

# OSHA Bloodborne Pathogens Training + HIPAA

Christopher A. Moore

Director of Dental Services, Ohio Dental Association

Presented to

Corydon Palmer Dental Society

February 6, 2025



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

Medical Care Advisory Committee

Joint Committee on Agency Rule Review (JCARR)

Medical Board

Office of Health Transformation

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**

**OSHA**

**Small Business Administration**

**Local Water and Sewer Districts**

**Congress**

**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**

**FTC**

**CMS**

**Bureau of Indian Affairs**

**Attorney General**

**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**

**Local Fire Departments**



**OHIO DENTAL  
ASSOCIATION**

ADVOCATE. INFORM. SERVE.



# 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](mailto:os-ocr@hhs.gov) or [osocraudit@hhs.gov](mailto: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



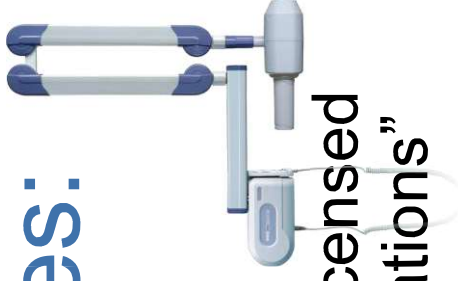
# Current (“Old”) X-ray Machine Rules:

- 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/wps/portal/gov/odh/know-our-programs/x-ray-equipment/rule-guidance>

# Current (“New”) X-ray Machine Rules: Announced About 5-6 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



Practice Guidelines

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 Goebel, BDS, PhD;



ADA American Dental Association



Supplemental material is available online.

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, MSc; 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

Copyright © 2023 American Dental Association. This is an open access article under the CC BY-NC-ND license (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).  
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

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>

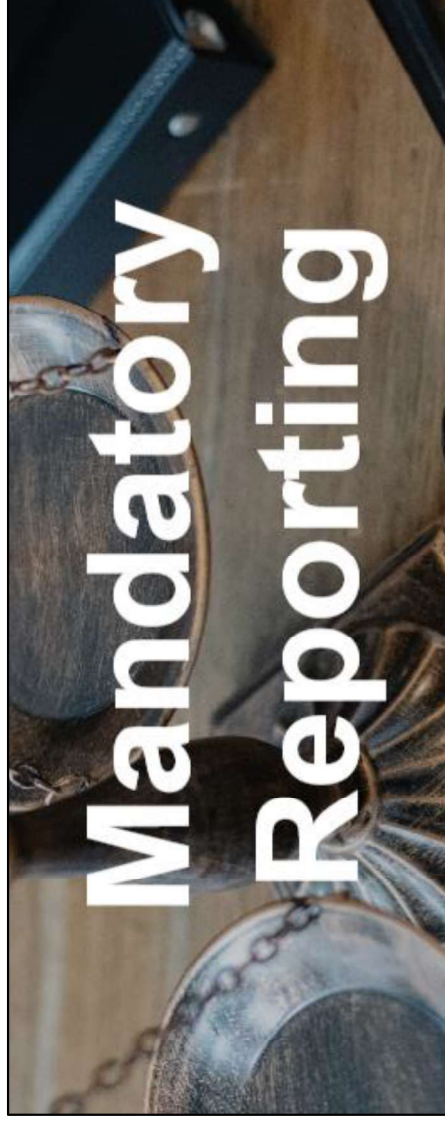


# Final Word on Radiographs...

- 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



# 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
- 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 Jan 1, 2024 must file report before Jan 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
- Dental practices created in 2024 must file report within 90 days of creation  
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
    - Consult legal counsel if unsure of if an individual is beneficial owner
- To file report, go to: <https://www.fincen.gov/boi>



**ENFORCEMENT NETWORK**

# Corporate Transparency Act



## IMPORTANT UPDATE

### COURT REINSTATES PRELIMINARY INJUNCTION OF CTA ENFORCEMENT

Reporting entities, including dental offices, have a reprieve from filings pursuant to the most recent court order

***As of Dec 26, 2024, dental offices and other businesses are NOT required to file***

In another ruling related to the Corporate Transparency Act (CTA), the Fifth Circuit Court of Appeals has reinstated a preliminary injunction against the CTA's reporting requirements, which would have applied to nearly all dental practices and their parent entities. This decision provides a reprieve for dental group practices and other businesses that have not yet filed their CTA reports. The bottom line is that dental practices – are NOT currently required to make their information public under the CTA.

# Corporate Transparency Act



Office of Inspector General

ABOUT OIG

REPORTS

**FRAUD ALERTS**

WORKING AT OIG

CARES ACT

REPORT FRAUD, WASTE, AND ABUSE  SEARCH

About OIG

Reports

**Fraud Alerts**

## Fraud Alerts

For information about whistleblowing and reprisal and about your rights and responsibilities as a Treasury

Unsolicited Phone Calls, Text Messages, or Emails

Reporting to be from the Treasury Office of Inspector

Working at OIG

CARES ACT

Reports and

Secretary of the Treasury, Frauds,

General, Office of Investigations, FinCEN, OFAC, the

Treasury "Office of Legal Affairs", or even from the

of money and requests personal information or a sum of money/gift

cards (iTunes, Steam, etc) to "release" the funds. The Treasury does

NOT have any such programs. Likewise, e-mails or messages that seem

to be from the Treasury that request information or demand a fee for a

release of funds from OFAC or FinCEN holds are entirely fake. While

millions of people have been scammed, the Treasury has not received

any reports of such programs. Likewise, e-mails or messages that seem

to be from the Treasury that request information or demand a fee for a

release of funds from OFAC or FinCEN holds are entirely fake. While

millions of people have been scammed, the Treasury has not received

any reports of such programs. Likewise, e-mails or messages that seem

to be from the Treasury that request information or demand a fee for a

release of funds from OFAC or FinCEN holds are entirely fake. While

millions of people have been scammed, the Treasury has not received

any reports of such programs. Likewise, e-mails or messages that seem

<https://oig.treasury.gov>



Buying a gift card to pay someone?

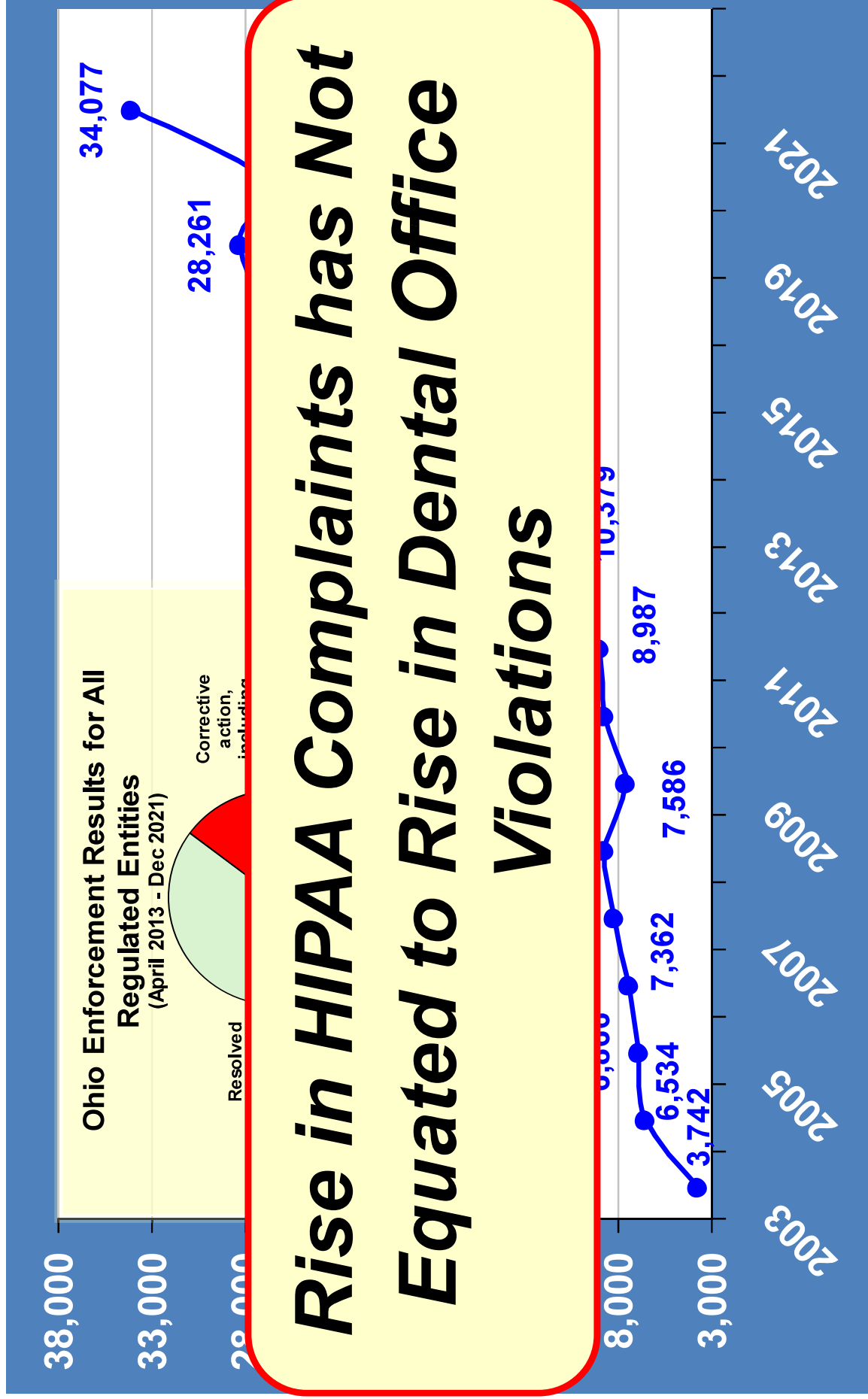
**STOP. It's a scam!**

[Planning Documents](#)

# Be alert for scams

## <https://oig.treasury.gov/fraud-alerts>

# HIPAA Complaints on Rise



***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 Jan 130, 2025.

# 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
  - Provide patients with their records upon request
- Conduct and document training



# 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 – New 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](mailto: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>



NEVER STRESS OVER COMPLIANCE AGAIN

# 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
- ODA has met with major insurer regarding their implementation of non-covered services law



# Ohio's Non-covered Services Law – What are Non-covered Services

- 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 – Important Dates

- Signed into law July 24, 2024
- Effective date is Oct 21, 2024
- Language within new law addresses existing contracts and constitutional issues by being applicable “to contracts entered into, amended, or renewed on or after Jan 1, 2025”
- This means existing contracts may be completed for their term before law takes effect on the amended, renewed or new contracts

# Ohio's Non-covered Services Law – Dental Office Preparations

- Know when your participating provider contracts renew and their relevant renewal provisions
  - Utilize free Contract Analysis Service before signing contracts
- For contracts that renew early in 2025, inform contracted insurance companies any non-covered services provisions should be removed from contract effective contract's renewal date
- For contracts that renew later in 2025 or beyond, consider asking insurance company to amend contract by removing any non-covered services provisions effective Jan 1, 2025
- Note: Insurance companies could, of their own accord, just not enforce existing non-covered services clauses after contract's effective date or amend all their contracts as of Jan 1, 2025

# Ohio's Non-covered Services Law – Dental Office Preparations

- While contracts entered into, amended or renewed after Jan 1, 2025 may not require dentist to either 1) accept as payment an amount set by contracting entity for dental care services provided to an enrollee unless the services are covered dental services or 2) contract with plan offering supplemental or specialty health care services as condition of contracting with plan offering basic health care services
- Law does however, allow dentist to accept as payment an amount set by insurer for non-covered dental services
  - To stay out of this “may accept” category, provide written notice to insurance companies you contract with your desire to opt out of their non-covered services fee schedule



# 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 Action Steps

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/>



OHIO DENTAL  
ASSOCIATION  
ADVOCATE. INFORM. SERVE.

# Random Notes

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

**JADA**  
THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION

Articles Publish Topics CE About Contact

ADA Member Login  
Submit

INVESTIGATION | INFECTION CONTROL · Volume 155, Issue 6, P515-524.E1, June 2024  
[Download Full Issue](#)

## Dental unit waterline infection control practice and knowledge gaps

Rachael Vintz, BS · Kristy A. Azzolin, MS · Sarah E. Stream, MPH · ... · Laura A. Elbridge, MS · Cameron G. Estrich, MPH, PhD · Ruth D. Lipman, PhD [✉](#) · [Show more](#)

[Article Info](#) [Article Info](#) [Article Info](#)

Publication History: Received December 19, 2023; Revised February 14, 2024; Accepted February 20, 2024

Footnotes: This work was funded through an unrestricted grant from HuFriedy Group to the American Dental Association Science and Research Institute.

The authors are grateful to the dental assistants, dental hygienists, and dentists who took the time to complete the survey. The authors would like to thank Dr. Simone Duarte for sharing knowledge and insight about dental unit water line infection control, Ms. Anita Mark for her careful reading of the manuscript, Ms. Linda Pompey for help with logistics, and Dr. Philip Dowd for initiating discussion and bringing about the research initiative.

DOI: 10.1016/j.cddo.2024.02.011.7 Also available on ScienceDirect.7

Copyright: © 2024 American Dental Association. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

### DENTAL UNIT WATERLINE INFECTION CONTROL

A GUIDE TO DENTAL WATER INFECTION CONTROL FROM ADA HuFriedyGroup

Every practice should have a policy & procedure manual for maintaining dental unit waterlines.

Where should they come from?

- Frequency of dental waterline testing ✓
- Remediation protocol ✓
- Hours with water ✓
- What to do in the event of a high-priority practice ✓
- High-speed handpiece ✓
- High water, untreated air source ✓

What should be included?

- ADA, HuFriedyGroup ✓
- Frequency of dental waterline testing ✓
- Remediation protocol ✓
- Hours with water ✓
- What to do in the event of a high-priority practice ✓
- High-speed handpiece ✓
- High water, untreated air source ✓

Which lines should be regularly tested?

- High-speed handpiece(s) lines ✓
- Airwater syringe(s) lines ✓
- Ultrasonic scaler(s) lines ✓
- Unused waterlines ✗

\* Please check for variations in the structure and construction of waterlines, hand water or air sources should be tested.

When should dental unit waterlines be flushed?

1. According to manufacturer's instructions.
2. After the final part of the day.
3. After the final part 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
- Operator(s)
- Water source
- Test results
- Waterline manufacturer
- Waterline manufacturer product lot #
- Flowing operator (if sample problem)
- Name of team member sampling

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



OHIO DENTAL  
ASSOCIATION

ADVOCATE. INFORM. SERVE.

# OSDB Sedation Rules (April 1, 2024)

- Only impact dentists who currently hold moderate (formally known as conscious) sedation permit or general anesthesia and deep sedation permit
- No new obligations for dentists who do not currently hold these permits

*OAC 4715-5-07(A)(1) The following may be administered by any dentist, unless otherwise restricted by the board:*

- a) Patients 13 years of age or older may receive enteral minimal sedation, limited to a single dose of a single drug at not more than the maximum recommended dose on the FDA-approved labeling indicated for unmonitored home use, with or without nitrous oxide-oxygen minimal sedation and local anesthesia;*
- b) Patients of any age may receive nitrous oxide-oxygen inhalation for minimal sedation.*

# OSDB Sedation Rules (April 1, 2024)

- Conscious Sedation Permits now known as Moderate Sedation Permits and there are 2 types
  - Moderate Sedation (for sedating patients aged 13 and over)
  - Moderate Sedation with Pediatric Endorsement (for sedating patients under age 13)
  - Dentists can apply for and receive either or both types of permits
  - General Anesthesia Permit permit holders may administer moderate sedation without Moderate Sedation Permit
- Moderate Sedation permit holders must have current Pediatric Advanced Life Support (PALS) if patient is under 13 years old
- All Moderate Sedation Permit with Pediatric Endorsement permit holders must have current PALS certification
- General Anesthesia and Deep Sedation permit holders:
  - Current PALS certification required for anesthesia providers when treating patients who are under 8 years of age with deep sedation or general anesthesia
  - In cases where patient is under 8 years old, there must be 3 people physically present in operatory and at least 1 of these people must have PALS certification
  - 1 person may simply be assisting with procedures
- Current Moderate/Conscious Sedation Permit holders who did not complete comprehensive predoctoral or advanced dental education program and who desire to continue to use sedation and receive Moderate Sedation Permit and/or Moderate Sedation Permit with Pediatric Endorsement must submit to OSDB an attestation along with evidence of successfully administering sedation to a minimum number of age-appropriate patients within preceding 3 years by April 1, 2025
- All anesthesia and sedation permit holders must perform quarterly emergency drills
  - Certain simulated emergency scenarios must be conducted annually and documented as part of these drills
- Permit renewal process remains unchanged



# OSDB CE Requirements (Each Biennium)

## Dentists:

- Renew licenses by end of this 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
- No current mandated CE, either in terms of content or learning modality
  - Opioid prescribing CE requirement has been sunsetted

# OSDB CE Requirements (Each Biennium)

## Dental hygienists:

- Renew licenses by end of this year (2025)
- 20 hours of CE
- No current mandated CE, either in terms of content or learning modality
  - Opioid prescribing CE requirement has been sunsetted

# OSDB CE Requirements (Each Biennium)

Dental assistant radiographers:

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

# 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



# 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

## EFDAs:

- 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

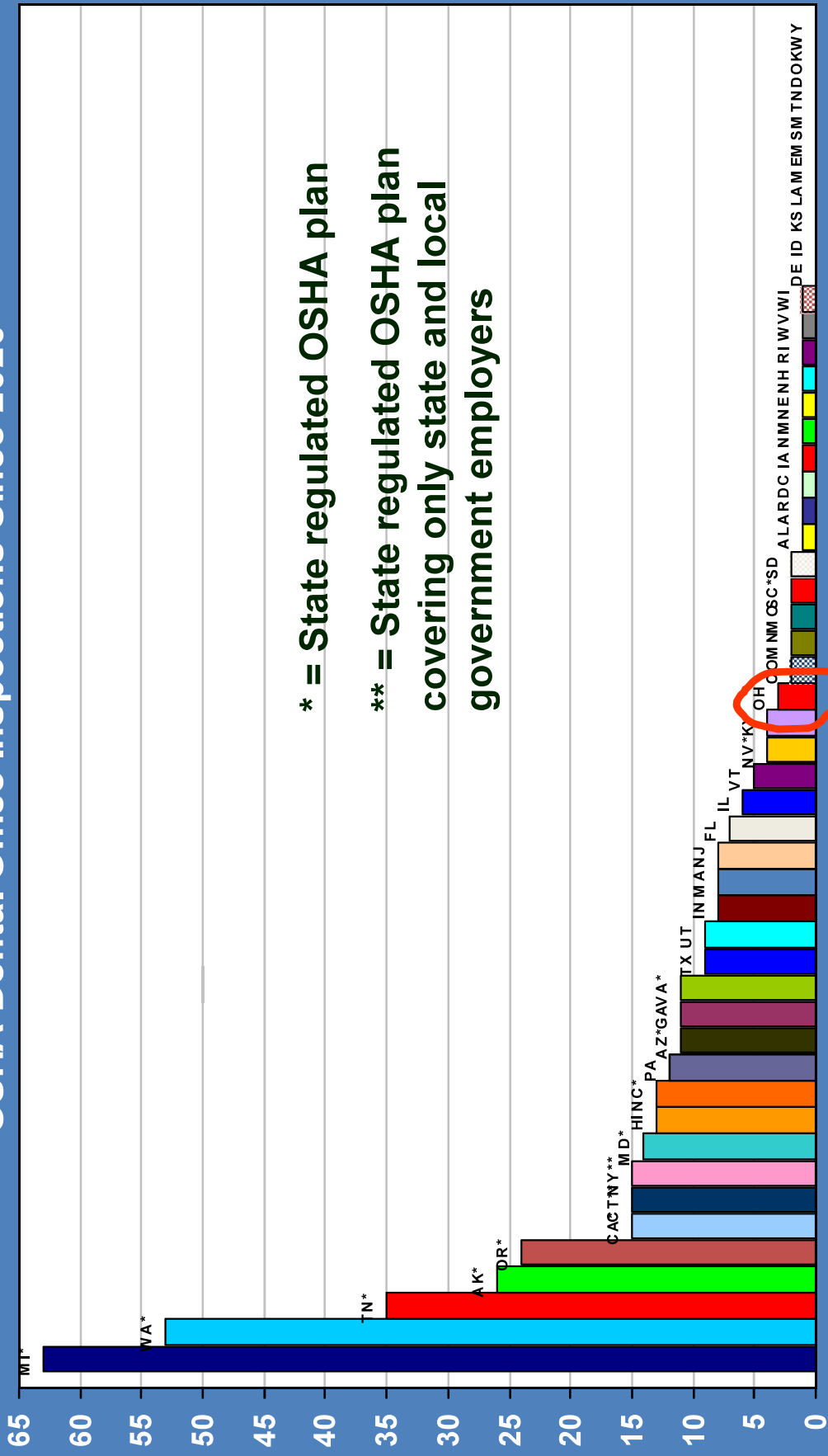
# OSHA Training Requirements

- 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



OSHA Dental Office Inspections Since 2020



\* = State regulated OSHA plan  
 \*\* = State regulated OSHA plan covering only state and local government employers

Source: Integrated Management Information System (IMIS), Occupational Safety & Health Administration, US Department of Labor, accessed Jan 30, 2025 using NAICS code 621210.

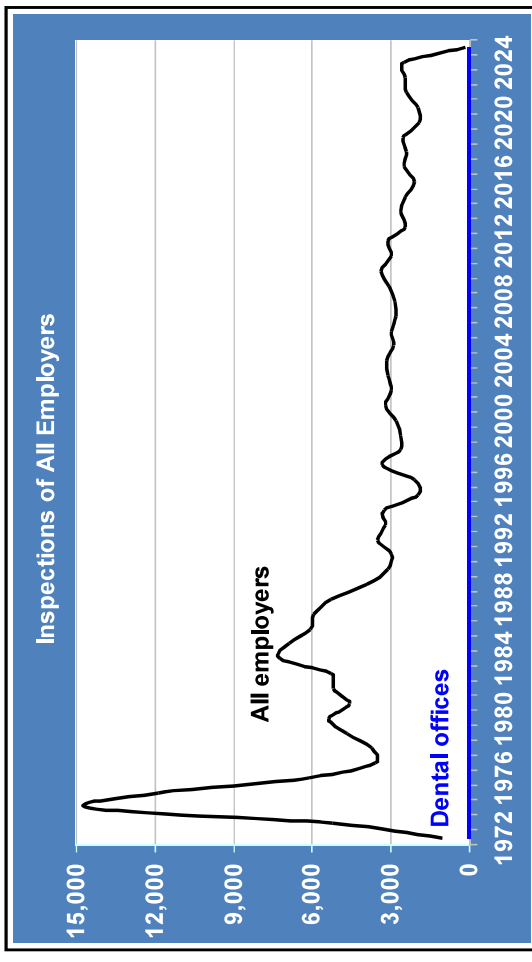




# ...and Ohio

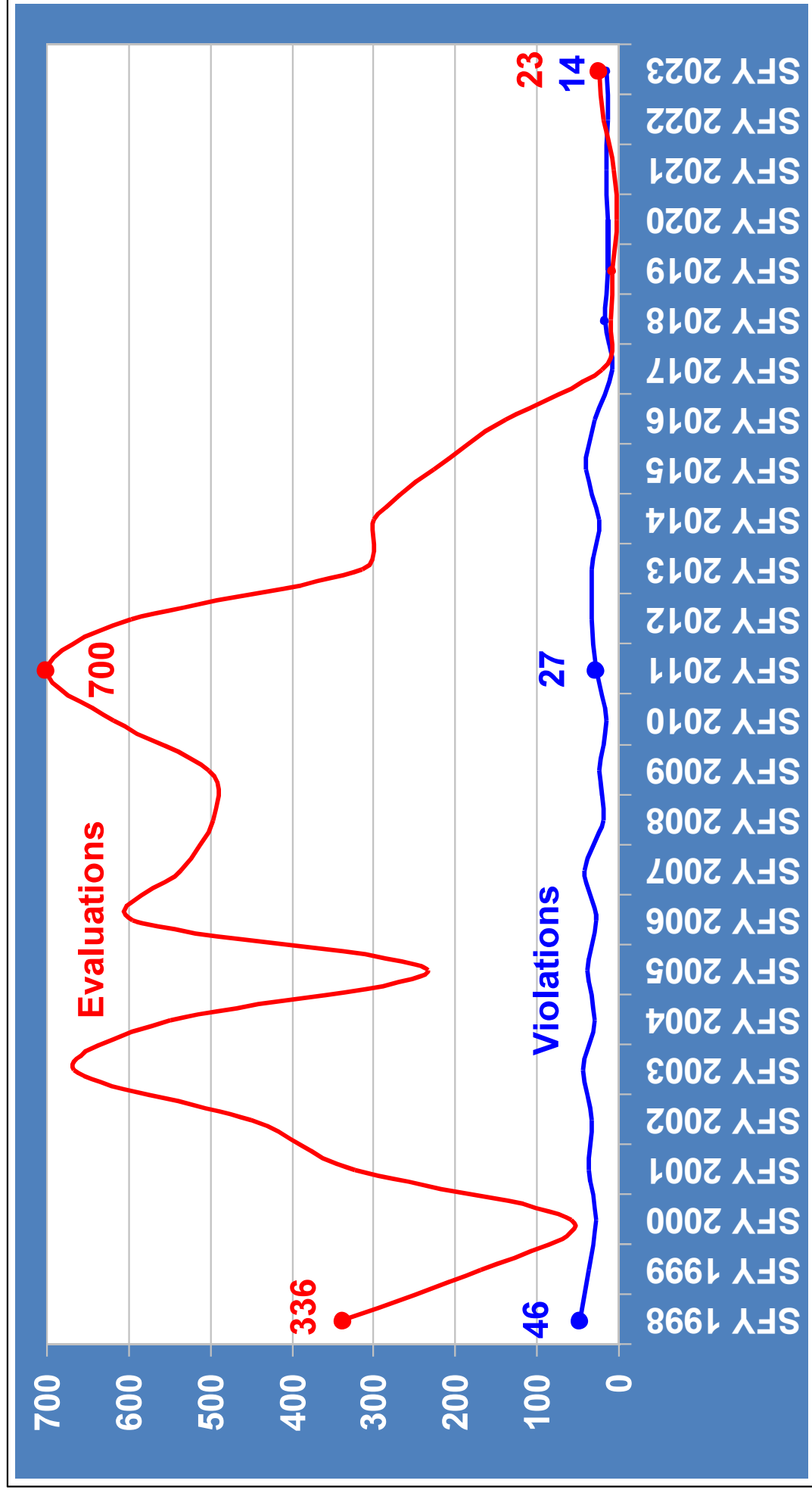
OSHA not targeting  
Ohio dental offices

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 Jan 30, 2025 using NAICS code 621210.

# OSDB Infection Control Activity



Source: Annual Reports of the Ohio State Dental Board, state fiscal years 1998-2023, accessed Jan 30, 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

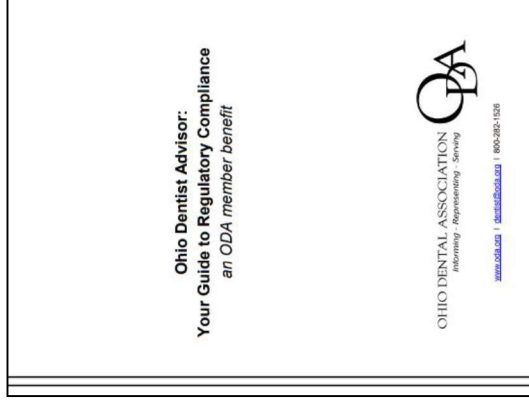
- All who may be exposed to blood or saliva, including all dentists

# Training Must Cover...

- Accessible copy of Bloodborne Pathogens Standard and explanation of its contents
- Engineering and work practice controls
- Signs/labels/color-coding used to designate biohazards
- Exposure control plan
- General discussion on bloodborne diseases and their transmission
- Responding to emergencies involving blood
- Hepatitis B vaccine
- How to handle exposure incidents
- Personal protective equipment
- 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	HEPATITIS B	HEPATITIS C
<ul style="list-style-type: none"><li>• Many do not feel sick or have symptoms</li><li>• For those who develop symptoms:<ul style="list-style-type: none"><li>○ Typically begin within 2 to 4 weeks after infection</li><li>○ May include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes and mouth ulcers</li><li>○ Symptoms may last for a few days or several weeks</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Many do not feel sick or have symptoms</li><li>• For those who develop symptoms:<ul style="list-style-type: none"><li>○ Typically begin 90 days after infection</li><li>○ May include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored stool, joint pain and jaundice</li><li>○ May last for several weeks to 6 months</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Many do not feel sick or have symptoms</li><li>• For those who develop symptoms:<ul style="list-style-type: none"><li>○ Usually begin 2–12 weeks after infection</li><li>○ 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</li></ul></li></ul>

# 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

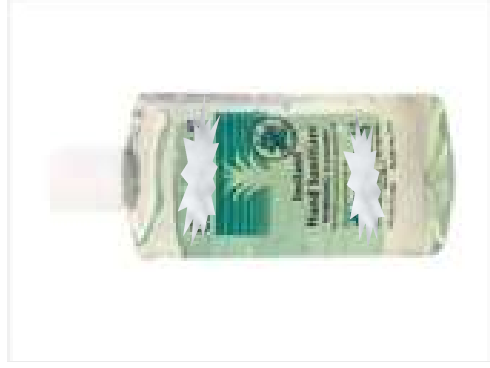
- Clean hands:
  - Before and after treating each patient
    - Before glove placement and after glove removal
  - That are visibly dirty
  - After touching contaminated objects with bare hands



# 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



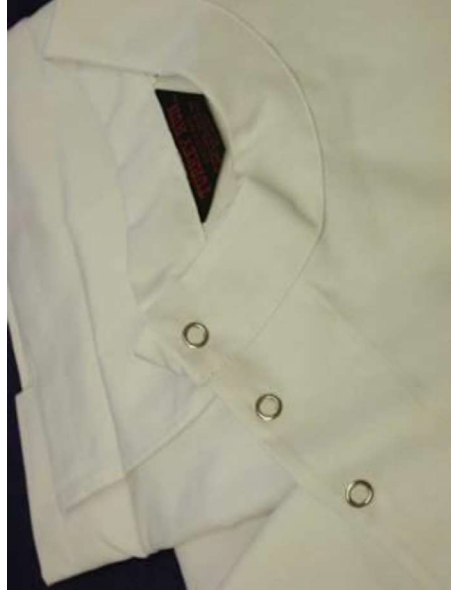
# Other Mask and Eyewear Considerations

- 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

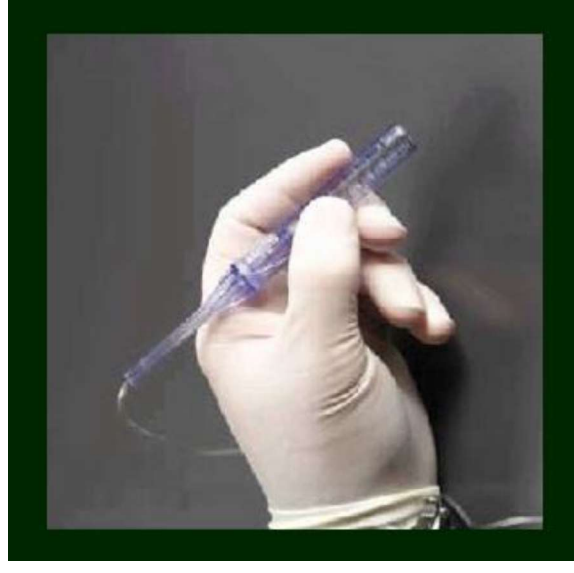


# Decontaminating PPE



# 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



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](http://www.isips.org/Dental_Safety_Needles_and_supplies.php).

# 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 – Failure to Comply can be Costly and Attention Getting

**Dentist who dumped medical waste in Jersey Shore waters avoids prison term**

Published: Friday, April 30, 2010, 5:40 PM Updated: Friday, April 30, 2010, 8:00 PM



By MaryAnn Spoto/The Star-Ledger



Like Sign Up to see what your friends like.

Sign Up

Facebook helps you connect and share with the people in your life.

facebook

Happening Today

**Dentist who dumped medical waste may avoid jail**

Email

Password

Login

Forgot your password?

Keep me logged in

Size: - +

**Pennsylvania dentist gets four years' probation for Avalon medical waste dumping, pays \$100,000 for cleanup**

Story

2 Comments (7)



Retweet



Share



Recommend

Share



Print



Font Size:



Posted: Friday, April 30, 2010 1:50 pm | Updated: 1:07 am, Saturday, May 1, 2010.

By BRIAN IANIERI Staff Writer |

**CAPE MAY COURT HOUSE** — At his sentencing for dumping medical waste off Avalon's coastline, Thomas McFarland Jr. spoke publicly for the first time Friday but offered no direct apology and little explanation.

**ALBANO, MILAM: SENTENCE FOR MEDICAL WASTE-DUMPING DENTIST TOO LENIENT**

by New Jersey Assembly Democrats on English, Apr. 16, 2010

Posted on Tue, Mar. 16, 2010

**Dentist pleads guilty to dumping medical waste at Shore**

By Jacqueline L. Urgo  
Inquirer Staff Writer

**CAPE MAY COURT HOUSE** - A Main Line dentist who dumped syringes and other medical waste in the waters off Avalon, closing beaches there and setting off a panic at the Jersey Shore shortly before Labor Day 2008, yesterday agreed to pay \$100,000 to the resort.

Thomas W. McFarland Jr., 61, of Wynnewood, Pa., was sentenced to one count of unlawful disposal of medical waste.



# 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
- OEPA currently considering rule revisions

***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 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


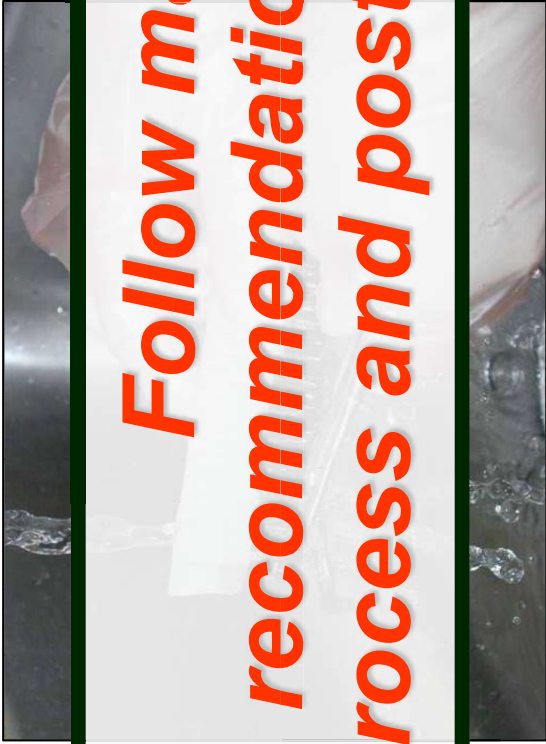


# Positive Biological Spore Tests

After 1<sup>st</sup> positive test:      After 2<sup>nd</sup> positive test:

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

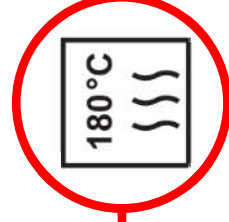
- All high speed & surgical handpieces
- Low speed contra angles
- Prophy angles
- Nose cones
- All hand and orthodontic instruments
- All burs and bur changers
  - Including contaminated laboratory burs and diamond abrasives
- All endodontic instruments
- Air-water syringe tips
- High-volume evacuator 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

# 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

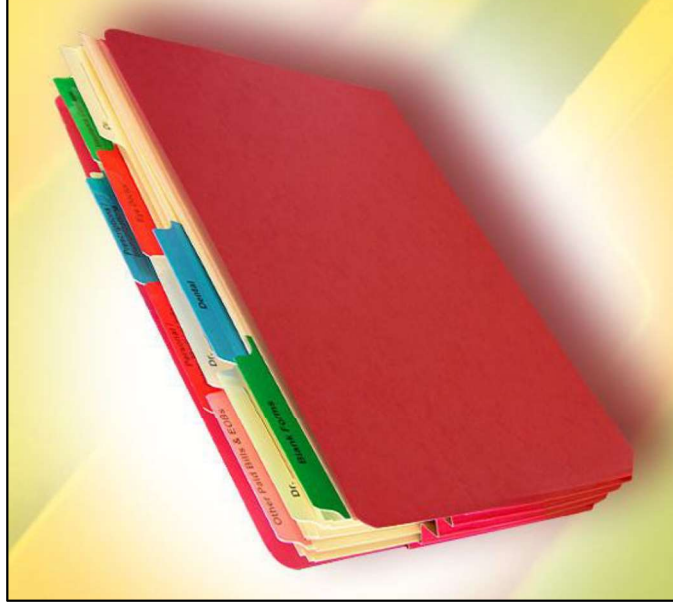
# Cleaning Up a Blood Spill

- 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



# 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)





# 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](http://www.oda.org) | [dentist@oda.org](mailto:dentist@oda.org) | 800-282-1526

## Table of Contents

1. Delegable Duties and Supervision
2. Dental License Requirements and CE
3. Employment Posters
4. Environmental Regulations/EPA
5. Infection Control and Hazard Communication
6. Mandatory Reporting
7. Medical Gases and Vacuum Piping Systems
8. Opioids, Controlled Substances and Prescribing
9. Patient Accommodations
10. Patient Privacy and Record Protocols
11. Volunteer Immunity
12. X-Ray Rules

# 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](mailto:dentist@oda.org)  
[www.oda.org](http://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