

OSHA/HIPAA Update

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Presented to

Corydon Palmer Dental Society

February 2, 2024



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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.



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Government Impact on Your Practice

Ohio State Dental Board Medical Care Advisory Committee
 Joint Committee on Agency Rule Review (JCARR) Medical Board
 Department of Health Board of Pharmacy Department of Insurance
 Auditor of State NIH CDC Governor of Ohio Board of Regents Controlling Board
 Bureau of Workers' Compensation Ohio General Assembly Department of Aging
 Ohio Supreme Court Small Business Advisory Council
 Congress OSHA Small Business Administration Local Water and Sewer Districts
 Bureau of Occupational Health and Safety
 Department of Taxation Local Health Departments Radiation Advisory Council
 Ohio EPA Commission on Civil Rights Dentist Loan Repayment Advisory Committee
 Division of Emergency Medical Services Public Utilities Commission of Ohio
 Attorney General
 FTC CMS Bureau of Indian Affairs FDA
 Department of Health and Human Services IRS Industrial Commission
 Department of Job and Family Services Agency for Healthcare Research and Quality
 DEA Department of Labor Office of Budget and Management NLRB
 Commerce Department



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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 and salespeople, especially when it comes to OSDB, OSHA, HIPAA
 - To verify OSDB contact 614-486-2580 or dental.board@den.ohio.gov
 - To verify OSHA go to: <https://www.osha.gov/contactus/bystate/OH/areaoffice>
 - OCR uses os-ocr@hhs.gov or osocraudit@hhs.gov



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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



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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



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Ohio E-prescribing Law

- Requires all schedule II controlled substance prescriptions be done electronically unless:
 - There is temporary technical, electrical or broadband failure
 - Prescription is for nursing home resident or hospice care patient
 - Prescriber is employed by, or under contract with, same entity that operates the pharmacy
 - Prescriber determines electronic prescription cannot be issued in timely manner and patient's medical condition is at risk
 - Prescription is issued from health care facility, which may include an emergency department, and prescriber reasonably determines that electronic prescription would be impractical for patient or would cause delay that may adversely impact patient's medical condition
 - **Prescriber writes 50 or fewer schedule II controlled substance prescriptions per year**
 - Prescriber is licensed veterinarian
- Took effect September 21, 2022

ODASC negotiated limited time 30% discount with iPrescribe mobile app



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Emergency Medical Kits

- No requirements mandating specific drugs or items to include in medical emergency kit
- Dentist must know how to use everything in office's kit (or do not have it in kit)
- Ensure nothing in kit has passed its expiration date
- TDDD required (per location) if kit includes controlled substance, eg, valium
 - Separate from and in addition to DEA license
 - <http://www.pharmacy.ohio.gov/Licensing/TDDD.aspx>
- Dentists not mandated to possess or administer Naloxone

Dentists with general anesthesia or conscious sedation permits must meet drug and facility requirements associated with those permits



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Current (“Old”) X-ray Machine Rules:

- Have written, annually reviewed, office-specific quality assurance (QA) program that includes maintenance of calibration records
 - Sample ODA QA program: <https://oda.org/member-resources/resource-guides/> (Section 12)
- Have policy on use of radiation monitoring badges
- Have policy or protocol to address pregnant patients and employees
- Each radiographic image, or record linked with each radiographic image contains
 - Patient identification
 - Date of exam
 - Operator identification
 - Eg, if digital tie to notes portion of patient record



ODH X-Ray Program Rules:

<https://odh.ohio.gov/know-our-programs/x-ray-equipment/rule-guidance>



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Current (“New”) X-ray Machine Rules: Announced About 5 Years Ago

- Implement and document a policy that “only permit[s] licensed practitioners [ie, dentists] to order radiographic examinations”
- Perform and document that your office conducts “annual evaluations of your x-ray machine operators including:
 - Positioning of x-ray tube
 - Image processing
 - Operator location during x-ray exposure
 - Appropriate radiologic protocol
 - Applicable regulatory requirements”
- Perform visual inspection and document “annual evaluation of the integrity of all protective gloves [if lead lined], aprons, and thyroid collars”
 - Eg, do not permit lead aprons to be folded or creased



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Practical Implications. This position statement informs and educates the reader on evolving radiation protection practices and provides simple, unequivocal guidance to dental personnel to

Corporate Transparency Act

- Enacted by Congress in 2021 to combat use of businesses as money-laundering operations
- Requires certain businesses to report information to the Financial Crimes Enforcement Unit (FinCEN) about their ownership



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Corporate Transparency Act

- For dentists, it means filing one time report with US Dept of Treasury regarding their practice's ownership if practice:
 - Employs fewer than 20 people and/or
 - Generates less than \$5 million in gross receipts of revenue annually
- Dental practices created prior to January 1, 2024 must file report before January 1, 2025
 - Annual reports not required though office would need to make an additional filing to update or correct previously submitted information
 - Failure to file report could subject office to possible civil or criminal penalties



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Corporate Transparency Act

- Information that is filed includes:
 - Business information - practice's legal name, any trade names, current address, jurisdiction in which business was formed and business' tax ID number
 - Beneficial owner information (those who own or control at least 25% of business or exercise substantial control over business)
 - name, date of birth, residential address, ID number from either their driver's license, passport or state ID and a copy of that form of identification
- To file report, go to: <https://www.fincen.gov/boi>

For additional information:

<https://www.ada.org/~media/project/ada%20organization/ada/ada-org/files/resources/practice/practice-management/WhatistheCorporateTransparencyAct>



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New OSDB Sedation Rules

- Only impacts dentists who currently hold conscious sedation or general anesthesia permits
 - No new obligations for dentists who do not currently hold these permits, eg, still only need active Ohio dental license to utilize nitrous oxide
- General Anesthesia and Deep Sedation permit holders:
 - In cases where patient is under 8 years old, there must be 3 people physically present in operator and at least 1 of these people must have PALS certification
 - 1 person may simply be assisting with procedures
- Moderate Sedation permit holders:
 - If patient is under 13 years old, then moderate sedation provider must have PALS certification
- New rules use term “moderate sedation” instead of “conscious sedation”
- Rules take effect April 1, 2024
- Permit renewal process remains unchanged



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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
 - Use business associate agreements
 - Designate privacy and security officer for dental practice
- Conduct and document training

Don't be reckless or cavalier



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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>)



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HIPAA Resources

- ADA resources
 - <https://www.ada.org/resources/practice/legal-and-regulatory/hipaa>
 - 312-440-2500 or HIPAA@ada.org
- ADA Catalog
 - www.adacatalog.org
- US Office For Civil Rights
 - FAQs: <https://www.hhs.gov/hipaa/for-professionals/faq/index.html>
 - Risk assessment tool:
<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment>



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OSDB CE Requirements (Each Biennium)

Dentists:

- Renew licenses by end of next year (2025)
- 30 hours of CE
 - CE from study clubs only counts if:
 - Study club is ADA CERP or AGD PACE approved or
 - Study club course is presented in partnership with local dental society
- 2-hour opioid prescribing CE requirement no longer in effect
- *Possible new CE rules coming?*



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OSDB CE Requirements (Each Biennium)

Dental hygienists:

- Renew licenses by end of next year (2025)
- 20 hours of CE
- 2-hour opioid prescribing CE requirement no longer in effect
- *Possible new CE rules coming?*



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OSDB CE Requirements (Each Biennium)

Dental assistant radiographers:

- Renew permits by end of this year (2024)
- 2 hours of CE in radiography



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OSDB CE Requirements (Each Biennium)

EFDAs:

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



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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**
 - 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



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DEA Registration Renewal Training Requirement

- Acceptable training may:
 - Come from one or multiple sessions
 - Be obtained in classroom setting, seminar, professional society meeting or virtual session
 - From the past may be counted, 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



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OSDB BLS/CPR Requirements

Dentists:

- Not required to be certified as condition of licensure
- Those who hold conscious sedation or general anesthesia permits however, are required to have ACLS and being BLS certified is condition that's required to have ACLS



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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



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OSDB BLS/CPR Requirements

EFDAs:

- Must be certified when registering or renewing EFDA registration



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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



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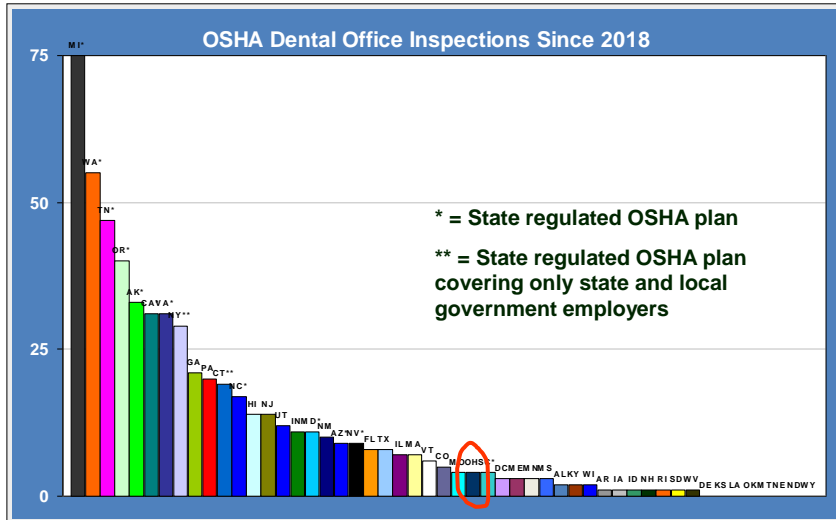
OSHA Training Requirements

- 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



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OSHA Activity in the US



Source: Integrated Management Information System (IMIS), Occupational Safety & Health Administration, U.S. Department of Labor, accessed February 1, 2024 using NAICS code 621210.

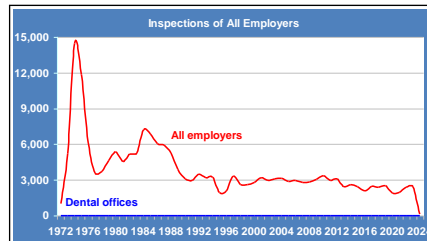
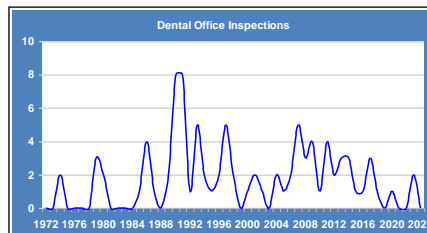


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...and in Ohio

OSHA not targeting Ohio dental offices

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

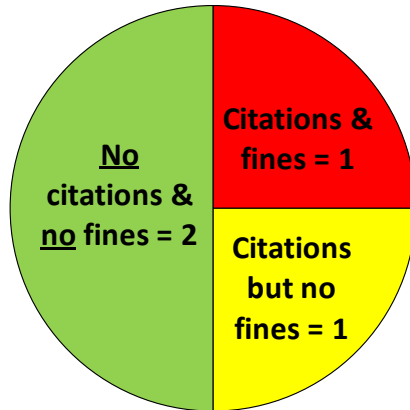


Source: Integrated Management Information System (IMIS), Occupational Safety & Health Administration, U.S. Department of Labor, accessed February 1, 2024 using NAICS code 621210.



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Results of 4 OHSA Ohio Dental Office Inspections Since 2018



Offices with Citations and Fines

Average number of citations = 1.75

Average final fine = \$669.75

(the one office ended up with total fine of \$2,679)

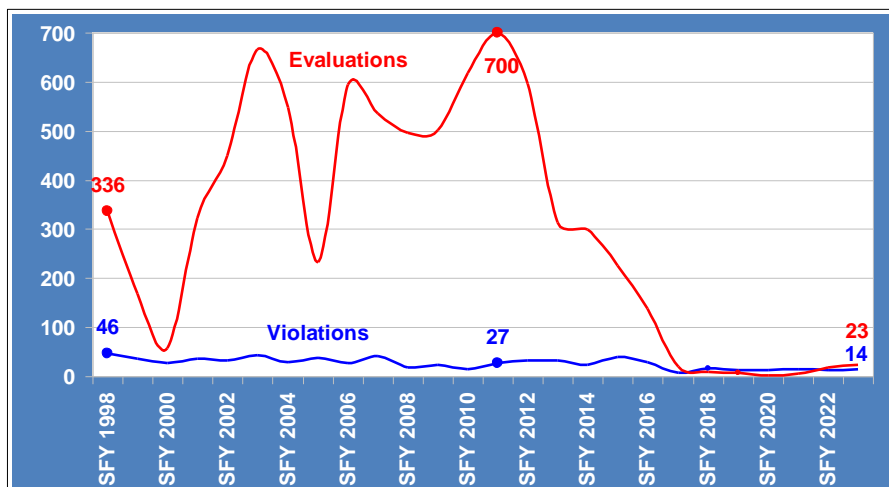
0 citations involved COVID

Source: Integrated Management Information System (IMIS), Occupational Safety & Health Administration, U.S. Department of Labor, accessed February 1, 2024 using NAICS code 621210.



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OSDB Infection Control Activity



Source: Annual Reports of the Ohio State Dental Board, state fiscal years 1998-2023.



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Universal Precautions

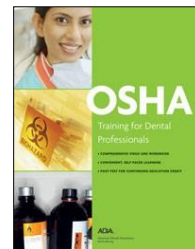
- Assume every patient's blood and saliva is infectious
- Use protective barriers to reduce risk of exposure to blood and saliva
 - Gloves, gowns, aprons, masks and/or protective eyewear
- Take precautions to prevent injuries from needles, scalpels and other sharp instruments or devices



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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



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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



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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



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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



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Modes of Transmission

- Cuts or puncture wounds, eg, needlesticks
 - By far most common though still vary 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

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Symptoms

HIV	HEPATITIS B	HEPATITIS C
<ul style="list-style-type: none"> • Many do not feel sick or have symptoms • For those who develop symptoms: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • Many do not feel sick or have symptoms • For those who develop symptoms: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • Many do not feel sick or have symptoms • For those who develop symptoms: <ul style="list-style-type: none"> ○ 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

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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

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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

Source: Division of Viral Hepatitis and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; available at: <http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm#treatment>



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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



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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



Note recommendations for COVID-19 call for mask and full face shield



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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



Note recommendations for COVID-19 call for mask and full face shield



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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



Sources: Cuny E, Fredekind RF, Budenz AW. Dental safety needles' effectiveness: results of a one-year evaluation. J Am Dent Assoc. 2000 Oct;131(10):1443-8; Safer medical device implementation in health care settings – Sharing lessons learned. NIOSH; and Images: International Sharps Injury Prevention Society, South Jordan, Utah, http://www.isips.org/Dental_Safety_Needles_and_supplies.php.



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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



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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



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Infectious Waste Containment

- Red bag or properly label non-sharp infectious waste
- Dispose of sharps into commercially manufactured containers



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Infectious Waste Disposal

- 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

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



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Wrapping

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



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Surface Decontamination

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



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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

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Sterilizer Monitoring Documentation

- In-office testing documentation must be log with:
 - Dates and person(s) conducting testing
 - Results of test capsule and control capsule
- Independent testing service documentation must be report from independent testing service

Sterilizer Monitoring Documentation

- 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

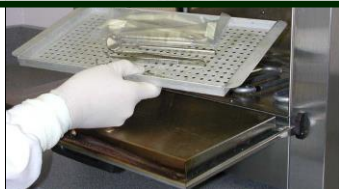
After 2nd positive test:

- 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***

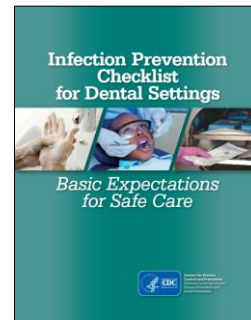


Items that Must Be Heat Sterilized

- All high speed & surgical handpieces
- Low speed contra angles
- Prophyl 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

Low Speed Motors

If low speed motor (or anything else) is made to be heat sterilized then it must be heat sterilized after every use



“Dental handpieces (including the low-speed motor) and other devices not permanently attached to air and waterlines are cleaned and heat-sterilized according to manufacturer instructions”

CDC Infection Prevention Checklist for Dental Settings

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



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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



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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



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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



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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



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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)



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Posters, Posters and More Posters...



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



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Ohio Dentist Advisor: Your Guide to Regulatory Compliance

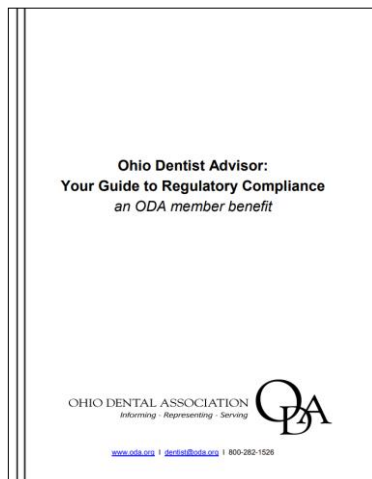


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<https://www.oda.org/member-center/resource-library/regulatory-compliance-guide/>



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Thank You for Attending Today's Program

Questions & Contact Information

Ohio Dental Association
1370 Dublin Road
Columbus, Ohio 43215
614-486-2700 or 800-282-1526
dentist@oda.org
www.oda.org

