

# **Blood, Spit and Fears: A painless regulatory update**

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## **OFFICIAL DISCLAIMER**

from Laney Kay  
President, Entertaining Training, LLC  
*(now necessary because someone pitched an absolute hissy fit):*

This program is intended to fulfill the annual training requirements of OSHA's Bloodborne Pathogens Standard and you will receive continuing education credit. In addition, this program is intended only to offer general guidance regarding bloodborne pathogens, OSHA regulations, HIPAA regulations, hazard communication and other related topics; any suggestions offered by me are only my opinion and should not be construed as advice, legal or otherwise. Any specific questions, circumstances, or situations you are concerned about in your particular office should be addressed by your own attorney. Nothing I say is intended to establish a standard of care or industry custom. No one, including me, can "OSHA-proof" an office and nothing said in this program will reduce your likelihood of an OSHA inspection, nor will it prevent you from getting fined, nor will it reduce the amount of the fine in the event of an inspection.

## **AND NOW FOR THE NOT-AS-OFFICIAL DISCLAIMER...**

*Any other information is intended for entertainment purposes only, and I'll apologize now in the event you don't find me entertaining. Nothing said is intended to offend you or any attendee, and I apologize if you are offended in any way.*

## OSHA and HIPAA Helpful Hints

**Call with questions: Laney Kay (770) 312-6257; or for quicker response, e-mail her at [laney@laneykay.com](mailto:laney@laneykay.com) (See website, [www.laneykay.com](http://www.laneykay.com) , for links to useful information, phone numbers for companies so that you can compare prices on various services, dentistry-related articles and guidelines, various forms and outlines, and a MODEL EXPOSURE CONTROL PLAN and/or HAZARD COMMUNICATION PLAN so you can update your written materials)**

1. BEFORE AN EXPOSURE INCIDENT OCCURS, find a medical facility that provides HIV test results in 24 hours or less. Post-exposure prophylaxis, **if needed**, must be given within the first 24-48 hours to be most effective (*probably effective up to 72 hours*), but, ideally *should* be given within 1-2 hours. Make sure employees know what to do in the event of a stick injury. (**PEP 24 hour Hotline: 888-448-4911** is staffed 24 hours a day by doctors who can answer questions about exposure incidents and whether PEP is justified.)
  2. **Annual Bloodborne Pathogens/OSHA training** may or may not be required to renew your license in your state, but OSHA's Bloodborne Pathogens Standard directive and the 2003 Guidelines for Infection Control in Dentistry require at least **annual, interactive** training on new disease info and bloodborne pathogens review. It also requires: work practice and engineering controls; the use of PPE; informing independent contractors of risk of infection present in dental offices; weekly spore testing; annual evaluation of all new technology that could possibly make the office a safer environment. (*New employees must be trained and vaccinated for Hep B within 10 days of initial hiring*) Anyone who, as part of their job duties, are exposed to bloodborne pathogens must receive annual training. People who never work in the back are not required to receive annual training.
  3. **Medical histories** must be updated at every visit. Ask them if there have been any changes in their medical history since you saw them last, even if it was yesterday. Most importantly, always document that the medical history was actually updated.
  4. Taking patients **vital signs** every visit is a great way to help prevent medical emergencies in the dental office. Most emergencies occur after anesthesia is given, and is often caused by cardiac or blood pressure issues, so taking vital signs can help prevent problems.
  5. **Lead aprons** should be used for all patient x-rays whenever possible, including panoramic and cephalometric x-rays, even if the x-rays are taken by a digital x-ray machine. Digital x-rays use less ionizing radiation than standard x-rays, but they still use radiation, so protecting the patient is a good idea, and is recommended by the current guidelines supported by the ADA.
  6. Make sure you have all **current federal and state posters**. Federal law requires posters on: Federal Minimum Wage; The Family and Medical Leave Act of 1993; NLRA union poster: [http://www.dol.gov/olms/regs/compliance/EmployeeRightsPoster2page\\_Final.pdf](http://www.dol.gov/olms/regs/compliance/EmployeeRightsPoster2page_Final.pdf) ); Employee polygraph protection; OSHA poster; Equal Opportunity. You can always get posters at no charge by calling the US Department of Labor at 1-888-9SBREFA or by going to <http://www.dol.gov/osbp/sbrefa/poster/main.htm> (*print them directly from the internet*) and/or your local Department of Labor and Worker's Comp. Department.
  7. In order to protect our **patients' privacy**, always disclose the minimum amount of information necessary to get the job done. Never talk about patients outside the office and never use patients' information for your own personal gain, because the penalties under HIPAA are severe. Ask patients if they would like to go to a more private area to discuss anything involving private health information, especially if the topic to be discussed could be embarrassing or sensitive. Make sure all private health information is stored and disposed of properly, and make sure all employees receive training on a regular basis. HIPAA programs must be established and regularly maintained to ensure compliance.
  8. The best way to protect your computer from patients' information from being compromised is to encrypt your hard drive and electronic devices. Discuss this with your computer technician; proper protection may save you from having a very expensive breach if your computer is compromised or stolen. Make sure you **protect your computers** with passwords, up-to-date anti-viral software and firewalls, and always back up your data. In order to avoid viruses and malicious software, be careful surfing the internet, downloading screensavers, and opening attachments on e-mails, even from sources you know. Use an encrypted e-mail program or protective hardware when transmitting patient information. If you have a breach of unsecured information in your office, you have to log it and report it to the Dept. of Health and Human Services.
- Make sure you have updated business associate agreements to ensure that you are protected if they cause a breach of your patients' information. Make sure you have a HIPAA notebook, make sure you have procedures and policies in place, designate a person to be in charge of the program and PERFORM REGULAR RISK ASSESSMENTS. Document the results and any changes made as a result of the assessments. Not having a HIPAA program and failing to regularly maintain it can result in huge financial losses.**
9. If you use **disinfectant wipes** in your office, make sure you keep them closed between uses so they remain as wet as possible. Make sure the surface stays wet for the recommended period of time to ensure proper disinfection. If you use barriers on any surface or item, if the barrier is intact at the end of the procedure and the covered item is not contaminated, you don't have to also clean and disinfect it; just re-wrap it with a new, clean barrier.

10. Wear **personal protective equipment**. In most dental environments, that includes jackets, masks and eye protection (preferably a face shield, especially if you wear your prescription glasses as eye protection). Change masks when they become wet; otherwise, change them between patients. Wear eye protection when processing, transporting, sharpening, or handling instruments, and when using chemicals. Personal protective equipment is useless if you don't wear it.

11. Recommendations for bacteria levels in **waterlines** are *at least* drinking water quality (*500 cfu of bacteria per milliliter*).

12. Employees should stay current on all **vaccines** (*flu, tetanus, measles, mumps, rubella, chicken pox, etc.*)

13. In order to reduce the amount of bacteria that we are exposed to, experts recommend having patients use a **pre-procedural mouth rinse** before starting a procedure and use rubber dams and high speed suction whenever possible.

14. **HAZARD COMMUNICATION**: There is a new hazard communication program; the ways that chemicals are labeled and warning information has been changed to make it easier to understand. MSDS forms are now SDS forms. Every employee who may be exposed to chemicals must be trained about the new labels, symbols/pictograms, and SDS forms before December 2013. Otherwise, training must be given at the time of initial employment and whenever new hazards are added to the workplace. Chemical inventories should be up to date, SDS forms should be well organized and current, and the Hazard Communication Plan should be current. Chemicals only have to be labeled if they are out of their original container (*ultrasonic cleaners, cold sterile, fixer/developer that is not automatically replenished, etc.*). *Go to my website to download a "Model Hazard Communication Plan" which is directly from OSHA and has been altered to deal specifically with dentistry.*

15. **TB risk assessments** must be done annually. (*Go to my website and print out a risk assessment and fill it out. Every year, review the info to make sure it's current, and sign and date it.*) Otherwise, the only requirements for most low-risk offices is to test all new employees for TB and test all possibly exposed employees in the event of an exposure incident (*There is a blood test available for TB testing, in addition to skin testing*). Patients with active TB CANNOT be treated in a dental office because we don't have adequate respiratory protection. Immediately refer any suspected cases to a physician for evaluation; patients can return to the dental office once they're cleared by the physician. Also, federal regulations require that you report suspected cases to the local health department to make sure the patient gets tested and follows up on treatment, if necessary. (*This is not a HIPAA violation; if you are mandated to report something by law, you don't have to have the patient's permission to disclose, you just have to document that the disclosure was made.*)

16. Make sure you have a system to **document missed appointments** and prescriptions called in outside of regular office hours. One of the most common liability problems doctors experience is poor documentation of prescriptions for patients, especially of controlled substances.

17. **Look around your office** with fresh eyes. Go into your patient bathroom, go into your reception area, sit in each patient chair and look around. Is your bathroom clean and appealing? Are the baseboards dirty, is your paint peeling? Does your flooring need to be replaced? Are your countertops cluttered? Are your lightbulbs all working? An office that looks cluttered and run down doesn't look clean and patients notice

18. **Handwashing and alcohol sanitizer rubs** are effective in dentistry. Patients want to see you wash your hands, so washing is a great choice when you enter the operatory. While working on a patient, when changing gloves, etc., a 60%+ hand sanitizer may be used. Handwashing actually removes bioburden, including bacteria and viruses, from your hands. Alcohol rubs will kill bacteria on your hands, but it does not always kill viruses (*although it will reduce the amount of virus on your hands and will make your hands less hospitable to viruses*)

19. Our aging, overweight population is getting increasingly unhealthy; medical emergencies are on the rise. In the event of a **medical emergency**, make sure everyone in the office knows their assigned duties. Perform mock emergency drills to ensure that everyone understands the steps to take in the event of different medical emergencies. Drills can ensure that everyone knows his/her role during an emergency event, that everyone knows what equipment and medications are needed for each type of emergency situation. Make sure all emergency drugs are current.

21. Hepatitis B vaccines are required by OSHA only for those who work in the back; however, hepatitis B vaccine is actually recommended for everyone because it is highly effective and prevents disease. Once the vaccine series is completed and the individual exhibits sufficient titer levels to ensure protection, there is no further testing and/or boosters required. Also, if that individual receives a stick injury, it is not necessary to test the employee or the source patient for hepatitis B, because the employee is immune.

*(Please note that there are many forms that you may find useful on my website. Here's a partial list: OSHA compliance checklists, Exposure report, Employee Medical Record, Hepatitis B Declination, Informed Refusal for Post-exposure Evaluation, Steps to follow after a stick, HIV and HBV Post-exposure Prophylaxis, emergency treatment record form, and HIPAA forms. There are also Model Exposure Control and Hazard Communication Plans and a TB Risk Assessment. There are also links to every guideline that deals with dentistry and articles and information you may find useful. And pictures of my dogs. And drink recipes. Hope you find it helpful!)*

## General HIPAA Checklist

(Go to my website for full risk assessment and monthly risk assessment forms: <http://laneykay.com/handouts-forms/> )

- ☐ Get a manual, select a HIPAA officer, get your forms and policies and procedures in place, set up a program and REGULARLY maintain it.
- ☐ Make sure all employees are trained at the time of initial employment and regularly thereafter to make sure they are familiar with HIPAA regulations and requirements
- ☐ Never talk about patients outside the office
  - ☐ Never disclose private information in a public for
- ☐ Have Business Associate Agreements in place
- ☐ Always disclose the **minimum amount necessary**
- ☐ Perform regular risk analyses (*preferably at least annually, monthly, and as needed*)
- ☐ Document any and all changes in your office that could affect patient privacy and security (in your HIPAA manual)
- ☐ Post your privacy policies, give patients a copy and have them sign an acknowledgement (*if you change your policies, you don't have to have a new acknowledgement signed. Just post the new policies.*)
- ☐ Have patients sign an authorization any time information is used or disclosed for anything other than treatment, business operations, or payment purposes (*you cannot dismiss a patient because they refuse to sign an authorization*)
- ☐ Make policy and procedure changes as needed to avoid a breach
  - ☐ Clear memory from faxes/scanners/computers before disposal (remove computer hard drives, etc.)
  - ☐ Minimize access to patient information in the facility
- ☐ If a potential breach occurs, a breach analysis must be done to determine whether a breach actually occurred
  - ☐ If a breach occurs, it must be reported; if not, it must be documented in the manual
- ☐ Make sure your computer security is sufficient for your system
  - ☐ Encrypt your hard drive and any mobile devices that contain or access patient information
  - ☐ Make sure everyone has unique passwords and use them
  - ☐ Make sure computer security software is current and regularly updated
  - ☐ Make sure all hardware/firewalls are sufficient protection for your type of computer system
  - ☐ Do not allow employees to use office computers for personal use or open unknown attachments on emails
  - ☐ Make sure you have a sufficient backup and an emergency plan in case the computers are destroyed/damaged
- ☐ Send patients a copy of their record within 30 days (even if they owe you money!)
  - ☐ Because patients can get a copy, be careful about what you write in the chart
- ☐ Before fulfilling a court order or subpoena, make sure you get legal advice before you send the patient record

## Housekeeping Duties

Here are sample housekeeping and routine duties. The best way to ensure that all of the duties are performed is to do the same things on the same days. For example, on Mondays, check and maintain your water lines. On Wednesdays, clean the ultrasonic tanks. Every Friday, perform spore tests. Once you set up a routine, it's easy to maintain it. Some offices write it on a calendar, some place it as repeating appointments on the book, some fill in a schedule at the beginning of the month; do whatever works for your office.

The housekeeping and cleaning schedule is generally determined by the degree of contamination. According to the CDC, "strategies for cleaning and disinfecting surfaces should consider the (1) potential for direct patient contact; (2) degree and frequency of hand contact; and (3) potential contamination of the surface with body substances or environmental sources or microorganisms (e.g., dust, soil, or water)". Some procedures may have to be performed more frequently to ensure that the workplace is maintained in a sanitary, clean condition.

Clinical contact surfaces are surfaces that are contaminated by contact with hands, instruments, gloves, or direct spray or spatter (*light handles, x-ray and chair buttons, counters, dental units, adjacent counters, pens, faucet handles, etc.*); housekeeping surfaces are surfaces in the room that are not generally contacted by touch or direct spray or spatter but require regular cleaning to remove soil, dust, etc. (*walls, floors, sinks*)

### **Daily:**

- Change ultrasonic solution daily, or more frequently if needed
- Clean and disinfect chairs and other surfaces and items that have been covered with barriers during the day (cover with fresh barriers at the beginning of the next workday)
- Clean suction lines
- Flush and treat waterlines (follow manufacturer recommendations)
- Clean outside film processor and sterilizers
- Empty trash in the operatories

### **Weekly:**

- Spore test all sterilizers
- Change/clean traps
- Provide testing/maintenance for waterlines (follow manufacturer recommendations)
- Clean and disinfect all housekeeping surfaces and other surfaces (walls, floors, sinks, door/cabinet door handles, trash cans)
- Waterline cleaning and maintenance (follow manufacturer recommendations)
- Clean ultrasonic tanks, cold sterile receptacles, lab equipment

### **Monthly:**

- Test ultrasonic cleaners (foil test)
- Check fire extinguishers for proper pressure and operation
- Check defibrillator batteries (follow schedule recommended by manufacturer)
- Update any paperwork (training records, employee medical records, etc.), provide any necessary employee training, maintain MSDS system and chemical inventory, check medication expiration in emergency kit, file and update records (file/log spore test results, shredded document verification forms, verifications from medical waste disposal companies)

### **Twice a year (when time changes):**

- Change smoke detector batteries

### Steps to Follow After a Stick Incident:

**Before a stick incident occurs, make sure procedures are in place so that everyone knows what to do and where to go. It's often difficult to find a place that does HIV post-exposure testing with 24 hour (or less) results, so you need to choose a facility and have policies in place BEFORE an injury occurs.**

- 1. Provide immediate first aid to the exposure site by washing with soap and water** (*for mucous membrane exposure, flush with water*)
- 2. IMMEDIATELY report the incident to employer.** (*If there is a problem, postexposure drug prophylaxis should be given within an hour or two, absolutely within 24 hours, to be most effective. Also, immediate reporting allows you to talk to the source patient while the patient is in the office so that he can be immediately sent for baseline testing.*)

*It is much more difficult to get the patient to return for testing, than to send them for testing directly from the office. One of the best ways to approach the patient is to ask them to do you a favor. Try language like this: "Excuse me, I need to ask you a huge favor. We were cleaning up the room where we were working on you, and our assistant got stuck. Could you please go next door/down the street, etc. and get a blood test done? It won't take long, it won't cost you a thing, and it would really help us out. State law requires that we do this, and if we don't get you both tested, our worker's comp insurance can cancel our insurance...thanks so much for your help!)*

- 3. Determine the risk of exposure and fill out an incident report.** (*Document the type of fluid involved, the type and degree of exposure, information about the source patient's health and level of infectivity, and the health status of the exposed person*)
- 4. Call the PEP 24 hour Hotline: 888-448-4911 for advice!!!!!!** This hotline is staffed 24 hours a day by medical professionals who are specially trained to handle stick injuries. They can give excellent advice as to whether the employee needs to take a prophylactic drug treatment. (*Their advice is very helpful because many health professionals are not very knowledgeable about dental stick injuries and, as a result, they may suggest drug treatment when it may not be indicated. Talking to these professionals gives some insight and information before seeing a local health care provider.*)

- 5. Refer the source patient and employee to a health care professional for testing, evaluation and followup counseling.** The employer must provide a copy of the Bloodborne Pathogens Standard, job description of the employee, an incident/exposure report, any available information about the source patient's HIV/HBV/HCV status, if known, and information about the employee's HBV vaccination status and any other relevant medical information.

The health care professional's job is to test the employee and the source patient (*no testing of the source patient is necessary if his HIV/HBV/HCV status is already known*). The physician also notifies the employee of results of all testing, provides any counseling and provides post exposure prophylaxis, if needed. He also sends the employer documentation that the employee was informed of all results and the need for any followup and indicates whether HBV vaccine was administered. The employer must furnish the employee with a copy of this opinion within 15 days. This information should be placed in the employee's private medical record and kept separate from the rest of the OSHA materials.

The employee has the right to refuse testing, or to delay testing of the drawn blood for up to 90 days.

- 6. The employer must maintain all related medical records for a period of thirty years past the term of employment.**

**Please note:** Employer is responsible for paying for all testing, post-exposure prophylaxis, and testing of the source patient and employee. Employer is NOT responsible for treating any diseases resulting from an employee's exposure incident. (*Worker's compensation will generally pay for employee testing, post-exposure prophylaxis and treatment of a resulting disease. Some carriers, including The Hartford, will even cover testing of the source patient. Check with your carrier to see what is covered*)

## Annual OSHA Checklist

Date: \_\_\_\_\_ Office Name/Location: \_\_\_\_\_

- Our annual Bloodborne Pathogens Standard training was completed, in accordance with the rules set out by OSHA.
- The Exposure Control Plan was reviewed and updated.
- All training records were placed in the OSHA notebook and all records and documentation are current.
- In accordance with the Needlestick Safety and Prevention Act, new technologies involving safer medical devices were discussed and evaluated, (*with input of all affected employees*). Any injuries received during the prior year were discussed and work practice/engineering controls were put in place to prevent a similar injury, if possible. At this time: \_\_\_\_\_ no new devices were selected because we do not feel that any of the evaluated devices will reduce the chance of accidental sharps injuries; OR \_\_\_\_\_ we have decided to use the following device because we feel it may reduce the chance of accidental sharps injuries.  
( \_\_\_\_\_ ).
- Procedures are in place in the event of an exposure incident, and employees know that they are to immediately report an incident so that followup testing and evaluation can be completed as soon as possible. Hep B vaccinations are provided for every employee occupationally exposed to bloodborne pathogens.
- The office is in compliance with the 2003 CDC "Guidelines for Infection Control in Dental Health-Care Settings". Employees are familiar with the guidelines and understand the rationale behind the requirements so that they can make their working environment as safe as possible.
- Personal protective equipment is available and is used by employees whenever exposure to potentially infectious materials is likely. Hand hygiene is appropriate and consistent. Environmental surfaces are disinfected between patients and/or disposable barriers are used. Instruments are carefully handled during use and during transport to avoid stick injuries, and both engineering and work practice controls are utilized to ensure employee safety. All instruments are properly cleaned and sterilized after each use and biological monitors are used to ensure sterility. Medical waste is handled and disposed of properly. Waterline bacteria levels are monitored according to the manufacturer's guidelines and are consistently below 500 CFU, as recommended.
- New employees receive training on OSHA's Blood borne Pathogens Standard, the infection control guidelines, and hazard communication at the time of initial employment. All employees who are exposed to potentially infectious materials as part of their job duties receive Hep B vaccination (*or provide documentation that they have already been vaccinated, or sign a declination form*) within 10 days of initial employment. All employees receiving the HBV vaccine have been tested and their titer levels are sufficient to offer protection.
- All employees have been trained on the new Hazard Communication Standard and have reviewed and understand the new labels and Safety Data Sheets. Hazard training is done at the time of initial employment and any time a new hazard is added to the workplace. All chemicals out of their original containers (*e.g., ultrasonic tanks, fixer and developer in non- automatically replenishing tanks, cold sterile containers, etc.*) are labeled, and SDS's are on file for each chemical in the office. Nitrous oxide equipment and x-ray equipment are in good working order and employees are trained to use the equipment properly.
- An emergency plan is in place, exits are unblocked and clearly marked, fire extinguishers are available and in good working order, first aid supplies and a current emergency kit are available, and a working eyewash station is in place.

**Name of Office:** \_\_\_\_\_

**Length of Training:** ½ day course

**Name of Person Conducting Training:** Laney Kay, JD

**Summary of Training Session:** Annual Bloodborne Pathogen training, satisfying all training elements as required by OSHA; Discussed new infection control guidelines; Q & A on related topics; discussion of evaluating office for potential hazards; discussed epidemiology of bloodborne pathogens, including tuberculosis, AIDS, Hepatitis B and C; discussed Needlestick Requirements, TB Guidelines, discussed engineering controls and evaluated new safety devices; reviewed existing privacy/security standard under HIPAA. Received training on new hazard communication standard as required by OSHA, including new pictograms, new labeling and new SDS information. Reviewed fire plan and general hazard communication requirements, including review of chemical hazard requirements and requirement of replacing existing MSDS forms with new SDS ones as they become available.

**Name of Attendees:**

**Signature:**

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