OSHA Checklist for Dental Offices; Bloodborne Pathogen Regulations

The S.C. Department of Labor, Licensing and Regulation (LLR), which administers OSHA regulations in South Carolina, and the SCDA staff and Board have cooperated in the development of materials to be referenced by dentists as they work to meet OSHA regulations.

The first part of the following material was prepared by LLR/OSHA. If an inspector comes to your office, the items covered on the Checklist will be the principal areas he/she will be reviewing.

READ THE CHECKLIST FIRST. Then if you need additional information about a particular OSHA Checklist question, go to the corresponding section in the SCDA's Views on OSHA Checklist for additional detail. For even further information, you can order the two-manual OSHA General Industry Standards (see Page 1 of SCDA's Views).

The SCDA portion of this publication also contains a detailed guide of the OSHA Bloodborne Pathogen Regulation. This section DOES NOT relate to the OSHA Checklist, as it was prepared after the Bloodborne Pathogen Regulation was published and the Checklist was prepared in advance of that release.

The SCDA staff and the LLR/OSHA staff have attempted to produce a meaningful guide. It is not all-inclusive and regulations and interpretations will change over the coming months. However, the purpose of these documents will be met if they lead you to a point of better understanding and comfort in dealing with these changes.

CHECKLIST FOR DENTAL OFFICES

This checklist has been developed to assist employers in the dental field in identifying safety and health hazards within their offices. Many of the items on this checklist have been selected based on the possibility of these hazards being present within a dental office. This checklist is not all-inclusive covering every OSHA standard that may apply within a dental office but is merely designed to offer guidance and assistance. It is highly recommended that a complete copy of the OSHA General Industry Standards be obtained through the Atlanta Government Publishing Office Bookstore, 275 Peachtree St. N.E., and P.O. Box 56445, Atlanta. GA 30343. To obtain the OSHA General Industry Standards, ask for 29 CFR Part 1910. This is a two-volume set and is approximately $40. To inquire further, call 1-404-331-6947.

EGRESS (OR EVACUATION)

1. Is an emergency action plan required for your office to meet a particular OSHA standard? 1910.38(a) or 1910.120(q)(l)
2. Where an emergency action plan is required has the employer reviewed the plan with each employee covered? 1910.38(a)(5)(ii)

3. Does a readily visible sign with letters at least six inches high and three-fourths inches wide mark exits? 1910.37(q)(1)& (q)(8)

4. Where exits are not readily visible do readily visible signs mark the accesses to the exits? 1910.37(q)(1)&(q)(5)

5. Are means of egress continually maintained free of all obstructions or impediments? 1910.37(k)(2)

6. Are devices or alarms installed to restrict the improper use of an exit, designed and installed so that they cannot impede emergency use of such exit? 1910.37(k)(3)

7. Are all doors, passages or stairways which are neither an exit nor a way of access to an exit identified by a sign reading "Not an Exit" or by a sign indicating its actual character such as "Storeroom"? 1910.37(q)(2)

**FIRE PREVENTION AND PROTECTION**

1. Have procedures been established for sounding emergency alarms in the workplace? 1910.165(b)(5)

2. Are portable fire extinguishers provided, mounted, located and identified so that they are readily accessible to employees? 1910.157(c)(1)

3. Are fire extinguishers selected and distributed based on the classes of anticipated fires and the size and degree of hazard? 1910.157(d)(1)

4. Where portable fire extinguishers are provided for employee use, is an educational program to familiarize employees with principles of use and hazards involved? 1910.157(g)(1)

5. Are portable fire extinguishers hydrostatically tested as required? 1910.157(t)(2)


7. Are annual maintenance checks of portable fire extinguishers completed and records maintained of the date completed? 1910.157(e)(3)

**WALKING AND WORKING SURFACES**

1. Are floors clean and dry? 1910.22(a)(1)&(2)

2. Are closed stairways provided with a hand railing on at least one side? 1910.23(d)(1) or 1910.24(h)

**PERSONAL PROTECTIVE EQUIPMENT**

1. Is protective clothing such as gloves, aprons, and boots provided in areas where hazards
warrant their use? (i.e. handling x-ray chemicals) 1910.132(a)

2. Is eye and/or face protection provided and used in areas where injuries may be prevented by the use of such protection? (I.e. handling x-ray chemicals) 1910.133(a)(1)

HAZARD COMMUNICATION

1. Is there a written hazard communication program available at the workplace? 1910.1200(e)(1)-(3)

2. Is a list of the hazardous chemicals present in the office included in the written program? 1910.1200(e)(1)(i)

3. Are all containers properly labeled? 1910.1200(t)(1)-(9)

4. Are material safety data sheets current, accurate and available on all hazardous materials at the workplace? 1910.1200(g)(1)-(10)

5. Are employees informed and trained on hazardous chemicals in their work area at the time of their initial assignment and whenever a new hazard is introduced into their work area? 1910.1200(h)

OCCUPATIONAL EXPOSURE TO HAZARDOUS CHEMICALS IN LABORATORIES

1. Have you determined whether a laboratory in your facility falls under the scope of this standard, 1910.1450? IF SO, then questions 2-9 should be reviewed.

2. Are employee exposure determinations being performed when necessary and at required intervals? 1910.1450(1-4)

3. Does a written chemical hygiene plan exist which is readily available to employees? 1910.1450(e)(2)

4. Does the chemical hygiene plan include all of the required elements? 1910.1450(e)(3)(i-viii)

5. Are employees being trained and informed 1) at the time of initial assignment, 2) prior to new exposure and 3) of all other required material outlined in the standard? 1910.1450(f)

6. Are medical consultation and examinations being provided to appropriate employees? 1910.1450(g)(1-2)


8. Are appropriate respirators being provided at no cost and in accordance with 1910.134? 1910.1450(i)

9. Are employee exposures, written opinions, and test results being recorded and maintained? 1910.1450(j)(1-2)
FORMALDEHYDE

1. Is formaldehyde present or used in your office? If so, then questions 2-12 should be reviewed.

2. Has monitoring been performed for formaldehyde exposure as required by the Formaldehyde Standard, 1910.1048? 1910.1048(d)(1-7)

1. Have employees been notified of the monitoring results within 15 days and in writing? 1910.1048(d)(6)

2. In areas where the concentration of airborne formaldehyde exceeds either the TWA or the STEL, are entrances and access ways posted with signs containing the required information? 1910.1048(e)(1)

3. Are appropriate respirators provided to employees when required? 1910.1048(g)(1-3)

4. When respirator use is required, is a respiratory protection program in place as required by 1910.134? 1910.1048(g)(3)

5. Is protective equipment provided and used as required? 1910.1048(h)

6. Where concentrations of formaldehyde containing one percent or greater are being used, is a quick drench shower available for immediate use by the employee? 1910.1048(i)(2)

7. Where concentrations of formaldehyde containing one tenth percent (0.1%) or greater, is an acceptable eyewash facility available for immediate use? 1910.1048(i)(3)

8. Is appropriate medical surveillance being provided employees based on their exposure to formaldehyde? 1910.1048(1)

9. Are employees provided information and training on formaldehyde? 1910.1048(n)

10. Is all record keeping requirements being followed as specified in this standard? 1910.1048(0)

ADMINISTRATIVE

1. Is the "Safety and Health Protection on the Job" poster placed in a conspicuous place? Subarticle 3, Section 5.02A, SCRR

2. Are exposure records maintained on employees that have been exposed to toxic substances or harmful physical agents? 1910.20(b) and (d) or the chemical specific standard requirements.

3. If you have more than 10 employees in a calendar year, are occupational injury and illness records being kept? Subarticle 3, Section 3.02A, SCRR

4. If these records are being kept, are they being retained for 5 years, maintained as necessary, and is the annual summary of the records being posted as required? Subarticle 3, Section 3.05D and 3.06, SCRR

FIRST AID REQUIREMENTS
1. Are physician-approved first-aid supplies on hand? 1910.151(b)

2. Are these supplies replenished regularly? 1910.151(b)

3. Is a certified first-aid attendant available during all hours of establishment occupancy if greater than 3 minutes from emergency care? 1910.151(b)

4. Are facilities available for quick drenching or flushing of eyes and body where corrosive materials are used? 1910.151(c)

AIRBORNE CONTAMINANTS - 1910.1000

1. Where employees can be exposed to chemical substances listed in Tables Z-1-A, Z-2, and Z-3, have exposures been evaluated to determine if exposure is at acceptable levels? Exposure monitoring is not mandated in this section, but employees cannot be exposed above the permissible exposure limits (PEL's).

Examples of chemicals listed in 1910.1000 include:

- mercury
- chemicals found in laboratories such as acids, bases, and solvents
- ingredients of x-ray developing solutions
- silica
- metals
- dust (nuisance or inert dust)
- ingredients of cleaning products

Potential for exposure will depend on the activities being conducted within the individual office. Work habits when handling chemicals can also affect the exposure.

GENERAL HOUSEKEEPING AND SANITATION

1. Are waste containers emptied regularly? Do they have tight fitting covers where needed? 1910.141(a)(4)(i &ii)

2. Is the area free of rodents, insects, and vermin? 1910.141(a)(5)

3. Are toilet facilities accessible and do they contain an adequate number of toilets? 1910.141(c)(1)(i)

4. Is eating prohibited in toilet rooms and areas exposed to a toxic material? 1910.141(g)(2)

5. Are appropriate containers or bags provided for infectious disposable items or trash, and are they appropriately labeled? 1910.141(a)(4)(ii) and 1910.145(f)(8)(i)

6. Are sharp instruments such as needles placed in appropriate puncture-resistant containers, and are they appropriately labeled? 1910.141(a)(4)(ii) and 1910.145(f)(8)(i)

HAZARDOUS MATERIALS
1. Are compressed gas cylinders given a visual safety inspection? 1910.10l(a)

2. If the gas supplier provides removable valve protection caps, are the caps kept on the cylinders at all times except when the cylinders are connected to dispensing equipment? General recommendation of the Compressed Gas Association.

3. Are cylinders secured or stored where they are not likely to be knocked over? General recommendation of the Compressed Gas Association

4. Are cylinders stored so that they are not located near exits, stairways, or areas used for the safe exit of people? General recommendation of the Compressed Gas Association

5. Are correct cylinder connections being used for the gas being dispensed and are dispensing systems checked for leaks? General recommendation of the Compressed Gas Association.

ELECTRICAL

1. Is each disconnecting means in a panel box legibly marked to identify its purpose? 1910.303(f)

2. Are exposed live electrical parts operating at 50 volts or more guarded against accidental contact by approved cabinets or enclosures, by location, or by limiting access to qualified persons? 1910.303(g)(2)(i)

3. Is the path to ground from circuits, equipment, and enclosures permanent and continuous? 1910.304(f)(4)

4. Are all pull boxes, junction boxes, and fittings (i.e. outlets) provided with covers approved for the purpose? 1910.305(b)(2)

5. Is it prohibited to use flexible electrical cord (i.e. extension cords) as a substitute for fixed wiring? 1910.305(g)(1)(iii)(a)

BIOLOGICAL HAZARD TAGS

1. Are biological hazard tags being used to identify actual or potential presence of a biological hazard such as HIV or Hepatitis B? SCCR 1910.030(g)i

2. Is the biological hazard symbol the same as that specified in SCCR1910.1030(g)ii(b)?

3. If biological hazard tags are not used, is another equally effective means of communication being used such as color-coding? 1910.1030(g)ii(e)

NITROUS OXIDE

Although OSHA does not have a permissible exposure limit (PEL) for nitrous oxide, it is recommended by NIOSH that exposure be limited to approximately 50 ppm. This value was based on achievable levels during routine dental anesthesia/analgesia. The NIOSH study published in April of 1977 indicates that certain health hazards have been associated with nitrous oxide exposure. The health risks of chronic occupational exposure include spontaneous abortions, congenital abnormalities, depressed blood cell formation and function, nervous system disorders, liver disease, and kidney disease. Most of the nitrous oxide exposure in
RADIATION

1. Are records being made available to DHEC inspectors as required? RHB 1.10
2. Are personnel monitoring records being maintained? RHB 3.8
3. Are exposure limits to radiation in restricted areas being observed, and is personnel monitoring being performed to verify this fact? RHB 3.2 and 4.2.16
4. Are exposure limits for minors and pregnant workers observed? RHB 3.3
5. Is personnel monitoring being provided under the required conditions in RHB 3.7?
6. Are notifications and reports of radiation overexposure being made? RHB 3.9, 3.10
7. Are x-ray equipment operators trained and competent and provided safety rules? RHB 4.2.3 and 4.2.4
8. Is adequate protection provided to staff and ancillary personnel? RHB 4.5.4 and RHB 4.5.11
9. Is operator protection provided at cephalometric installations? RHB 4.6
10. Are shielding plans submitted for cephalometric installations? RHB 4.4
11. Is structural shielding requirements being met for dental x-ray units? RHB 4.5.11
12. Are appropriate operating procedures being followed in prohibiting the holding of patients, films, or the tube housing, and do the operating procedures provide for adequate operator protection? RHB 4.5.12.1, 4.5.12.2, 4.5.12.5
13. Is a radiation area sign posted near or at the entrance to a cephalometric room? RHB 9.2.1
14. Is the RHA-20 "Notice to Employees" form posted as required? RHB 9.2.1

If you have any questions regarding these requirements, please call the Bureau of Radiological Health at the Department of Health and Environmental Control, 803-737-4035.

BLOODBORNE PATHOGENS

S.C. OSHA does have a specific standard for Bloodborne Pathogens. It is called Bloodborne 1030. It has been adopted and there are standard numbers. This enforcement policy is based both on the federal enforcement policy and on the recognized guidelines of the CDC. If you do not have a copy of this document, one can be obtained through the Office of Public Information, South Carolina Department of Labor, 803-734-9600. It should be noted that the Bloodborne
Pathogen Standard, 1910.1030, was issued in the Federal Register on December 5, 1991. South Carolina has adopted this federal regulation.

1. Have you implemented an infectious disease control program that addresses all areas outlined in the OSHA Information Memorandum #88x77 (Revised)?

2. Have you identified any cases of bloodborne diseases?

3. Have you identified employees who may be potentially in high-risk occupations?

4. Have you trained employees on 1) universal precautions, 2) personal protective equipment, 3) workplace practices such as blood drawing, room cleaning, laundry handling, and cleanup of blood spills, 4) needle-stick exposure management, 5) Hepatitis B vaccination, 6) infection control policies, 7) hand-washing, 8) handling sharp instruments, 9) reusable equipment, 10) and modes of transmission and prevention of HN/HBV? General Duty Clause, 1910.1030

5. Have you provided and required use of appropriate personal protective equipment such as gloves, gowns, eyewear, and resuscitation equipment? 1910.132

In dentistry, gloves are required for contact with oral mucous membranes. Surgical mask and protective eyewear or chin-length plastic face shields are required during dental procedures in which splashing, spattering, or aerosolization of blood; saliva or gingival fluids are likely. (Saliva and gingival fluids are included because of the likelihood that they contain blood in their setting.)

1. Have you made Hepatitis B vaccinations available to employees? General Duty Clause, SCRR 1910.1030(f)ii

2. Have you established procedures for handling sharp instruments? SCRR 1910.1030(d)(2)

3. Have you established procedures for clean up of blood spills? General Duty Clause, SCRR 1910.1030(d)(4)(ii)(A)

4. Have you established procedures for handling infectious waste, linen, or contaminated disposable items? SCRR 1910.1030(d)(4)(ir)

5. Are bags or containers tagged or color-coded to indicate a biological hazard? SCRR 1910.1030(g)ii(B)

6. Have you established universal procedures for handling all lab specimens? SCRR 1910.1030(d)(2)(xiii)

**SCDA’s Views on OSHA Checklist**

**For Dental Offices**

The SCDA has worked with officials at the S.C. Department of Labor (SCDL) which administers OSHA regulations in South Carolina to come up with a simple, but workable, checklist for dentists/employers to use in doing a self-inspection of an office.
The OSHA-prepared Checklist may not be all-inclusive. Once you delve into the material, it can be approached from a common sense point of view. The SCDA Views, which follow, are to be used as an answer sheet to the OSHA Checklist. Every attempt has been made to insure the accuracy of the SCDA Views and it is the SCDA's intent that they be of assistance; however, final responsibility for meeting OSHA standards rests with the individual dentist.

Material presented by the SCDA is written for the majority of members. For example, where possible mercury contamination is discussed, the material addresses the subject from the standpoint of dentists who use encapsulated amalgam materials. It is not written from the viewpoint of a dentist who still mixes filing materials.

For complete available details on what should be done, you can order the complete OSHA General Industry Standards regulations from Atlanta as noted on Page 1 of the SCDL/OSHA Checklist. Please note that the material costs $38.00 and not $40.00. It can be ordered over the phone by using your VISA or MasterCard.

The standards and Bloodborne Pathology instructions are also available at www.osha.gov

EGRESS (OR EVACUATION)

1. The Emergency Action plan should be in writing, but can be communicated orally where an office has 10 or fewer employees. The plan should cover the following subjects: escape procedures and routes; procedure for accounting for all workers once an emergency is over (set meeting site outside facility); preferred means of reporting fires and other emergencies (Dial 911 or have readily available listings of fire, police and rescue numbers); outline the fact that the dentist should be contacted for instructions. Voice communication is acceptable for sounding an alarm where 10 or fewer employees are in an office. If an employee assists in handling an emergency, the plan must be in writing.

2. The emergency action plan must be reviewed with each employee. If the plan is in writing, have each employee sign upon initial review. At least annually, review this plan at a staff meeting and keep a copy of the agenda for the meeting noting those in attendance. (At this same type meeting, you would go over your hazard communication manual, etc.)

3. Your office must have Exit signs with letters at least 6” in height. Any office from which emergency egress is not immediately identifiable must have directional signs. Any area which can be mistaken for an exit must be identified with a sign indicating its character; i.e. , "Storeroom", "Linen Closet", etc. If adequate lighting (S foot-candle, minimum) is afforded, Exit signs do not need to be illuminated.

4. See answer to #3 above.

5. All Exits must be free of obstacles and allow for instant use.

6. No alarm system or device can restrict exiting in an emergency. For example, a door, which locks automatically, must have a quick release such as a door handle or panic bar for immediate exit.

7. See answers to #s 3 & 4.

FIRE PREVENTION AND PROTECTION
1. For offices with 10 or fewer employees, an alarm can be sounded by voice. Procedures in cases of fires should be covered as a part of initial orientation and during periodic staff meetings. See #1 under EGRESS.

2. Fire extinguishers should be of the ABC rating so that they can be used on all office fires. The extinguishers must be mounted in such an area where they are readily accessible without subjecting an employee to possible injury. Fire extinguishers should be clearly identified for immediate recognition.

3. Extinguishers should be placed so that the travel distance from the hazard to the extinguisher is no more than 50 feet. (The distance II: varies in OSHA regulations by the type hazard. This is the least amount of distance, so you will be within guidelines by using this as the universal measurement.)

4. Employee training in the use of extinguishers must be conducted upon employment and annually thereafter. Records should be kept of the training. It is suggested that training be scheduled during the annual inspection of the extinguishers by the company from which you purchased the extinguishers so that the inspector can instruct all employees in the proper use and handling.

5. Get the company from which you bought the extinguishers and which inspects them annually to provide documentation the units have been or do not need to be hydrostatically tested.

6. This should be 1910(e)(2). The dentist should inspect the condition of the extinguishers monthly. Make sure units are in the proper operating range and that there are no obvious defects, i.e., a missing safety pin which could result in unintentional discharge.

7. For the required annual inspection, let the inspector from the point of purchase inspect and prepare the minimum reports required. Make sure the tags remain on the units and the inspection report, if any, gets into your permanent file.

WALKING AND WORKING SURFACES

1. Clean and dry -self explanatory.

2. Where stairway is enclosed, handrail must be on the right descending side. Same on open stairways, if there are four steps.

PERSONAL PROTECTIVE EQUIPMENT

If you meet the new Bloodborne Pathogen Guidelines, you will have no trouble with this. The key is the dentist must provide the protective devices and garments, such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpiece, resuscitation bags, pocket masks and other ventilation devices. Protective equipment is appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use. Additionally, some sterilizing chemicals are corrosive.

HAZARD COMMUNICATIONS

The SCDA and SCDL/OSHA have provided a great deal of information on this subject. Your plan must be in writing. The following is a suggested outline of a plan:
Dental Office Policy

This is to inform all workers who use or handle materials which might potentially be hazardous substances that this office complies with the OSHA Hazard Communication Standard, Title 29 Code of Federal Regulations 1910.1200, by compiling a hazardous chemicals list, by using MSDSs, by ensuring that containers are labeled, and by providing each worker with training.

Coordination of these activities is the responsibility of ________________________ (complete with appropriate name(s) and title(s) who will review and update the program, as necessary. Copies of the program are available at ____________________________ (give location)

These document and instruction and review sessions will inform you of the contents of the Hazard Communication Standard, the hazardous properties of materials with which you work, safe handling procedures and measures to take to protect yourselves from these materials.

List of Hazardous Chemicals

This document contains as Appendix A a list of all hazardous materials used in this practice. The list is updated as necessary to reflect any new materials labeled as hazardous which are purchased for use in our task of meeting the oral health needs of our patients. Appendix A also identifies the corresponding MSDS for each material, with across reference where a particular manufacturer uses a generic name.

Material Safety Data Sheets (MSDSs)

These sheets provide you with specific information on the materials that you may use. These sheets are contained in the Hazard Communication Program manual noted above. The manufacturer provides a sheet for each chemical substance labeled as hazardous. The sheets meet OSHA Form 174 or the equivalent. The dentist will contact the chemical manufacturer or vendor if additional research is necessary or if an MSDS has not been supplied with an initial shipment. All new procurements of the office will be cross-referenced to the existing manual and listing of hazardous materials and MSDSs to insure all needed materials are on hand.

Labels and Other Forms of Warnings

The ____________________________ (name) ____________________________ will ensure that all hazardous materials in the office are properly labeled and updated, as necessary. All existing or procured hazardous materials are checked for proper labeling and to insure that MSDSs are on hand or are procured immediately. Labels are checked to make sure chemical identity is made, that appropriate hazardous warnings are given and the manufacturer's name is listed.

Cross reference hazardous materials to your MSDS cross-reference list. If you have questions or need emergency information, cross-reference the number and then the corresponding MSDS. If you need assistance, seek help from ____________________________ (name) ____________________________.
Training

As noted initially, all employees who work with or are potentially exposed to hazardous materials will receive initial training and whenever a new chemical is added on Hazard Communication Standard and the proper use of those materials labeled as hazardous. Training will include:

- Proper use of the chemical in our treatment process.
- Appropriate protective measures.
- Chemical and physical properties of hazardous materials.
- Health hazards, including signs and symptoms of exposure.
- Procedures to protect against hazard, i.e., personal protective equipment, proper use, work practices, and emergency procedures.
- Procedures to follow to assure protection when cleaning hazardous material spills or leaks.
- Where MSDSs are located and how to read and interpret; how to obtain additional information.
- Develop way to evaluate effectiveness of training and to keep track of that has received training.

(Insert your MSDS Index as Appendix A. Prepare a report so that you can document initial and subsequent training. Give dates of each and have staff member sign off on each training session.)

OCCUPATIONAL EXPOSURE TO HAZARDOUS CHEMICALS IN LABORATORIES

If you have an in-house laboratory where testing of tissue occurs, you need to pay close attention to this section and refer to the 29 CFR Part 1910.1450. Also, where you do not use pre-capsulated amalgams, you will need to call Mr. Bob Peck at SCDL/OSHA (734-9599) for a determination of whether or not you fall under the laboratory provisions. Those of you who use pre-capsulated amalgams must meet appropriate sections in your hazard communications manual as noted above.

FORMALDEHYDE

If you use a Chemiclave, you would answer YES to Question No. I, you would have to continue with the following sections. If you use a Chemiclave, please call the Atlanta Government Publishing Office Bookstore at 404-331-6947 and ask for 29 CFR Part 1910, sections 1910.1000 to End). The cost is $14.00. By following provisions of the sections outlined and working with your supplier, you should have few problems in meeting the SCDL/OSHA guidelines. Also, see the article on Page 10 of the November 1991 SCDA Bulletin. In addition to the use of a Chemiclave, you will need to check to see if the chemical used for tissue preservation when packaging for shipment to an external lab contains formaldehyde. You may also refer to www.osha.gov 1910.1048.

ADMINISTRATIVE

1. The SCDL has provided you with the required poster. Additional posters can be ordered from the SCDL.

2. This ties directly to your Hazard Communications document. This is an area where you would document you have a benchmark established for radiation exposure for any and
all employees who take x-rays. You would keep records on chemical exposure mentoring. Further, you would have documentation that HBV vaccinations were offered to all employees who are likely to be exposed and that they either accepted or rejected. For liability and reporting purposes, the SCDA would suggest following up the series of vaccinations with tests to make sure they were effective.

3. This will not affect most offices. SC/OSHA Form 200 must be completed and kept up-to-date if you have had more than 10 employees during the year.

4. If your office has had 10 or more employees during the year, you must generate SC/OSHA Form 200 reports and keep those for the previous five years.

**FIRST AID REQUIREMENTS**

1. Supplies are self-explanatory.

2. Self-explanatory.

3. As a dentist, you are medically trained to take care of emergencies. (CPR training is mandatory.)

4. Except where formaldehyde is used which requires a one-step eye wash station of the Haas-type, your office should have a Kleen-Eyes type unit and a kitchen-spray nozzle.

**AIRBORNE CONTAMINANTS**

If you use pre-capsulated amalgams, do not use a Chemiclave, and do not have an in-house lab, you should have no problem with this section. Otherwise, have your supplier conduct necessary monitoring tests to provide records of levels and include this information in your permanent records. Monitoring can also be requested from an OSHA consultation.

**GENERAL HOUSEKEEPING**

Questions 1-5 are self-explanatory.

5. Section 1910.141(a)(4)(ii) relates to general household cleaning waste items. Section 1910.148(f)(8)(i) requires biological hazard tags to identify "actual or potential presence of a biological hazard. It is suggested you label your trashcans, which must be covered with a tight lid, and your sharp containers.


**HAZARDOUS MATERIALS**

All sections are self-explanatory.

**ELECTRICAL**

Basically, if your structure meets the Southern Standard Building Code, if you have not removed the labels from the breaker box and your equipment is installed and used as designed, you should have no problem with this section.
BIOLOGICAL HAZARD TAGS

1. See Question 5 under General Housekeeping.

2. Symbols used should conform to internationally accepted design. Correct labels are available from suppliers.

3. You can use color-coded waste bags and sharps containers. The SCDA would recommend using the biological hazard tags on waste cans. Then use the regular trash bags and require workers to wear gloves when handling the bags. The current (12/91) guidelines do not classify gauze and paper goods as requiring biological tags unless super-saturated. You will need to disinfect any super-saturated material before disposing of through the solid waste stream.

NITROUS OXIDE

Have your supplier certify for your records that equipment is operating properly and exposure is below 50 ppm.

RADIATION

DHEC inspects and enforces this section. In addition, you should note that state law now requires all individuals who operate dental x-ray equipment to be completely trained in radiation safety and to have completed a State Board of Dentistry approved structured course in radiation safety. Make sure you have the RHA-20 "NOTICE TO EMPLOYEES" form posted. Call DHEC if you have any questions using the number listed on Page 7 of the Checklist.

BLOODBORNE PATHOGENS

Section 1910.1030 was added to the OSHA General Industry Standards in early December 1991. The following materials are taken directly from the standard, with appropriate actions suggested by SCDA.

Exposure Control

1. You must have a written Exposure Control Plan designed to eliminate or minimize employee exposure, which means reasonably anticipated skin, eyes, mucous membrane or parental contact with blood or other potentially infectious materials.

2. A copy of the plan must be accessible to employees.

3. The plan must be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures and to reflect new or revised employee positions with occupational exposure.

4. The plan shall determine employee exposure by outlining:

   a. all job classifications in which all employees in those classifications have occupational exposure. (For example, you would list assistants as a heading, giving the names of each; you would list hygienists and give their names.)

   b. You would list the job duties and procedures for each of the classifications noted under a. above. This can be taken directly from the Dental Practice Act.
c. This exposure determination has to be made without regard to use of personal protective equipment; i.e., gloves, masks, face shields, etc.

d. The plan must outline engineering controls used to minimize exposure, i.e. sharps disposal containers, one-hand recapping device. It also must state that engineering controls will be examined and maintained on a regular schedule. Further, it must be noted that where occupational exposure remains after institution of these controls, that personal protective equipment shall also be used.

e. The plan must note that handwashing facilities are available in each operatory and that employees are required to wash their hands immediately or as soon as feasible after removal of gloves and other personal protective equipment. The plan must further outline that employees must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

f. Contaminated needle recapping or needle removal can be done only after the dentist (or employer) demonstrates that no alternative is feasible or that such action is required by a specific medical procedure. Said functions can be accomplished only by use of a mechanical device.

g. The plan must require that:

1. Contaminated reusable sharps must be placed immediately or as soon as possible after use in a properly labeled, puncture resistant, leakproof container while awaiting decontamination.

2. No eating, drinking, smoking, applying cosmetics or lip balm or handling contact lenses shall occur in work areas where a reasonable likelihood of occupational exposure exists.

3. No food or drink can be kept in refrigerators, freezers, and shelves, cabinets or counter tops where blood or other potentially infectious materials are present.

4. All procedures must be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of blood or other potentially infectious materials.

5. Equipment contaminated with blood or other potentially infectious materials shall be examined prior to servicing and shall be decontaminated as necessary.

Personal Protective Equipment

The dentist (employer) must provide in a readily accessible manner and at no cost to the employee’s personal protective equipment, which must be used, where occupational exposure may occur. Where an employee does not follow this provision, the dentist (employer) must investigate the circumstances and document whether use of the equipment would have been appropriate.
1. You must designate areas for storage if item is to be reused. This should be out of public traveled areas.

2. An area must be designated to place equipment, which is to be sent out for cleaning. (SCDA suggests you evaluate the cost effectiveness of different methods of cleaning and outline in your plan how laundry will be handled. It can be sent out, but would have to be bagged and sent to a facility equipped to handle and agreeing to handle contaminated protective equipment. The garments and equipment must be placed in bags properly color coded or marked with the biohazard logo.)

3. Plan must require that all personal protective equipment will be removed before employees leave the work area. (Note that the new guidelines contain the wording "masks in combination with eye protection devices." This would indicate that if you wear a face shield, you must also wear a mask. This is different from some previously proposed guidelines.)

**Housekeeping**

As part of the Exposure Control Document, include a section on Housekeeping in which the following are covered:

1. A schedule for cleaning and method of decontamination. The method of decontamination needs to be broken down by work areas and type surfaces and equipment. Plan should outline who does task and proper safety attire.

2. The plan should specifically outline that any area contaminated with blood or other potentially infectious materials must be decontaminated or coverings changed at the end of delivery of service to each patient.

3. All waste containers in which potentially contaminated materials are to be placed should have a biohazard label, have a tight fitting lid and have a plastic liner. Should the container become contaminated, it should be decontaminated as soon as practical.

4. Broken glassware or other broken contaminated vessels must not be picked up by hand, but must be cleaned by mechanical means such as a brush and dustpan.

5. Contaminated reusable sharps cannot be placed in a temporary holding container, which requires employees to reach by hand into the container. For proper handling, list all reusable sharps.

**Hepatitis B Vaccination II and Post-Exposure Evaluation/Follow-up**

1. The employer must make available at no cost to the Employee HBV vaccinations to all employees who have occupational exposure. These must be made available to the employee at a reasonable time and place, but within 10 days of assuming exposure prone duties.

1. The employer must make available at no cost to the employee post-exposure evaluation and follow-up to all employees who have had an exposure incident. An accredited laboratory must conduct tests.
2. If employee refuses to take HBV vaccinations, fact must be documented by having the employee sign the following statement: "I understand that due to my occupational exposure to blood or other potentially infection materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me."

4. Following a report of an exposure incident, the employer must immediately make available to the exposed employee a confidential medical evaluation and follow-up which includes:

   a. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.

   b. Identification and documentation of the source individual.

      1. The source individual's blood shall be tested in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer shall establish that legally required consent cannot be obtained. A Hepatitis C testing should be done.

      2. When the source individual is already known to be infected with HBV or HIV, testing need not be repeated.

      3. Results of source individual's testing shall be made available to the exposed employee, who shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

   c. The exposed employee's blood:

      1. Shall be collected as soon as feasible and tested after consent is obtained.

      2. If the employee consents to baseline blood collection, but not to the test, the sample shall be preserved for 90 days during which time, should the employee consent, the sample will be tested.

   d. Post exposure prophylaxis, when medically indicated, as recommended by the Public Health Service.

   e. Counseling (See note below.)

   f. Evaluation of reported illnesses.

(The SCDA strongly suggests that you have a physician of record for your office to handle medical records as outlined above and below. Further, this individual will assume the
g. You must make sure healthcare professional responsible for the employee's HBV vaccination is provided a copy of the OSHA Bloodborne Pathogen Regulation. The same is true for the healthcare professional evaluating an employee after an exposure incident. In addition, the employer must provide the healthcare professional:

1. A description of the exposed employee's duties as they relate to the exposure incident.

2. Documentation of the route(s) of exposure and circumstances under which it occurred.

3. All medical records relevant to the appropriate treatment of the employee including vaccination status.

h. The employer shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

1. The written opinion relating to HBV shall be limited to whether HBV vaccination is indicated for the employee and if the employee has received such vaccination.

2. The healthcare professional's written report for post exposure evaluation and follow-up is limited to the following information:

   a. That the employee has been informed of the results of the evaluation.

   b. That the employee has been told about any medical conditions resulting from exposure that requires treatment.

i. All other findings or diagnoses shall remain confidential and not included in the written report.

Communication of Hazards

You must affix biohazard labels to containers if it is used to dispose of infectious materials. Red bags or containers may be substituted for the labels; however, if a red bag is put in your green box or rollcart for solid waste collection, it will probably not be collected and may result in major problems for you relating to collection in the future. The regulations specifically state: "Regulated waste that has been decontaminated need not be labeled or color-coded. “ (See DHEC r.61-105 concerning 50lb. Generators (per month) of medical waste.)

Information and Training

The employer must provide training on occupational exposure upon initial employment, change of work status, following an exposure incident and annually thereafter at his/her expense and during normal operating hours. Please refer to training requirements in the Bloodborne
Pathogen standard. The training must be documented and records must be retained for three years.

**Medical Records**

These are permanent records (duration of employment plus 30 years retention) and basically the employer must keep within the permanent personnel file and confidential the following:

1. The name and social security number of the employee.

2. A copy of the employee's HBV vaccination status and dates of all HBV vaccinations. Also any medical records relative to the employee's ability to receive HBV vaccinations.

3. A copy of the results of examinations, medical testing and follow-up procedures following exposures.

4. The employer's copy of the healthcare professional's written opinion.

5. A copy of information provided by the employer to the healthcare professional.