

## OSHA and HIPAA Helpful Hints

Email any questions: [laney@laneykay.com](mailto:laney@laneykay.com) (See website: <https://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 all the plans you need to update your written materials. And drink recipes!)

Here are the CDC guidelines for dentistry as of 1/15/2023:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/assessments.html>

- 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 Hotline: 888-448-4911** is staffed during business hours by doctors who can answer questions about exposure incidents and whether PEP is justified.)
- 2. Dental practice's infection control plan** must include a written exposure control plan, training on bloodborne pathogens (including HBV, HCV and HIV), **HBV vaccination**, policies on stick injuries and postexposure followup, the use of exposure and work practice controls to reduce exposure and injuries, and information on standard and transmission based precautions.
- 3. 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.
- 4. Bloodborne pathogens are passed** along through blood, saliva, and other bodily fluids that come into contact with non-intact skin or mucous membranes. **Airborne pathogens can be transmitted** through the air, either through aerosolized droplets that are breathed in or come into contact with mucous membranes or from surfaces contaminated by droplets and then the person touches their eyes/nose/mouth.
- 5. 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.
6. 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.
- 7. 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.
8. Make sure you have all **current federal and state posters**. Federal law requires posters. 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.
9. 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 HIPA A 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 encrypted, 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. Risk assessments must be performed regularly.

10. 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.

11. **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.**

12. 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.

13. **HAZARD COMMUNICATION:** Make sure your MSDS forms have been switched out for SDS forms. Every employee who may be exposed to chemicals should be trained about 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.*

14. **TB risk assessments** must be done to determine risk. Not every employee may have the same risk, so individual risk assessments should be done annually. **Most dental offices do not need annual testing.** 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. 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.*) Symptoms of TB are: persistent productive cough for more than 3 weeks (may be bloody), night sweats, low grade fever, unexplained weight loss, fatigue, and they feel bad.

15. 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 for controlled substances.

16. **Handwashing and alcohol sanitizer rubs** are effective in dentistry and are effective against the coronavirus. 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*)

17. 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.

22. Check with your state Board before participating in **Groupon**, or similar, programs. Many Boards (including Georgia!!) consider it fee splitting and it can be considered unethical practice. If you participate in Medicare and/or Medicare, it can be considered a kickback and can be a crime, so ask first!

23. Make sure your **malpractice coverage** is sufficient for your needs. Jury awards have increased significantly in recent years, so make sure you're protected.

24. Check with your computer consultant to make sure your **phone system and voice mail system is HIPAA compliant**. Set up procedures for how to handle voicemails and texts once they've been heard.

25. **Slow-speed handpiece motors** must be sterilized between patients.

26. With COVID-19, the definition of "**prolonged**" **contact** refers to unprotected exposure for a cumulative time period of 15 or more minutes during a 24-hour period.

27. OSHA requires **annual fit tests** for respirators, plus any time you change type/brands and if you have physical changes that affect the shape of your face (dental work, oral surgery, facial surgery, weight loss, etc.)

28. Dentists are usually exempted from most of **the recordkeeping requirements** (Forms 300, 300A, 301), unless there is a "worker fatality, and any amputation, loss of an eye, or hospitalization of a worker", which must be reported within 8 hours for a fatality, and within 24 hours for the others. <https://www.osha.gov/recordkeeping/>

29. **Masks should be worn in the office** at all times when community transmission levels are substantial/high. Patients should wear masks while not receiving treatment, and all staff people should wear masks at ALL TIMES when interacting with patients.

30. Talk with your **HVAC** guy to make sure your air exchange is as high as possible. Use HEPA level filters, and consider using UV sterilization, air sanitizer units and portable air purifiers to remove pathogens from the air.

31. **Minimize potentially contaminated aerosol** exposure by using rubber dams, external suction units, high speed suction, and my minimizing the use of instruments such as handpieces, ultrasonic scalers, prophylaxis jets, etc.

32. Wear **correct personal protective equipment**. When working on screened patients and community transmission levels are not substantial/high, use STANDARD PRECAUTIONS. If illness is suggested and/or community transmission levels are substantial/high, use TRANSMISSION-BASED PRECAUTIONS. In most dental environments, that includes jackets or gowns, headcovers, masks/respirators, eye protection and a face shield. Change masks when they become wet; otherwise, change them between patients. If you're having to use a respirator/mask on more than one patient because of shortages, wear a barrier over the respirator to prevent contamination and change between patients. Wear eye protection when processing, transporting, sharpening, or handling instruments, and when using chemicals. **If you wear a faceshield, you still have to wear a mask.**

For those who hate n95s or can't wear them, a new study confirms that using a regular surgical mask with a frame on it can improve the fit of a surgical mask so that it is comparable to an n95. In this study, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0272834> they used a level one mask, which filters 95% of stuff, and build a mask frame out of elastic and foam covered wire. By the time the masks were fitted, they were able to pass a fit test, which means that the filtration was significantly improved. I've got a link in your materials if you'd like to check it out. It's really smart and it works for those who hate the thickness of the n95s, or in times when we can't get them. Plus they'll work for people with beards, which is also helpful. Here's one you can make, (Badger seal) [https://docs.google.com/presentation/d/1bTUmxEiZ\\_EMo9DYjHWl13rarzPwKDukUQhRj-gxJxfM/edit#slide=id.g93821f08fa\\_0\\_63](https://docs.google.com/presentation/d/1bTUmxEiZ_EMo9DYjHWl13rarzPwKDukUQhRj-gxJxfM/edit#slide=id.g93821f08fa_0_63) or Google "mask brace" and you can buy them. The braces also make cloth masks much more effective.

33. **PPE selection is determined by community transmission**. If the spread is substantial to high, respirators plus a faceshield should be used for all aerosol generating procedures, and probably for any procedure that generates spray/splashing/spatter. If the community spread is lower, a respirator is always better, but a mask/faceshield combination can be used, if preferred.

34. Recommendations for **bacteria levels in waterlines** are at least drinking water quality (500 cfu of bacteria per milliliter). Test lines according to manufacturer's recommendations.

35. **Employees should stay current on all vaccines** (flu, tetanus, measles, mumps, rubella, chicken pox, etc.) The COVID vaccine is recommended for all healthcare workers. With all vaccines, check with your own doctor to make sure you can take vaccinations safely.

36. In order to reduce the amount of pathogens 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. Rinses containing chlorahexadine, iodine, peroxide, and rinses such as Listerine, may be effective to reduce coronavirus levels in the oral cavity, but it's not confirmed as to whether that will reduce transmission rates.

For your emergency kit, here is a link for cheap epi pens: <https://www.cvs.com/content/epipen-alternative> . And here are videos of Narcan being used on patients...they're insane: <https://www.youtube.com/watch?v=2BeGcqDPQsQ>  
<https://www.youtube.com/watch?v=2awPPVKmpRQ>

37. For **respiratory protection instruction and information**, 3M's respiratory "Center of Expertise" has everything you could need. How to fit a respirator, you can get a medical evaluation online, it shows how to do a seal check, how a fit test works, etc. Excellent resource when trying to decide which respirator to use, how to wear it, [https://www.3m.com/3M/en\\_US/respiratory-protection-us/support/center-for-respiratory-protection/fit-testing/](https://www.3m.com/3M/en_US/respiratory-protection-us/support/center-for-respiratory-protection/fit-testing/)

Fit tests must be performed before an N95 is used. (An N95 is considered to be a particulate-filtering facepiece respirator). Then at least annually; whenever a different size, style, model or make of respirator is used; and when any physical change occurs that could affect fit (such as, for example, significant weight fluctuation, dental work, or other facial changes. You can go to an occupational medicine place, sometimes local hospitals will do them for dentists in rural areas. I think the best idea is for a group of dental offices to get together, buy kits, and make sure someone in the office knows how to perform a fit test. Or get together as a group, do some CE and this at the same time. The tests are easy to perform once you do it.

People do not have to be certified to perform a fit test, they just have to be knowledgeable. (Great info on the 3M website): Fit tests must be performed before an n95 is used. Then at least annually; whenever a different size, style, model or make of respirator is used; and when any physical change occurs that could affect fit (such as, for example, significant weight fluctuation, dental work, or other facial changes)

[https://www.3m.com/3M/en\\_US/respiratory-protection-us/support/center-for-respiratory-protection/fit-testing/](https://www.3m.com/3M/en_US/respiratory-protection-us/support/center-for-respiratory-protection/fit-testing/) (3Ms page on respirator fit and how to do a fit test)

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA> (OSHA instructions on how to do a fit test)

Fit kits you can order(Google "fit test kits" for tons of options, but here are some samples) :

[https://www.industrialsafetyproducts.com/allegro-2041-bitrex-fit-test-kit/?gclid=CjwKCAiAtdGNBhAmEiwAWxGcUmzuZKM75i3Pr89VkTnstfYrOhzEV73qL4LygzsQ6DkMcfYdxtvBtRoCREoQAvD\\_BwE](https://www.industrialsafetyproducts.com/allegro-2041-bitrex-fit-test-kit/?gclid=CjwKCAiAtdGNBhAmEiwAWxGcUmzuZKM75i3Pr89VkTnstfYrOhzEV73qL4LygzsQ6DkMcfYdxtvBtRoCREoQAvD_BwE)

[https://www.3m.com/3M/en\\_US/p/d/v000057363/?utm\\_term=sibg-psd-na-en\\_us-lead-alwayson-respiratory-ft\\_10-cpc-google-na-na-na-sep10-na&gclid=CjwKCAiAtdGNBhAmEiwAWxGcUii2DsBTDkRj39JB6JLugETH-FWgVbsav\\_DJjI3iIHCozgbzufERoCLvoQAvD\\_BwE](https://www.3m.com/3M/en_US/p/d/v000057363/?utm_term=sibg-psd-na-en_us-lead-alwayson-respiratory-ft_10-cpc-google-na-na-na-sep10-na&gclid=CjwKCAiAtdGNBhAmEiwAWxGcUii2DsBTDkRj39JB6JLugETH-FWgVbsav_DJjI3iIHCozgbzufERoCLvoQAvD_BwE) (fit kit)

<https://www.youtube.com/watch?v=DrjVs0rSAq8> (excellent instructional video and not too long!)

**STANDARD PRECAUTIONS and TRANSMISSION BASED PRECAUTIONS**

**STANDARD PRECAUTIONS:** Treat all patients and body fluids as potentially infectious.

Standard Precautions include:

- Hand hygiene.
- Use of personal protective equipment (e.g., gloves, masks, eyewear).
- Respiratory hygiene / cough etiquette.
- Sharps safety (engineering and work practice controls).
- Safe injection practices (i.e., aseptic technique for parenteral medications).
- Sterile instruments and devices.
- Clean and disinfected environmental surfaces.

If transmission levels in the community are substantial/high, or patient screening reveals the possibility of infection, use **STANDARD PRECAUTIONS PLUS TRANSMISSION PRECAUTIONS.**

<b>TRANSMISSION PRECAUTIONS</b>		
<b>CONTACT</b> Protect yourself and others from contact with pathogens	<b>DROPLET</b> Keep away from droplets generated by patients sneezing/talking/etc. and droplets generated during procedures.	<b>AIRBORNE</b> Keep the air as free of pathogens as possible.
Separate patients. Don't let them sit in the reception area.	Mask on the patient whenever you're not working on him	Masks on patients
Have patients wear masks	Take patients to the individual operatories as soon as possible	Use all PPE, surgical masks or N95s, face shields, eye protection, and cover your hair and body with something
Wear your mask and PPE as necessary	Use all PPE, surgical masks or N95s, face shields, eye protection, and cover your hair and body with something	Keep other people out of the operatories
We've always cleaned the crap out of our rooms, but now clean doorknobs, bathrooms, counters, CC machines, whatever people touch.	Keep other people out of operatories	Keep patients in the operatories
		Leave bathroom fans and HVAC fans on
		Use air purifiers/scrubbers, increase ventilation and filter air as much as possible.
		If active respiratory diseases are suspected, mask the patient and remove them to a facility that has an airborne infection isolation room that offers reverse airflow and filtration and can handle airborne diseases (such as TB or COVID)