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Current OSHA and Infection Control Guidelines for DHCP

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OSHA Guidelines and Inspection Procedures

Inspections can occur for several reasons. It is important to note that most complaints filed are from Employees, Ex- employees, and patients.

Inspections can be deferred but must take place during work hours while employees are present in the workplace.

Inspection Procedure

Inspector should present their credentials

Opening conference as to why they are conducting the inspection

Walk Around – keep them focused on the area of concern

Closing Conference and Results of inspection – the inspector will disclose their findings

Appeals – the owner of the practice has the right to appeal any of the findings

Work related Injuries and OSHA log 300

Work Related Injuries are injuries that occur in the workplace during work hours. They are injuries that require the employee to seek out of the office services such as x-rays or blood testing.

Employers must establish a log for each facility and report injuries on the OSHA log 300. When filing a work-related accident report the OSHA Log 300 is the required form

The following sections must be filled out

- Log 300 Classifies work-related injuries and illness
- Log 301 The complete Incident Report
- Log 300 A Summary Report Post from Feb. 1st–April 30th

Signs, Labels and Posters

1. **“It’s the Law” Poster and your state Labor Poster must be on display for employees to access.**
2. **Eyewash Signs**
3. **Radiation Safety Signs**
4. **Biohazard Stickers:**
 - On Contaminated Laundry containers**
 - On Ultrasonic units**
 - In operator waste receptacles**
5. **Secondary Container Labels should be placed on spray bottles, pump dispensers and ultrasonic units to identify solutions**
6. **COVER YOUR COUGH POSTER – on display**

Medical Waste - Check state and local regulations before disposing

General waste – PPE, slightly soiled cotton or gauze, barriers

Blood and saliva – dispose in sanitary sewer

Tissue – sanitary sewer

Teeth – sharps or disinfect and give to patient

POST EXPOSURE PLAN – each facility should have in writing when employees and patients will be sent for post -exposure evaluation. Patients and employees only need to be tested for HBV, HCV and HIV

Safe Injection Practices

Offices should have a Sharps Safety program in place. This can include but is not limited to:

- Prepare the patient and organize the work area with prevention in mind.
- Keep exposed sharps in view and under your control.
- Visually inspect for unprotected sharps in trays and waste receptacles.
- Be responsible for the sharps you use.
- Activate safety features. Dispose in sharps containers.

Details regarding the recommended handling of Sharp items and Sharp Containers are listed in the CDC guideline Pages 9 – 10 CDC

Aerosols

Handling and Containing Aerosols in the dental operatory are an critical part of the Exposure Control Plan. Each office should have a plan that states how to identify source of aerosols and how to protect employees from hazardous aerosols.

HVE systems and air purifiers are to be considered in addition to the use of PPE

Saliva Ejectors

Prevention of Negative Retrieval– Have in place a system or device that can prevent negative retrieval for the suction line.

Care for Dental Unit Waterlines – the following guidelines are recommended:

- Purge 2 minutes at the beginning of each day
- 30 seconds in between patients
- Self-contained water bottles – use tables or straws
- In coming city line water units – Dentapure can be installed by your service rep.
- Shock waterlines quarterly and test quarterly

Respiratory droplets that are generated by a patient who is coughing, sneezing, or talking

- Patients should wear mask until the time of procedure
- Immediately place patient in a single room
- Provider should wear appropriate mask. Mask selection is determined by procedure type
- Wear a N95 respirator when treating someone who has tested positive for COVID 19 or suspected of having COVID

Hand Hygiene is mandatory. The CDC has over 100 resources for proper hand washing and proper skin care. Use Plain or Antimicrobial Soaps or hand sanitizers for 20–30 seconds at the beginning of procedure, when changing gloves or contaminated PPE and the end of patient procedure
Surgical Hand Soaps containing PCMX or chlorhexidine are required for hand washing prior and after surgical procedures

Gowns

50/50% cotton polyester or 60/40% fluid resistant
Long sleeves and high collar, use caution with scrubs
Fluid resistant gowns release debris on contact
Cotton polyester materials absorb matters and require laundering services

Face Mask

Bacterial filtration of 95% for a particle range of 3 µm to 5 µm in diameter
Mask should fit firmly around nose and mouth, no side openings
Always remove from elastic band or ear loops
Mask should be worn when wearing a face shield

Top 5 Performance Factors – Level 3

Fluid Resistance

Submicron Particle Filtration Efficiency

Bacterial Filtration Efficiency

Breathability

Flame Spread

Mask selection is by procedure type

WORK PRACTICE CONTROLS and ENGINEERING CONTROLS -Devices that eliminate or isolate a hazard

Needle recapping device – REVIEW ANNUALLY

Sharps container

Ultrasonic cleaners / Instrument washer

Instrument cassette

Transport contaminated instruments to sterilization center in cassettes, covered tray or instrument bin

Enzymax can be used to quickly remove bioburdens for instruments prior to the use of ultrasonic cleaning.

Instrument Sterilization

Critical – penetrates the mucous membrane requires sterilization. *Have the greatest risk of transmitting infection*

Semi-critical – touches the mucous membrane requires sterilization or a minimum of HLD

Non-critical - touches intact skin such as blood pressure cuff or x-ray head Requires HLD

PACKAGING INSTRUMENTS

Use FDA approved materials

Packaging must have internal and external chemical indicator

Avoid placing heavy instruments in bags

Avoid using closed containers or staples

Avoid using paper/ plastic bags in dry heat sterilizers

LOADING / UNLOADING INSTRUMENTS

Allow instruments to dry and cool in sterilizer

Do not touch moist packages with bare hands

Stored wrapped unless they are for immediate use

Do not store contaminated near sterile instruments

Instruments in bags stay sterile indefinitely

CDC recommends weekly spore testing

Test when implant device is being sterilized

When using a new packaging device or material

After sterilizer has been repaired

After sterilizer has been moved or relocated

Required for monitoring sterilizer

Autoclave logs should be maintained and onsite - 3 months

Mechanical monitoring the temp and pressure

Chemical internal and external indicators

Biological spore testing

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