



Things to Know

**Annual OSHA Employee
Training & Certification**

Intro to GHS & HIPAA

Omnibus Rules

Training Handout

with *COVID-19 Updates*

presented by:

dentalenhancements.com

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941-587-2864

This handout is very comprehensive. It is designed to serve as a reference tool to use when you are back at your dental office to cross-check OSHA laws that you will learn today. It also serves as a great training tool to use with new hires / part-time employees. **If you would like to write notes during today's presentation, we suggest using the page provided below as the information in this presentation is comprehensive and moves rather quickly.**

Thank you JILL OBROCHTA RDH BS

INTRO & FACTS ON OSHA:

- All Employees must be OSHA Trained annually
- Required OSHA Paperwork is essential! Keep it in your OSHA Manual filed per year
- So are OSHA Facility Protocols!
- Remember to: Schedule your OSHA Safety Facility Report
- 20+ Employees / Report Injuries On-Line

COVID 19 DENTAL OFFICE PREPAREDNESS & MANAGEMENT

COVID-19 Symptoms:

Fever, Dry Cough, Body Aches, Headache & Shortness-of-Breath

COVID-19 Spread:

Through respiratory droplets, if within 6 ft. of infected person.

Secondarily spread through surface contact & inoculation to mouth, nose or eyes.

Known to spread for 2-14 days.

WORKPLACE AFFECTS:

- Fear / Panic to Misunderstanding / Negligence
- Employee Absenteeism
- Patient Cancellations
- Lack / Limited of PPE
- More Risky Workplace Conditions
- Decrease in Fiscal Stream

SOURCES OF COVID-19

- Circulation with: General public, customers, coworkers, sick individuals, international travelers, healthcare workers with unprotected COVID-19 exposures.

Employee & Patient Risk Factors:

- Over age 70+, chronic medical conditions, immunocompromised, pregnancy, recent international travel, COVID-19 symptoms.

Non-Occupational Risk Factors:

- Community exposures, family members with unprotected COVID-19 exposures.

Dental Professionals Exposure Risk Factor Classifications

Very High – HIGH Exposure Risk

Dentists, Hygienists, Dental Assistants...

Performing aerosol-generating procedures or invasive specimen collection on known or suspected **COVID-19 (+)**.

Medium Exposure Risk

Receptionists, Office Managers & Administrators ...

That work in close contact (within 6 feet of) of people or patients with known or suspected **COVID-19 (+)**.

Lower Exposure Risk (Caution)

Administrators & Personal that have *minimal* occupational contact with the general public or other coworkers & *do not* have close proximity contact with people known to be, or suspected of being, **COVID-19 (+)**.

American Dental Association COVID-19 Standard of Care

Postpone Elective Procedures **Emergency Dental Care only**

During active COVID-19 pandemic timeframe

COVID-19 Smart Guidelines for Dental Teams... Dos & DON'Ts...

- **Keep-Up-On & Follow CDC, OSHA ADA & WHO Guidance**
- **Wash Hands for 20+ Seconds**; Dry your Hands!
Damp hands spread 1000 x more germs!
Hand Sanitizers are not a substitute at work
- **Follow Updated OSHA / CDC Infection Control & House Keeping Requirements with Diligence**
- **Wear all PPE Appropriately; Wear (1) Mask Per Patient**
- **Suit-up**: with Visors, Masks, Eyewear, Hair Covers, Surgical Gowns Wash all Lab Coats & Scrubs at work if possible
- **Toss Splattered Waste in BMW Red Bags**– Not just Saturated!
- **Confirm Pt Wellness prior to appointments**
- **Post COVID-19 Signs in reception room / outside**
- **Show-Case Your Infection Control Practices**: OSHA Train & Implement All New Protocols. Patient & Employees will be safer!
- **Don't Ignore Updates**;
- **Don't Ignore Infection Control —Exhibit Pride; Make it a Unified Team Effort**
- **Don't Miss OSHA Scheduled Updates; New Requirements will be Critical!**
- **Don't Take Short Cuts: Hand washing, PPE, Infection Control**
- **Don't re-use PPE if disposable**
- **Don't Come to work if sick**
- **Don't treat sick patients**

COVID-19 Dental Office Employer & Employee Obligations...**Obligation to Record & Report COVID-19 (+)**:

While the “common cold / flu” is not expected to be recorded by Employers, OSHA expects that Employers identify COVID-19 infection among employees.

Record & Report using OSHA Form 300/300A within 48 hrs. of discovery.

Employees: Self-monitor their signs and symptoms:

Dry cough, elevating fever, body aches, headache & shortness of breath.

Employers cannot take employees temperatures at this juncture.

Taking Patient Temperature is permissible & is considered part of a routine examination.

OSHA.gov COVID-19 STANDARDS RELEVANT MUST-Dos...**Use PPE Properly: 29 CFR 1910 Subpart I**

Proper Fitting; Provided by Employer

Eyewear with side-shields

Proper Fitting Patient Gloves

Puncture Proof Gloves for Soiled Instruments (1 pair each)

Mask: (1) per Patient

Properly Fitting Lab Coat; Site or Prof. Laundered or Disposable

Ear Protection for High Decibel Turbine & Ultrasonic Handpieces

Provide a Safe Workplace: Section 5(a)(1), 29 USC 654(a)(1)

- The General Duty Clause, Provide a Workplace Free of Hazard or Serious Harm
- **Adhere Strictly to Current Infection Control Practices** in:
Summary of Infection Prevention Practices for Dental Setting

Adopt Strictest Policies for OSHA: Federal vs. State

(28) States have stricter guidelines (See D/E website to download yours!)

Cal/OSHA: Follow **Aerosol Transmissible Diseases (ATD)** standard

Protect Employees from Chemical Harm: 29 CFR 1910.1200 & Subpart 1

Follow **Current GHS Chemical Safety Standards** to protect employees from using Hazardous Cleaning Chemicals.

<https://www.osha.gov/SLTC/covid-19/standards.html>

Visit: **www.dentaleenhancements.com** See our **AWESOME COVID-19 UPDATES & TOOLS**

OSHA (Occupational Safety & Health Association)

- OSHA is about EMPLOYEE safety
- **All** U.S. businesses must provide **Annual OSHA Employee Training** with proof-of-training in (4) required areas on 45+ topics **to all employees.**
- **(15) States are required to provide an Injury & Illness Prevention Program**
Arkansas, California, Hawaii, Louisiana, Michigan, Minnesota, Mississippi, Montana, North Carolina, New Hampshire, Nevada, New York, Oregon, Utah & Washington
- OSHA training covers what the EMPLOYER needs to provide
Many aspects cross-over into Public Safety (patient's safety)

- OSHA was created in 1980s to prevent workplace injury
- Blood Borne Pathogens Plans were added in 1991 to protect Patients & Workers
- OSHA & Health Department Inspectors will look at Blood Borne Pathogens Records
- Inspections can happen at any time but, are typically a result of an Employee or Patient reporting
- OSHA Safety is about your safe behavior at work, facility being safe & required OSHA paperwork!
- Use your OSHA Facility Credentialing Report: 72-points checklist from DentalEnhancements.com
It's based upon the last 15 years of OSHA Dental Office fines; Customized to your office with specific recommendations instantly emailed to you upon completion via a phone interview.
Use this as your OSHA Checklist. (HIPAA requirements will appear on your report too!)

Four Components of OSHA Annual Training include:

I. Hazard Communication Plan

- Understand Work Chemicals & Professional Products: How they may be *Hazardous*
- How they may cause *Bodily Harm / Health Hazard*
- Identify Symptoms of *Chronic / Acute* Chemical Exposure
- (4) Pathways a Chemical can enter the body: Inhale, Ingest, Inject, Absorb
- Identify *Safety Measures* to protect yourself against harm / Notify Management if you feel sick
- All Team members must be trained on Hazardous Chemicals **prior** to starting a job
- Employees must know how to respond in a Chemical Emergency
- **Owner Keep USA MSDS or Master List of Haz Chemicals for 30 years**
- **Keep USA Haz-Com Labels at Point-of-Use / Indefinitely as Back-Up**
- **Use Pictogram Labeling Sheets with Plastic Sheath to Label Secondary Containers Chairside**

New Hazard Communication Plan / Global Harmonization System / GHS**Employee Proof-of-GHS Training due since: December 1, 2013**

- OSHA / GHS --- **Global Harmonization System** required for **all** dental office employees
- Convert **USA MSDS Sheets** to **International SDS Sheets** by June 1, 2016 & ongoing Updates
- Keep **USA MSDS Sheets: 30 years**
- SDS must be accessible to ALL EMPLOYEES = 24 hours / on-line accessible is desirable
- SDS requires (2) varying formats of back-up: Paper/ Cloud/ Internet or Digital
- ALL Employees **must know how to access** the 24 hours SDS Library
- Save USA MSDS for 30 years as Proof-of-Chemical-Exposures
- Organize MSDS & SDS: IN (2) SEPARATE MANUALS: alphabetically with a Master List
Your Dental Supplier may offer Internet Hosted Library for Free or for Fee
- GHS requires Proof-of-Training in: International SDS + Pictogram Symbol Meaning
- Pictograms will be provided by manufacturers on all products by June 2015
- You must **make Pictogram Labels** for: re-pour / sub-container or unboxed small items
- Best way to make Pictogram is: **Phone Photo—email—print & affix** to container
or use our **Pictogram Labeling Sheets at Point-of-Use** to list product
- Choose a **comprehensive GHS compliance solution** that includes:
Training, Paperwork, Facility Protocols
- Dental Enhancements has a **GHS COMPLETE PKG**; Call for Info 941-587-2864

II. Exposure Control Plan

- Dental Employees are exposed to both Chemical & Infectious Waste Hazards
- Each Dental Professional's job, has a different Occupational Risk
- Occupational Hazard Exposures need to be categorized, rated, be in written form & signed by each employee.
- **Use LOTO tags on equipment that can burst energy**
- **These are the required OSHA Employee Documents:**
 - **Annual OSHA Employee Proof-of-Training**
 - **Occupational Exposure** per Job Title
 - **Hep B Vaccination** Records
 - **Track MMR, Varicella, Meningitis, Influenza & Tetanus Vaccinations Too!**
 - **GHS Proof of Training**
 - **Employee Medical History** (keep separately) (update annually)
- OSHA Training Records to be kept for (3) years with OSHA Manual
- Make sure all OSHA Manuals & Forms are quickly producible for Inspectors
- **OSHA Manual must be updated to GHS Standard & CDC Standards (2018 - 2020 version)**

III. Bio Medical Waste Plan & Blood Bourne Pathogens

- Epidemiologic principles of infectious disease
- Every Employee should update Blood Bourne Pathogens Training --Annually
- **What should you put in the Red Bag? Splattered or Saturated Waste?**
CDC / Law is to dispose of "**saturated waste**" (blood or saliva soaked)
- Small Red Bag / Sharps & Rx Waste Container must be at **point-of-use** in each operatory
- Partially Full Carpules: Dispose into **Rx Waste Containers** or **Dual Waste Containers** /EPA law
- Do not walk with biomedical waste or sharps / Dispose of at Point-of-Use
- **20+ Employees Report Injuries On-Line to OSHA**
- **Do not toss Extracted Teeth with Amalgam into Sharps Container—**
- Use Amalgam Recycling Containers for Amalgam Scrap, Capsules, Traps, Filters & Teeth
- Blood & Saliva Saturated Waste should be placed in Red bags
- Use either Red Bag + Sharps w/ Hauler or Rigid EPA approved Mail Back Containers
- Lg. Red Bag must be kept on hard surface
- All red bags/ mail-backs must have 24-Hour Contact Information of Dentist
- Bio Medical Waste Plan must be up-to-date in OSHA / GHS Manual
- Use **Spill Kit** for blood, chemical & mercury clean ups
- Use Personal Protective Equipment (PPE) & Universal / Standard Precautions
- Make sure all PPE fits properly and ask/ tell employer if you need more PPE

More OSHA Safety Standards Exposure & Injury at Work:

ALWAYS USE UNIVERSAL/ STANDARD PRECAUTIONS

- If Needle Stick—Seek Help / Use OSHA Form 300 & 300A / Some States have additional Logs
Check with D/E Trainer, our Website or Your State for STATE REQUIRED OSHA PROTOCOLS
- Fill in all Required Injury Reports within 48 hours of Incident
D/E OSHA Manual has all forms you need / D/E Trainers will coach you through this process should you need guidance
- Understand & Implement Engineering Controls to reduce the risk of sharp injuries
- Only Utilize Safe Injection Practices; (6)
- Disposal of Sharps at Point-of-Use only
- Utilize Techniques that document testing of a Safety Devise Annually, to reduce the risk of sharp injuries to our worker.
- Employer required to pay for all Injury Fees / Report to Workman's Comp
- Employee Entitled to Hepatitis B Vaccine / **OHIO** & **MICHIGAN** require Physicians Note

- Hepatitis B Vaccine Series needs only to be done once-in-Lifetime--- Paid for by Employer
Hep B Boosters not required for Employer to pay; but employee should have done
- Tuberculosis: On the rise in past decade; Use only Medical Grade tuberculocidal (wipe or spray) to kill TB when disinfecting treatment room. Alcohol wipes do not kill TB!
- Tuberculosis is airborne contagious; identify patients & Use PPE +Precautions
- Since 2018: All New Hires must have a TB Test prior to entering workplace. Employers Expense

IV. Sterilization & Disinfection

- Principles / Practice of Asepsis
- Sterilization vs. Disinfection /Sanitation
- House Keeping Practices & Equipment Maintenance Task Logs

V. Infection Control / Infection Prevention

Follow current CDC Updates to establish Hospital-Grade Level of Sterilization & Disinfection for the dental office setting:

- This is in the last section of your 2018, 2019 or 2020 OSHA Manual (44 page document)
- Read pages 4-16 at a staff meeting: Required to fill-in Appendix A & B with team.
- Update to Universal / Standard Precautions, with focus on:
 - Proper Hand Hygiene
 - Personal Protective Equipment
 - Respiratory Hygiene /Cough Etiquette
 - Sharps Safety
 - Safe Injection Practices
 - Sterilization & Disinfection of Patient-Care Items and Devices:
Establish 4-Step Hospital-Grade Level Sterilization Process
Bag or Cassette-Wrap—Everything! Date Instruments
Use Multi-Parameter Type Strips, Bags or Thermal Printer-- in Every Load
 - Handpiece Heat-Sterilization after Every Patient (Turbine & Slow-Speed Motors)
 - Environmental Infection Control
 - Dental Unit Water Quality: Shock, Test, Document all chairs Regularly
 - Personal Protective Equipment: Be Factitious!

OSHA requires you monitor and show proof of these (3) things:

- Bio Hazard Waste Pick-Up Receipts or Mail-Back Logs:
Keep receipts or log chronological by month / Save for 3 years
- Use Color Change Bags/ Tape or Strip Monitor per Package
- Date all Sterilization Bags
- Spore Strip Monitor Reports: 3rd Party Monitoring is Best Practice
Weekly for most States / Monthly for Florida (FL) & Arkansas (AR)
- Cold Sterilization Solutions: Must keep a log of when changed / Written Proof.
**Pour-n-Cure Containers for BMW Alternatives are a less costly **
- Influenza pandemics: Be cautious with sick patients, wipe all common door knobs
- Use proper hand washing techniques with antibacterial medical grade soaps for 2 minutes
- Save and organize Monitors & Receipts in a 3-ring binder / Keep for 3 years
- Spore Test: Most States Once per week (FL & AR = once per month)
- Save Bio Med Waste Pick-Up Receipts or Log Pour-n-Cure Usage
- Monitor Cold Sterile Solutions by using a log or calendar
- Puncture Proof Utility Gloves required for each employee when handling soiled instruments
- All Employees need to have an updated Medical History / kept under security
- Employer to keep Employee Records for 30 years
- Assign an OSHA Key Contact Person
- **KNOW WHERE YOUR OSHA & HIPAA MANUALS ARE KEPT IN CASE OF OSHA INSPECTION**

More OSHA Safety Standards

- Make sure your team is First Aid Capable & Keep CPR Current
- Working Eyewash Station with sign is required
- Know where Defibrillator is kept; Check its batteries and operation; New ADA Standard of Care
- You must: Practice Fire & Emergency Exit Drills
- Fire Extinguishers: Check & Document Monthly, Exits Signs Lit-Up, Posted Routes of Egress must be to Code
- Have all Required OSHA Posters: Get a comprehensive, ALL-IN-ONE POSTER:
www.complianceposter.com
- **New U.S. Safety Poster Laws 2012:**
Must post the OSHA WHISTLE BLOWERS PROTECTION LAW
Each workplace must provide proof of QUARTERLY SAFETY UPDATES / Keep a log
- **Post Federal Injury Log 300 & 300A** / Injury form to send to CDC at end of year to report injuries
- Post all State + Federal Required Posters & Injury Logs
- Keep your First Aid Kit current: Antihistamine, Aspirin, Epi-Pen, Sugar Icing, Bandages & Ointment
Keep Fainting Salts in each operatory (Best Practices)
- Eating & Drinking is prohibited. Eat & drink only in a designated lunch area
- Keep Food & Dental Products separated; label fridge drawer or tub; **DENTAL PRODUCTS ONLY**
- Keep Spill Kit Materials in an easy-to-reach place—all components must be kept together
- Wear all PPE Properly, include: Lab Coat, Masks, Gloves, Eyewear, Ear Protection, Full Coverage Shoes
- Check Eye Wash Stations: Monthly or Weekly per State Regs

In 2004 OSHA & ADA formed an Alliance:

- Practice proper **Ergonomics** at work
- Sit and work with proper posture
- Safeguard against repetitive motions
- Do Dental Yoga---Breath & Stretch often at work!
- **Protect your Hearing**---
- Noise Levels of 100 dB with air turbines are harmful
- OSHA guidelines allows: 8hours exposure/ 90-dB sound pressure level
- Older handpieces produce 100 dB or more. Allowable exposure: 2 hours / day
- Earplugs must be offered to Employees exposed to turbine or Ultrasonics; Get Hearing Tested

More OSHA Safety Standards

- **Make all Biohazards known** by posting Biohazard Stickers to denote such within your office
- **Be safe with Electrical Outlets & Moisture** near Ultrasonic Unit & Heat Sterilizers
- **As of 2006, Catastrophe Contingency Plan is required (written)**
Get or create a Natural Disaster & Homeland Security Written Plan from a reliable OSHA resource
Make an Employee Emergency Contact Phone Number Log – share it!
- Water in dental units must be at 500 microns or less
- Test each dental chair that uses municipal water at least once per year
- You have the Right to a SAFE WORKPLACE---Report violence and potential hazards
- Report any other hazards to Management

OSHA Manual Update for 2018-2019

Make sure to update your OSHA Manual. 2018 has (4) new customizable sections:

- BBP
- GHS
- PPE
- EMER ACTION PLAN
- CDC *Infection Prevention Practices for Dental Office (since 2016)*
 - *Hand Washing – Stricter Protocols*
 - *Cough Etiquette & Protocols for dismissing sick patients or employees*
 - *TB Testing—for all new Employees (since 2018)*

- Handpieces must be heat sterilized after each patient
- Bag/ Cassette Wrap & Date Sterile Bags--- including reusable burs
- Implement 4-Step Hospital-Grade Sterilization at Heat Sterilizer
- Use Class 5 Spore Test Monitors or Bags / Save Results 3 years
- Follow 3 -Steps for Dental Chair Water Quality
- Replace Beryllium & Silica containing Products—
- Use ventilation Stations in Lab; Use wet clean up with Disposable Mops
- All Lab clean up items; Zip-lock and put in exterior trash
- CDC Appendix A & B: Must be filled out; Have a Staff Meeting to Discuss

HIPAA REVIEW & New Omnibus Rule Requirements:

Massive Changes to HIPAA: Due in place since September 23, 2013

- HIPAA originated to provide better portability of health insurance & limit rate increases
- HIPAA now safeguards: Job Discrimination, Right to Privacy & Security of PHI
- Private Health Information (PHI) must be kept private—Office use only
- Employees cannot share, misuse or keep PHI You must assign a HIPAA Privacy Officer & HIPAA Compliance Committee / Written Format
- You must have a **new HIPAA Manual** written to **new HIPAA Omnibus Rule** standards
- You must have **new HIPAA Notice of Privacy Practice with Omnibus Rules** displayed in office and posted on your website if you have one; Federal Requirement
- Train ALL Employees to the **new HIPAA Omnibus Rule Standards** & have **proof-of-training** and **confidentiality agreement** with each employee
- Have ALL patients sign a **new HIPAA Patient Acknowledgement Form to Omnibus Rule** Standards
- Have ALL Business Associates sign a **HIPAA Business Associates Agreements**
 - Understand all **new Marketing & Selling / Dispensing Rules under HIPAA Omnibus Rules**
 - Understand **new Patient Notification & Sign-offs authorizations under HIPAA Omnibus Rule**
 - Update **Outgoing Email, Internet & Computers** all to HIPAA Omnibus Rule Standards
 - **Windows: XP & 8 are not compliant; Win 7 = compliant until 2020; Update to Win 10**
 - **Outgoing Emails Require Encryption**; Add an SSL or Encryption Software / talk to your IT Specialist
 - **Upgrade your Fax Practices**: to Fax-to-Email Service or do not fax "out".
 - **Daily Data-Back Up must be Off-site & Encrypted**. Avoid using back-up drives / discs to take home Use of these provoke large fines from HIPAA Auditors as they can get lost or stolen
 - Best Practices for Daily Data Back-Up: Business Continuity System from iCoreCONNECT
- **Best Practices Daily Data Back-Up: Don't Take Back-Up Drives out of office**
 - Protect Out-Going Email with Validation Protocol or Email Encryption Software
 - Servers should be locked or secured with a Server Cage
 - Protect emails, faxes, copies: Follow new guidelines
 - Update Job Descriptions to be HIPAA Compliant & Current
 - Update Alarm Entry & Passwords of Employees to be Unique
 - **Since Nov 2017—New HIPAA Audits are Funded; Visits to Dental Offices ensue**
 - **2019 HIPAA PHASE 1 & 2 AUDITS= Strongly in Force!**
 - **Phase 1 = You are Notified by Email**
 - **Phase 2 = In-Office Audit / Can be up to 18 months / Fines = \$10K - \$1.5M**
- **Create a Risk Assessment Report: Inspectors will want this first!**
- **Call DE for an Easy Solution to complete your Risk Assessment Report**
- **Add all 2019 required HIPAA Omnibus Rule Protocols within your office---** There are many!
- Dental Enhancements has a **HIPAA COMPLETE PKG & DE RISK ASSESSMENT REPORT**;
Call for Info 941-587-2864

Older HIPAA Rules that still prevail:

- **Red Flag Rule** is ADA recommended / ID and fraud protection plan
- **Data Back-Up & Contingency Plan:** Required and you need to update regularly
Use D/E's **Annual Data Back-Up & Contingency Report** with your IT Specialist at least annually
- HIGH TECH LAW still federally required for all dental offices as of FEBRUARY 2010!!

**For guidance with GHS or HIPAA
Call Dental Enhancements at 941-587-2864**