TOSHA Compliance for Dental Offices



TOSHA believes the information in this presentation to be accurate and delivers this presentation as a community service. As such, it is an academic presentation which cannot apply to every specific fact or situation; nor is it a substitute for any provisions of 29 CFR Part 1910 and/or Part 1926 of the Occupational Safety and Health Standards as adopted by the Tennessee Department of Labor and Workforce Development or of the Occupational Safety and Health Rules of the Tennessee Department of Labor and Workforce Development.

TOSHA required: Safety & Health Programs For Dentistry

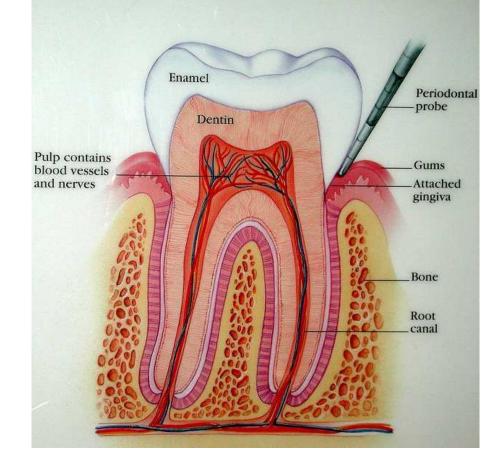
Bloodborne Pathogens

Exposure Control Plan Sharps Injury Prevention

Sharps Injury Log

- □ Hazard Communication Plan
- Hazard Assessment for Selection of PPE
- **Emergency** Action Plan

http://www.osha.gov/SLTC/dentistry/c ontrol.html



Bloodborne Pathogens 1910.1030

Written Exposure Control Program (ECP) – Example at <u>http://osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf</u>

- □ Engineering Controls (safer medical devices)
- Personal Protective Equipment
- □ Hepatitis-B vaccine and Antibody Test
- □ Confidential Follow-up (Exposure Incident)
- Bio-Hazard Labels
- □ Initial and Annual Training
- □ Sharps Injury Log / Sharps Injury Prevention

http://osha.gov/SLTC/bloodbornepathogens/index.html

Bloodborne Pathogens

- Hepatitis B
- □ Hepatitis C
- □ HIV
- □ Syphilis
- Malaria
- □ Brucellosis
- Babesiosis
- □ Leptospirosis

- Arborviral Infections
- Relapsing Fever
- Creutzfeld-Jacobs
 Disease--Mad-cow
- Viral HemorrahgicFever--Ebola

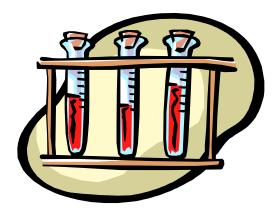
Other Potentially Infectious Materials--OPIM

- □ Semen
- Vaginal secretions
- Cerebrospinal fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- □ Amniotic fluid
- □ Saliva in dental proc.

- Any visibly
 contaminated body
 fluid
- Any body fluid where differentiation is difficult
- Any unfixed tissue or organ

Universal Precautions

- □ Must be observed
- Include in Exposure Control Plan
- □ What is/are universal precautions?
 - All blood and body fluids are treated as if known to be infected with HIV, HBV, HCV, etc.



Exposure Control Plan

- □ Must be in writing
- Must include Exposure Determination
- Must be reviewed and updated annually
 - Plan must be updated to reflect changes in technology that eliminate or reduce employee exposure; list of devices used.
 - Plan must document consideration and implementation of appropriate, commercially available and effective engineering controls
 - Document front line employee input

Engineering Controls

- Shall be used to eliminate or minimize employee exposure
- This is where the bloodborne pathogen standard already requires you to evaluate and use safer needle devices
- Failure to use engineering and work
 practice controls will result in a citation

Safer Medical Device Websites

- International Health Care Worker Safety Center, University of Virginia:
- <u>http://www.healthsystem.virginia.edu/internet/epinet</u>
 <u>/safetydevicenew.cfm</u> and
 <u>http://healthsystem.virginia.edu/internet/safetycenter</u>
 <u>/internetsafetycenterwebpages/SafetyinSurgery/Safet</u>
 <u>yinSurgery.cfm</u>
- International Sharps Injury Prevention Society:
- □ <u>http://www.isips.org/</u>

Sample Sharps In Use List

| SAFETY SHARP | S IN USE LIST | Γ | | |
|--|---------------|-----------------------------|------------------|------------------------|
| Type of Device and Sizes | Manufacturer | Procedures Used On | Date Reviewed | Next Review Date |
| Lever Lock Cannula | BD | Multiple Procedures | 3/26/2007 | 09/07 |
| Threaded Lock Cannula | BD | Multiple Procedures | 3/26/2007 | 09/07 |
| Blunt plastic cannula | BD | Multiple Procedures | 3/26/2007 | 09/07 |
| Vial Access cannula | BD | Vial Access | 3/26/2007 | 09/07 |
| Monoject Magellan Safety needle 18g x 1 1/2" | Kendall | Multiple Procedures | 3/26/2007 | 09/07 |
| Monoject Magellan Safety needle 22g x 1 1/2" | Kendall | Multiple Procedures | 3/26/2007 | 09/07 |
| Monoject Magellan Safety needle 25g x 5/8" | Kendall | Multiple Procedures | 3/26/2007 | 09/07 |
| Monoject Magellan Safety needle 23g x 1" | Kendall | Multiple Procedures | 3/26/2007 | 09/07 |
| Monoject Tuberculin Safety syringe | Kendall | TB skin test administration | 3/26/2007 | 09/07 |
| Monoject Insulin Safety syringe 1/2 cc, 29g x 1/2" | Kendall | Insulin administration | 3/26/2007 | 09/07 |
| Monoject Insulin Safety syringe 1 cc, 29g x 1/2" | Kendall | Insulin administration | 3/26/2007 | 09/07 |
| Monoject Magellan syringe with safety needle 22g x 1 1/2" | Kendall | Multiple Procedures | 3/26/2007 | 09/07 |
| Monoject Magellan syringe with safety needle 23g x 1" | Kendall | Multiple Procedures | 3/26/2007 | 09/07 |
| Monoject Magellan syringe with safety needle 25g x 5/8" | Kendall | Multiple Procedures | 3/26/2007 | 09/07 |
| Blood Collection Assembly | BD | Blood Collection | 3/26/2007 | 09/07 |
| Blunt plastic cannula with 3 cc syringe | BD | Multiple Procedures | 3/26/2007 | 09/07 |
| Interlink vial access cannula with 3 cc syringe | BD | Vial Access | 3/26/2007 | 09/07 |
| Posiflush normal saline flush syringe with blunt plastic cannula 10 cc | BD | Flushing IV sites/lines | 3/26/2007 | 09/07 |
| Posiflush normal saline flush syringe with blunt plastic cannula 5 cc | BD | Flushing IV sites/lines | 3/26/2007 | 09/07 |

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SHARPS EXCLUSION LIST - PROACTIVE MEDICAL CENTER

| Type of Device and Sizes | Device ID | Procedures Used For | Reason Safer Device not used and Work Practice Control to Minimize Exposure | Date Reviewed And Comments | Next Review Date |
|--|--|---|---|--|------------------------|
| Spinal needles 27 gage, 3.5" Quicke | Bard Dickson 405181 | Pain Management | No safer device available at this time. After use the physician will place in a needle foam lock found on the universal block tray and dispose of in a sharps container | 1/25/08 – A safer device has been developed and we will try to evaluate it asap | 6/01/08 |
| Arthroscopy Pack | DeRoyal 50-13584 | Orthopedic Procedures | These packs contain #15 and #11 scalpel blades and 18 gage 3.5" and 22 gage 1.5" needles not equipped with engineered sharps injury protection. DeRoyal has been contacted to replace these items. Until then they will be replaced by staff with safer devices before use. | 1/25/08 . DeRoyal has been contacted to replace these items. | 6/01/08 |
| Special Technique Needle 18 gage 6" | Sherwood Medical 8881- 224003 | Percutaneous drainage of Gall Bladder | No safer device available at this time. After use the physician will place in a needle foam lock found on the universal block tray and dispose of in a sharps container | 1/25/08 | 6/01/08 |
| Glass Culture Tubes | Fisher 14-961-26 | Clotting Times | Plastic will not activate the coagulation factors. | 1/25/08 | 6/01/08 |
| #10 | BD | Hemia | Used for obese patients when the plastic sheath on | 1/25/08 | 6/01/08 |

Other Engineering and Work Practice Controls

- Handwashing facilities
- Recapping, bending, breaking, shearing, etc.
 of needles
- □ Eating, drinking in the workplace
- Handling, storing, transporting reusable sharps
- □ No hand to hand passing of sharps



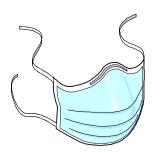
Personal Protective Equipment

- Must be appropriate to the task--prevent blood or body fluids from getting on employee's clothes, skin, underclothes, etc.
- □ Provided at no cost to the employee
- □ Employer must enforce the use
- Must be removed prior to leaving the work area and placed in designated area

Personal Protective Equipment

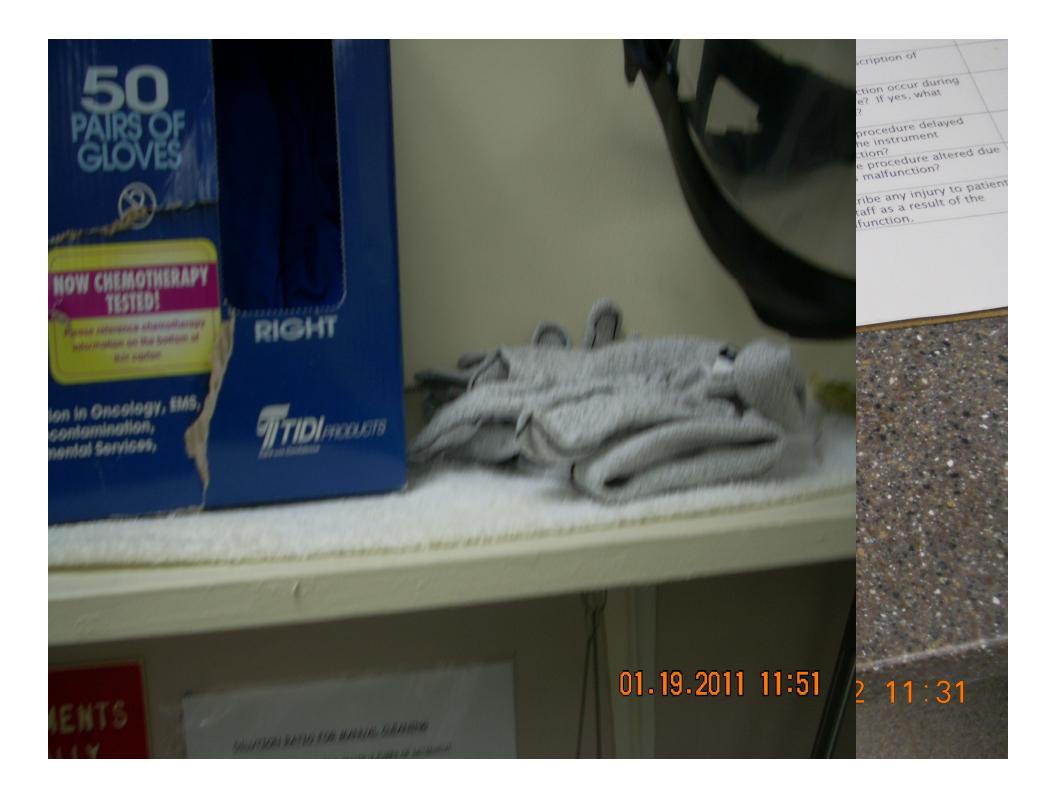
- Parental exposure
 - stick or cut
- Mucous membrane
 - splash
- Non-intact skin
 - spill or splash

- □ Gloves puncture and cut resistant
- □ gowns
- □ glasses/ goggles
- □ masks
- □ pocket masks











Housekeeping

- Written cleaning schedule
- **Decontaminate with appropriate disinfectant (EPA or FDA)**
 - EPA registered list A (Sterilants), B (Tuberculocidal), D & E
 (Disinfectant with label stating it is effective against HIV and HBV) <u>http://www.epa.gov/oppad001/chemregindex.htm</u> or
 - FDA approved sterilants list at <u>http://www.fda.gov/MedicalDevices/DeviceRegulationandGuida</u> <u>nce/ReprocessingofSingle-UseDevices/UCM133514</u>
 - Household bleach, diluted 1:10-1:100, made fresh daily
 - Ensure correct contact time (let air dry w/bleach)

Regulated Waste

- □ Sharps containers
 - Needles
 - Blades
 - One per operatory
- □ Red bags
 - Liquid or semi-liquid blood or OPIM
 - Items caked with dried blood or OPIM
 - Items that could release blood or OPIM
 - Pathological waste
 - Microbiological waste









Laundry

- □ Handle as little as possible
- □ Bag at the location where generated
- Prevent leakage
- Label or identify as requiring universal precautions

V Vaccinations

- Offer to all persons with reasonably anticipated exposure to blood or OPIM
- □ At no cost to the employee
- Performed by or under supervision of PLHCP (Physician or Other Licensed Health Care Professional)
 - Physician Physician's Assistant
 - Certified nurse practitioner
 - Clinical nurse specialist
 - Dentist

HBV Vaccinations

- Test for antibody to Hepatitis B surface antigen 1-2 months after completion of the three-dose vaccination series
- Non-responding employees must be revaccinated with a second three-dose series and retested
- Non-responders must be medically evaluated

HBV Vaccinations

- Provided according to current U.S. Public Health Service recommendations
 - "Immunization of Health Care Workers: Recommendations of ACIP and HICPAC," MMWR, Vol. 46, No. RR-18
- After the employee has received training and within 10 working days of assignment
- Declination statement--Appendix A

HBV Vaccinations

- Employer must have a Health Care
 Professional's Written Opinion for each
 person taking the vaccination
 - Whether HBV vaccinations is indicated for the employee
 - If the employee received the vaccination

Post-exposure Evaluation and

- Follow-up
- Performed by or under supervision of PLHCP
 - Physician
 - Physician's Assistant
 - Certified nurse practitioner
 - Clinical nurse specialist
- Provided according to current U.S. Public Health Service recommendations

Post-exposure Evaluation and Follow-up

- Employer must have, and provide to the employee, a Health Care Professional's Written Opinion for each exposure incident
 - Employee has been informed of results
 - Employee has been told about any medical conditions which require further evaluation
 - All other findings or diagnoses shall remain confidential

Labels



- Fluorescent orange or
 orange-red
 background
- Letters in contrasting color
- □ Regulated waste
- □ Refrigerators/freezers
- Containers used to store, ship or transport



Training

- □ Cover all 13 topics required by the law
- □ At no cost to employees
- During working hours
- □ At the time of initial assignment
- □ Annually--within 1 year of last training date
- Must be opportunity for interactive questions and answers
- Train employees on adopted safer needle devices before implementation

Training

- **Five Easy Questions**
 - What is universal precautions?
 - What do you do when there is a blood spill?
 - Personal protection
 - Clean-up and disposal procedures
 - **Disinfection (hazard communication applies)**
 - What do you do with contaminated sharps and laundry?
 - Have you been offered the HBV vaccination free of charge?
 - Where is the Exposure Control Plan?

BBP Training Records

- **D**ate of training
- □ Summary of training
- □ Name and job title of trainee
- □ Name and qualifications of trainer
- □ Maintain records for three years

Needlestick Injuries

- □ 1,000,000 needlesticks per year
- □ 80% of exposure incidents are needlesticks
- 90% of occupationally acquired disease a result of needlesticks
- □ Risk: HBV 30%, HCV 10%, HIV .3%
- □ hollow bore needles
- 56% of dental staff suffer at least 1 needle stick per year

Needlestick Injuries - Cost

- Direct costs evaluation, counseling,
 prophylaxis
- Indirect costs increased insurance costs, legal fees, human factor
- □ 1981 \$28 per case; 2000 \$3483 per case
- □ AHA estimates \$3000 per exposed worker
- □ HIV infected worker \$1,000,000.

Needlestick Injuries - prevention

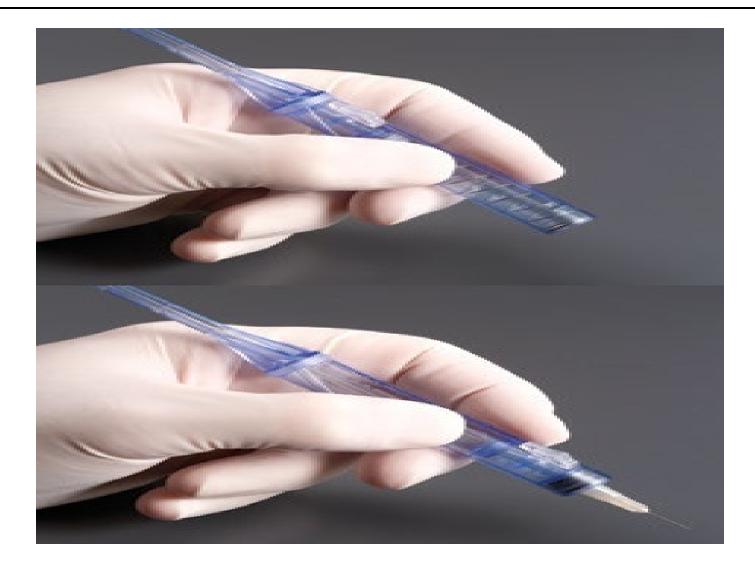
- □ Studies have shown that up to 83% of needlestick injuries can be prevented.
- □ How? Safer needle devices!
- □ Use reduces risk
- □ Widely available
- □ Are considered engineering controls
- □ Are required by LAW to be used



Safety scalpels and Removal Devices



Safety Wand



Ultra Safety Plus XL

http://www.septodontusa.com/products/ultra-safety-plus-xl





InSafe Dental Syringe http://<u>www.insafesyringe.com.au</u>/



Sharps Injury Prevention Laws

- Tennessee Sharps Injury Prevention Law
- □ CPL 2-2.69 (Federal)
- □ CPL 2-2.69 (Tennessee)
- Amendment to Bloodborne Pathogen
 Standard

Tennessee's New Sharps Injury Prevention Law

- Passed by Tennessee Legislature on March 17, 1999
- □ Senate bill 1023, House bill 634
- Signed by Governor Sundquist on March 19, 1999
- □ Passed with little fanfare
- □ List and information
- □ Tennessee Rules effective 04/25/01

Tennessee's *New* Sharps Injury Prevention Law --Basic Tenants

□ The employer shall:

- *Evaluate* safer medical devices that are appropriate
- Use those that are more effective in preventing exposure incidents
- Document when safer technology is not used because it is medically contraindicated or not more effective

Tennessee's *New* Sharps Injury Prevention Law --Basic Tenants

- The employer shall *document* in the Written Exposure Control plan:
 - The results of the evaluation
 - Improvements adopted : list
 - The type and brand of device used when an **exposure incident** occurs
 - Front line employee selection input

Sharps Injury Log / Sharps Injury Prevention

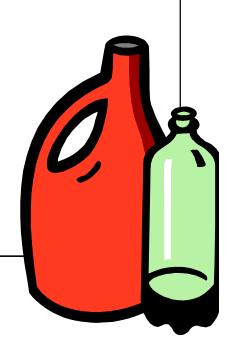
- **Confidential**
- Type and brand of device involved in the incident
- Department or work area where the exposure incident occurred
- Explanation of how the incident occurred
- Action resulted in investigation

http://www.tn.gov/laborwfd/tosha_SampleSharpsLog. pdf



Hazard Communication

Control of Occupational Exposure to Hazardous Chemicals



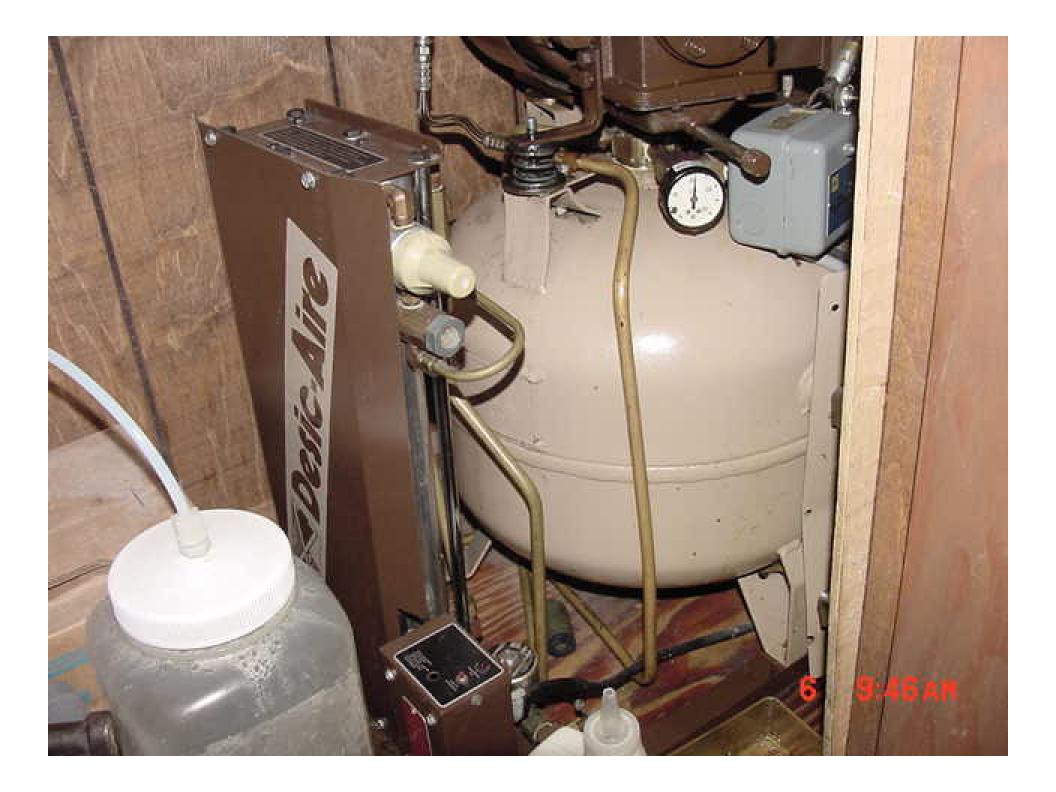
Common Dental Office Chemicals

- □ Laundry chemicals
- Cleaning chemicals
- Compressed gases
- Medicines
- Disinfectants
- □ Anesthetic gases
- □ Mercury









Hazard Communication 1910.1200

□ Written Program –

http://www.state.tn.us/laborwfd/Wtdbooklet.pdf

- Material Safety Data Sheet for each product containing hazardous chemicals
- All chemical products must be labeled
- Training on specific
 chemicals used, hazards, first
 aid, and prevention



Hazard Communication Written Program

- □ Labeling policy
- Material Safety Data Sheet policy
- □ Training methods and procedures
- Hazardous chemical inventory list
- Non-routine tasks training methods
- □ Multi-employer activity

Hazard Communication Labels

- Each container of hazardous chemicals must be labeled with the:
 - Identity
 - Hazard warning
- Label must cross-reference with the MSDS and chemical inventory entry







Material Safety Data Sheets

- □ For each hazardous chemical
- □ no MSDS is required for:
 - Drugs in solid, final form for direct administration to patients (pills, tablets)
 - Consumer products where the employer can show:
 - It is used in the workplace for the purpose intended
 - Duration and frequency of use is not different from that of the consumer
- Must be available to employees while they are in their work areas



Material Safety Data Sheets

- □ For each hazardous chemical
- □ Exemptions--no MSDS is required for:
 - Drugs in solid, final form for direct administration to patients (pills, tablets)
 - Consumer products where the employer can show:
 - □ It is used in the workplace for the purpose intended
 - Duration and frequency of use is not different from that of the consumer
- Must be available to employees while they are in their work areas

Hazard Communication Training

- □ Before employees are exposed
- Annually thereafter, per Tennessee Right to Know Law
- □ Training must be "effective," i.e., employees must be able to <u>recall</u> basic information

Hazard Communication 7 Basic Questions

- □ What are the requirement of the hazard communication standard?
- □ What hazardous chemicals are you exposed to (or may be exposed to in an emergency)?
- □ Where are these chemicals present?
- □ What are the <u>short</u> and <u>long</u> term effects?
- □ How can you detect if you are overexposed?
- □ How can you protect yourself?
- □ Where are the MSDS and written program?

Hazard Communication Recordkeeping

- Maintain training records per Tennessee
 Right to Know Law for period of
 employment + 5 years
 - Identity of the employee trained
 - Date(s) of training
 - Brief description of the training
- Maintain MSDS for as long as the chemical is used or stored
- □ Maintain chemical list for 30 years

Miscellaneous

Specific Employer Requirements for PPE Programs

Hazard Assessment

- Written Certification of Assessment is Required
 - □ Workplace evaluated
 - **D** Person doing the certification
 - **Date of the assessment**
 - □ Id of the document as a ppe certification

□ Training

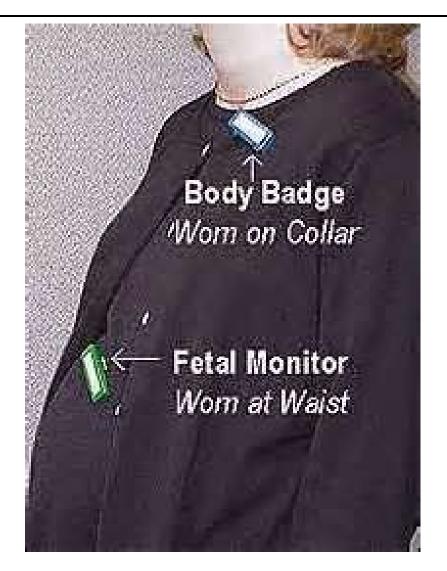
- Written Certification of Training
 - □ Name of employee
 - **Dates of training**
 - □ Subject of certification



Radiation



Radiation



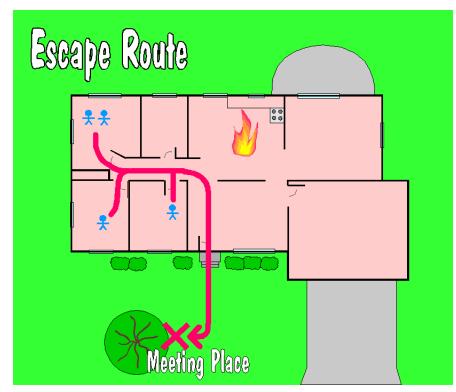
TN Non Smoker Protection Act

- □ No smoking in public buildings
- □ Must notify employees
- □ Must post signs at all entrances
- □ Fines for employer and smokers



Emergency Action Plan

- □ Must be in writing*
- □ Minimal plan elements:
 - Emergency escape procedures
 - Procedures for critical plant operations
 - Accounting for all personnel
 - Rescue and medical duties
 - Means of reporting fires and other emergencies
 - Contacts for further information
 - Types of evacuations
 - *Employers with 10 or less employees may communicate the plan orally and need not maintain a written plan.



Exits--Means of Egress

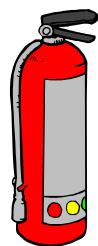
□ Sufficient in number to allow all occupants

to escape

- No locks or fastening devices to prevent free escape
- □ Maintained free of obstructions
- Discharge directly to street, yard, court or open space giving access to public way
- Marked by readily visible sign illuminated with at least 5 foot candles of light
- □ Mark door, etc. easily mistaken for an exit

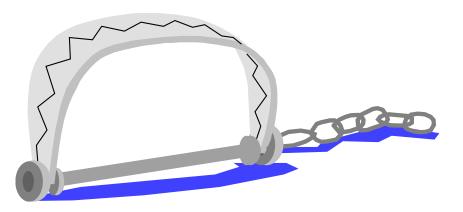
Fire Protection

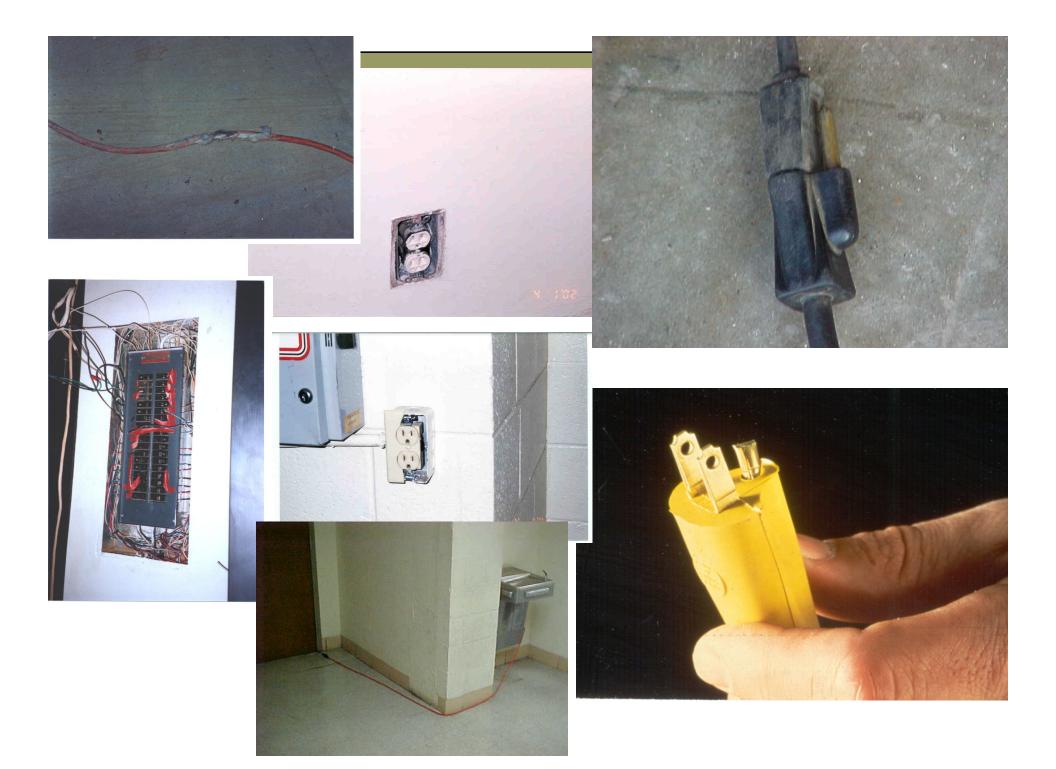
- □ When fire extinguishers are provided :
 - Have a written emergency action plan (1910.38a) if evacuation of employees is part of your fire protection plan
 - Perform a monthly visual check of extinguishers
 - Have an annual maintenance check of extinguishers
 - Make sure extinguishers are charged, fully operative and in their designated place
 - Train employees to use the extinguishers



Electrical Hazards

- □ Grounding
- Ground Fault CircuitInterrupter
- Extension Cords
- Exposed Live Parts







Eye Washes

Plumbed eye washes are required when using chemicals with a pH of 0-2 or 12-14.









Compressed Gases

- LP gas storage cylinders must be protected from damage by vehicular traffic
- Medical gas cylinders O2, Helium, Nitrous
 Oxide
- Must be secured to prevent being knocked over
- Must be stored with valve protection cap in place and hand tight.



Postings

- □ New Poster--"It's the Law" Replaces
 - "Safety and Health Protection on the Job" Poster
 - "Hazardous Chemical-Right to Know" Poster
- □ Citations



- Memphis Office
- Jackson Office
- Nashville Office
- □ Knoxville Office
- □ Kingsport Office
- □ Chattanooga

901-543-7721 731-423-5641 615-741-279 1-800-249-8510 865-594-6180 423-224-2042 423-634-6424

□ Consultative Services 1-800-325-9901

Resources

- □ www.osha.gov
- □ www.cdc.gov
- www.cdc.gov/niosh
- □ www.state.tn.us/labor-wfd
- http://www.med.virginia.edu/medcntr/centers/ epinet/products.html