

OSHA Bloodborne Pathogen Training + HIPAA

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Presented to

Corydon Palmer Dental Society

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ADVOCATE. INFORM. SERVE.

Disclaimer

This presentation is given as a service and is intended to offer general guidance but should not be construed as legal or business advice and cannot be substituted for the advice of the dentist's own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances. The views presented are those of the speaker only and unless otherwise noted, do not represent those of the Ohio Dental Association or the Corydon Palmer Dental Society.

Government Impact on Your Practice

Ohio State Dental Board
Joint Committee on Agency Rule Review (JCARR)
Department of Health
Auditor of State
Bureau of Workers' Compensation
Ohio Supreme Court
Congress
Department of Taxation
Ohio EPA
Division of Emergency Medical Services
FTC
Department of Health and Human Services
Department of Job and Family Services
DEA
Local Fire Departments

Medical Board
Office of Health Transformation
Board of Pharmacy
Department of Insurance
Controlling Board
Ohio General Assembly
Small Business Advisory Council
Small Business Administration
Local Water and Sewer Districts
Radiation Advisory Council
Dentist Loan Repayment Advisory Committee
Commission on Civil Rights
Public Utilities Commission of Ohio
Attorney General
Bureau of Indian Affairs
Industrial Commission
Agency for Healthcare Research and Quality
Office of Budget and Management
NLRB
Commerce Department

NIH
CDC
Governor of Ohio
Board of Regents
Department of Aging
OSHA
Bureau of Occupational Health and Safety
Local Health Departments
Commission on Civil Rights
CMS
IRS
FDA

Government Response Protocol



- Establish internal protocol for responding to government agents, especially when dentist is not present in office
 - Be prepared to respond to phone calls as well as in-person visits
 - Be cautious of impersonators, phishing and misleading sales tactics
 - To verify OSDB contact 614-486-2580 or dental.board@den.ohio.gov
 - To verify OSHA contact one of Ohio's 4 OSHA area offices:
<https://www.osha.gov/contactus/bystate/OH/areaoffice>
 - OCR uses os-ocr@hhs.gov or osocraudit@hhs.gov

Suggested Inspection Protocols



- During actual interaction with regulator:
 - Request to see investigator's ID
 - Ask nature and scope of their visit
 - Dentist should be prepared to personally respond to OSDB or OSHA investigators whether in person or over phone or via email
 - Always be professional, courteous and prepared to educate the government about dental practice
- Minimize direct contact with government agents
- Call ODA with questions
- Use legal counsel as appropriate

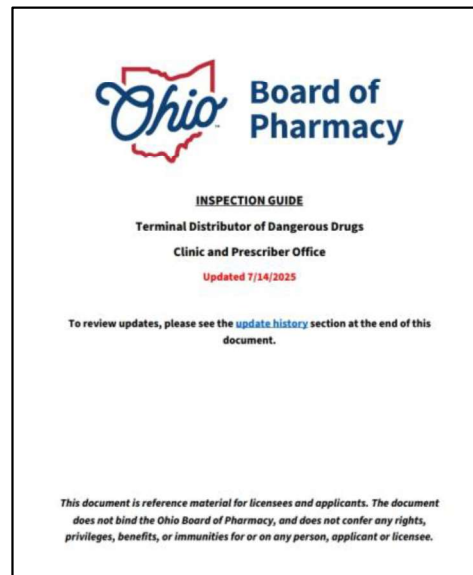
TDDD Requirements & Verification

- Terminal Distributor of Dangerous Drugs (TDDD) laws relative to dentists have not changed in many years
- Ohio dentists generally exempt from being required to have TDDD license unless they possess, have custody or control of and/or distribute dangerous drugs that are:
 - Compounded or used for purpose of compounding or
 - A schedule I, II, III, IV, or V controlled substance
- Unless practice patterns have changed in recent years, dentist likely does not need TDDD and can verify as much
- Many distributors have requested dentists provide TDDD license number or verify dentist does not need it
 - Failure to provide requested information may result in distributor not fulfilling orders for any drugs

TDDD Requirements

- Any location, including dental offices, with TDDD license is subject to unannounced, on-site inspections by Ohio Board of Pharmacy agents
- Pharmacy Board inspector will check for compliance with requirements and documentation for both controlled substances and non-controlled dangerous drugs addressing:

- Recordkeeping
- Inventory
- Security
- Storage



<https://www.pharmacy.ohio.gov/documents/compliance/inspectionguides/inspectionguides/clinic%20and%20prescriber%20office%20-%20inspection%20guide.pdf>

Notable Points on X-ray Regulation



- New, optional inspection process:
 - Dentist submits documentation to ODH
 - ODH inspectors complete document review offsite as opposed to in dentist's office
 - ODH inspectors schedule time to come into office to confirm radiation readings
 - Process is offered when ODH setting up in office inspection visit
- Have written, **annually reviewed**, office-specific quality assurance (QA) program that includes maintenance of calibration records
 - Sample ODA QA program: <https://www.oda.org/member-center/resource-library/regulatory-compliance-guide/> (Section 12)

Notable Points on X-ray Regulation

- Have written policy addressing pregnant patients and employees
- **Document** that your office conducts **annual evaluations** of all x-ray machine operators including evaluation of:
 - Positioning of x-ray tube
 - Image processing
 - Operator location during x-ray exposure
 - Appropriate radiologic protocol
 - Knowledge on applicable regulatory obligations
- Dentists with CBCT units must use radiation expert to develop and implement written quality control testing program
 - Must include documented annual testing performed by radiation expert at time of CBCT unit's installation and annually thereafter



ODH list of radiation experts – <https://odh.ohio.gov/know-our-programs/certified-radiation-expert/cre-cone-beam-list>



ADA American Dental Association

Supplemental material is available online.

Patient shielding during dentomaxillofacial radiography

Recommendations from the American Academy of Oral and Maxillofacial Radiology

Erika Benavides, DDS, PhD; Avni Bhula, BDS, DDS, MSc; Anita Gohel, BDS, PhD;

Evidence-Based Recommendations

Optimizing radiation safety in dentistry

Clinical recommendations and regulatory considerations

Erika Benavides, DDS, PhD; Joseph R. Krecioch, MA, MSc; Roger T. Connolly, MA; Trishul Allareddy, BDS, MS; Allison Buchanan, DMD, MS; David Spelic, PhD; Kelly K. O'Brien, MLIS; Martha Ann Keels, DDS, PhD; Ana Karina Mascarenhas, BDS, MPH, DrPH; Mai-Ly Duong, DMD, MPH, MAEd;



Supplemental material is available online.

ODH expects dental offices to have written policy on their use of shielding, as opposed to previous mandate that required shielding as matter of course

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- Imaging techniques will minimize patient radiation dose and provide the necessary diagnostic information.
- Benefits from imaging should vastly outweigh the estimated radiation-associated risks. Appropriate application of these principles ensures the safety and efficacy of radiographic imaging. To assist dentists in this task, the American Academy of Oral and Maxillofacial Radiology

BACKGROUND

Background: The American Dental Association (ADA) and the Food and Drug Administration (FDA) have issued guidance on radiation safety in dentistry. This guidance is intended to help dentists and dental professionals understand the risks of radiation and how to minimize them. The guidance also provides information on regulatory standards that dentists may need to consult when providing dental services.

Types of Studies Reviewed

A systematic search of the literature was conducted to identify studies that addressed the topic of radiation safety in dentistry. The search included peer-reviewed journals, conference proceedings, and other sources of scientific information. The search results were screened for relevance to the topic of radiation safety in dentistry.

Key Words

radiation safety, dentistry, shielding, dental radiography, patient safety, regulatory standards, American Dental Association, Food and Drug Administration.

guidance from national and international agencies, and regulatory standards. These broadly applicable recommendations aim to help clinicians develop and implement safety practices that will provide optimal diagnostic value while minimizing radiation risks to patients or personnel. This article also provides an overview of regulatory standards that clinicians may need to consult when

ODH X-Ray Program Rules: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/x-ray-equipment/rule-guidance>



Final Word on Radiographs...

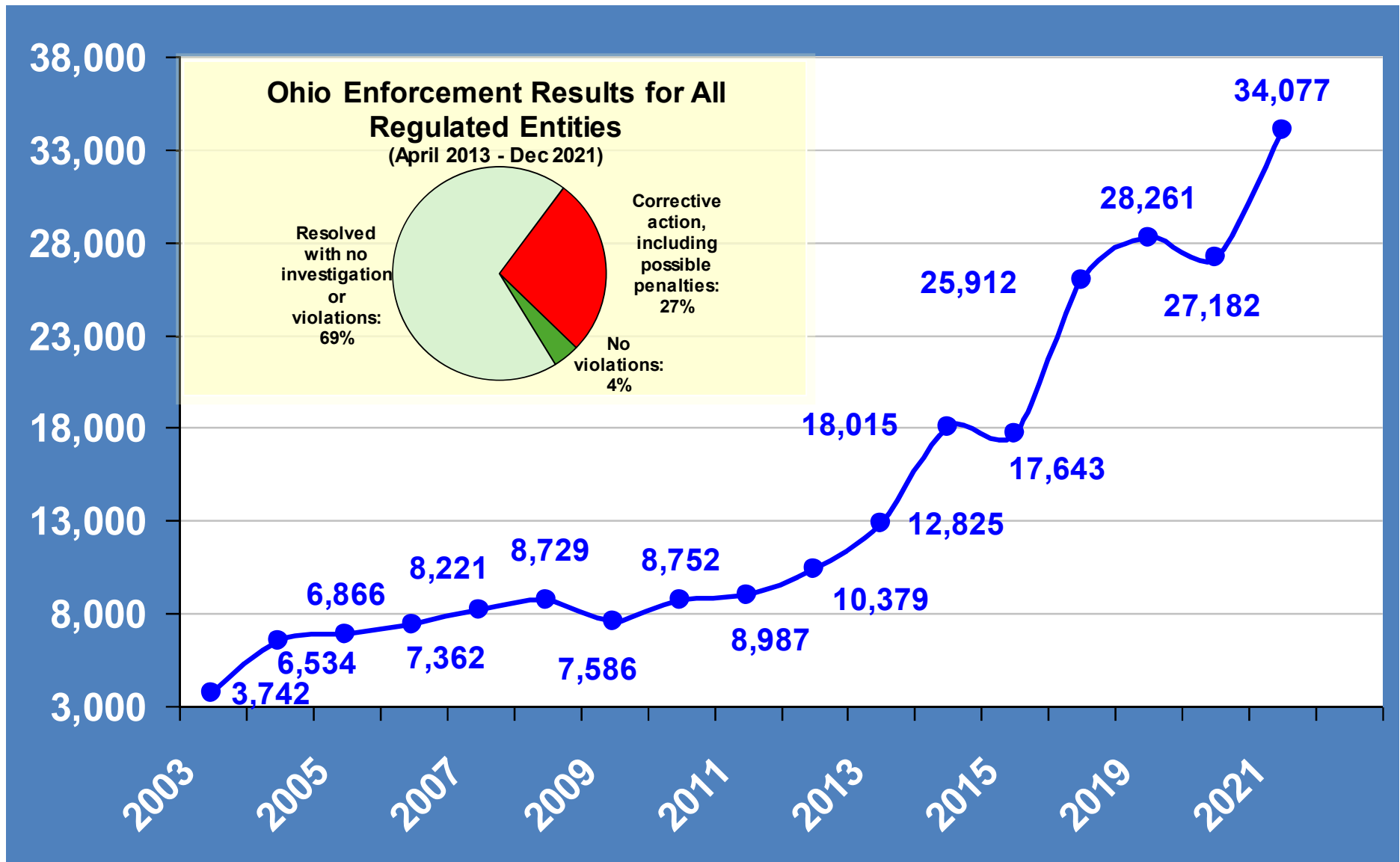
- There is no law, rule or regulation mandating x-rays be taken with any schedule or for any procedure
- Taking or not taking x-rays is 100% at dentist's professional judgement
- In explaining need for x-rays to patients, consider:
 - Not saying law says x-rays must be taken
 - But do say law mandates dentist provide acceptable care and in the dentist's professional opinion, acceptable care means taking an x-ray
 - Patients do not have authority to allow dentist to provide substandard care
 - Substandard care is violation of law and providing substandard care could subject dentist to discipline from Ohio State Dental Board and/or courts

Reporting Adverse Occurrences

- If any untoward event requiring hospital **admission** or any mortality occurs as a direct result of treatment in an out-patient dental facility, then dentist must:
 - Notify OSDB within 72 hours
 - Submit complete written report to OSDB within 30 days



Rise in HIPAA Complaints has Not Equated to Rise in Dental Office Violations



Source: US Department of Health & Human Services (annual number of HIPAA privacy complaints since April 14, 2003; state enforcement results from April 14, 2003 through Dec 31, 2021), accessed Feb 3, 2026.

HIPAA Compliance

- Keep patient information confidential and secure
- Identify and document risks regarding how data and information could be compromised or lost
- Take documented actions and use secure communication practices to minimize risks
 - Post Notice of Privacy Practices in office and on website
 - Use business associate agreements
 - Designate privacy and security officer for dental practice
 - Provide patients with their records upon request
- Conduct and document training

<https://www.oda.org/member-center/resources/printable-office-resources/>

Use Secure Electronic Communication

- Regular email is not secure
- Do not use to send confidential patient information, including to insurance companies or other dentists
- Many free web-based and software-based services are available to transmit information securely



***ADA endorses PBHS
(<https://www.pbhs.com/securemail>)***

HIPAA Resources



- Abyde – ODASC endorsed HIPAA compliance service
 - HIPAA compliance computer software & support
- ADA resources
 - <https://www.ada.org/resources/practice/legal-and-regulatory/hipaa>
 - 312-440-2500 or HIPAA@ada.org
- ADA Catalog
 - <https://www.ada.org/publications/ada-store-products>
- US Office For Civil Rights
 - FAQs:
<http://www.hhs.gov/ocr/privacy/hipaa/faq/index.html>
 - Risk assessment tool:
<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment>

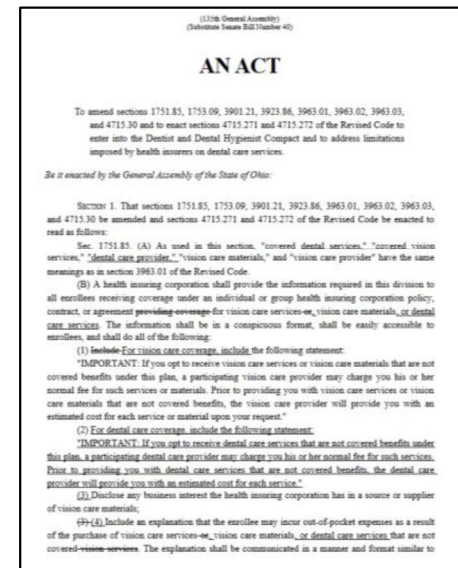
Ohio's Non-covered Services Law

- Senate Bill 40 signed into law July 24, 2024
- Prevents insurance companies from requiring dentists to accept fee schedule for services that are not covered
- Applicable “to contracts entered into, amended, or renewed on or after Jan 1, 2025”
 - This means contracts in existence before Jan 1, 2025 could still be in force until their term is completed
 - However, insurers appear implementing new law effective Jan 1, 2025, irrespective of when dentists’ contracts terms end
 - Let ODA know if you believe new law is not being followed, eg, adult fluoride treatment



Ohio's Non-covered Services Law – It's All in the Definition

- Covered dental services defined as *“dental care services for which reimbursement is available under an enrollee's health care contract, or for which a reimbursement would be available but for the application of contractual limitations, such as a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or any other limitation”*
- Anything that doesn't meet covered service definition is considered a non-covered service



Ohio's Non-covered Services Law – Dental Office Action Steps

- Provide to enrollee/patient who is seeking non-covered dental services pricing and reimbursement information, including:
 - Estimated fee or discounted price suggested by their insurance company for the non-covered service
 - Estimated fee charged by dentist for the non-covered service
 - Amount dentist expects to be reimbursed by the insurance company for the non-covered service
 - Estimated pricing and reimbursement information for any covered services that are also expected to be provided during the enrollee's visit

Ohio's Non-covered Services Law – Dental Office Posting Requirement

Post in conspicuous place notice stating:

"IMPORTANT: This dental care provider does not accept the fee schedule set by your insurer for dental care services that are not covered benefits under your plan and instead charges his or her normal fee for those services. This dental care provider will provide you with an estimated cost for each noncovered service."

<https://www.oda.org/member-center/resources/printable-office-resources/>

Random Notes

- Ohio has no laws specific to:
 - Dental unit waterline infection control protocols or testing
 - Emergency medical kits or their contents
- Dentists expected to use best professional judgement in addressing both

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Dental unit waterline infection control practice and knowledge gaps

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DENTAL UNIT WATERLINE INFECTION CONTROL

A GUIDE TO DENTAL WATER INFECTION CONTROL FROM:
ADA · HuFriedyGroup

Every practice should have a designated infection control coordinator.

Water used in dental units should have less than 100 CFU/mL.

Where should they come from?	What should be included?
CDC, state, and local guidance	Frequency of dental waterlines testing
Dental waterline treatment products	Remediation protocol following failed testing (flushes +00 change)
Dental unit manufacturer instructions	What to do in the event of a water back advisory
Second-hand knowledge	Special circumstance protocol (boil water, extended off-line status)

WHICH LINES SHOULD BE REGULARLY TESTED?

- High-speed handpiece(s) lines
- Air/water syringe(s) lines
- Ultrasonic scaler(s) lines
- Unused waterlines

*If these dental unit waterlines have been shocked and a contamination problem persists, source water or reservoirs should be tested.

WHEN SHOULD DENTAL UNIT WATERLINES BE FLUSHED?

- According to manufacturers' instructions
- 30-60 seconds after each patient
- 2 minutes at the end of each day
- After the final patient of the day

Additionally, waterlines should be emptied and dried overnight to remove as much water as possible.

WHAT TO DOCUMENT WHEN TESTING DENTAL UNIT WATERLINES

- Test date
- Location (i.e., chair/operatory #)
- Water source
- Test results
- Waterline maintenance/shock product name
- Waterline maintenance/shock product lot #
- Flushing details* if samples pooled
- Name of team member sampling

Source: Centers for Disease Control and Prevention. Dental unit waterline infection control guidance.

OSDB CE Requirements for Licensure Renewal

Dentists:

- Renew licenses by end of next year (2027)
- 30 hours of CE
- No current mandated CE, either in terms of content or learning modality
 - Opioid prescribing CE requirement no longer mandated
- Licensure renewal date of newer dentists is now tied to when they received their initial Ohio license, not end of biennial calendar year
 - All dentists' licensure renewals will eventually go to this format

OSDB CE Requirements for Licensure Renewal

Dental Hygienists:

- Renew licenses by end of next year (2027)
- 20 hours of CE
- No current mandated CE, either in terms of content or learning modality
 - Opioid prescribing CE requirement no longer mandated
- Licensure renewal date of newer dental hygienists is now tied to when they received their initial Ohio license, not end of biennial calendar year
 - All dental hygienists' licensure renewals will eventually go to this format

OSDB CE Requirements for Permit Renewal

Dental Assistant Radiographers:

- Renew permits by end of this year (2026)
- 2 hours of CE in radiography

OSDB CE Requirements for Registration Renewal

EFDAs:

- Some renew registrations by end of this year and others by end of next year
- No mandated CE to renew registrations

DEA Registration Renewal Training Requirement

- Applicable when renewing DEA registration **from June 27, 2023 on**
- Must have **8 hours of one-time training** on safe controlled substance prescribing with certificates of completion
- May only count training provided by approved training entity
 - **ADA CERP-recognized providers, eg, Ohio Dental Association**
 - **American Dental Association**
 - **American Association of Oral and Maxillofacial Surgeons (AAOMS)**
 - American Society of Addiction Medicine
 - American Academy of Addiction Psychiatry
 - American Medical Association
 - American Osteopathic Association Psychiatric Association
 - Any organization accredited by Accreditation Council for Continuing Medical Education (ACCME)
 - Any organization accredited by state medical society accreditor that is recognized by ACCME or CCEPR
 - Any organization accredited by American Osteopathic Association to provide CME
 - Any organization approved by Assistant Secretary for Mental Health and Substance Use, ACCME or CCEPR

DEA Registration Renewal Training Requirement

- Acceptable training may be obtained:
 - In one or multiple sessions
 - In any setting (eg, classroom, seminar, professional society meeting or virtual session)
 - From any point in dentist's life, no matter how far back it goes, providing it's backed up by documentation from approved training entity
 - No limitation for past coursework to qualify
- Dentists less than 5 years out of school may count relevant dental school coursework
 - Have documentation from dental school to verify coursework

OSDB BLS/CPR Requirements

Dentists:

- Not required to be certified as condition of licensure
 - Note: Moderate Sedation or General Anesthesia permit holders must have ACLS or PALS and therefore must have BLS/CPR

OSDB BLS/CPR Requirements

Dental hygienists:

- Must be certified when applying for or renewing license
- Must be certified throughout time if:
 - Practicing without dentist physically present
 - Administering intraoral block and infiltration local anesthesia
 - Administering nitrous oxide

OSDB BLS/CPR Requirements

EFDAAs:

- Must be certified when registering or renewing EFDA registration

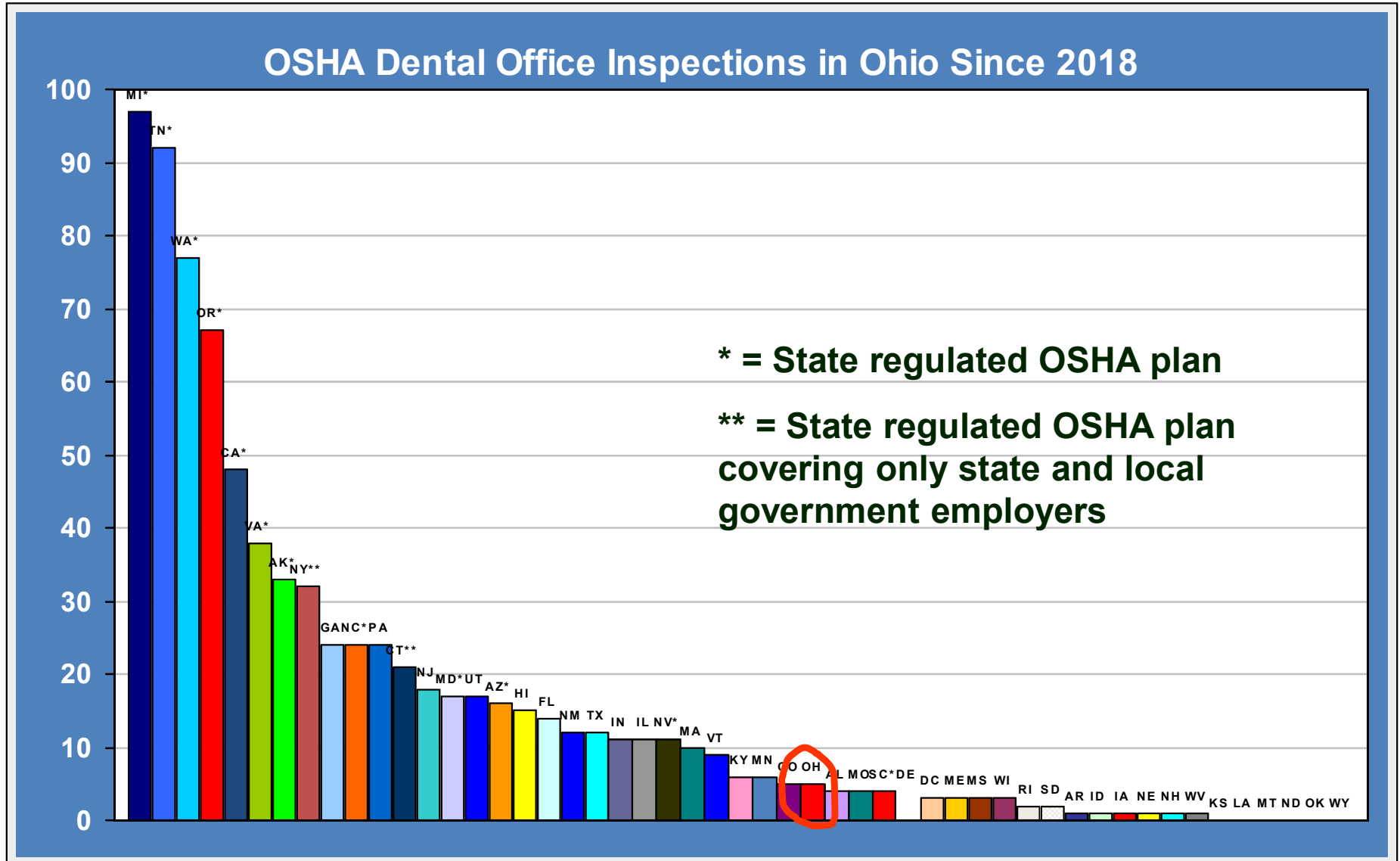
OSDB BLS/CPR Requirements

Any non-dentist dental team member (dental hygienist, EFDA, CDA, dental assistant) who monitors use of nitrous oxide must be certified throughout time they're performing this duty

OSHA Training Requirements

- Employers must still provide annual OSHA Bloodborne Pathogens training to employees
 - No set time training time amount required, ie, just get it done and document

OSHA Activity in US



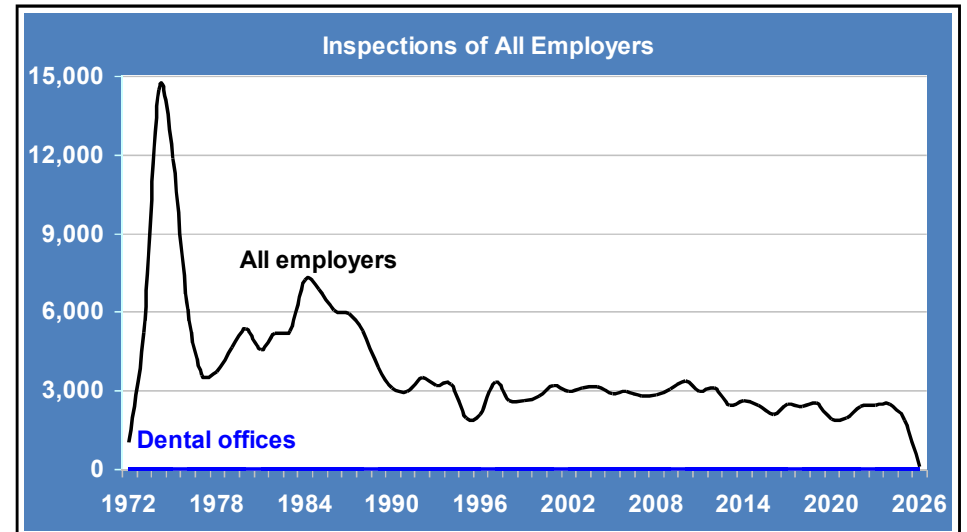
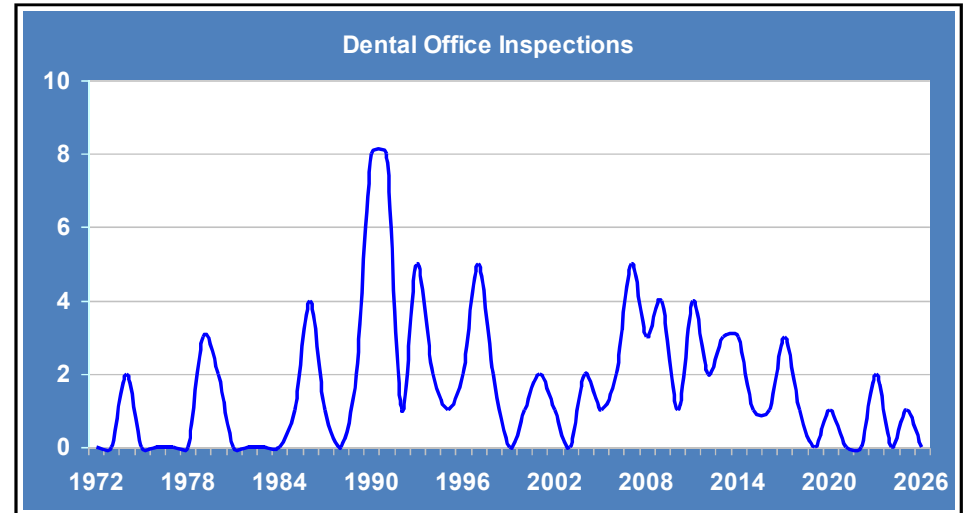
Source: Integrated Management Information System (IMIS), Occupational Safety & Health Administration, US Department of Labor, accessed Feb 2, 2026 using NAICS code 621210.



...and Ohio

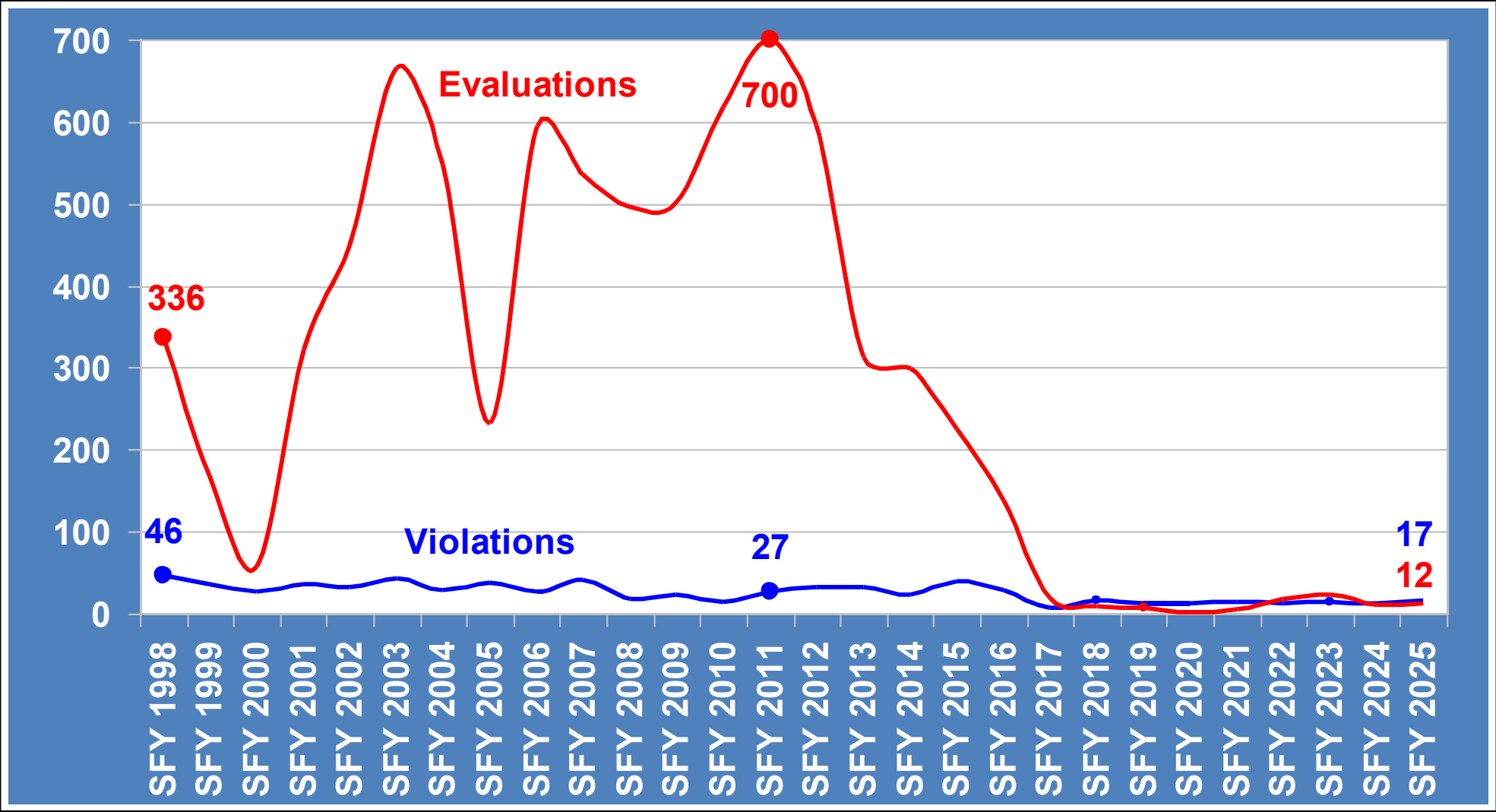
OSHA not targeting Ohio dental offices

Compare dental office inspections to all employers – dental offices don't even show up on radar



Source: Integrated Management Information System (IMIS), Occupational Safety & Health Administration, US Department of Labor, accessed Feb 2, 2026 using NAICS code 621210.

OSDB Infection Control Activity



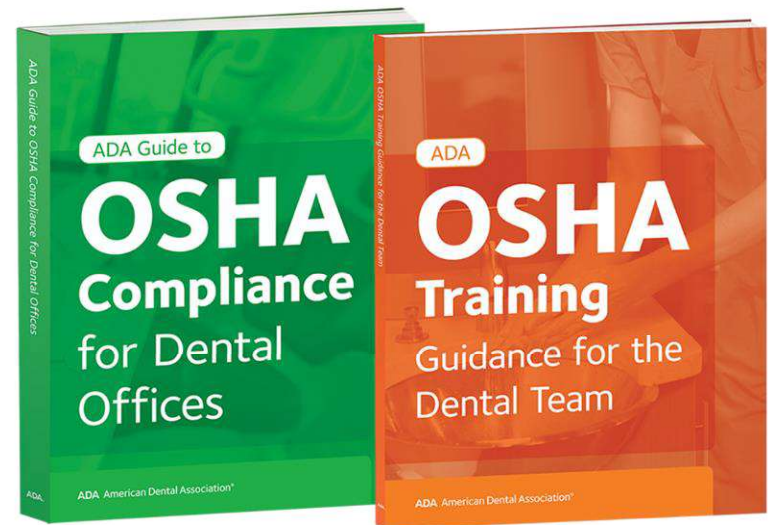
Source: Annual Reports of the Ohio State Dental Board, state fiscal years 1998-2025.

Universal Precautions

- Assume every patient's blood and saliva is infectious
- Use protective barriers to reduce risk of exposure to blood and saliva
 - Gloves, gowns, aprons, masks and/or protective eyewear
- Take precautions to prevent injuries from needles, scalpels and other sharp instruments or devices

OSHA Bloodborne Pathogens Training Requirements

- Conduct training upon initial assignment and annually thereafter
- Utilize knowledgeable trainer
- Provide opportunity for questions and answers
- Document training
 - Keep training records at least 3 years



Who Do OSHA & OSDB Infection Control Regulations Apply To?

OSHA

- Employed or incorporated dentists
- Dental hygienists
- EFDAs
- Dental assistants
- Lab techs, possibly
- Front office staff, possibly

OSDB

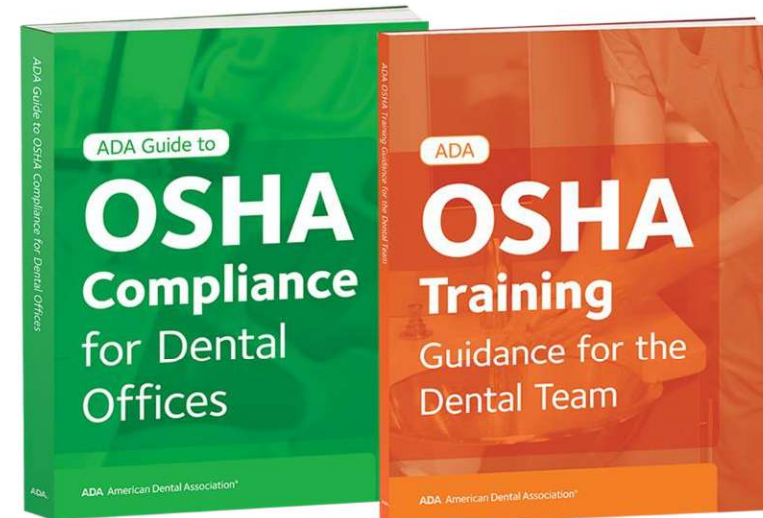
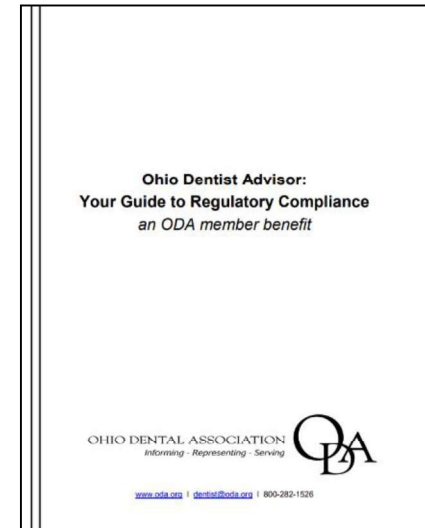
- All who may be exposed to blood or saliva, including all dentists

Training Must Cover...

- Accessible copy of Bloodborne Pathogens Standard and explanation of its contents
- Exposure control plan
- General discussion on bloodborne diseases and their transmission
- Hepatitis B vaccine
- Personal protective equipment
- Engineering and work practice controls
- Signs/labels/color-coding used to designate biohazards
- Responding to emergencies involving blood
- How to handle exposure incidents
- Post-exposure evaluation and follow-up

Written Exposure Control Plan

- Must be present in office
- Must be specific to office
- Employees must know:
 - Where it's kept
 - How they're afforded access to it
- Must review at least annually
 - Update as needed
 - Document annual review



Exposure Control Plan Must Address...

- Exposure determination
- Methods of compliance
 - Engineering and work practice controls
- Justification for recapping needles
- HBV vaccination policy
- Protocol for post-exposure evaluation and follow-up
- Labels & color-coding used to communicate biohazards
- When and how employees are trained
- How medical and training records are maintained and who may access them
- Review and update plan annually
- Solicitation of input from non-managerial employees
- Consideration of safer medical/dental devices

Bloodborne Diseases and Dental Occupational Health

- Human immunodeficiency virus (HIV) causes acquired immunodeficiency syndrome (AIDS)



- AIDS is disease that attacks body's immune system which can lead to variety of life-threatening illnesses

- Hepatitis B virus (HBV) and Hepatitis C virus (HCV) cause serious diseases that attack liver



- Can cause lifelong infection, cirrhosis (scarring), cancer, failure and death



- All extremely rare in dentistry

Modes of Transmission

- Cuts or puncture wounds, eg, needlesticks
 - By far most common though still extremely rare
- Contact with infected blood and body fluids:
 - Into eye or other mucous membranes
 - Onto broken skin or
 - Into a cut
- No evidence transmitted by aerosols
- Viability on environmental surfaces
 - HIV up to hours
 - HBV up to 7 days
 - HCV up to 4 days

Symptoms

HIV

- Many do not feel sick or have symptoms
- For those who develop symptoms:
 - Typically begin within 2 to 4 weeks after infection
 - May include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes and mouth ulcers
 - Symptoms may last for a few days or several weeks

HEPATITIS B

- Many do not feel sick or have symptoms
- For those who develop symptoms:
 - Typically begin 90 days after infection
 - May include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored stool, joint pain and jaundice
 - May last for several weeks to 6 months

HEPATITIS C

- Many do not feel sick or have symptoms
- For those who develop symptoms:
 - Usually begin 2–12 weeks after infection
 - May include yellow skin or eyes, not wanting to eat, upset stomach, throwing up, stomach pain, fever, dark urine, light-colored stool, joint pain and feeling tired

Hepatitis B Vaccine Rules

- OSHA permits employees to refuse HBV vaccine
 - OSDB does not
- All affected dental personnel must show evidence of:
 - Immunization,
 - OSDB granted waiver or
 - Immunity

Immunity = titer documentation that reads:

REACTIVE, POSITIVE, >9.9

- Must begin vaccine series prior to patient contact
- Employer must pay for current employees' vaccine

Hepatitis B Vaccine Rules

- Maintain vaccine documentation in office
 - Must be made **immediately** available to OSDB representatives upon request
- OSDB-approved vaccine waivers must be renewed according to board's discretion
- No regulations mandating booster shots
 - Boosters not recommended for persons with normal immune status

Gloves

- Wear gloves when contacting blood/saliva or blood/saliva contaminated items, instruments or equipment
 - Wear correct size
 - Inspect them for defects

- And remember...gloves have their limitations



Latex Sensitivity as another Glove Selection Consideration

- Lower protein levels = reduced risk and incidence of latex sensitivity problems
- Only rely on advertising claims printed on glove box



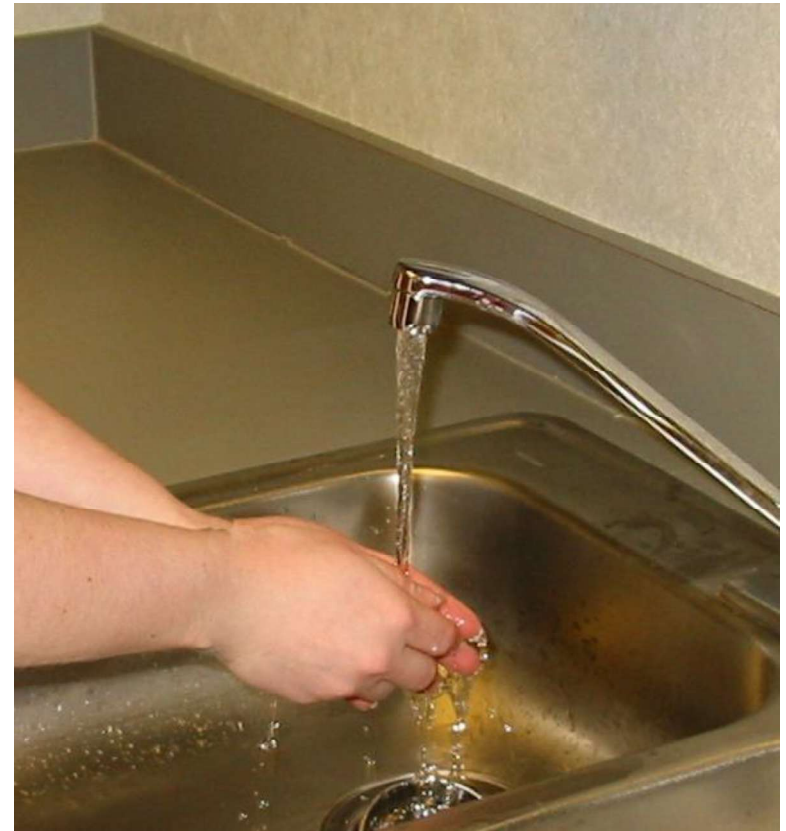
Glove Use Prohibitions

- Do not wash or reuse disposable gloves
- Do not overglove between patients



Hand Hygiene Procedures

- Clean hands:
 - Before and after treating each patient
 - Before glove placement and after glove removal
 - That are visibly dirty
 - After touching contaminated objects with bare hands



Hand Hygiene Options

Routine procedures:

- Soap and water
- Antiseptic hand washes
- Antiseptic hand rubs

Surgical procedures:

- Liquid anti-microbial soap or soap and water
 - Followed by alcohol-based surgical hand-scrub product



Facial Wear – When Spattering of Blood or Body Fluids is Likely...

Either wear:

- Chin length face shields



Or wear:

- Masks and
- Eyewear with protective side shields



Other Mask and Eyewear Considerations

- Remove damp masks as soon as feasible
 - Throw away used masks
 - Wash hands before removing eyewear
 - Always clean and disinfect eyewear
- Glasses without solid side shields are unacceptable to both OSHA and OSDB

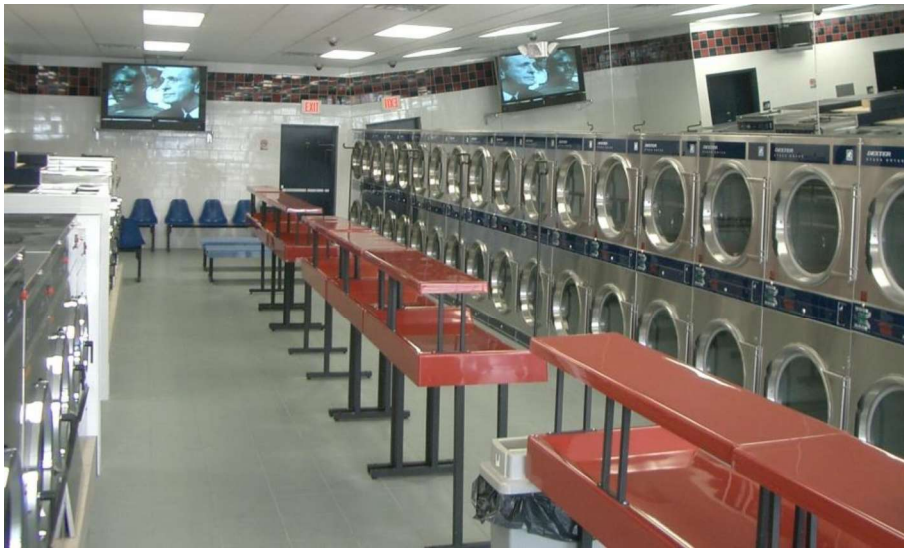


Protective Gowning

- Wear protective garments when patient body fluids may contact skin or other garments
- Cotton or cotton/polyester garments acceptable for most dental procedures
- Wear fluid resistant garments when generating substantial amounts of body fluid
- Fluid impervious garments never required



Decontaminating PPE



Safety Devices in Dentistry

- Implement safer medical devices that are appropriate, commercially available and effective
 - No requirement to use something other than would be normally used if there's no safer alternative
- Very limited data on dental needle safety device safety and effectiveness
 - Clinical studies have not shown dental safety needles to be safer than “traditional” needles
- Devices on market cleared by FDA on basis they're substantially equivalent to traditional devices
 - Not ability to reduce percutaneous injuries



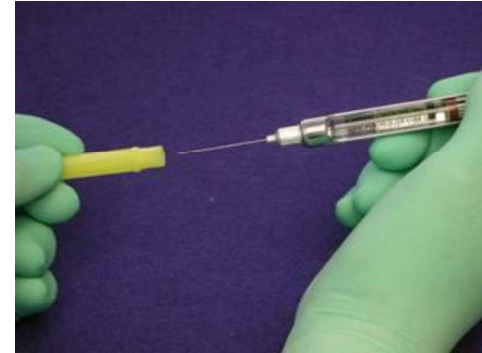
Justification for Recapping Needles

Must have justification to recap a needle, e.g.:

- It's not feasible to immediately dispose of used needle into sharps container
- Administering multiple doses of anesthetic to same patient

Needle Recapping

- Never recap by hand
- Never bend, break or cut a needle
- Use mechanical device or one-handed scoop method
- Dispose sharps into commercially manufactured sharps container



Infectious Waste Containment

- Red bag or properly label non-sharp infectious waste



- Dispose of sharps into commercially manufactured containers



Infectious Waste Disposal – Following OEPA Rules

- Weigh infectious waste (sharps, extracted teeth and tissue, saturated patient care materials)
 - Record total in monthly log
- < 50 pounds/month = small infectious waste generator
 - Small generators not mandated to use special infectious waste hauler
 - May dispose into regular solid waste stream
- Recent OEPA rule revisions have no practical impact on dentistry

No prohibition on returning extracted teeth to kids or keeping them for science day project

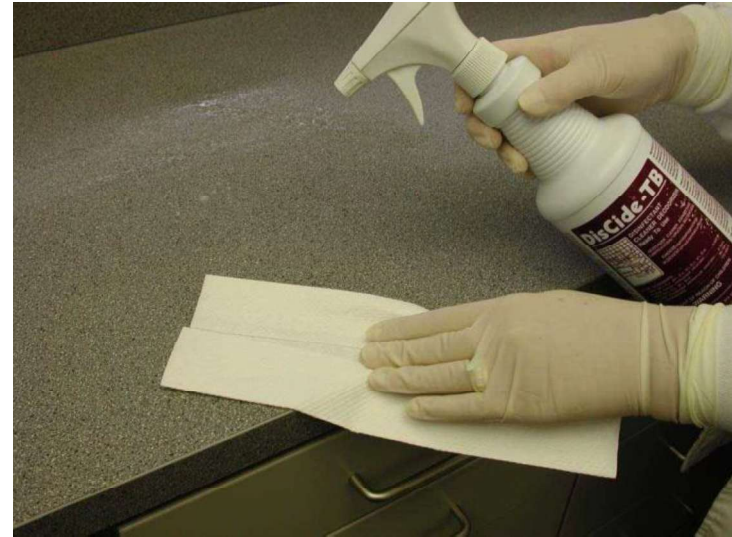
Wrapping

- Wrap surfaces that are difficult or impossible to disinfect
- Remove, discard and replace cover between patients



Surface Decontamination

- Use appropriate disinfectant
- Follow usage recommendations
- Clean surfaces prior to disinfection
- Disinfect surfaces between patients



Sterilizer Monitoring



Dry heat



Chemical vapor



Autoclave or steam

- Test all heat sterilizing devices on weekly basis
- Use biological monitoring system that indicates microorganism kill
 - Must include control to verify proper spore kill

52 entries



Sterilizer Monitoring Documentation

In-office testing documentation

Log that includes: 1) dates and person(s) conducting testing and 2) results of test capsule and control capsule

Independent testing service documentation

Report dental office receives from testing service

- Keep testing documentation in office at least 2 years
- Must be made immediately available to OSDB representatives upon request



Positive Biological Spore Tests

After 1st positive test:

- Take immediate remedial action to ensure heat sterilization is being accomplished
- Follow manufacturer's guidelines and perform 2nd biological spore test

After 2nd positive test:

- Remove device from service until repaired
- Maintain proof of repair with testing documentation

Instrument Cleaning & Sterilization



Follow manufacturer's recommendations for sterilization process and post sterilization storage



No mandates requiring instruments be stored in bagged state or storage bags be labeled

Items that Must Be Heat Sterilized

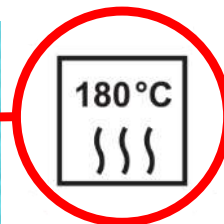
- All high speed & surgical handpieces
- Low speed contra angles
- Prophy angles
- Nose cones
- All hand and orthodontic instruments
- All burs and bur changers
 - Including contaminated laboratory burs and diamond abrasives
- All endodontic instruments
- Air-water syringe tips
- High-volume evacuator tips
- Surgical instruments
- Ultrasonic periodontal scalers and tips
- Electro-surgery tips
- Metal impression trays
- Intra-oral radiographic equipment that can withstand heat sterilization

Items that Must Be Heat Sterilized

In addition to explicitly listed items:

“All instruments and all items that are able to withstand repeated exposure to heat must be heat sterilized between patients.”

Ohio State Dental Board Infection Control Manual



OSDB Chemical Sterilization Rules

- Instruments and items that cannot withstand heat sterilization must be subjected to chemical sterilization process between patients
 - Sterilant must be cleared by FDA
 - Follow manufacturer's usage instructions

Single Use or Disposable Items

- Matrix bands
- Disposable needles and syringes
- Local anesthetic carpules
- Saliva ejectors, high volume evacuator tips and air-water syringe tips
- Prophylaxis angles, cups and brushes
- Polishing discs, cups and points
- Fluoride trays
- Disposable impression trays

Cleaning Up a Blood Spill

- Wear gloves and wipe up spill with towel
- Carefully dispose of towel
 - It may need to go into container labeled biohazardous
- Apply germicide or bleach and water solution till surface glistening wet
- Keep surface moist per manufacturer's recommendations
 - Usually 5 to 10 minutes
- Allow surface to air dry



Handling Exposure Incidents

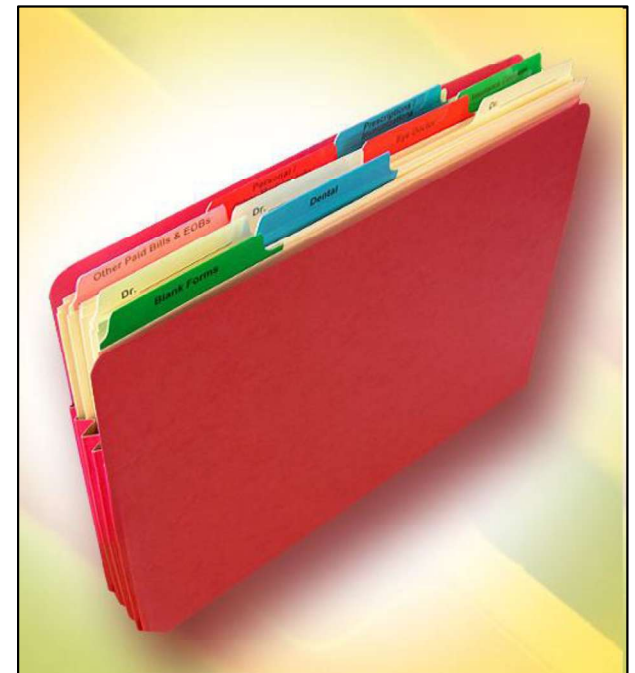
- Needlesticks and cuts:
 - Wash with soap and water
- Splashes to nose, mouth or skin:
 - Flush with water
- Exposures to eyes:
 - Irrigate eyes with clean water, saline or sterile irrigants
- Report incident to supervisor
- Immediately seek medical treatment in concert with employer

Post-exposure Evaluation & Follow-up

- Prepare incident report
- Request source patient be tested
- Offer affected employee medically indicated prophylaxis, counseling and evaluation of any reported illnesses
- With consent, collect employee's blood for baseline testing
- Obtain documentation from treating health care professional
- Not required to complete sharps injury log, OSHA 300 or OSHA 101 forms

Employee Medical Records

- Contain medical information generated from worker's employment
 - HBV vaccine documentation
 - Documentation generated from a needle stick
- Keep confidential
- Maintain 30 years post employment
 - If practice sold transfer records to new owner
 - If practice goes out of business offer records to NIOSH
 - 1-800-CDC-INFO (1-800-232-4636)



Posters, Posters and More Posters...

Job Safety and Health IT'S THE LAW!

OSHA

All workers have the right to:

- a safe workplace
- Receive a safety or health concern with your supervisor or OSHA, or request an inspection
- Receive information and training on job hazards, including all hazardous substances in your workplace
- Receive a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate to have your representative participate in OSHA inspections and seek to provide to the inspector
- File a complaint with OSHA within 30 days of the date of the violation or within 180 days of the date of the last OSHA inspection issued for that workplace
- Request copies of your medical records that relate to an injury, illness, or the workplace hazard and disease log.

OSHA is an agency of the U.S. Department of Labor.

Contact OSHA. We can help.

1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

Know Your Rights: Workplace Discrimination is Illegal

The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that prohibit work discrimination in employment. If you believe you have been discriminated against in hiring for a job, the EEOC may be able to help.

Who is Protected?

- Individuals with race or ethnicity
- Individuals with sex or gender
- Individuals with age
- Individuals with religion
- Individuals with disability
- Individuals with national origin

What Types of Employment Discrimination are Illegal?

- Hiring or firing decisions based on race, sex, age, religion, or national origin
- Promotions or demotions based on race, sex, age, religion, or national origin
- Harassment based on race, sex, age, religion, or national origin
- Paying different wages or benefits based on race, sex, age, religion, or national origin
- Refusing to hire or promote someone based on race, sex, age, religion, or national origin
- Retaliating against someone for filing a complaint or participating in an EEOC investigation

What Can You Do If You Believe Discrimination Has Occurred?

Contact the EEOC, your state or local EEOC office, or the U.S. Office of Federal Register for more information. You may also file a charge with the EEOC.

1-800-649-5723 • www.eeoc.gov

EMPLOYEE RIGHTS FOR WORKERS WITH DISABILITIES PAID AT SUBMINIMUM WAGES

WORKERS WITH DISABILITIES

WORKER NOTIFICATION

KEY ELEMENTS OF SUBMINIMUM WAGE RATES

WDA

EXECUTIVE ORDER 13682

FRINGE BENEFITS

OVERTIME

CHILD LABOR

PETITION PROCESS

EWHC

EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE \$7.25 PER HOUR

CHILD LABOR

CHILDLABOR

NURSING MOTHERS

ENFORCEMENT

ADDITIONAL INFORMATION

EWHC

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

LEAVE ENTITLEMENTS

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

EMPLOYER RESPONSIBILITIES

EMPLOYEE RESPONSIBILITIES

EWHC

YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

REEMPLOYMENT RIGHTS

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

USERRA

EMPLOYEE RIGHTS THE EMPLOYEE POLYGRAPH PROTECTION ACT

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

PROHIBITIONS

EXEMPTIONS

EXAMINE RIGHTS

ENFORCEMENT

EWHC

Know Your Rights EQUAL EMPLOYMENT OPPORTUNITY IS THE LAW

The Ohio Civil Rights Act prohibits discrimination in employment on the basis of race, sex, age, religion, national origin, disability, marital status, and sexual orientation.

Race and Color

National Origin and Ancestry

Sex and Pregnancy

Disability

Age

Religion

Marital Status

Sexual Orientation

Enforcement

EWHC

OHIO STATE OF OHIO MINOR LABOR LAWS

OHIO REVISED CODE CHAPTER 607 MINOR MEANT ANY PERSON LESS THAN 18 YEARS OF AGE

RESTRICTIONS ON WORKING HOURS FOR MINORS 14 AND 17 YEARS OF AGE

RESTRICTIONS ON WORKING HOURS FOR MINORS 14 AND 17 YEARS OF AGE

PROHIBITED OCCUPATIONS FOR MINORS UNDER 14 YEARS OF AGE

PROHIBITED OCCUPATIONS FOR MINORS 14 THROUGH 17 YEARS OF AGE

MINORS UNDER 18 YEARS OF AGE MAY NOT ENGAGE IN HOME-TO-HOME EMPLOYMENT UNLESS

POST IN A CONSPICUOUS PLACE

STATE OF OHIO 2026 MINIMUM WAGE

NON-TIPPED EMPLOYEES

TIPPED EMPLOYEES

ENFORCEMENT

POST IN A CONSPICUOUS PLACE

NO SMOKING

To report violations call 1-866-559-OHIO (6446) in accordance with Chapter 3794 of the Ohio Revised Code.

OHIO DEPARTMENT OF HEALTH NOTICE TO EMPLOYEES

YOUR EMPLOYER'S RESPONSIBILITIES

YOUR REQUIREMENTS AS A WORKER

WHAT IS COVERED BY THESE RULES

REPORTS ON YOUR RADIATION EXPOSURE

INFECTIONS

POSTING REQUIREMENTS

CONTACT INFORMATION

EWHC

These posters and more may be downloaded from ODA website at no charge or hard copies purchased from ODA for \$6 plus tax

www.oda.org or 1-800-282-1526

Ohio Dentist Advisor: Your Guide to Regulatory Compliance

Ohio Dentist Advisor:
Your Guide to Regulatory Compliance
an ODA member benefit

OHIO DENTAL ASSOCIATION
Informing - Representing - Serving



www.oda.org | dentist@oda.org | 800-282-1526

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Thank You for Attending Today's Program

Questions & Contact Information

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614-486-2700 or 800-282-1526
dentist@oda.org
www.oda.org



Christopher A. Moore



- Director of Dental Services at the Ohio Dental Association since 1989
- Honorary Fellow of the International College of Dentists
- Assists ODA member dentists and their offices address regulatory compliance, dental insurance, Medicaid, managed care, risk management, dental licensure, workforce and other dental practice related issues
- Provides staff support for ODA's Council on Dental Care Programs and Dental Practice, Dental Education and Licensure Committee, Medicaid Working Group and Statewide Subcouncil on Peer Review
- Bachelor of Arts from Case Western Reserve University
- Master of Arts from Kent State University