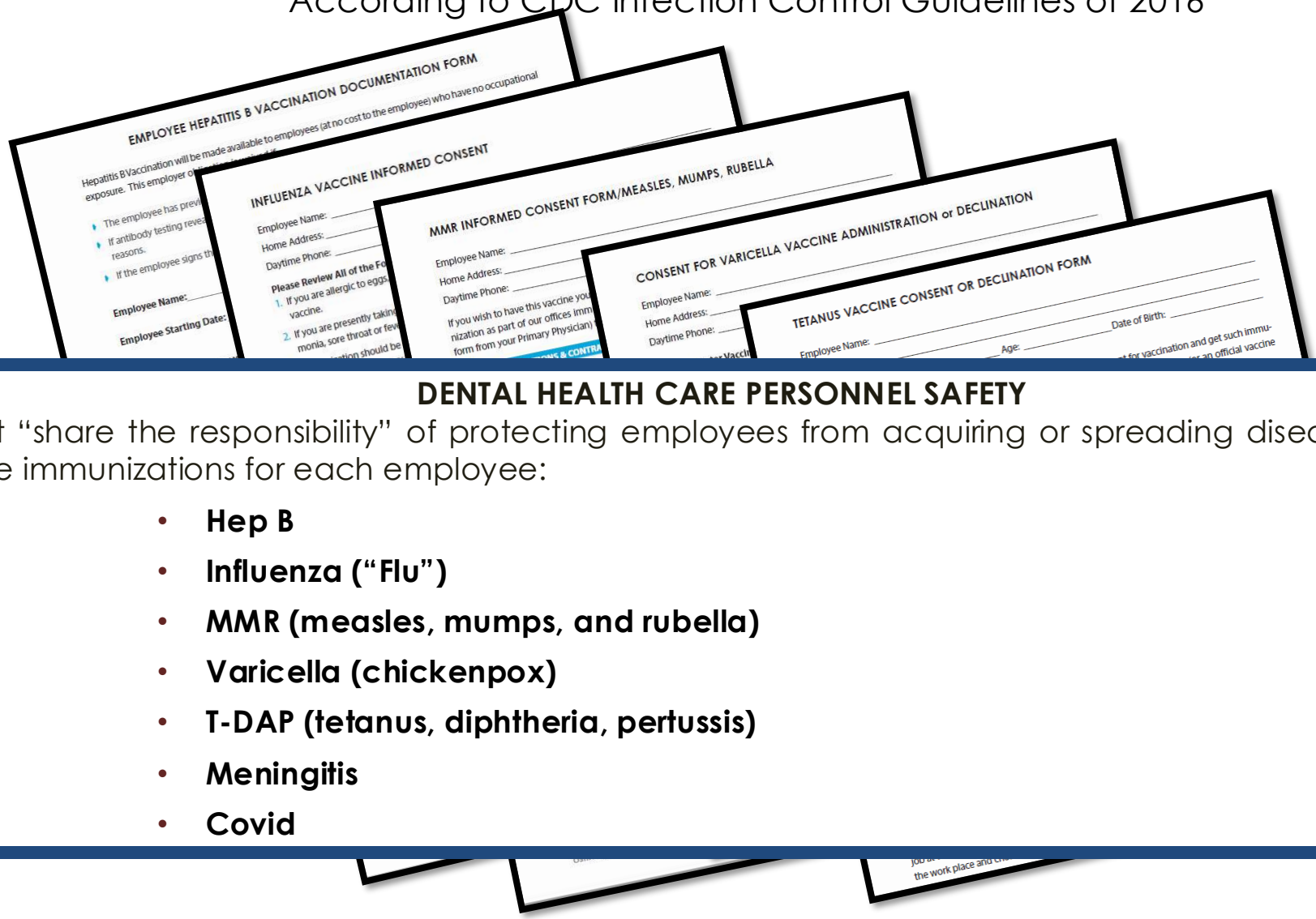
Hep B Booster and Titer

- Titer Test: Recommended after a significant time
- Clinical Employees should be at 85-97% Antibodies Induced
- Pharmacy, Family Doctor or Local Resource

- ✓ Everyone must be offered the initial HEP B Vaccination Series in the workplace.
- ✓ Must be paid for by the employer if needed.
- ✓ If employee declines, then it must be documented.
- ✓ HEP B documentation must be kept on file for ALL employees including office admin and part-time employees.
- ✓ Doctors note required in Michigan stating vaccination status or declination.
- ✓ In Ohio you need a Doctor's note only if you decline the series.

Other Immunizations

According to CDC Infection Control Guidelines of 2016



DENTAL HEALTH CARE PERSONNEL SAFETY

Employers must "share the responsibility" of protecting employees from acquiring or spreading disease. To accomplish this end, track these immunizations for each employee:

- **Hep B**
- **Influenza ("Flu")**
- **MMR (measles, mumps, and rubella)**
- **Varicella (chickenpox)**
- **T-DAP (tetanus, diphtheria, pertussis)**
- **Meningitis**
- **Covid**

Regulated Waste

Contaminated sharps discarding and containment:

- Approved sharp containers
  - *Easily accessible*
  - *Upright*
  - *Not allowed to overfill*
- Container removal
  - *Close immediately prior to removal*
  - *Place in secondary container if leakage is possible*
- Reusable containers
  - *Not opened, emptied, or cleaned manually*

Contaminated Laundry

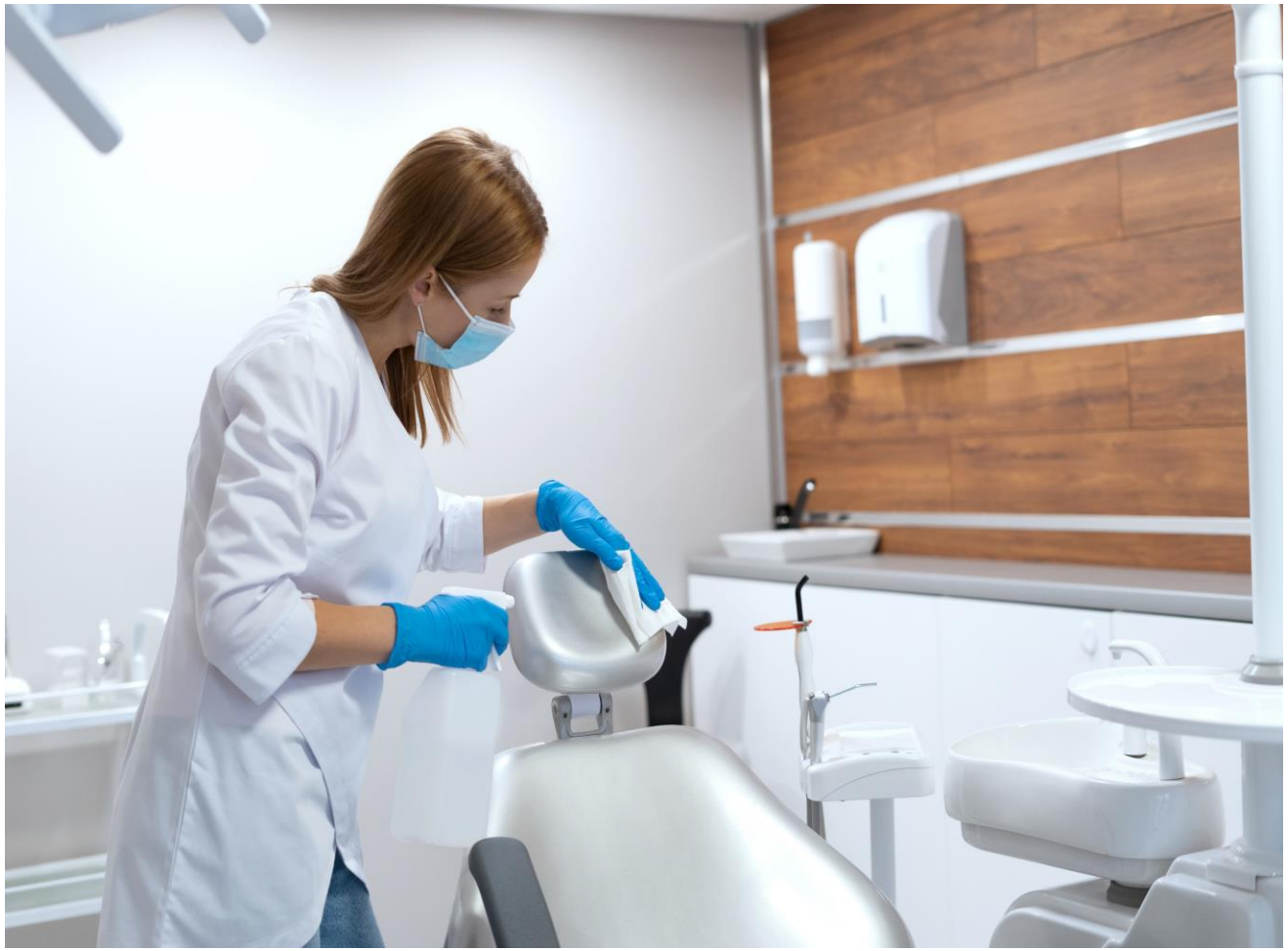
Shall be handled as little as possible:

- Bagged or containerized at the location where it was used.
- Containers labeled or color-coded.
- Leak proof bags or containers.

Employer ***shall ensure*** that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.

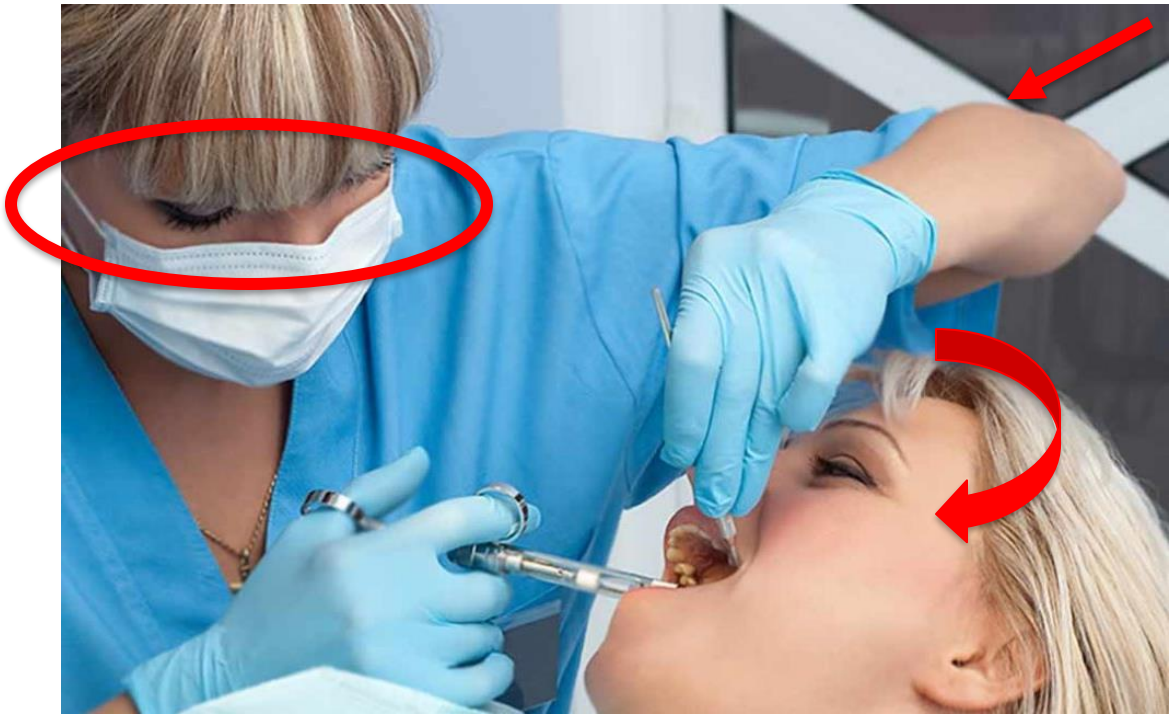
Shipping to an off-site facility.

Housekeeping and Environmental Services



- Worksite maintained in clean and sanitary condition
- Cleaning and decontamination of items
- Safe disposal

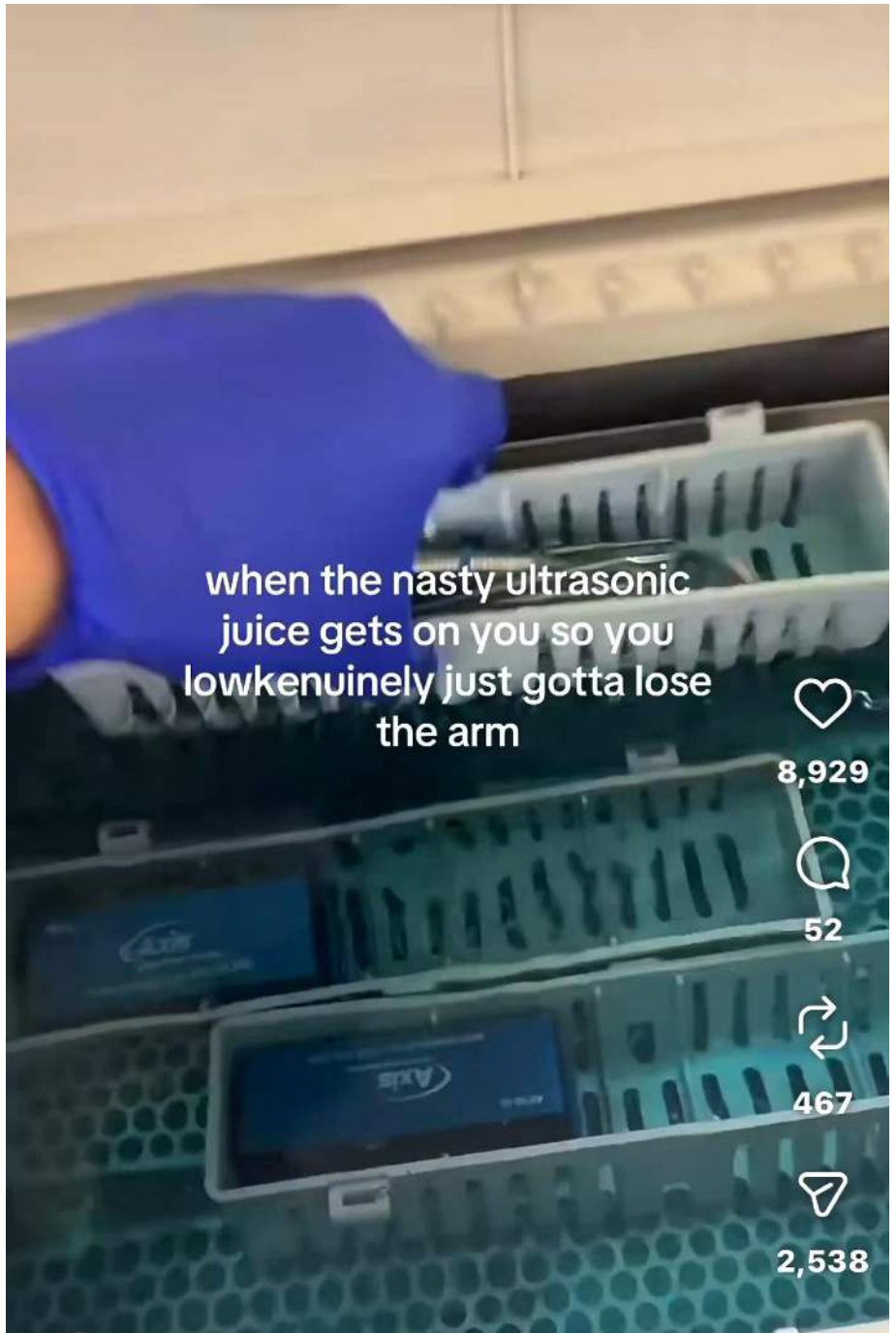
WHAT IS WRONG IN THIS PICTURE?



Personal Protective Equipment (PPE)

According to OSHA, employers are required to train each employee who must use PPE so that employees know at least the following:

- ✓ **When PPE is necessary.**
- ✓ **What PPE is necessary.**
- ✓ **How to properly put on, take off, adjust and wear the PPE.**
- ✓ **The limitations of the PPE.**
- ✓ **Proper care, maintenance, useful life, and disposal of PPE.**


when the nasty ultrasonic juice gets on you so you lowkenuinely just gotta lose the arm
8,929
52
467
2,538

Patient Eyewear

Is Proper Protective Eyewear Available for Patients?

Watch Jenn's Vision she is a victim of eye injury now patient advocate.

(Figure 12)

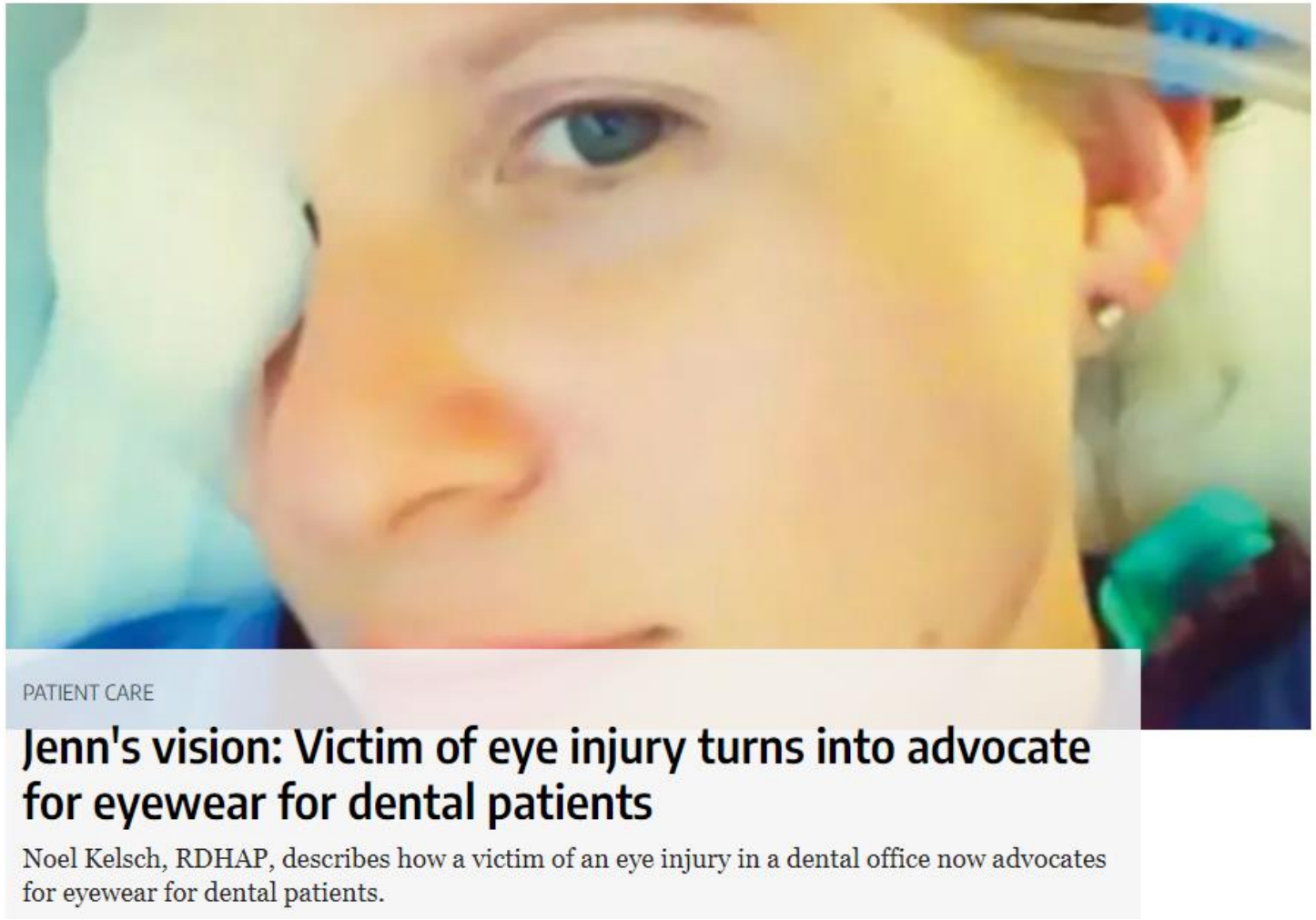


Figure 12: https://www.rdhmag.com/patient-care/article/16409763/jenns-vision-victim-of-eye-injury-turns-into-advocate-for-eyewear-for-dental-patients

Transporting of Soiled Instruments

Figure 13: Example of Sterilization Container

When Transporting the Soiled Instruments to Sterilization, Transport Instruments:

- In a locked or latched leakproof container (Figure 13).
- Cassettes need to be on a covered tray or a locked or latched leakproof container.
- The container must be red or have a biohazard sticker on the lid.
- This container or tray and lid are to be disinfected after each use.

Germicidal Wipes

Don Appropriate Person Protective Equipment

- ❑ Pull wipe out of canister and close the lid
- ❑ Use wipe to remove heavy soil
- ❑ Use clean wipe to wet surface
- ❑ Allow to air dry (for the manufactures recommended amount of time, IFU)
- ❑ Dispose of used wipe

Utility Gloves

Employees who handle soiled instruments **Need to Have Access** to their own pair of Puncture Proof Utility Gloves.

Sterilize Handpieces & Motors After Each Use

For Turbine & Low Speed Handpieces.

If a dental handpiece cannot be heat sterilized and does not have FDA clearance with validated instructions for reprocessing, do not use that device.

Never run a Handpiece under cool water to cool it. Turbines are prone to break, and repairs are expensive! Do not use a warm/hot Handpieces, that have not had time to cool down. This will add stress to the turbine causing it to fracture. Keep Handpieces in heat sterilizer bags until used.

Cassette Wrap

Read your Manufacturer's Instructions on your Cassette Wrap:

Some Cassette wrap manufactures are now saying they must be double wrapped.

Information on the Label Prior to Sterilizing Instruments

- ❑ **Sterilizer used**
- ❑ **Cycle or load number**
- ❑ **Date of Sterilization**
- ❑ **Expiration date, if applicable**

Sterile instruments and supplies should be stored in covered or closed cabinets. Dental instruments and supplies should not be stored under sinks or in other places where they might become wet. Wrapped packages of sterilized instruments should be inspected before opening and use to ensure that the packaging has not been compromised (i.e., wet, torn, or punctured) during storage.

Information on the Label Prior to Sterilizing Instruments

DATE	TIME STARTED	STERILIZER USED	LOAD NUMBER	NUMBER OF INSTRUMENTS	INITIALS WHO LOADED	INTEGRATOR PASSED OR FAILED	TIME OF UNLOAD	INITIALS WHO UNLOADED	SPORE TEST DONE	COMMENTS
3/22/2024	6:45am	A	1	12	KR	Pass	8:15am	KR		
3/22/2024	8:20am	B	2	5	KR	Pass	9:45am	KR	Yes	

Communication of Hazards to Employees

Labels and Signs

- ✓ Information and Education
- ✓ At the time of initial assignment
- ✓ Review at least annually
- ✓ When changes occur
- ✓ Content and vocabulary appropriate to educational level, literacy, and language of employees

Amalgam Separator

Does the practice have an Amalgam Separator hooked-up to the Central Suction Unit?

- **Dental offices must also submit a compliance report.**
- **Additionally, they will need to have maintenance and inspection records available.**
- **https://www.epa.gov/eg/dental-effluent-guidelines#reporting**

One-Time Compliance Report: Note that a copy of this report must be retained by the practice and made available for inspection for the lifetime of ownership of the practice.

N2O

N2O System Have a Scavenging System

- Scavenging System is required to vacuum-pull excess Nitrous from the area where clinical team may secondarily inhale the fumes.

- Nitrous Monitors are also a great idea to purchase for your staff

Flush all Dental Waterlines after Patients

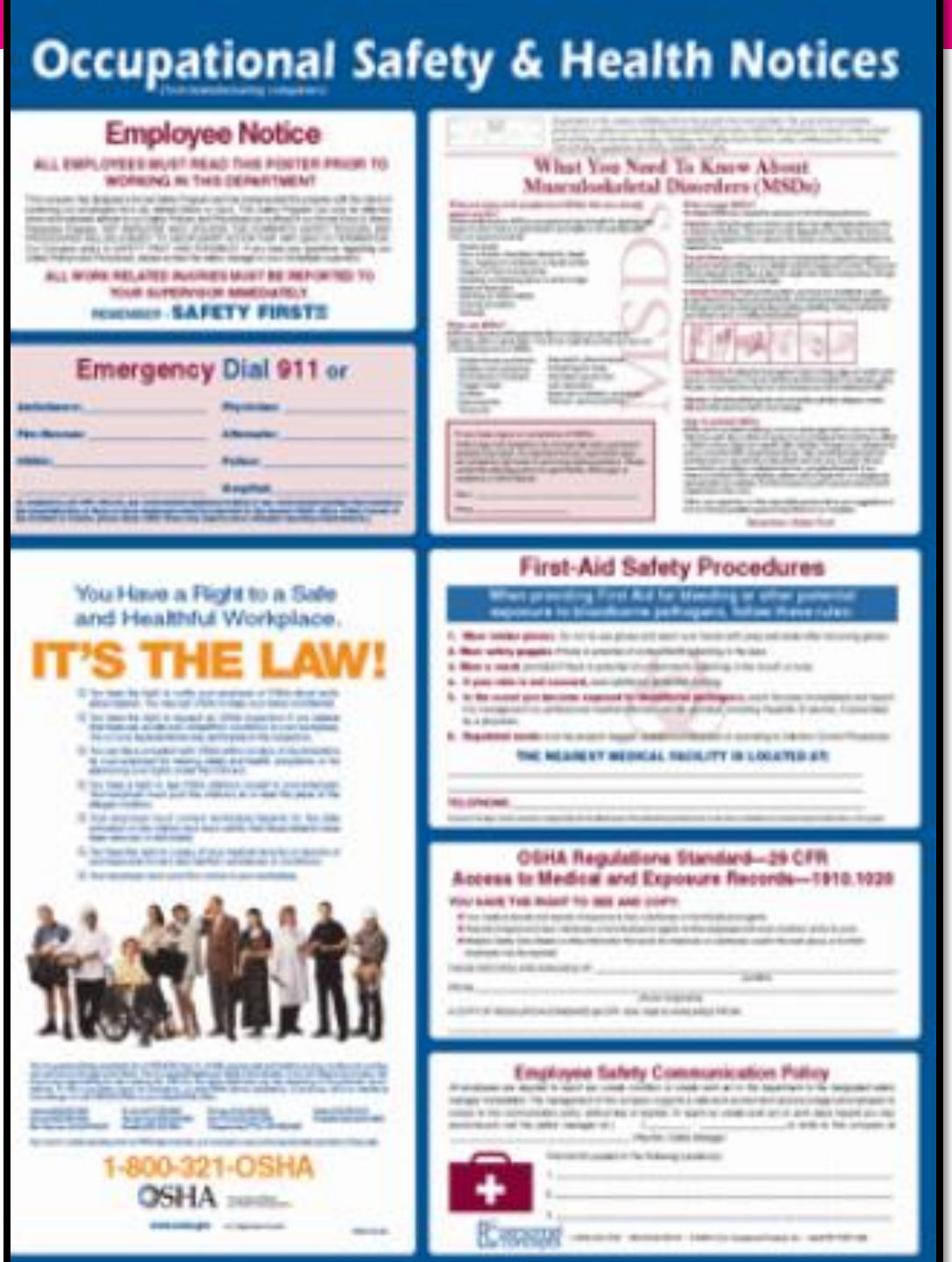
Flush all Dental Waterlines after Patients:

- Flush all waterlines at the start of the day for 2-3 minutes
- Flush all handpieces, ultrasonic scalers and air/water syringes after patients for 20-30 seconds
- Establish a protocol to achieve and maintain waterlines with less than 500 CFU's/mL
- Strictly follow manufacturer's instructions and protocol for maintaining water quality
- Monitor water quality based on manufacturer instructions

Mandatory Posting of Required Information as Determined by the Federal Government, your State or Local Authorities

Free OSHA Posters: www.OSHA.gov

Laminated Posters: available on-line



Employee Rights

Whistle Blowers Protection Law

- Confidential Reporting
- Retaliation Protection
- “Anti-Bullying Laws”

ADA & OSHA

The ADA and OSHA signed the formal Alliance in April 2004. Providing better working conditions for dental employees, with a specific focus on ergonomics.

Safety Meetings Are Required

1. Give Timely Updates
2. No specific format; just log the meeting

Meeting ideas:

- **Fire drill** – where would you meet. Inspectors like to ask you individually and are looking for the same answer on this.
- **Eyewash** - have everyone turn it on.
- **First Aid Kit** - look it over and talk about what is in it and check expiration dates.
- **Oxygen tank** – how does it turn on? Do all team members know?

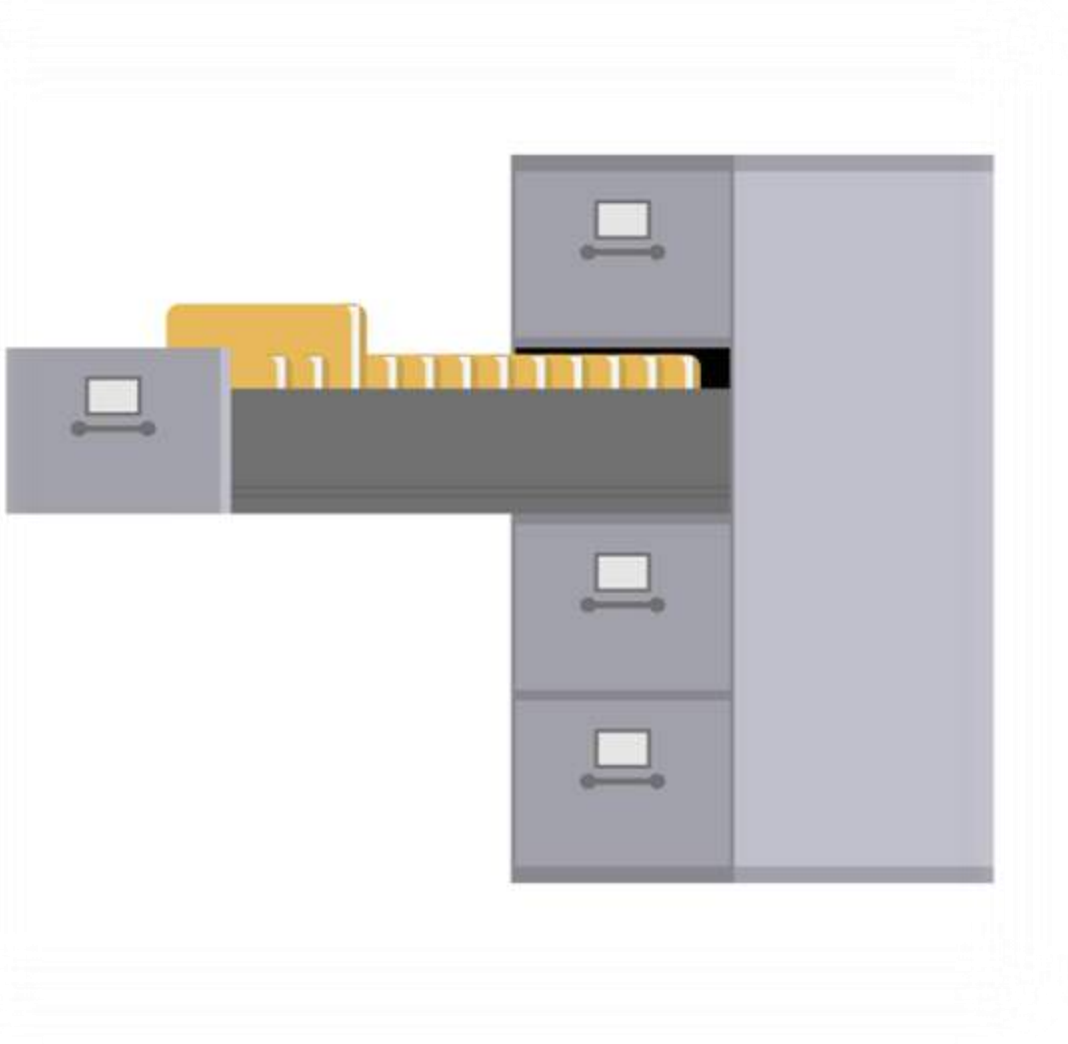
Recordkeeping

Medical Records

Shall be maintained for duration of employment plus **30 years**.

Training Records

Shall be maintained for 3 years from the date of training.

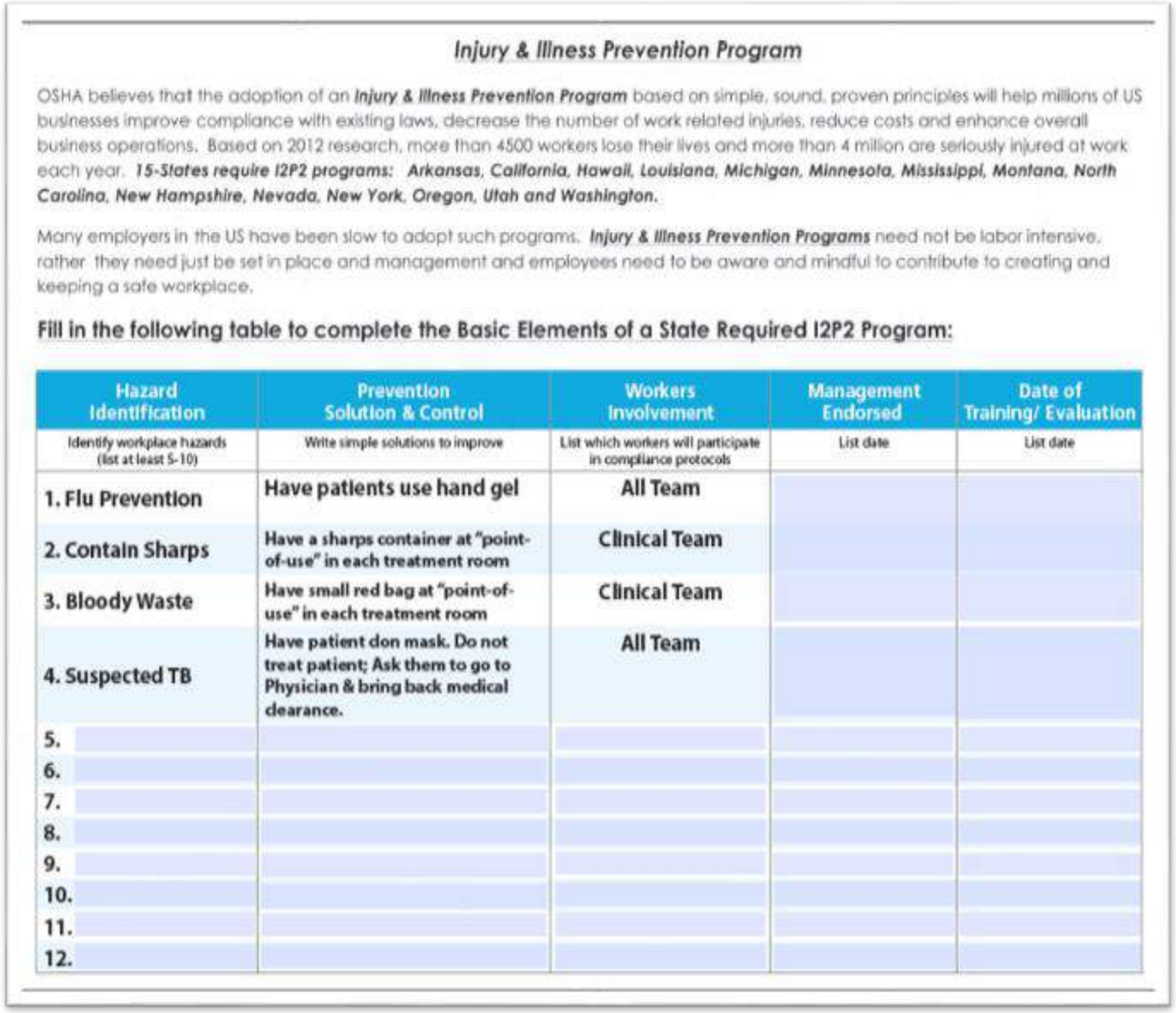


Recordkeeping

Injury & Illness Prevention Program

The Illness Prevention Program (Fig. 14) is needed for the following 15 states:

Arkansas	North Carolina
California	New Hampshire
Hawaii	Nevada
Louisiana	New York
Michigan	Oregon
Minnesota	Utah
Mississippi	Washington
Montana	



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.				

Figure 14: Injury and Illness Prevention Program

What FEDERAL OSHA Forms Must Be Completed?

OSHA Form 300 – Log of Work-Related Injuries and Illnesses

OSHA Form 301 – Injury and Illness Incident Report

OSHA Form 300A – Summary of Work-Related Injuries and Illnesses

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

U.S. Department of Labor
Occupational Safety and Health Administration

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 29 CFR 1904.8 through 1904.12. Feel free to use two

Form approved OMB no. 1218-0176

Establishment name

City State

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:						(M)						
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
								Job transfer / restriction	Other record-able cases									
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
1	Mark Bagin	Welder	5/25	basement	fell from ladder	✓						✓						

Recordkeeping

What Are The Severity Criteria For Recording A Work-Related Injury and Illness?

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid

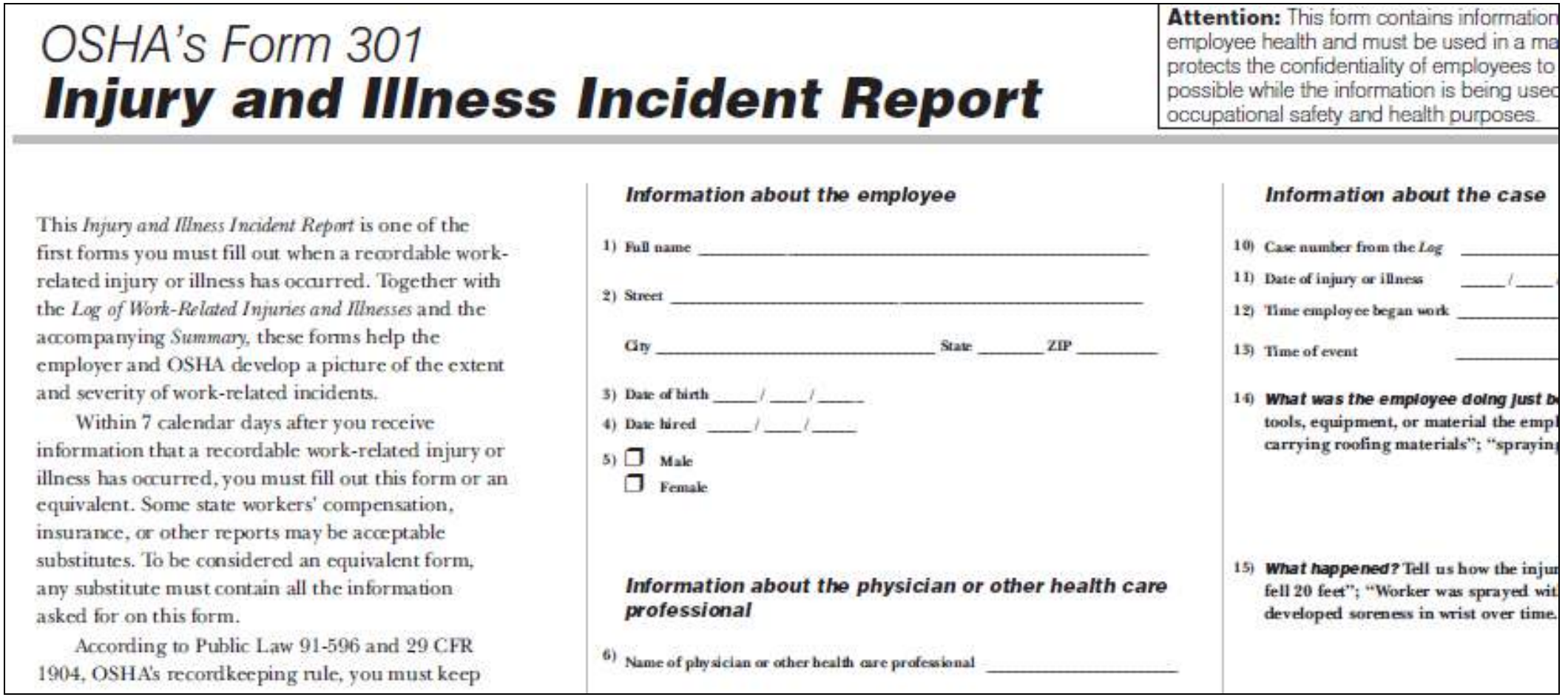
Recordkeeping

Other Recording Criteria

- Significant diagnosed injury or illness
- Needlestick and sharps injuries – section 19
- Medical removal – section 1904.9 (PDF)
- Hearing loss – section 1904.10 (PDF)
- Tuberculosis – section 1904.11 (PDF)
- Refer Federal OSHA Sections

"It's important and required."

OSHA Form 301: Injury and Illness Incident Report



OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information
employee health and must be used in a ma
protects the confidentiality of employees to
possible while the information is being usec
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 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

Information about the employee

1) Full name _____

2) Street _____

City _____ State _____ ZIP _____

3) Date of birth ____/____/____

4) Date hired ____/____/____

5) ☐ Male
☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional _____

Information about the case

10) Case number from the *Log* _____

11) Date of injury or illness ____/____

12) Time employee began work _____

13) Time of event _____

14) ***What was the employee doing just b***
tools, equipment, or material the empl
carrying roofing materials"; "sprayin

15) ***What happened?*** Tell us how the injur
fell 20 feet"; "Worker was sprayed wit
developed soreness in wrist over time.

Fire Safety
&
Basic Safety

Basic Safety & Fire Safety

Image of medical office fire

OSHA 10-Hour General Industry Outreach Training[1]

- Emergency Action Plans
- Fire Prevention Plans
- Exit Routes
- Fire Protection

Emergency Action Plans

1. **How to implement:**
    - Review plan with each employee.
    - Develop an initial plan.
    - Assign a safety coordinator.
    - Make changes to plan as needed.

2. **Provide employees annual retraining with drills to practice evacuation & gathering in assembly area. Educate team on:**
    - Types of emergencies
    - Course of actions
    - Special hazards

3. **Fire hazards / fire prevention plan**

Emergency Action Plan Benefits

- Must be a Written Document, kept in office, available to all Employees
- References actions to take during workplace emergencies.
- Upholds Fewer & less severe injuries & structural damage
- Reduces confusion

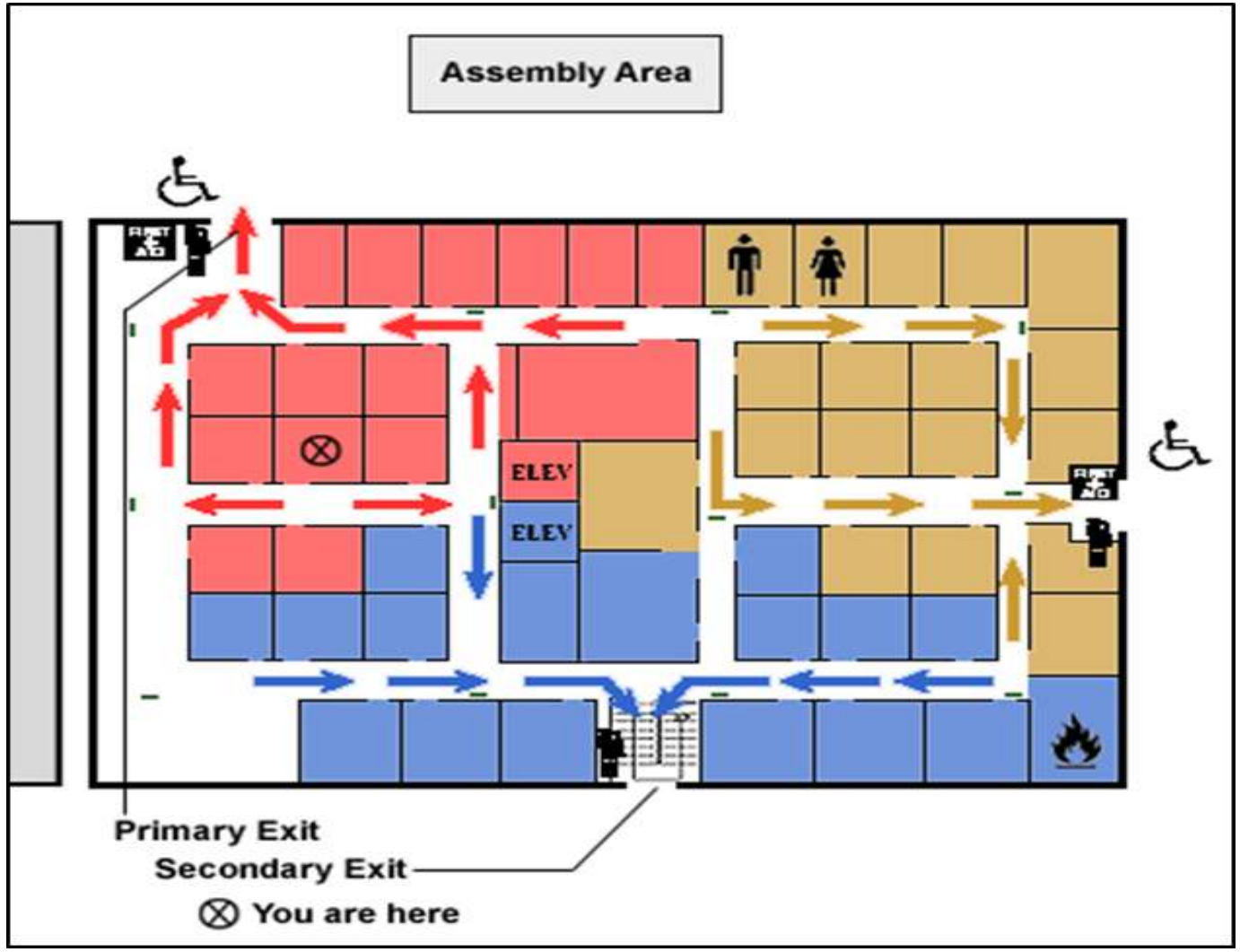
Emergency Action Plan Purpose

- Describes actions to take to ensure employee safety during emergencies
- Uses floor plans/maps to show Emergency Escape Routes
- Covers reasonably expected emergencies

Conditions Requiring Evacuation

Evacuation Maps Show:

- At least two ways out
- Assembly area
- You are here
- Fire Extinguishers



Conditions Requiring Evacuation

Workplace evacuation may be required for:

Man-Made Emergencies

- Fires
- Explosions
- Toxic material releases
- Radiological/biological incidents
- Civil Disturbances
- Workplace violence

Natural Emergencies

- Floods
- Earthquakes
- Hurricanes
- Tornadoes
- Wildfires
- Winter weather

Conditions Requiring Evacuation

Evacuation Actions:

Alerting employees to Evacuate

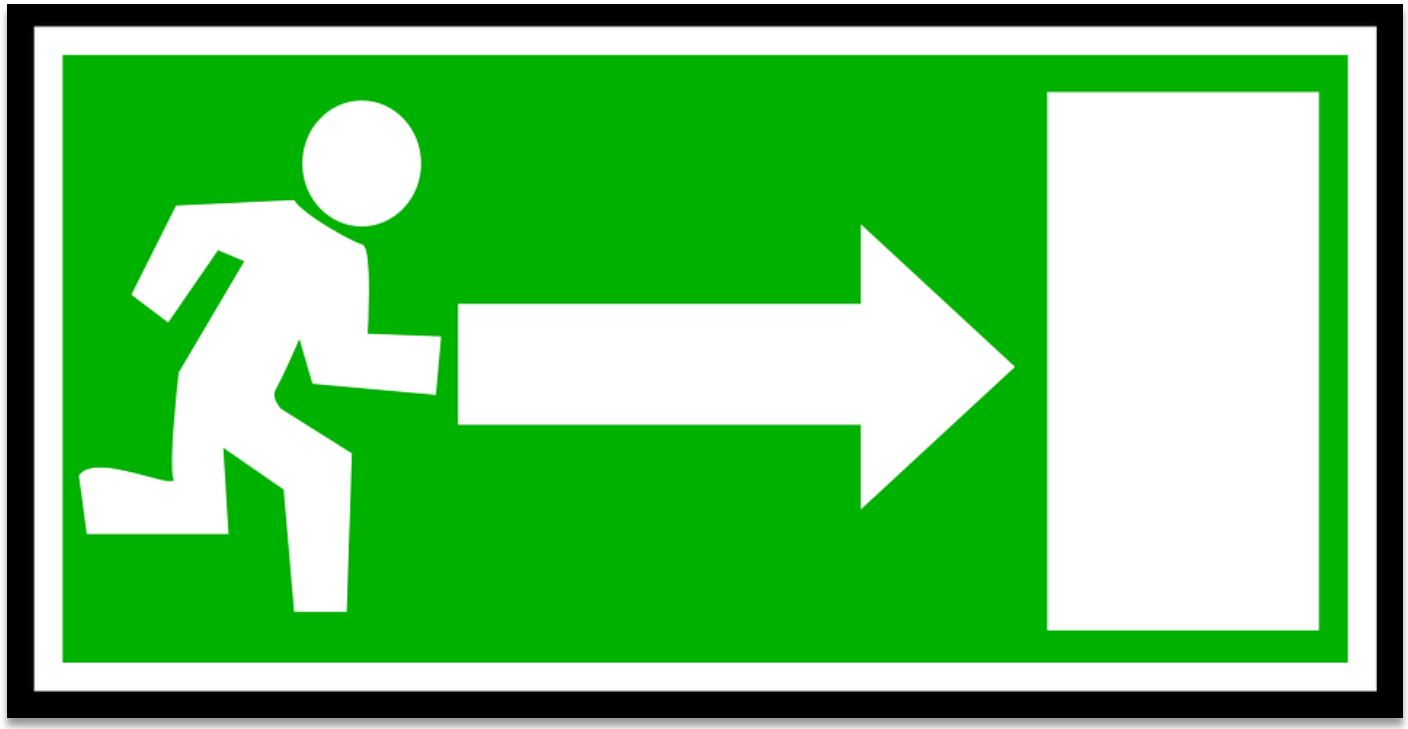
- Alarm
- Enunciator panel/speaker

Accounting for who has Exited

- Head Count

Keeping employees Informed

- Clear to re-enter, or remain at assembly point or go home.



Emergency Escape Routes

Exit Routes Must Be:

- Clearly marked
- Signs Lite
- Appropriate width
- Unobstructed
- Emergency Back Up Lighting in Place

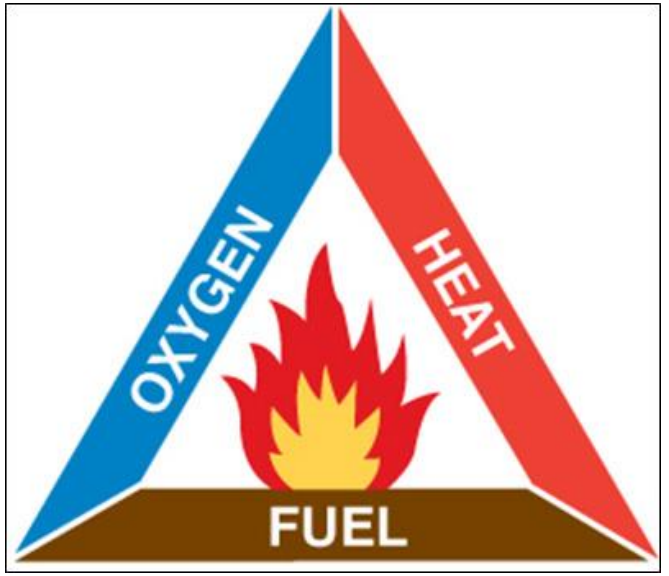
Conditions Requiring Shelter-in-Place

- Release of chemical, biological, or radiological contaminants
- Severe weather – tornadoes
- Other situations

Source: CDC

Fire Prevention Plan, Includes

- Lists of all major fire hazards, proper handling & storage of hazardous materials, and fire protection equipment
- Procedures to control flammable/combustible wastes
- Procedures for maintenance & safeguards on heat-producing equipment
- Assign a Fire Safety Coordinator



Fire Prevention Plan

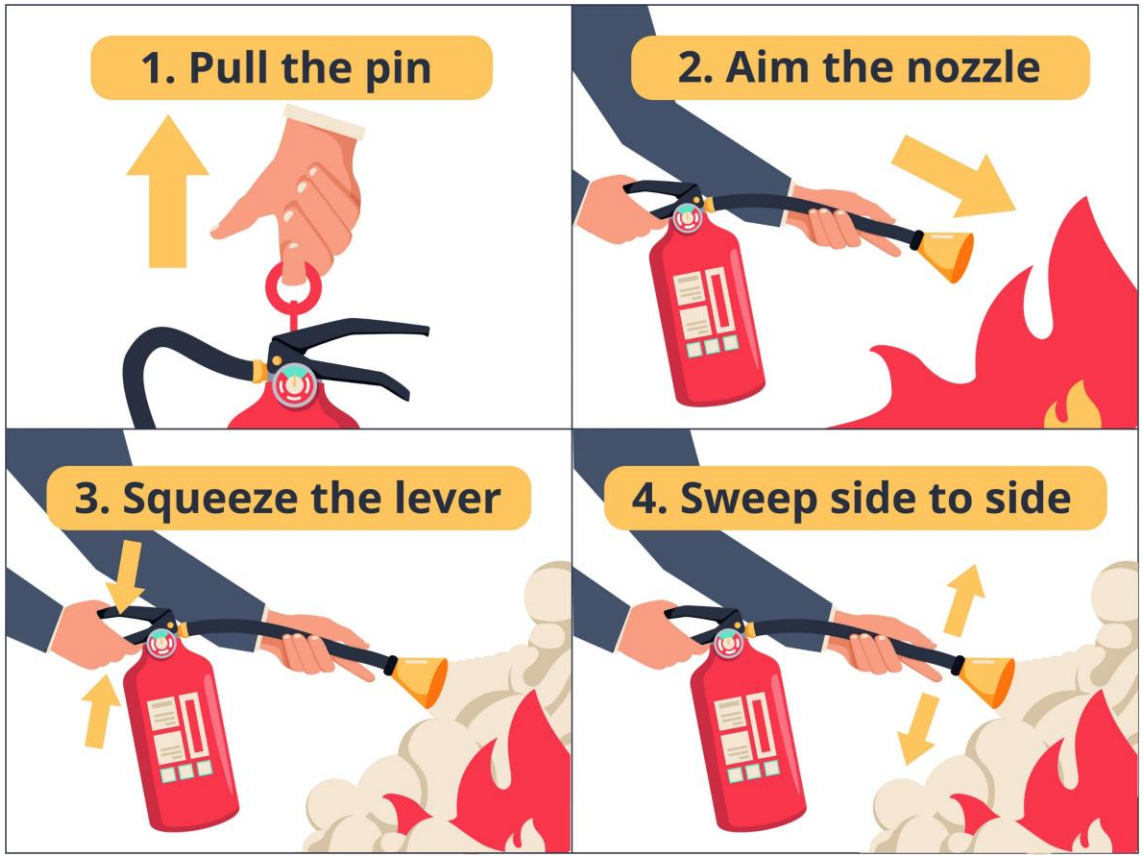
Handling of Flammable Hazards

- Only use approved metal safety containers or original manufacturer's containers for storage
- Keep containers closed when not in use
- Store away from exits or passageways
- Keep away from ignition sources
- Use PPE, Fixed systems & Portable Extinguishers

Extinguishing Fires

Train on the P.A.S.S. Technique

- ❑ **P**ull the pin
- ❑ **A**im at base of fire
- ❑ **S**queeze handle
- ❑ **S**weep side-to-side at base of fire until fire appears out

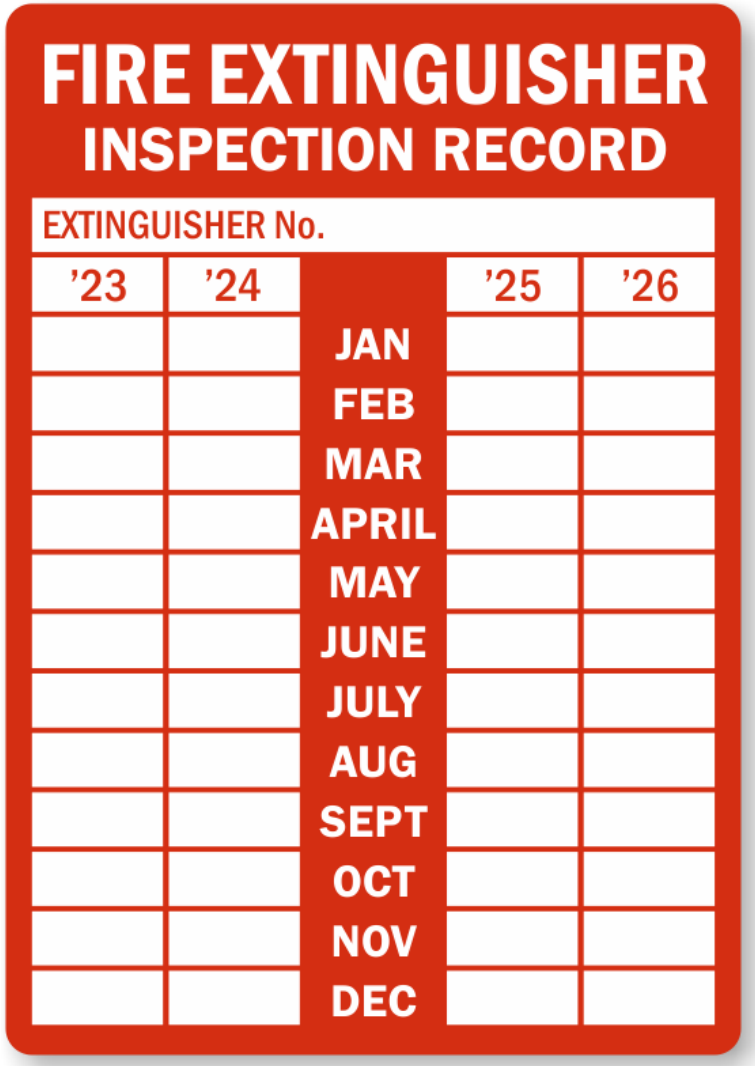


- Watch area for re-ignition and repeat steps 2 – 4;
- **When in doubt, EVACUATE IMMEDIATELY!**

Maintenance of Extinguisher

How to Maintain Your Fire Extinguisher:

- Annual Inspection by Professional Company
- Monthly Visual Inspections & Document Completed



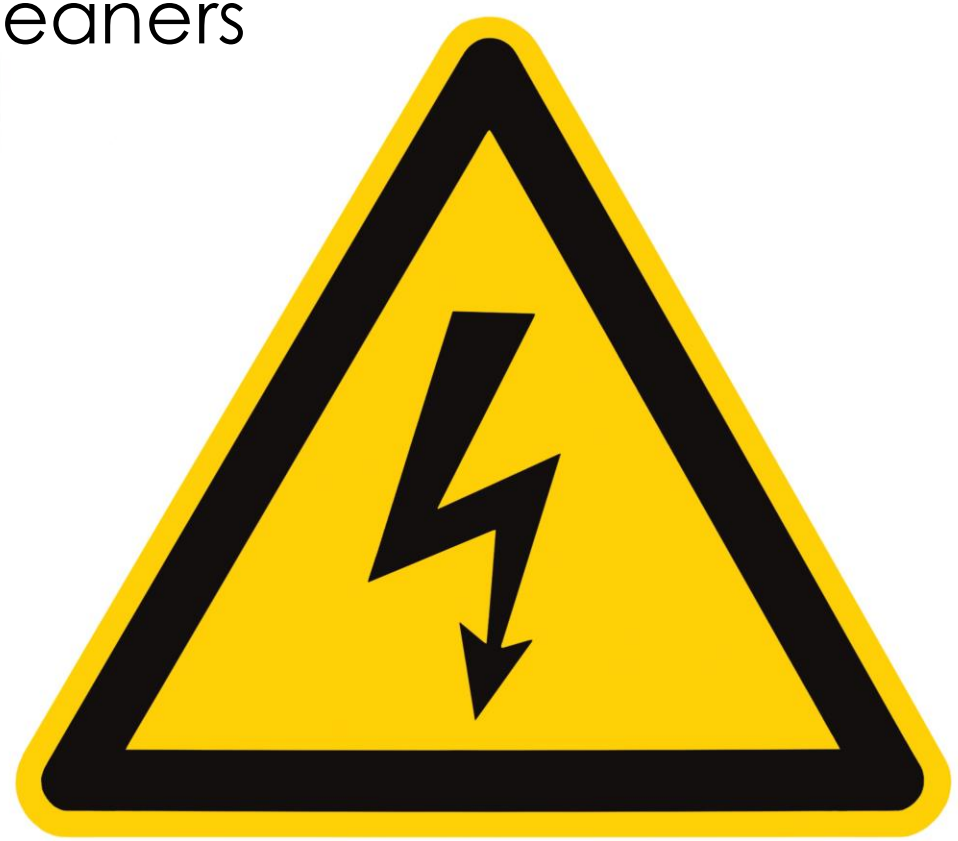
PROPER FIRE DRILL STEPS TO FOLLOW

1. Call 911 & Expedite Fire Department
2. Shout to Team to Exit to go to Safety
3. (Or) Try to use Fire Extinguisher
4. Meet at Designated Fire Drill Spot outside of building
5. Safety Director: Count to account for all patients & Employees
6. Wait for Fire Dept
7. Get Clearance to Re-Enter Building or Dismiss all Employees and Patients

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 and maybe required in many situations



Be Aware of Other Hazards

- Unstable or overloaded shelving
- Wet floors
- Heavy items
- Overcrowded areas
- Notify management of hazards to be corrected

Refrigerate Dental Products Separately

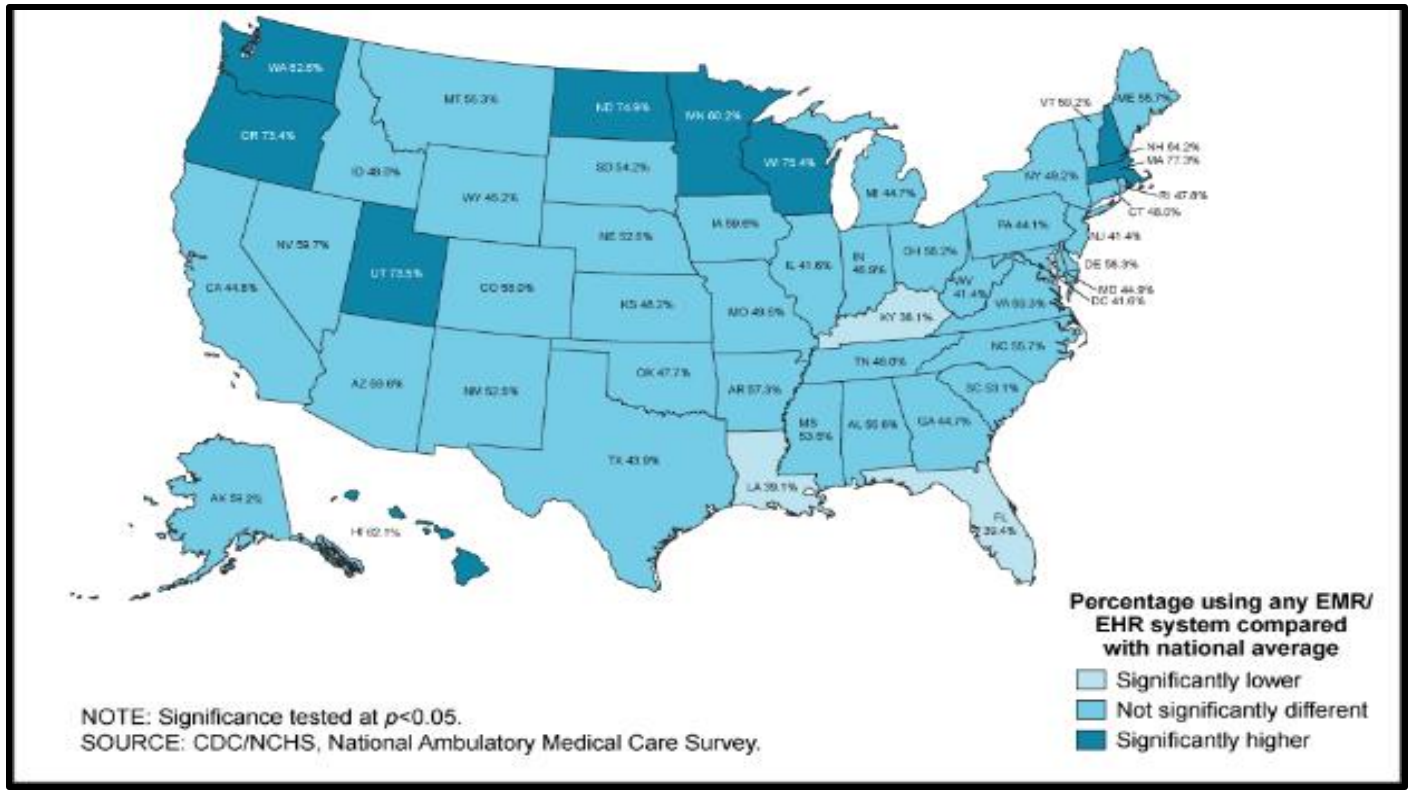
- In separate refrigerator
- If same Fridge (if allowed): on separate shelf or sealed plastic tub with label “Dental Products Only”

CPR & First Aid Training

- OSHA Manual w/ Written Safety Protocols
- Emergency Numbers Posted
- Use of O_2
- CPR Training
- Working Eyewash Station w/ Signage
  29 CFR 1910.151
- Spill Kit: Blood & Chemical Spills
- AED / Defibrillator
- Training on all First Aid Products

Defibrillator / AED:

If Required by State or by Sedation Procedures Preformed



First Aid Kit Contents

Required by OSHA Depending on the number of employees

- Regular emergency response training.
- Supplies and devices based upon the state requirements. and procedures performed where you practice.
- ANSI

Eating

Is allowed only in designated areas in healthcare facilities.

OSHA State Requirements:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virgin Islands (US)
Virginia
Washington
West Virginia
Wisconsin
Wyoming

Initiating a Compliance Program in Your Practice

Why Do We Not Have 100% Compliance?

- Lack of training.
- Busy, hectic, rushing.
- Decreased awareness of hazards.
- “Won’t happen to me.”

How to Work Together to “Get it Done?”

Is Your Office in Complete Compliance?

1. What was your biggest "new take-away" about today's training?
2. Do you feel like you have all of these protocols set up properly within your office?
3. Do you currently feel confident that you would pass an inspection today should an Inspector drop in?
4. What are the biggest challenges with your current program?
5. Is your OSHA manual up-to-date for this year and customized for your office protocols?
6. Do you currently use tools such as an OSHA Facility Checklist, Audit Form, at least annually, to check your compliance?
7. What are the biggest challenges with your current program?

What you May Be Overlooking or Missing?

References

CDC

https://emergency.cdc.gov/han/2022/han00478.asp

https://www.cdc.gov/oralhealth/infectioncontrol/index.html

https://www.cdc.gov/niosh/z-draft-under-review-do-not-cite/safetyculturehc/module-3/8.html

OSHA.gov

https://www.osha.gov/publications/poster

https://www.osha.gov/laws-regs

https://www.osha.gov/hazcom

Summary of Infection Prevention

https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html

Dental OSHA COVID

https://www.osha.gov/coronavirus/control-prevention/dentistry

Questions

OSHAHIPAA@healthfirst.com

Annual Federal OSHA Certification Workshop

Please scan the QR code for your CE's

CE link: https://form.jotform.com/250981623236458

If you have any CE questions, please email THRIVELIVE@DentalLearning.net

Thank You!