Infection Control

https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf

OSHA Checklist
(This checklist is specifically for blood borne pathogens)

1. General

An Exposure Control Plan focuses on employee protection from blood/saliva and other potentially infectious material borne pathogens.

Other ethical and professional standard of care considerations may require employer and employees to provide the same exposure control for patients. This checklist, however, focuses specifically on VOSH-mandated guidelines and the employer/employee relationship.

A Hazard Communication Program focuses on communicating to employees the hazards of exposure to potentially infectious materials (such as regulated waste) AS WELL AS hazardous chemicals, materials, procedures and products. VOSH's Hazard Communication standard focuses on hazardous materials, but a dental office's Hazard Communication Program must also incorporate infectious biohazard elements as well.

A Hazard Communication Program is not a substitute for an Exposure Control Plan.

The State of Virginia has an exposure control plan and a hazardous materials communication plan through the State of Virginia. Such plans may be modified/customized to reflect your particular office environment and employee profiles. See last page for sources.

The Bloodborne Pathogen Standard is administered through VOSH and requires physicians, dentists and other certain health care professionals to have a written exposure control plan in place for their practice. However, states like Virginia with their own OSHA type agencies follow a different timetable.

- ❑ The doctor and all members of staff must complete an interactive educational training annually with the cost borne by the employer.

2. Administrative Tasks – Exposure Determination

- Establish a written Exposure Control Plan. (A sample is included.) (Refer to Virginia Infection Control Policy for Job Classification.)

- Review and update the Exposure Control Plan.

  (This must be done at least annually and whenever necessary to reflect any new additional or modified tasks and procedures which affect the occupational exposure to the employee. It also must incorporate any additional new or revised employee positions or responsibilities with occupational exposure.)

- Designated a hazard communications (Haz-Com) Officer or an Infection Control Officer (ICO).

  (This may be the doctor or delegated to an office manager, auxiliary, etc. This person(s) must handle the overall responsibility of implementing the Exposure Control Plan and maintaining its currency.)*

- Classify all employees by their tasks and hence level of risk exposure. Format:

  Category I – Tasks that require exposure to saliva and/or blood.
  Category II – Tasks that do not involve exposure to saliva and/or blood, but responsibilities may include unplanned exposures.
  Category III – Tasks that do not require or have possibility of exposure to saliva and/or blood.
  "Good Samaritan Acts" such as assisting a co-worker with a papercut or nosebleed would not be considered an occupational exposure.

- It is suggested that written Standard Operating Procedures (SOPs) be developed for, but not limited to, the following tasks:
  Infection Control
  -- Patient Medical Histories
  -- **Operation of a Sterilizer(s)**
  -- Sterilization Monitors: **Including weekly spore testing**
  -- **Self contained water mgmt. (ICX)**
  -- Operatory Setups
  -- **Handpiece Sterilization**/
  -- Handwashing and care of hands
  -- Sterilization of instruments
  -- Disinfection and packaging of instruments for sterilization
  -- Use of protective coverings
  -- Use of disposables
  -- Disinfection of surfaces
  -- Proper handling of sharps
  -- Use of masks, gowns and protective wear
  -- Use of gloves during patient treatment

-- Use of rubber dams
-- Immunization Policies
-- Use of gloves for procedures other than treatment
-- Disinfection of air/water syringes/ **Waterline Testing**
-- Proper handling and disinfection of impressions
-- Care, use and disinfection of ultrasonic scalers
-- Operatory cleanup before and after patient treatment
-- Cleanup and disinfection of lab counters, trays and other areas
-- Care, use and disinfection of X-ray equipment and film
-- Sterilization/disposal of burs
-- Clinic attire and hair control
-- Disinfection of prosthetic devices and orthodontic retainers
-- Disinfection of pumice pan, rag wheel and brushes
-- Limiting contamination of charts, telephones, clinical cameras, pens, etc.

- Establish and maintain medical records "Health Inventory" for employees. Records to include:

  (This is done for all employees with potential occupational exposure.)

  -- HBV vaccination history or refusal to be vaccinated
  -- Signed declination form for employees declining vaccination
  -- Personal Health History including name and Social Security number
  -- Medical records to be maintained for duration of employment plus 30 years.

- Post exposure follow up must be provided.

  (In case of an exposure, follow up must be provided at no cost to the employee, at a reasonable time and place, and performed by or under the supervision of a licensed physician.)

  (Exposure protocols are outlined in State Infection Control Manual. Refer to most current update.)

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

3. Labels, Signs and a Written Hazard Communication Program

- Identify, list and label all potentially hazardous products and chemicals in the workplace.

- Establish and maintain a file of Material Safety Data Sheets (MSDS) for these products and chemicals. http://hazard.com/index.php SIRI site

  (Hazardous substances include, but are not limited to, materials used during the performance of dental procedures, cleaning and maintenance products and film development solutions. Infectious waste products (and the treatment of waste) are considered hazardous, but MSDS are not applicable to this hazard.)

- Warning labels must be affixed to containers of regulated waste, refrigerators and freezers, or other storage containing blood/saliva, or other potentially infectious materials (OPIM).

- End use containers should have the product or chemical name and an NFPA label if space permits.

  (An end use container is any container that holds its contents for final use, such as a small bottle of chlorine bleach that has been filled from a larger gallon bottle. It is also defined as a secondary container that is used for storing or applying a material that is different than the container in which it was originally shipped. An NFPA (National Fire Protection Association) label refers to the diamond shaped multi-colored labels which are commonly available. Use of NFPA labels is optional, but is a recognized standard.)

  (Labels are not required for drugs or medical/dental devices regulated by the FDA, pesticides or disinfectants labeled according to EPA requirements, or consumer protection such as household cleaners labeled according to the requirements of the Consumer Product Safety Commission.)

- Containers for the transport or storage of potentially infectious materials must have a Biohazard Symbol or be placed in a pre-labeled container.

- You must display posters as required by OSHA and the Department of Health. These posters include, and are not limited to, "optional" posted notice of "Deemed Consent" to HIV testing from AIDS Committee, Attorney General's Office (State of Virginia).

- Notify contractors/subcontractors of potential hazards.

  (If you contract laundering, housekeeping and other janitorial services and do not directly supervise such personnel, you must document that you have notified the Contractor of potential occupational exposure to blood borne pathogens and other hazardous substances in the workplace and informed him of the OSHA requirements.)

4. You must observe Standard Precautions and develop written Exposure Control Protocols

- Standard precautions shall be observed to prevent contact with blood or other potentially infectious materials. All body fluids shall be considered potentially infectious materials.

- Exposure protocols refer to the medical sequencing and management of care for employees who have experienced an occupational exposure to a potentially infectious material. Procedures very depending on whether the employee is vaccinated, whether the source of the infectious material can be traced (a puncture from an explorer or bur during sterilization at the end of the day, for example, may not be traceable back to the exact patient), and many other factors. Such protocols are spelled out in most infection control manuals and are readily available from the ADA, OSHA and other sources.

5. You must provide personal protective equipment

- Employer must provide, at no cost, and require employees to use appropriate personal protective equipment (PPE).

  (PPE may include gloves, gowns, lab coats, face shields or masks, eye protection, pockets masks and other protective gear.)

- Employees are to wear eye and mouth protection such as goggles and masks, glasses with solid side shields and masks or chin length face shields when splashes, sprays, splatters or droplets of other potentially-infectious materials pose a hazard through the eyes, nose or mouth.

- An eye wash station must be available in dental area.

- An employee must wear gloves if he/she is expected to have hand contact with blood or other potentially infectious materials, touching mucous membrane, non-intact tissue or procedures requiring Standard Precautions.

- Glove protocols must be established:

  -- Single use gloves may not be washed or decontaminated for re-use.
  -- Gloves are to be changed between patient contacts.
  -- Utility gloves (for use during cleaning or in the sterilization area) may be decontaminated if they are not compromised.

- Employees must remove Personal Protective Clothing and Equipment before leaving the work area or when the PPE becomes contaminated.

- Contaminated protective clothing must be placed in designated areas or containers for storage, decontamination or disposal.

- Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials (OPIM).

- PPE shall be cleaned and laundered at the employer's expense.

- PPE shall be disposed of and replaced at the employer's expense.

- Contaminated laundry must be transported within the establishment or to outside laundries in labeled or red-colored bags or containers.

- Notify contractors/subcontractors of potential hazards.

  (If you contract for laundry services and do not directly supervise such personnel, you must document that you have notified the Contractor of potential occupational exposure to blood borne pathogens and have informed him of the OSHA requirements.)

  (*Other Considerations: If an employee temporarily and briefly declines to use personal protective equipment because in his/her professional judgement in a particular instance it would have prevented the delivery of health care or would have posed an increased hazard to the work or a co-worker, the employer will investigate and document the circumstances in order to determine what changes can be instituted to prevent such occurrences in the future.)

6. You must provide and document appropriate training to at-risk employees

- Training provided at no cost to the employee during regular working hours unless compensated, and be appropriate to the educational literacy and language of the employee.

- Records of training must include date, program content or summary, names and qualification of trainers, as well as names and job titles of all employees who attended the training session.

  (Physicians, dentists and other health professionals may act as trainers for their own office; a trainer must be knowledgeable in the subject matter.)

- Training must be completed annually.

- Training to employees to include the proper use of hazardous products and chemicals and training in all Category I, II and III tasks.

- Initial training to employees provided at the time of initial assignment to tasks where occupational exposure may occur.

- Training must include certain specific elements:

  -- Access to the text of the VOSH Blood borne Pathogen Standard and a general explanation of its contents.
  -- General explanation of the epidemiology, symptoms and modes of transmission of blood borne diseases.
  -- An explanation of the Office Exposure Control Plan and how an employee can gain access to it.
  -- Explanation of the types, use, location, handling and cleaning of Personal Protective Equipment (PPE).
  -- Limitations of the PPE and how it is to be removed, handled, decontaminated and disposed of.

  -- An explanation of office engineering and work practice controls.
     a. How to recognize tasks involving potential occupation exposures.
     b. The methodology for minimizing/eliminating such exposures, i.e. how to use sharps containers, etc.
     c. See "Administrative Tasks" section for examples of "SOPs".
  -- Review of HBV vaccine efficacy, safety, benefits, methods of administration, that is offered free of charge and within 10 days of task assignment, and finally that it may be declined by the employee.
  -- Explanation of protocols in case of an incident involving exposure.
  -- An opportunity to ask interactive questions of the trainer.

- Additional training not necessarily related to Blood borne Pathogens:

  -- Explain how an MSDS is used, interpreted and how it is updated.
  -- Explanation of how to use and read biohazard labels in the office.
  -- Explain handling, storage and disposal of hazardous materials; also the emergency procedures when a hazardous exposure/spill occurs.
  -- Provide other specialized training as required under state regulations such as radiological procedures in a dental office.

7. You must provide a safe working environment

The employer is responsible for safety and cleanliness in the work environment.
Building Related Factors:

- ❑ Eyewash station available.
- ❑ Equipment such as lab and film processors are to be properly grounded.
- ❑ Sources of ionizing radiation must be identified and properly labeled.
- ❑ At-risk employees must be trained in ionizing radiation hazards.
- ❑ Potentially damaging laser devices or sources of Radio Frequency Radiation (electrosurge units) identified and labeled.
- ❑ Tall Nitrous, Oxygen, etc., gas tanks which may tip over must be secured.
- ❑ Have emergency telephone numbers posted.
- ❑ Food and drinks may not be kept in refrigerator, freezer, shelves, cabinets or other countertops or benchtops where blood, saliva or other potentially infectious materials are present.

* Other:

- ❑ All members of dental team trained in CPR
- ❑ First aid kit supplies available, including CPR facemasks or resuscitation bags to help prevent cross-contamination to the employee.
- ❑ Know who to call for first aid in case of emergency.
- ❑ Have a spill kit available along with its accompanying protective wear.
- ❑ Have written protocols for cleaning/disinfecting/decontaminating all surfaces and equipment.
- ❑ Bag all cover gowns and other contaminated laundry in red bags or containers displaying the universal biohazard symbol.
- ❑ Laundry can be cleaned on site by a trained employee utilizing proper protective gear or sent to a laundry service.
- ❑ The dentist shall ensure that the office is maintained in a clean and sanitary condition.

(The dentist shall determine the implementation and appropriate written schedule for cleaning and method of decontamination based upon location within the office, type of surface to be cleaned, and tasks or procedures being performed in the area.)

- Written protocols should be developed for Standard Operating Procedures (SOPs) as outlined under "Administrative Tasks" section.

8. You must dispose of hazardous/infectious waste in a lawful manner

Biohazards including regulated waste (generally sharps and objects with caked, flaked or flowing blood) must be disposed of in accordance with applicable state laws. Decontaminated regulated waste which need not be labeled or color-coded and may be disposed of normally.

Compliance Check List – Blood borne Pathogens

- Containers used to store regulated waste must be properly labeled, closable and suitably constructed to contain the contents and prevent leakage of fluids.

- Sharps containers must be closable, puncture resistant, leakproof on sides and bottom, and labeled or color-coded to ensure that employees are aware of the potential hazards.

  (Label is the fluorescent orange or orange-red biohazard symbol or appropriate red container or bagged red.)

- During use, sharps container must be easily accessible, maintained upright, replaced routinely as needed so as not to be allowed to overfill (not over ¾ full), and closed immediately prior to removal or replacement. After closing, shipment for processing must be within 7 days.

- The Virginia Standard does not specifically define "sharps". They include, but are not necessarily limited to needles, scalpel blades, glass and orthodontic arch and ligature wires. Contaminated sharps must never be sheared or broken.

- Recapping, bending or removing needles is permissible only if there is no feasible alternative or if required for a specific procedure (such as blood gas analysis, giving anesthesia, etc.). However, recapping with a one-handed method or using a mechanical device is permitted.

9. Environmental Best Practices

Lead foil, fixer, amalgam, amalgam capsules (Amalgam separators by 2020)
Self contained water mgm't testing