

# **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. 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, 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. It is an excellent idea to 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.
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, 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!)*

### **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*)



Date: \_\_\_\_\_

### Sharps Evaluation of the Septodent Ultra Safety Plus XL Safety Syringe

*(The Needlestick Safety and Prevention Act requires an annual review of any new technology that may make handling sharps more safely. This is a review of the only safety syringe that is readily available. Please review and discuss this with others in the office and file in OSHA notebook to satisfy the annual review requirements. You may also want to evaluate safety scalpels, blunt suture needles, etc.)*

Dental supply representatives have indicated that the only syringe that is still widely available is the Septodent Ultra Safety Plus XL Safety Syringe, so that's what was evaluated. The syringe comes with an illustrated instruction sheet. Instructions can also be gotten from the internet or an instructional DVD.

The syringe is made of plastic, is reusable and accepts standard carpules. It has a sheath that fits over the needle after the injection is completed which easily locks into place (and it's easy to tell when the safety feature was engaged) and the entire needle apparatus can be removed in one piece with the sheath intact so the needle stays covered, which reduces the risk of a stick.

Here are the advantages of the ultra safety syringe over a regular syringe, **according to the manufacturer**: the protective sheath is part of the apparatus; providing an engineering control "makes incorrect needle recapping less likely".

Evaluators didn't really think that was an advantage over a traditional syringe recapped with a one handed recapping method; none of them had ever experienced "incorrect needle recapping" and since starting to use a one handed recapping method in the early 1990s, none had reported a stick injury from a needle (several reported minor injuries with a bur or a solid instrument over the past decade).

The evaluators agree with the manufacturer that the device did not appear to increase patient discomfort, the safety device on the syringe was easy to recognize and use, the instructions given by the company were easy to understand, and the product could have been used without too much additional training (although the dental supply reps indicated that there is a learning curve and prior studies have indicated that dentists are more likely to be stuck during that time).

Here are the **disadvantages** according to the evaluators: the syringe was plastic and felt "flimsy" and "unstable" while using and loading with anesthetic carpules. All of the users felt that changing carpules was much more difficult than changing them on a traditional syringe. Some users with large hands didn't feel the syringe was comfortable. Seeing aspirated blood was more difficult through the protective sheath. The hub and sheath were large and difficult to see around, and depending on the angle of the practitioner, the needle tip and site of injection weren't always visible, especially in a smaller mouth or one with an active tongue; breath also fogged up the sheath, making it harder to see. Out of fourteen syringes, the sheath was accidentally placed from the holding position to the locked position on two of them and we had to get a new syringe.

**Conclusion:** The evaluators all agreed that device does not meet their clinical needs. After extensive discussion, evaluators agreed that the traditional syringe and a one handed recapping method was safer than using a safety syringe because of the lack of visibility and difficulty in loading and use. Evaluators were also uncomfortable with the likelihood of being stuck because of the learning curve issue, mainly because they weren't exhibiting problems with traditional syringes. Previous studies have shown that most needle injuries occur among inexperienced practitioners; experienced practitioners do not find the "safety" syringes to be safer and do not intend to use them. Members of the dental team who break down traditional syringes are trained in methods to minimize exposure and none reported a problem with needlesticks since one handed recapping became required (no needlesticks were reported so long as needles were capped after use, only sheathed needles were transported, syringes were broken down only where sharps containers are located and unsheathed needles were not passed during procedures).

Names of evaluators (doctors/hygienists/assistants):

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