

# DENTAL OFFICE LEP FAQ

## FREQUENTLY ASKED QUESTIONS:

**Question: Are there exceptions to OSHA training on bloodborne pathogens when dealing with temporary employees?**

**Answer:** No, there is not an exception for temporary employees. The employer is required to provide training on bloodborne pathogens. If temporary employees are reasonably expected to have occupational exposure to bloodborne pathogens, the employer is required to provide bloodborne pathogens training.

**Question: If a dental practice is using temporary employees and they can provide proof of bloodborne pathogens training from another dental practice, would this be acceptable?**

**Answer:** If a dental practice uses a temporary employment agency, then the temporary agency may provide generic training; however the dental practice (host employer) using the temporary agency is responsible for training on the site specific aspects of the training requirements in the Bloodborne Pathogens Standard (e.g. location of the Exposure Control Plan, post exposure protocols, etc.). In addition, the host employer is responsible for ensuring the training provided by the temporary agency is adequate.

**Question: Is it acceptable for the Exposure Control Plan to be a part of a larger document?**

**Answer:** While the Exposure Control Plan may be part of a larger document, such as one addressing all health and safety hazards in the workplace, in order for the plan to be accessible to employees, it must be a **cohesive entity** by itself or there must be a guiding document which states the overall policy goals and references the elements of existing separate policies that comprise the plan.

**Question: Must all employers solicit input from non-managerial employees in the identification, selection and evaluation of effective engineering and work practice controls when employees do not administer injections?**

**Answer:** Yes, when employees are involved in administering treatment or performing any procedure in the presence of an individual receiving care (including disposing of contaminated sharps).

**Question: Do dental practices have to review safer medical devices every year?**

**Answer:** Yes, although there are a limited number of safer devices available for certain sharps utilized in the dental field, a comprehensive evaluation must be conducted that

## DENTAL OFFICE LEP FAQ

includes non-managerial employees. This evaluation must be documented in the Exposure Control Plan.

### **Question: How does TOSHA view the use of non-safer (reusable) scalpels?**

**Answer:** There are numerous safer scalpels available on the market. If a dental practice is using reusable scalpels, there must be documentation that safer devices have been reviewed annually. If the doctor elects not to use the safer medical device, there must be adequate justification and documentation in the Exposure Control Plan. In addition, the practice must incorporate engineering controls such as a blade removal system.

### **Question: When must an employer provide the Hepatitis B vaccination?**

**Answer:** The Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) of the Bloodborne Pathogens Standard and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

### **Question: Do employers have to offer the Hepatitis B booster?**

**Answer:** A hepatitis B vaccination booster is **not** currently required by the U.S. Public Health Service, Centers for Disease Control and Prevention's (CDC's) Guidelines for the Immunization of Health-Care Workers.

Paragraph (f)(1)(i) of the Bloodborne Pathogens Standard states, "the employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure follow-up to all employees who have had an exposure incident." This includes the employer provision, "the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis... at no cost to the employee, at a reasonable time and place, and...according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place."

### **Question: What type of record is sufficient to document an employee's Hepatitis B immunization status under the bloodborne pathogens standard?**

**Answer:** Employers are required to maintain an accurate copy of each employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations (29 CFR 1910.1030(h)(1)(ii)(B)). The documentation of vaccination status serves as a useful tool in assisting healthcare professionals who must administer post-exposure

## DENTAL OFFICE LEP FAQ

counseling and treatment to employees following an exposure incident. Documentation showing administration of the complete 3-dose series is necessary to prevent unnecessary repeated vaccination. The Centers for Disease Control and Prevention (CDC) considers a reliable vaccination history to be a written, dated record of each dose of a complete series. Employers must make every effort to obtain a reliable record of employees' vaccination status. These efforts may include contacting the previous employer or facility where the vaccination was administered to obtain these records. As it is a requirement that all employers maintain these records for the duration of employment plus 30 years, a previous employer who administered hepatitis B vaccinations would have copies of those records (29 CFR 1910.1030(h)(1)(iv)). If a copy of the vaccination record cannot be obtained, then OSHA recommends that documentation verifying the employer's attempt to obtain the record be maintained. When these records cannot be obtained from the previous employer, the current employer must obtain from the employee a written statement about vaccination status, including the dates or, where this is not possible, the approximate dates of the vaccinations.

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=25648](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=25648)

### Hepatitis B Vaccination

Employers have 3 choices for records:

1. Declination Statement Signed by employee.
2. Statement of employees already having vaccinations (must have dates of series or documentation of what steps the employer took to obtain those).
3. Employee accepted series and have dates listed.

**Question: Are there exceptions to offering the Hepatitis B vaccination when dealing with temporary employees?**

**Answer:** No, there is not an exception for temporary employees. The employer is required to offer the hepatitis B vaccination; if temporary employees are reasonably expected to have occupational exposure to bloodborne pathogens in a dental practice.

**Question: Do dental practices have to test for the antibody to Hepatitis B surface antigen?**

## DENTAL OFFICE LEP FAQ

**Answer:** Yes, employees who have ongoing contact with patients or blood and are at ongoing risk for percutaneous injuries are to be tested for antibody to Hepatitis B surface antigen, one to two months after the completion of the three-dose vaccination series.

**Question: Do all dental practices have to implement a Tuberculosis (TB) Infection Control Program?**

**Answer:** No, TOSHA would apply its Tuberculosis directive in facilities (e.g., dental facility) where the incidence of TB infection among patients/clients in the relevant facility or healthcare setting (e.g., the specific dental facility) is greater than the incidence of TB among individuals in the most local general population for which the health department has information (prisons, homeless clinic with 3 confirmed cases, etc.).

[https://www.tn.gov/content/dam/tn/workforce/documents/Employees/SafetyHealth/tosha/directives/CPL\\_02-02-078\\_Enforcement\\_Procedures\\_for\\_TB.pdf](https://www.tn.gov/content/dam/tn/workforce/documents/Employees/SafetyHealth/tosha/directives/CPL_02-02-078_Enforcement_Procedures_for_TB.pdf)

The dentist should review the relevant sections of the CDC guidelines, which are incorporated into the compliance directive TOSHA references when conducting TB inspections:

Centers for Disease Control and Prevention (CDC), Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, MMWR December 30, 2005/ Vol. 54/No. RR-17.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>

**Question: How is TOSHA evaluating the use of cloth lab jackets as PPE?**

**Answer:** TOSHA will assess the effectiveness of PPE on a case-by-case basis through evaluation of the tasks being performed and the degree of anticipated exposures by direct observation, employee interviews, and/or review of written standard operating procedures. Cloth jackets would not be permitted, if the jackets could permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes

Paragraph (d)(3)(i) of the Bloodborne Pathogens Standard explains that personal protective equipment (PPE) will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Thus, the employer must evaluate the task and the

## DENTAL OFFICE LEP FAQ

type of exposure expected and, based on the determination, select the "appropriate" personal protective clothing in accordance with paragraph (d)(3)(i).

**Question: How is TOSHA determining if uniforms are personal protective equipment (PPE)? How is TOSHA evaluating laundering of personal protective equipment?**

**Answer:** TOSHA will evaluate the use of PPE and determine on a case-by-case basis through evaluation of the tasks being performed and the degree of anticipated exposures by direct observation, employee interviews, and/or review of written standard operating procedures, what is considered PPE and what is considered an employee uniform. For example, in a dental practice where there is anticipated exposure (splattering) to employee lab coats such as during surgical procedures (extractions, etc.) and the employer does not provide a disposable lab coat or protective covering, then the lab coat in use would be considered PPE, not a uniform.

If the lab coat is utilized in this manner (as PPE) the employer would be required to launder it.

**Question: Do sharps containers need to be placed in every treatment room?**

**Answer:** The location of sharps containers is considered on a case-by-case basis. Factors that may be considered include: 1) the occurrence of sharps injuries during disposal; 2) the use of safer devices; 3) employee awareness of sharps container locations; 4) reasons why the employer cannot locate sharps containers in potentially closer positions to use; 5) employee input regarding sharps container placement; and the effectiveness of Exposure Control Plan.

Paragraph (d)(4)(A)(2)(i) of the Bloodborne Pathogens Standard requires that sharps containers be readily accessible and located as close as feasible to the immediate area where sharps are used. In addition, paragraph (d)(4)(iii)(A)(1) requires contaminated sharps to be discarded immediately or as soon as feasible. If the treatment room is the immediate area where the sharps are used, the sharps containers should be located within the treatment room.

**Question: Does TOSHA require a lid for transporting re-usable sharps?**

**Answer:** No, the transport container for re-usable sharps must be leak-proof on the sides and bottom and labeled or color-coded biohazard.

**Question: Does the autoclave need to be labeled as biohazard?**

## DENTAL OFFICE LEP FAQ

**Answer:** No

**Question: How does TOSHA evaluate the passing of dental instruments during procedures?**

**Answer:** The Bloodborne Pathogens (BBP) standard is a performance-based standard applying to all occupational exposure to blood or other potentially infectious materials (OPIM) in all industries. The BPP standard does not strictly enforce a specific industry standard unless that industry standard has been included in the BBP standard. In addition, Tennessee OSHA does not approve specific processes, procedures, or equipment. The four-handed dentistry practice has not been specifically addressed by the BBP standard.

In general, employers are required to conduct passing of instruments during dental procedures using methods that eliminate, or minimize, to the lowest feasible level, the potential for an exposure incident. TOSHA would evaluate instrument passing techniques used at a specific dental facility and determine if the passing techniques could reasonably cause or contribute to an exposure incident. TOSHA will consider factors such as; a) the types of dental instruments used; b) the personal protective equipment used by employees; c) the occurrence of previous exposure incidents; d) proper implementation of procedures (e.g., four-handed dentistry procedure); and e) employee training. TOSHA would also reference guidance documents including the compliance directive for occupational exposure to bloodborne pathogens (CPL 02-02-069). The compliance directive provides, “eliminating hand-to-hand instrument passing in the operating room,” as a proper work practice. While the work practice for eliminating hand-to-hand instrument passing is not a regulation, a dental practice requiring the hand-to-hand passing of instruments like needles, suture needles, burs, scalpels, etc. would have difficulty demonstrating this practice will not increase the risk of an exposure incident. If a dentist determines that it is in the best interest of the patient (e.g. scenarios where the assurance of a successful outcome could be compromised) to pass these or similar instruments, the Exposure Control Plan would have to specifically address the situations where passing of contaminated sharps would be conducted as well as additional work practices utilized to minimize exposure (e.g. verbal cues).

**Question: Are employees required to wear cut resistant gloves when handling contaminated instruments?**

**Answer:** No, if the dental practice is using the cassette system and the employee is returning the instruments one by one into the cassette, then cut resistant gloves are not required.

## **DENTAL OFFICE LEP FAQ**

**Question: How are dental practices supposed to store their nitrous oxide and oxygen cylinders that are not in use?**

**Answer:** Tanks in storage must be properly capped and secured so they cannot be tipped over. There is NOT a need to separate them.

**Question: Are dental practices required to train their employees on how to use a fire extinguisher?**

**Answer:** Yes, if employees are expected to use a fire extinguisher on a small incipient stage fire. Employees must be educated on how to properly use a fire extinguisher. This education does not require the actual use (during training) of the fire extinguisher.

**Question: How is TOSHA evaluating radiological hazards in dental practices?**

**Answer:** Radiological health hazards in a dental practice are regulated by the Department of Radiological Health.