Dear HCPro Customer:

Enclosed is your latest supplement to the OSHA Program Manual for Dental Facilities. This supplement is designed to keep your product up to date. Your next supplement will be in March 2015.

If you have any questions about your subscription, please contact our Customer Service department at 800-650-6787 or e-mail customerservice@hcpro.com. At HCPro, customer comments and suggestions are very important to us—let us know how we can serve you better.

Please insert these new and revised pages as indicated, and keep these filing instructions at the front of your book.

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<thead>
<tr>
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<tr>
<td>iii/iv</td>
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<td>Master List of Program Items for Customization—updated</td>
</tr>
<tr>
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<td>ix/x</td>
<td>OSHA Program Manual Contents—updated</td>
</tr>
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<tr>
<td>2-1 through 2-25</td>
<td>2-1 through 2-24</td>
<td>Tab 2: OSHA Program Administration—updated</td>
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</tbody>
</table>

Please visit www.hcmarketplace.com for the latest compliance and training information.
About the Author

Sheila Dunn, DA, MT (ASCP), holds a doctoral degree in clinical laboratory science from the Catholic University of America in Washington, DC. She has helped thousands of outpatient medical facilities comply with federal regulations such as CLIA and OSHA through her presentations at a nationwide seminar series. She has written more than 150 articles about regulatory issues and healthcare delivery systems and serves as an advisor to numerous companies.
Either cross through the unused procedures, and initial and date your deletion.

OR

Remove the pages from the manual.

Throughout, fill in all blanks with information specific to your facility. A master listing of "blanks" is on pages iv – v. Spaces to Initial and date are provided on the master listing.

Use the Monthly and Annual Checklists to organize your OSHA activities.

Document all activities performed. See Tab 8 for master copies of all forms.

Make photocopies of forms and logs that are used repeatedly. To customize any form, see the enclosed CD.

Keep this manual up-to-date! Download updates and insert them into this manual immediately upon receipt of the current issue of *Medical Environment Update Newsletter* which explains how to access the update Web page.
Master List of Program Items for Customization

Throughout this OSHA Program Manual, blanks are included for you to fill in information specific to your facility.

The following pages contain “blanks” for you to customize. Enter your initials and the date you made the entry in the far right columns. This way when you do your annual review you can quickly tell if you need to update old information.

<table>
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<tr>
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<th>Information Needed</th>
<th>Initials</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>2-2</td>
<td>Key Contacts for the OSHA Safety Program</td>
<td>Safety officer name, employer name, phone numbers, safety manual location</td>
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<td>3-16</td>
<td>Evacuation Procedures</td>
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<tr>
<td>3-18</td>
<td>Evacuation Route</td>
<td>Draw floor plan of your facility noting exits and fire safety equipment</td>
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<td>3-20</td>
<td>Emergency Preparedness Supplies</td>
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<td></td>
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<td>3-24</td>
<td>Severe Weather</td>
<td>Record safest location in building (Note: 3 blanks)</td>
<td></td>
<td></td>
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<tr>
<td>3-27</td>
<td>Violence Prevention</td>
<td>Details of your Violence Prevention Plan (Note: 6 blanks and 2 lists that require checkmarks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-34</td>
<td>First Aid Kit</td>
<td>Identify items included in your facility’s first aid kit</td>
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</tr>
<tr>
<td>3-37</td>
<td>Drug-Free Workplace Program</td>
<td>Details of your Drug-Free Workplace Program (Note: if no options selected on 3-37, other customizations not necessary)</td>
<td></td>
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<tr>
<td>3-44–</td>
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<td>Details of your combustibles decoration policy (Note: this is not a required policy)</td>
<td></td>
<td></td>
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<td>5-11</td>
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<td>Note procedures performed in your facility that could expose employees</td>
<td></td>
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<td>Form 7</td>
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<td>Record all employees who have definite risk of exposure (class I)</td>
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<td>5-13</td>
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<td></td>
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**OSHA PROGRAM MANUAL**

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- Laminated Eyewash Station Sign
- 4 Sample Biohazard Self-Adhesive Labels
- CD-ROM (MS Word for Windows 2000) with Master Record Forms (Tab 8) from this Manual for Customization.

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INJURY & ILLNESS PREVENTION PLAN

Management Leadership and Employee Involvement

It is the employer’s responsibility to have an effective safety program that complies with OSHA regulations. Employees must also be aware of their OSHA-mandated safety responsibilities contained within this customized program. Specific employee instructions and procedures for this plan are contained in the respective sections of this OSHA safety program manual.

The procedures, rules and regulations contained within this manual are official policies of this organization and are intended for the protection of all employees. This practice communicates with employees regarding occupational safety and health policies, procedures and directives through:

- The job description for each employee, which requires them to report any perceived hazard to the supervising dentist or OSHA safety officer upon discovery.
- Orientation training. Employees are given instructions about hazards and safety requirements prior to job assignment.
- Annual OSHA retraining.
- Staff meetings. Health and safety issues are a permanent item on the agenda for these meetings. Employees are asked to discuss safety and health issues, concerns and hazards. A review of near-miss incidents provide a blame-free opportunity to address safety culture issues. Suggestions are discussed and considered when evaluating the need for possible policy changes.
- Specific memoranda, as necessary to ensure that specific hazards and methods of avoiding them are understood.
- OSHA Safety Program Manual. This manual is readily available to all employees who are required to follow each of the procedures and policies.

The facility management is committed to keeping employees safe from occupational hazards. One way this is accomplished is by assuring that each new employee exposed to the hazards below is made aware of OSHA regulations for the potential hazards at this facility such as:

- General safety hazards
- Fire and emergencies
- Bloodborne pathogens
- Hazardous chemicals
- Tuberculosis and other respiratory diseases
- Ergonomic injuries
- Radiation
Every employee safety concern is investigated and responded to via mechanisms implemented by this facility. Employees are advised of any action taken as a result of the investigation and necessary changes are then incorporated into the OSHA Safety Program.

All employees must follow these policies in order to maintain a safe work place. Employees cannot opt to disregard OSHA requirements; these specific policies and procedures are strictly and consistently enforced. Violations will result in disciplinary action up to and including termination of employment. Employee compliance with these safety regulations is also evaluated annually as a part of their job performance review.

In all situations, employees are expected to use sound judgment to protect the health of fellow employees, patients and visitors to our facility.

**Key Contacts for the OSHA Safety Program**

One person, the OSHA Safety Officer, has overall responsibility for the day-to-day implementation and management of this Safety Program. The OSHA Safety Officer for this facility is:

<table>
<thead>
<tr>
<th>Name of OSHA Safety Officer</th>
<th>Telephone number</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Telephone number</th>
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</table>

**Location of the OSHA Program Manual**

The OSHA Program Manual is available for employee review and is kept in the following location:


**Duties of the OSHA Safety Officer**

The OSHA Safety Officer:

1. Maintains, reviews and updates the OSHA Safety Program at least annually and as necessary, such as when:
   - New employees are hired.
   - New procedures are adopted that affect employee safety.
   - Tasks or job duties are modified.
   - Accident/incident or near-miss trends so indicate.
   - New hazardous chemicals are introduced.

2. Enforces the policies and procedures contained within this OSHA Program Manual. Makes management aware of safety issues and recommends remedial action for all unsafe situations.

3. Secures all required medical actions in the event of an employee exposure.
4. Maintains necessary PPE, engineering controls, labels, and waste disposal containers as required by OSHA. Ensures that adequate supplies of these items are available in the appropriate sizes.

5. Maintains or ensures that all employee safety records, including hepatitis B vaccination and titer (given after 2000) or declination post exposure follow-up, and training records.

6. Verifies that employees are aware of the hazardous chemicals in the dental facility and that they understand how to protect themselves from exposure to these chemicals.

7. Facilitates and documents the training of:
   - New employees to orient them to hazards that may occur while performing their assigned work duties.
   - Current employees prior to starting new job assignments.
   - Current employees whenever new substances, processes, procedures or equipment are introduced into the workplace and represent a new hazard.
   - Annual OSHA retraining.

8. Makes this OSHA Program Manual available to employees, OSHA and NIOSH representatives upon request.

9. Accompanies the OSHA Compliance Safety and Health Officer during an inspection.

10. Performs inspections and evaluations to identify, mitigate or eliminate workplace hazards:
   - Monthly Facility Review Checklist.
   - Whenever new substances, processes, procedures, or equipment are introduced to the workplace to determine if an occupational hazard exists and how to avoid or eliminate such hazards.
   - Whenever potential hazards are reported to the administrator or to the designated safety and health person identified by this plan.
   - Routinely verifies that staff examine:
     - Personal protective equipment for its effectiveness against bloodborne pathogens, sterilization equipment, hazardous chemicals, fire and emergency conditions.

Hazardous conditions found during inspections are corrected prior to work being resumed unless the hazard can be effectively minimized (abated) until corrected. Emergency exits are cleared immediately if blocked or obstructed. Inoperative fire safety equipment is repaired or replaced as soon as possible. All employees are advised of any inoperative fire safety equipment during the replacement or repair time period. Emergency fire response plans should be discussed at this time.

**Accident/Incident Investigation & Reporting Procedure**

All occupational injuries, illnesses and near-misses are investigated with the objective of determining the facts that led to the incident, not with the objective of assigning blame. After the facts are gathered, the OSHA Safety Officer reviews the information to determine how the incident happened and what can be done to prevent similar incidents in the future.

This procedure identifies an effective accident/incident investigation and reporting process in order to:

- Identify underlying causes and potential hazards.
- Ensure adequacy of current systems.
Recommend corrective actions to reduce risk and prevent recurrence.

- Raise awareness of potential workplace hazards in the workplace.
- Demonstrate concern for health and safety.
- Meet legislative requirements (e.g., OSH Act, Worker’s Compensation Act.)
- Identify developing trends that can be analyzed to pinpoint particular or recurring problems, regardless of the outcome of the incident.

### Definition of an Accident/Incident or Near-Miss Event

For the purposes of this program, an accident and/or incident is defined as any unplanned or undesired event which:

- Results in harm to one or more individuals.
- Causes property damage.

A near-miss can be defined as an unplanned event that did not result in injury, illness or damage but where damage, illness or injury easily could have occurred. Other familiar terms for these events are “close call”, “near hit” or “good catch.”

Most safety activities are reactive and not proactive. Many dental facilities wait for losses to occur before taking steps to prevent a recurrence. Near miss incidents often precede loss producing events but are largely ignored because nothing (no injury, damage or loss) happened. Employees are not told to report these close calls. By not reporting near-misses, opportunities to prevent the accidents/incidents that have not happened yet are lost. Recognizing and reporting near miss incidents can make a major difference to the safety culture. History has shown repeatedly that most loss producing events (accidents/incidents) were preceded by warnings or near-misses.

### When to Investigate an Accident/Incident

All incidents whether a near-miss or actual event should be investigated. Near-miss investigations allow the identification of at-risk practices or conditions. The OSHA Safety Officer conducts an accident/incident investigation when:

- There is evidence of a work-related injury/illness.
- An accident/incident occurs in with property damage.
- Conditions are recognized as being potentially hazardous or unsafe to others.
- A near-miss event has been reported.

### How to Document an Accident/Incident or Near-Miss

Two forms may be used for incident investigation:

- **Sharps Injury Log** - Use when an incident, near-miss or sharps injury has occurred
- **Safety Report** - Use to record staff meetings or Safety Committee meeting minutes when safety issues are discussed

Master copies of both forms are located behind Tab 8: Master Record Forms.
Recording Accidents/Incidents or Injuries for OSHA

Federal OSHA requires the recording and posting of incidents or injuries resulting in loss of work days, work restrictions, and treatment beyond first aid (e.g. OSHA logs 300, 300A, 301) except for small businesses with no more than 10 employees and certain exempt business types. As an industry dental practices and laboratories are exempt from the Federal SHA recordkeeping requirement. State-administered OSHA programs, however, may have different recording exemptions. Even exempt businesses can be required to record injuries if requested by state or federal labor departments for statistical purposes such as the U.S. Bureau of Labor Statistics.

As of January 1, 2015, the revised OSHA recordkeeping rule retains the current requirement to report all work-related fatalities within 8 hours and adds the requirement to report all work-related in-patient hospitalizations, amputations and loss of an eye within 24 hours to OSHA.

Correcting Unsafe or at Risk Conditions

Unsafe or at-risk conditions, work practices, and procedures are corrected in a timely manner based on the potential severity of the hazard. Our policy is to lessen the impact of all hazards and unsafe work practices, but if the hazard cannot be corrected (mitigated) upon discovery, employees are instructed on how to avoid the hazard or protect themselves from the hazard, or are removed from the area where the hazard is found.

Recordkeeping Requirements

Federal agencies assume that “if something wasn’t written down, it wasn’t done.” The records needed for OSHA purposes are located behind Tab 8: Master Record Forms and are summarized below.

Equipment & Facility Records

<table>
<thead>
<tr>
<th>Record</th>
<th>Frequency</th>
<th>Description</th>
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<tbody>
<tr>
<td>Safety Report</td>
<td></td>
<td>For employee safety concerns and staff meeting minutes</td>
</tr>
<tr>
<td>Autoclave Log</td>
<td>Weekly, as indicated</td>
<td></td>
</tr>
<tr>
<td>New Employee OSHA Orientation Checklist</td>
<td>When new staff is added</td>
<td></td>
</tr>
<tr>
<td>Annual Employee Training Record</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>OSHA Annual Retraining (sample test)</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Annual OSHA Safety Program Review</td>
<td>Annually to update manual includes Exposure Control Plan, Hazard Communication Plan and Respiratory Protection Plans</td>
<td></td>
</tr>
<tr>
<td>Monthly Facility Review Checklist</td>
<td>Monthly to ensure ongoing compliance</td>
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</tr>
<tr>
<td>Annual Facility Review Checklist</td>
<td>Annually to ensure ongoing compliance</td>
<td></td>
</tr>
<tr>
<td>Housekeeping Schedule</td>
<td>Initially and as part of the annual review</td>
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<tr>
<td>Fire Drill Report</td>
<td>Annually</td>
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</table>
Bloodborne Pathogens Records

Exposure Determination List
Initially, and when new clinical staff or processes are added

Sharps Evaluation Forms
Annually

Incident Report/Sharps Injury Log
For employee sharps injuries and other incidents

HBV Employee Vaccination Record
To document employees’ HBV vaccination status

HBV Vaccination Declination Form
When an employee declines HBV vaccination

Post Exposure Checklist
To document employee post exposure follow-up and treatment

Post Exposure Medical Evaluation Declination Form
When employees decline medical treatment

Source Patient Testing Consent Form
Use to obtain consent from a source patient after an exposure incident such as a needlestick or splash

Hazard Communication Records

OSHA Hazardous Substances List
Initially, and when a new hazardous chemical is introduced

TB Records

Annual TB Risk Assessment
Annually

TB Skin Test Record
As indicated

TB Skin Test Declination Form
As indicated

TB Exposure Log
As indicated

Employee Medical Records

The OSHA Safety Officer assembles a medical record for each employee who could experience occupational exposure to blood and other potentially infectious material. These employees are listed on Exposure Determination List #1 and #2 located behind Tab 8: Master Record Forms (Form 7 and 8). Employee’s medical records consist of:

- Name and social security number.
- Hepatitis B vaccination records, including the date of vaccination/titer and any medical records relative to the employee’s ability to receive vaccination or declination form.
- When applicable, post exposure records containing a copy of exam results, medical testing, follow-up procedures after the exposure including the Incident Report/Sharps Injury Log (Form 11 located behind Tab 8).
- When applicable, a copy of the healthcare professional’s written evaluation report for any exposure incident (due within 15 days of the completion of the evaluation).
- When applicable, a copy of information sent to the evaluating physician for the exposure incident.

Maintain medical records for exposed employees in strict confidence. Release of these records, whether within or outside of the workplace, may be made available only with the employee’s written consent, except for those records that are required by law. Keep these records for the length of employment plus 30 years.
Employers must inform employees, (or anyone with written consent from the employee) upon their request and within 15 working days, of the existence, location and availability of their training records or confidential medical and exposure records. Employers also must provide these records to employees upon request. Copies of hepatitis B vaccination records or their medical record for employees who have worked for less than 1 year need not be retained if they are given to the employee upon termination of employment.

If an employer plans to stop doing business and there is no successor employer to receive and maintain these records, the employer must notify employees of their right of access to their records at least 3 months before the employer ceases to do business.

**Evaluating Exposure Incidents**

The OSHA Safety Officer reviews the circumstances surrounding all exposure incidents by examining the Incident Report/Sharps Injury Log to determine:

- Engineering controls in use at the time.
- Work practices in use at the time.
- A description of the device/implement in use at the time.
- Protective equipment in use at the time of the incident.
- Location of the incident.
- Procedure being performed at the time of the incident.
- Training that the employee had received prior to the incident.

Based on this information, the OSHA safety officer determines if revisions to this OSHA Exposure Control Plan (ECP) are needed and makes appropriate changes in the OSHA Program Manual.

**Workplace Hazard Analysis**

Hazards in each workplace must be identified so that they can be mitigated before accidents occur. A workplace hazard analysis identifies where interventions are needed, e.g., eye protection, lifting programs, etc.

Management has assessed risks associated with the general facility as well as all tasks performed at this site and determined that the standards below apply. Individual safety and health programs for each of these standards are located behind the designated Tabs in this Manual. These standards are:

- **Ergonomics (Tab 4)**: While no longer an OSHA standard, ergonomic findings can be cited by OSHA under the General Duty Clause.
• **Bloodborne Pathogens Exposure Control Plan (Tab 5)** identifies:
  - Employees who could be exposed to bloodborne pathogens
  - Tasks performed that could expose an employee to bloodborne pathogens, and which PPE is required when performing these tasks
  - Areas in the facility where access is restricted
  - Areas where PPE and handwashing facilities are located

• **Hazard Communication and Radiation Safety (Tab 6)** describes how to handle and store hazardous substances, which are listed on the **Hazardous Substances List** (Form 17). Includes:
  - High-level disinfectants
  - Gas cylinders
  - Lasers
  - Beryllium alloys
  - Nitrous oxide
  - Silica
  - Mercury
  - X-rays

• **Infection Control (Tab 7)** contains a facility TB risk assessment, steps to take to identify potential TB patients, and procedures for avoiding TB transmission (while no longer a Federal OSHA standard, Individual State OSHA plans have specific TB and infectious disease standards.) Also includes a plan for pandemic influenza and other infectious diseases and a discussion on multi-drug resistant organisms.

• **Other Hazards in This Facility:**

Employees who perform tasks that put them at risk for exposure to bloodborne pathogens or hazardous chemicals have been trained, understand and follow the policies and procedures in this OSHA safety program manual.

Workplace hazards are reviewed and can be assessed through the following mechanisms:

• **Weekly Facility Review Checklist** (Form 4A)
• **Monthly Facility Review Checklist** (Form 4B).
• **Annual Facility Review Checklist** (Form 5).
• **Incident Report/Sharps Injury Log** (Form 11).
• **Safety Report** for employee concerns (Form 1).
• Observation of near-misses and at-risk behaviors.

Workplace hazards are reviewed:

• Whenever new substances, processes, or procedures are introduced.
• When previously unidentified hazards are recognized.
• When incidents occur or workplace conditions warrant a review.

Once a potential hazard is identified, the OSHA Safety Officer records the changes to the procedures contained in the appropriate Tab of this Manual.
Employee Training

The OSHA safety officer is responsible for overseeing the employee training program, which involves annual retraining as well as new employee orientation. It is also suggested, but not required, to conduct a brief, interactive session devoted to a safety issue at every staff meeting.

A dentist or other qualified medical professional (dental assistant, hygienist, etc.) may provide the training, as long as he/she is competent in addressing questions pertaining to OSHA compliance.

Training sessions are provided during work hours at no cost to the employee. Material appropriate in content and vocabulary to the educational level, literacy and language background of employees is used, such as videos or lectures.

Educational formats, such as live presentations, interactive or non-interactive computer programs, or videos, may be used to fulfill employee training requirements. However, a qualified person must be available to answer questions during a discussion period specifically for all types of bloodborne pathogens training. A telephone hotline may suffice in fulfilling this requirement, according to January 17, 2008, OSHA interpretation letters; however, voice mail, e-mail, paging systems, or other methods that don’t guarantee an immediate response are not compliant. For more details on the interactive requirement, search for “Clarification on trainer requirements and access to trainer under OSHA’s bloodborne pathogens standard” at www.osha.gov or call the HCPro OSHA consultation line at (800) 650-6787.

The training must contain information that none of these formats can accomplish, such as:
- Where the OSHA Program Manual and SDS binder are located in the facility.
- Where fire extinguishers, eyewash stations, and exit doors are located in the facility.
- Where personal protective equipment is located in the facility.
- Where employees and patients meet after a building evacuation.

Checklist for an Effective Safety Training Session

The following eight tips help lead to a more effective presentation:

✓ **Plan the event** – Set objectives, limit the focus of your talk, and project your belief in the subject matter.

✓ **Involve management** – The training program will only achieve its objectives if management is committed to employee safety. Have a member of management in attendance to clarify policies.

✓ **Be creative** – Use audio, visual, role plays, and hands-on material to increase employees’ retention of the information. Use techniques that best communicate to your specific employees.

✓ **Demonstrate** – Use props in cases where it’s more effective to demonstrate the use of an item than explain it.
✓ **Keep it moving** – The most effective speakers move throughout the room. Create activities that allow audience participation from the front row to the last.

✓ **Use employees as teachers** – Let the audience relate the subject matter back to their own real world experiences. Listen to the examples offered and expand on them.

✓ **Help employees buy into the process** – The best training information is worthless if employees do not see how it will benefit them. Use specific on-site examples to show the relevance of the program to their own safety.

✓ **Head off opposition** – Use off-the-job examples if the group is resistant to someone telling them how to do their work. Off-the-job examples drive the point across in a much less threatening way.

### Interactive Safety Training Exercises

A good safety program involves not only management commitment but employee involvement. Employees will retain more information and practice safety procedures if safety training is interesting and interactive. The following suggestions can be included in employees’ annual training or can serve to reinforce management’s commitment to this OSHA Safety Program at staff meetings.

#### General Safety
- Demonstrate the location and operation of the eyewash(s).
- Demonstrate the location of circuit breakers and describe procedures used in the event of electrical shock injury.
- State the location of compressed gas cylinders and describe precautions regarding their use.
- Describe hazards of radiation and precautions regarding the use of x-ray devices.

#### Fire Safety
- State location of fire alarms and extinguisher(s) and demonstrate or describe their use (PASS).
- Identify location of evacuation routes from the building.
- Explain procedures to follow in the event of a fire (RACE).
- Participate in a fire drill.

#### Bloodborne Pathogens Safety
- Describe the protocol for cleaning up splashes and sprays of saliva/blood.
- Describe the protocol for disposal of sharps/used needles.
- Locate the Exposure Control Plan.
- Demonstrate aseptic removal of gloves.
- Describe when protective apparel is used.
Chemical Safety

- Locate the SDS binder and look up a hazardous chemical with which you work. Then:
  - Identify the pictograms and hazard statements.
  - State the primary route of entry for this chemical (skin, lungs, eyes, etc.).
  - Discuss the symptoms of overexposure to this chemical.
  - Identify the protective equipment and ventilation that is required when working with this chemical.
  - Locate the protective equipment in the area. State location of replacements.
  - State the emergency first aid procedures for the chemical.
- State the location of the chemical spill kit.
- Demonstrate how to clean up a chemical spill.
- Demonstrate how to use safety glasses while developing x-rays and while mixing, pouring or diluting chemicals. (Note: this hazard is eliminated with the use of digital films.)
- Show how to use the silver separator for x-ray developer and fixing solutions. (Note: this hazard eliminated with the use of digital films.)
- Describe how to manage scrap amalgam in an air tight container prior to collection by a metal refining company.
- Show how to shut off the oxygen tank valve.
- Demonstrate the proper use of the nitrous oxide equipment:
  - Instruct on the hazards of recreational use of nitrous oxide
  - Instruct on the teratogenic effects of nitrous oxide

TB Safety

- Conduct a role-play for exactly what action to take when a potential TB patient enters the facility. Discuss the effectiveness of current policies.
- Discuss protocols for patients infected or colonized with multi-drug resistant organisms.

Annual Employee Retraining

OSHA requires annual training for employees covered under the Bloodborne Pathogens and Respiratory Protection standards. HCPro also strongly recommends annual retraining on the Hazard Communication standard (“Right to know”) now with the focus of the “Right to Understand” since the OSHA changes passed in 2012. All employees need to know the new chemical labeling and hazard rating information as the final deadline for manufactures to have new SDS and labels in circulation is June 2015. (Refer to Tab 6 for the latest updates).

It also makes sense to include miscellaneous safety procedures, such as, workplace violence prevention and fire safety. At least once per year, all employees should be shown the location and proper use of fire extinguishers, fire alarms, and exit routes.
### Training Topic

<table>
<thead>
<tr>
<th>Training and Annual Retraining on Bloodborne Pathogens</th>
<th>Who Must Attend</th>
<th>When to Train</th>
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</thead>
</table>
| Employees named on either of the Exposure Determination Lists. | • Before potential on-the-job exposure  
• Annually  
• Provide abbreviated training for affected employees whenever a new procedure is adopted that involves potential exposure |

| Training and Annual Retraining on Respiratory Protection and TB | Employees required to wear a respirator. | • Before potential on-the-job exposure  
• Annually  
• When changes in the workplace or the type of respirator render previous training obsolete  
• When employee’s knowledge or use of the respirator indicates retraining is needed |

| Annual Retraining* on Hazard Communication | New and current employees who are exposed to hazardous chemicals in the normal course of their duties. | • Before potential on-the-job exposure  
• Annually  
• Employees who face exposure whenever a new hazardous chemical is introduced in the workplace |

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* HCPRO recommends employees complete HazCom training both initially and then annually. Although minimum legal requirements do not dictate annual retraining for employees, we strongly recommend annual training for those working with hazardous substances. Chemicals are always being added or eliminated from the workplace, so it makes sense to refresh your staff by training each year.

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### Bloodborne Pathogens Annual Training Contents

- Access to this OSHA program manual which includes written policies for OSHA compliance. The OSHA program manual also includes an ECP for the Bloodborne Pathogens standard.
- An explanation of the signs and labels used in this workplace.
- A general explanation of the modes of transmission, epidemiology and symptoms of bloodborne diseases (HBV, HCV, HIV).
- An explanation of methods to recognize tasks that may involve exposure to blood or other potentially infectious materials and the practices to prevent or reduce exposure.
- A discussion of the limitations of the above practices to prevent or reduce exposure to bloodborne pathogens.
- Information on the types, proper use, location, removal, decontamination, and disposal of personal protective equipment (PPE).
- Information about the free hepatitis B vaccine, including its efficacy, safety, benefits.
- An explanation of what constitutes an exposure incident and the procedure to follow if an exposure event occurs.
- Information about the type of post exposure follow-up provided by this facility.
- An opportunity for employees to ask questions of the person conducting training.
Respiratory Protection Annual Training Contents

- Where the written respiratory protection plan is located and how to access it.
- An explanation of the requirements of the plan including identification of the program administrator, respirator selection, medical evaluations, and fit testing.
- An explanation why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- An explanation on the limitations and capabilities of the respirator.
- How to use the respirator effectively in emergency situations, including malfunctions.
- How to inspect, put on and remove, use, and check the seals of the respirator.
- What the procedures are for maintenance and storage of the respirator.
- How to recognize medical signs and symptoms limit or prevent respirators use.

Hazard Communication Annual Training Contents

- Where the Hazard Communication program, including SDS is located and how to access the program.
- How to protect employees from the hazardous substances they work with (including precautions to take and required protective clothing and equipment to use).
- Proper labeling of hazardous chemicals with pictograms and hazard statements.
- How to read and interpret SDS including the pictograms, hazard and precautionary statements, first aid and emergency response for spills.
- How to recognize if they have been exposed (such as visual appearance or smell).
- How to clean up a chemical spill.
- What to do if exposure occurs.
- How to report an accident/incident or exposure.

New Employee Orientation

In addition to annual retraining, employees must be trained initially about OSHA regulations as they pertain specifically to the workplace. Use Form 19, the New Employee OSHA Orientation Checklist located in Tab 8: Master Record Forms of this manual.

It’s important not to assume that even employees with a clinical background will know how to protect themselves from hazards in your workplace because general safety knowledge may not transfer to a current work situation.

Documenting Employee Training

Document annual employee retraining on Form 20, the Annual Employee Training Record. Document new employee safety training on Form 19, the New Employee OSHA Orientation Checklist. Master copies of these forms can be found behind Tab 8: Master Record Forms.

Retain all training records for at least 3 years.
OSHA ANNUAL RETRAINING
Sample Test Questions

1. What does OSHA stand for?
   O___________________________________
   S___________________________________
   H___________________________________
   A___________________________________

2. List 3 bloodborne pathogens:
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

3. Name 3 ways employees can be infected by bloodborne pathogens on the job:
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

4. Name one way employees can be infected with bloodborne pathogens on the job:
   a. Handling contaminated instruments.
   b. Being exposed to patients who are coughing.
   c. Working with high level disinfectants.
   d. Helping an older patient from the waiting area to the operatory.

5. OSHA’s standard protects America’s healthcare workers against this most common bloodborne pathogen:
   a. HIV
   b. Hepatitis C
   c. Tuberculosis
   d. Syphilis
6. Which of the following is most likely to cause an actual infection after a needlestick with an infected patient, i.e., transmission occurs most easily?
   a. HIV
   b. Hepatitis B
   c. Hepatitis C
   d. Hepatitis A

7. When performing a procedure where blood is likely to splash or spray, one must wear:
   a. Gloves, gown, goggles.
   b. Gloves, gown, mask.
   c. Gloves, gown, full face shield.
   d. Gloves, lab coat, mask, goggles.

8. Which of the following does not require an MSDS (SDS)?
   a. Clorox bleach used in 1:10 dilution to clean surfaces.
   b. High-level disinfectants (Cidex, Metricide, etc.) used to soak instruments.
   c. Household products containing hazard warning labels that are used differently than at home.
   d. Household products with hazardous warning labels that are used exactly as they are used at home and with the same frequency.

9. Which of the following is not true about eyewashes?
   a. Employees must be able to reach eyewashes in 10 seconds.
   b. A squeeze-bottle mounted over a sink is ideal.
   c. The eyewash must be able to flush the eyes with tepid water for at least 15 minutes.
   d. An eyewash must have a visible sign.
   e. All of the above are true.

10. Which of the following is true about biohazardous waste containers?
    a. Containers must be leakproof.
    b. Containers must contain the biohazard symbol.
    c. Containers must be located at the point of waste generation.
    d. All are true.
    e. None are true.

Mark True or False

___ 1. An employee can be dismissed from their job for not following the safety policies in the OSHA Safety Program.

___ 2. An employee must wear gloves when working with blood or saliva.

___ 3. It is an OSHA violation to put biohazardous trash in regular wastebaskets or cans.

___ 4. Needlesticks don’t need to be reported unless the patient is known to have HIV or hepatitis.

___ 5. An employee can be infected with HIV by a splash or spray of patient saliva to his intact skin.
Sample Test - Answer Key

1. OSHA stands for the:
   Occupational Safety and Health Administration

2. Three bloodborne pathogens are:
   1. Hepatitis B
   2. Hepatitis C
   3. HIV

3. Ways employees can be infected on the job are:
   - Splashes or sprays to non-intact skin or pre-existing skin lesion
   - Needlesticks
   - Sharps injuries from broken glass, scalpels, burs, etc.
   - Mucous membrane contact through sprays, splashes, rubbing into eyes, nose, mouth, etc.

4. a
5. b
6. b
7. c
8. d
9. b
10. d
11. T
12. F
13. T
14. F
15. F
Practical Ideas for Administering the OSHA Safety Program

An employee complaint is the number one reason for an OSHA inspector to show up at a dental facility’s door. In fact, most OSHA inspections of dental offices have been initiated by an employee complaint.

Whether it’s the disgruntled employee who sees his complaint as a way to retaliate against a supervisor or, or a person who has consistently received a deaf ear from management about a perceived hazard, OSHA will come. OSHA inspectors, once in the facility, rarely, if ever, leave your facility without reviewing other OSHA required records.

You can nip potential complaints to OSHA in the bud. Here are some practical suggestions for doing this—the best part is that they don’t cost anything. Try some or all of them to reduce your real or perceived liability

- During every staff meeting, encourage employees to bring up any concerns about their safety on the job. Listen to their responses and encourage discussions.
- When an employee states a concern, show interest and ask for more details. Regardless of whether that concern is your top priority or not, address it and resolve either to fix the problem or allay the employee’s fears,
- Bring this OSHA Safety Program Manual to staff meetings to reinforce the fact that your practice has a tangible program that contains policies to ensure staff safety.
- Take five minutes at these same meetings to do a safety-related demonstration, such as showing how to remove exam gloves without splashing colleagues, how to clean up a biohazardous spill, how to locate and read an SDS, etc. These short exercises reinforce your commitment to safety. Allow employees the opportunity to present these topics at safety meetings. Practice evacuation drills for fire, violent behavior, and other emergencies that could potentially occur in your area. After the drill, critique the staff’s performance and amend your emergency plans. Share the changes with all staff.

Finally, the ultimate goal for an OSHA Safety Officer is zero non-compliance and minimal exposure incidents. Make sure employees know exactly what safety measures to take. Be sure that employees know that using safe work practices and wearing appropriate protective gear is not optional. Make sure employees know what happens if there is non-compliance. Disciplinary actions should be fair and consistent: follow an unheeded verbal warning with a written warning. If no corrective action follows, take further disciplinary action and/or termination.

Organizing OSHA Compliance Duties

To help organize a busy OSHA Safety Officer’s efforts to get a facility in compliance and keep it there, here are 4 useful tools:

3. An Annual Facility Review Checklist (helpful for annual review of overall safety program)
4. An Annual OSHA Safety Program Review Form (mandatory)
These forms are located behind Tab 8: Master Record Forms (Forms 4A, 4B, 5, and 3). Use them to document and organize compliance duties.

This facility identifies the need for new engineering controls, changes to the current ones in use (e.g., sharps containers, work practices, sharps devices, protective equipment or clothing), or in employee training, through:

- Review of employee injury records.
- Verbal or written communication (complaints or suggestions) from employees.
- Sharps evaluation forms.
- Staff/committee meetings.

If it is determined that revisions need to be made, the OSHA Safety Officer ensures implementation of the recommendations by making changes to this OSHA Safety Program. For this purpose, use the Annual OSHA Program Review Form located behind Tab 8: Master Record Forms (Form 3).
WEEKLY FACILITY REVIEW CHECKLIST

Note: A master copy of this form is located behind Tab 8: Master Record Forms (Form 4-A).

Mark Yes (Y), No (N), or Not Applicable (NA) for the following OSHA requirements. If you answered “No” to any question, explain on the reverse of this form.

<table>
<thead>
<tr>
<th>Facility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>Are all secondary containers, such as spray bottles and chemical bottles, properly labeled and readable?</td>
</tr>
<tr>
<td>______</td>
<td>Are all sharps containers filled below the “fill” line (or 2/3 full) and positioned firmly so that they cannot be casually knocked over?</td>
</tr>
<tr>
<td>______</td>
<td>Are biohazard waste bags/storage bins in the proper locations (in every area where blood or OPIM is encountered) and functioning properly?</td>
</tr>
<tr>
<td>______</td>
<td>Is the biohazard storage area clean and orderly?</td>
</tr>
<tr>
<td>______</td>
<td>Is the autoclave working properly? Are weekly biological indicator test records complete? <em>(Reference Form 2.)</em></td>
</tr>
<tr>
<td>______</td>
<td>Are scavenging systems for waste anesthetic gas (hoses, bags, masks, and connections) inspected for cracks and leaks?</td>
</tr>
<tr>
<td>______</td>
<td>Is the eyewash station functioning properly? <em>(Run water for several minutes and disinfect eyepieces, see Tab 5 for details.)</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>Have hepatitis B vaccinations been made available to unvaccinated new hires with occupationally exposure to bloodborne pathogens after training and within 10 working days of initial assignment?</td>
</tr>
<tr>
<td>______</td>
<td>Have tuberculin skin tests (TST) been made available to new hires before exposures to patients with TB or within 10 working days of initial assignment?</td>
</tr>
<tr>
<td>______</td>
<td>Is the exam/treatment room set-up and clean-up procedure consistently followed? <em>(Reference Form 7.)</em></td>
</tr>
</tbody>
</table>

Date: __________________ OSHA Safety Officer: ____________________________
MONTHLY FACILITY REVIEW CHECKLIST

Note: A master copy of this form is located behind Tab 8: Master Record Forms (Form 4-B).

Mark Yes (Y), No (N), or Not Applicable (NA) for the following OSHA requirements. If you answered “No” to any question, explain on the reverse of this form.

### Facility

- Are compressed gas cylinders securely fastened in an upright condition? Are empty or unused gas cylinders capped and properly labeled?  
- Are exit doors free of blockage, clearly marked, and unlocked?  
- Are fire extinguishers fully charged, accessible, and in their designated places?  
- Are all floors and carpets dry and free of tripping hazards?  
- Are stored items not stacked higher than 5 feet (unless a stepstool is available), stable, and located more than 3 feet from any heat source?  
  - Are PPE (gowns, face shields, gloves, shoe covers, etc.) and respirators (N95s) in the proper location, available in the correct sizes and amounts, and functioning properly?  
- Are hand cleansers available and in the proper locations?  
- Are all chemicals labeled legibly so contents and hazards are clearly identified?  
- Are chemical and biohazard spill kits available and within their expiration date?  
- Are all first aid kit/crash cart components within their expiration dates?

### Administration

- Have all new employees completed a “New Employee OSHA Orientation” checklist?  
  (Reference Form 26.)  
- Is the MSDS binder and the Master Hazardous Substances List up to date, reflecting any new chemicals brought into use this month?  
  (Reference Form 19, MSDS (SDS) Binder.)  
- Do the Exposure Determination Lists #1 and #2 reflect new employees with occupational exposure? Have employees who left the facility been removed? Have employees whose job duties changed been added/deleted?  
  (Reference Form 8, 9.)  
- Has a new clinical procedure been implemented which requires face, body, or hand protection? If so, has the PPE table (Tab 5) been updated?

Date: __________________   OSHA Safety Officer: __________________________________
# ANNUAL FACILITY REVIEW CHECKLIST

Mark Yes (Y), No (N) or Not Applicable (NA) for the following OSHA requirements. If you answered “No” to any question, explain in the space provided below or on the reverse of this form.

**Note:** A master copy of this form is located behind **Tab 8: Master Record Forms (Form 5)**

## General Facility Safety
- The OSHA poster, “It’s the Law” (or state equivalent poster) is visible to all employees.
- Exit doors are free of blockage, clearly marked and unlocked.
- Exit signs are properly lit and backup lights/batteries are functioning.
- If your facility has 10 or more employees, a written evacuation plan/route is posted.
- Medical equipment cords have grounded 3-pronged plugs.
- Extension cords are being used properly (not as permanent wiring).
- Electrical cords are managed to prevent tripping hazards (not placed under rugs or across doorways).
- Electrical cords are in good condition (no frays, defects, etc.).
- The fire alarm is in proper working order.
- An appropriate number of fire extinguishers are present/accessible.
- The fire extinguishers have been inspected and tagged within the last 12 months and are fully charged.
- Panic buttons, or public address systems, are in working order.
- The worksite is maintained in a clean and sanitary condition.
- Restricted areas (lab, decontamination room, etc.) are designated with signage.

## Break Room
- The break area is free of contamination from blood and other potentially infectious materials (OPIMs).
- Employees discard PPE before entering the break area.
- The break area is free from hazardous chemicals.

## Check-in/Reception
- An up-to-date emergency contact list is posted or present. *(Reference Tab 3)*
- The reception area is free of contamination from blood and OPIMs.
- Employees discard PPE before entering the reception area.
- The reception area is free from hazardous chemicals.

## Administration Area
- All employees have undergone OSHA annual retraining on bloodborne pathogens, hazard communication and TB in the last 12 months and this training is documented. *(Reference Form 20)*
- All new employees received initial OSHA training (if not previously trained) or completed a New Employee Orientation Checklist (if previously trained) and this training is documented. *(Reference Form 19)*
Employees are trained on the proper precautions, and how to properly don and use, the PPE necessary for their job duties. *(Reference Forms 19, 20)*

All employees participated in at least one fire drill this year.

Employees have been trained on how to respond in the event of a fire (R.A.C.E. or A.R.A.C.E.). *(Reference Forms 19, 20)*

Employees have been properly trained on how to use a fire extinguisher (P.A.S.S.)? *(Reference Forms 19, 20)*

All OSHA training records from the last three (3) years are available? *(Reference Forms 19, 20)*

Exposure Determination Lists #1 and #2 document all employees with risk for exposure. *(Reference Forms 7, 8)*

The facility has documented all needlesticks and other sharps injuries which occurred this year using the Accident/Sharps Injury Log? *(Reference Form 11)*

All employee accidents, near-misses, injuries and complaints *(check Safety Report and Accident/Sharps Injury Logs)* were examined for trends. The need to change engineering controls, policies or procedures was evaluated. *(Reference Forms 1, 11)*

In areas where trends were noted above or safer sharps have not yet been implemented frontline employees have evaluated new safety devices for possible future implementation. Evaluations have been documented, and evaluation forms are retained. *(Reference Forms 9, 10)*

Hepatitis B vaccination records (or declination forms) are available for all employees. *(Reference Forms 12, 13)*

Employee post-exposure medical records (for all employees who sustained a needle-stick or other BBP or chemical exposure) are complete and located in a confidential area. Records are available from the last 30 years. *(Reference Forms 11, 14, 15, 16)*

Engineering controls are functioning effectively (protective shields have not been removed or broken, and all parts are functioning as intended).

The Hazardous Substances List contains all hazardous chemicals in the facility *(check for new chemicals recently brought into use)*. *(Reference Form 17)*

MSDS (SDS) binder(s) are in the proper location (accessible to employees).

MSDS (SDS) are present for all hazardous chemicals in the facility, including fire extinguishing chemicals. *(Reference MSDS (SDS) binder)*

TB skin test (TST) records are on file for all employees. *(Reference Forms 22, 23)*

The annual TB risk assessment has been performed. *(Reference Form 21)*

The contents (type and number of items) of the first aid kit have been reviewed and are considered adequate for emergencies anticipated in the facility.

### Storage Area

Hazardous chemicals are stored properly (e.g., combustibles away from outlets, large volumes of flammables in a flammable cabinet etc.) and are disposed of properly.

Chemicals are labeled legibly with contents and hazards clearly identified. Labels match the identity on the corresponding MSDS (SDS). *(Reference Form 17, MSDS (SDS) binder)*

Appropriate PPE (gloves, respirators, goggles/face-shields, aprons) is available/accessible for handling hazardous chemicals. *(Reference MSDS (SDS) binder)*

All items are stored at least 18 inches from the ceiling.
(Annual Facility Review Checklist, page 3 of 3)

**Dental Operatories/Patient Care Areas**

- All eyewash stations are in proper working order.
- Universal Standard Precautions are used when handling all blood and Other Potentially Infectious Materials (OPIM).
- Handwashing facilities (sinks with soap or alcohol gels) are available in all areas where biohazards and patients are encountered.
- The biohazard symbol/label is used to indicate the potential presence of BBPs for all blood & OPIM.
- Contaminated items and regulated waste are placed into approved biohazard bags and containers displaying the biohazard symbol.
- Biohazard waste bags/storage bins are located in every area where blood or OPIM are encountered and functioning properly (i.e., they seal).
- PPE (gloves, gowns, masks, goggles/face shields) is in the proper location. It is available in the correct sizes and amounts, and functions properly.
- Sharps containers are in the proper locations and positioned firmly so that they cannot be knocked over.
- Sharps containers are replaced as soon as they reach the “fill line” and not filled past 2/3 full.
- The most effective engineering controls are available and functioning correctly (i.e. safety needles, sharps containers, fume hoods, splash shields).
- Employees decontaminate and clean work surfaces as soon as contaminated and at the end of every shift with an appropriate disinfectant.

**Cleaning/Decontamination Room**

- PPE (gloves, gowns, masks, goggles/face shields) is in the proper location. It is available in the correct sizes and amounts, and functions properly?
- Is appropriate PPE (rubber or vinyl gloves, respirators, goggles/face shields, aprons) available and accessible for handling hazardous chemicals in the workplace?
- Employees decontaminate and clean work surfaces as soon as contaminated and at the end of every shift with an appropriate disinfectant?
- Chemicals are labeled legibly with contents and hazards clearly identified. Labels match the identity on the corresponding SDS. *(Reference Form 17, MSDS (SDS) binder)*
- Hazardous chemicals are stored properly (e.g., combustibles away from outlets, large volumes of flammables in an explosion-proof flammable cabinet etc.) and are disposed of properly.
- Soaking basins or reservoirs used for decontamination of instruments have tight fitting covers to reduce evaporation of hazardous vapors?

Comments (explain any “No” answer):

Date: _____________  Safety Officer*: _____________________________________________

* Note: Also document this annual OSHA safety program review on **Form 3**.
**ANNUAL OSHA SAFETY PROGRAM**
**EXPOSURE CONTROL PLAN REVIEW FORM**

*Note: A master copy of this form is located behind Tab 8: Master Record Forms (Form 3)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Reviewed By</th>
<th>Page # of Changes</th>
<th>Summary of Revisions*</th>
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*Include evaluations of sharps containers, safety needles and protective equipment.*

2-24