

**Division of Adult Institutions (DAI)**  
**DENTAL EXPOSURE CONTROL PLAN (DECP)**  
**Attachment A to DAI Policy 500.40.25 – Dental Exposure Control Plan and Hazard**  
**Communication**  
**Effective: 04/23/14**

**REFERENCES**

OSHA. Model Plans and Programs for the OSHA Bloodborne Pathogens (29CFR1910.1030) Hazard Communications Standards (29CFR1910.1200). OSHA 3186-06R 2003  
Available at: [www.osha.gov/Publications/osha3186.pdf](http://www.osha.gov/Publications/osha3186.pdf).  
American Dental Association – OSHA and the Dental Office  
OSAP – Infection Control and Practice newsletter

The DECP is a guide to assist in complying with OSHA's Hazard Communication Standard (HazCom) and Bloodborne Pathogens (BBP) Standard.

OSHA's BBP standard retains the term universal precautions. Standard precautions include and expand universal precautions into a standard of care designed to protect health-care personnel and patients from pathogens that can be spread by blood or *any* other body fluid, excretion, or secretion. No operational difference exists in clinical dental practice when implementing universal or standard precautions, because saliva has always been considered a potentially infectious material in dental infection control.

**I. DECP Purpose**

- A. The Bureau of Health Services Dental Services is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Dental Exposure Control Plan (DECP) is provided to eliminate or minimize occupational exposure to hazardous chemicals and bloodborne pathogens in the workplace in accordance with OSHA standards 29 CFR 1910.1200, and 29 CFR 1910.1030.
- B. The DECP is a key document to assist the DOC in implementing and ensuring compliance with both standards, thereby protecting our employees. This DECP includes:
  - 1. Determination of employee exposure.
  - 2. Implementation of various methods of exposure control, including: standard precautions, engineering and work practice controls, personal protective equipment, and housekeeping practices.
  - 3. Hepatitis B vaccination.
  - 4. Post-exposure evaluation and follow-up.
  - 5. Procedures for evaluating circumstances surrounding dental exposure incidents.
  - 6. Training and communication of dental hazards to employees.
  - 7. Recordkeeping.

**II. Administration of the DECP Program**

- A. The DSU's designated Responsible Dentist (RD) Dr. \_\_\_\_\_ is responsible for implementation of the DECP at his/her dental unit, and will maintain, review and update the DECP at least annually, and whenever necessary to include new or modified tasks, procedures or employees.
- B. The DECP is maintained in this dental DSU's:

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\_\_\_\_\_ Business Office or

\_\_\_\_\_ DSU Group File.

- C. Those employees who are determined to have occupational exposure to hazardous chemicals, blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this DECP.
- D. RD Dr. \_\_\_\_\_ will ensure that:
1. The DSU's dental staff is provided all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), hazard labels and red bags as required by the standard.
  2. That adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- E. The DSU's Dental Supervisor (DS), Dr. \_\_\_\_\_ will ensure that:
1. All medical actions required by the standard are performed,
  2. Appropriate employee health and OSHA records are maintained,
  3. Employee training is current.

**III. Employee Exposure Determination (See Attachment B)**

- A. The following is a list of all dental unit job classifications in which all employees have occupational exposure:

| Dentist Names | Assistant Names | Hygienist Names |
|---------------|-----------------|-----------------|
|               |                 |                 |
|               |                 |                 |
|               |                 |                 |
|               |                 |                 |

- B. The following is a list of job classifications in which some employees have occupational exposure. Included is a list of tasks and procedures in which occupational exposure may occur for these individuals:

| Swamper Names: | Department/Location    | Task/Procedure           |
|----------------|------------------------|--------------------------|
|                | Environmental Services | Handling regulated waste |
|                |                        | Handling laundry         |
|                |                        | Cleaning in the DSU      |

Part-time, temporary (LTE), and contract employees are covered by both OSHA standards. The DOC will provide training in HazCom and BBP for all part-time and

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LTE employees. Contract staff must obtain this training from their employer prior to employment within DOC.

**IV. METHODS OF IMPLEMENTATION AND CONTROL**

**A. Standard Precautions**

All blood and Other Potentially Infectious Materials (OPIM) from all sources will be considered infectious. Employees will use appropriate protective precautions.

**B. Exposure Control Plan**

DOC employees will receive training on the HazCom and BBP standards during their initial trainings and annually.

**C. Engineering Controls and Work Practices**

1. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- a. Sharps container.
- b. Contact amalgam container.
- c. Noncontact amalgam container.
- d. Needle re-cappers, scoop technique or needle sheaths.
- e. Safety syringes and scalpels, if available.
- f. Proper instrument transfer techniques.
- g. Use of ultrasonic to clean dirty instruments.
- h. Use of heavy duty gloves when handling dirty instruments.
- i. Careful handling of needles, during use and during disposal.
- j. Careful handling of used burs, on and off the handpiece.
- k. Use eye protection on staff and patients during the use of light cure machinery.
- l. Safe use of chemicals.
- m. Other: \_\_\_\_\_

2. The DOC Dental Services identifies the need for changes in engineering controls and work practices through:

- a. Employee interview upon reporting an exposure incident.
- b. Annual sharps review.
- c. Other.

**D. Work Practice – Needles/Sharps**

1. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if no alternative method/product is feasible. In this case, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
2. DOC Dental Services evaluates new procedures and new products by annually surveying the literature, supplier catalogs and other sources for new safety needles and sharps, and sampling those that products that appear feasible.

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E. Work Practice – Personal Protective Equipment (PPE)

See DAI 500.40.19, 500.60.01, POC 40, 40-A, 40-B, 40-C.

1. PPE is provided to and laundered for DOC dental employees at no cost to them. PPE may be obtained through the currently contracted/designated vendor for scrubs.
2. Training in the use of the appropriate PPE for specific tasks or procedures is provided annually at the DECP Review provided at a Dental Quarterly Meeting.
3. The types of PPE required of DOC dental employees are as follows:

| <b>Task/Procedure</b> | <b>Type of PPE</b>   |
|-----------------------|--|
| Laboratory work       | gloves, eye protection, masks, long sleeved fluid resistant gowns, scrubs                                    |
| Treatment             | gloves, eye protection, masks, long sleeved fluid resistant overgowns, scrubs, ear protection if appropriate |
| Operatory cleanup     | utility gloves, eye protection, masks, long sleeved fluid resistant overgowns, scrubs                        |
| Laundry handling      | Gloves, masks, over-gowns, scrubs  |
| Chemical handling     | Gloves, eye protection, masks, over-gowns, scrubs  |

F. Work Practice – Work Area Restrictions

1. In work areas where there is a reasonable likelihood of exposure to chemicals/blood/OPIM, employees shall not eat, drink, apply cosmetics or lip balm, smoke, or insert contact lenses.
2. Food and beverages shall not be kept in refrigerators or freezers containing clinical supplies.
3. Food and beverages shall not be kept on shelves, cabinets, countertops or bench tops where chemicals/blood/OPIM are present.
4. All work procedures shall be conducted in a manner that minimizes splashing, spraying, spattering, and generation of droplets of chemicals/blood/OPIM.
5. Methods that will be employed if appropriate, at this facility to accomplish this goal are:
  - a. Use of non-latex dental dams.
  - b. High-volume evacuation.
  - c. Eye protection for staff and patient.
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_

G. Housekeeping. See DAI Policy 500.40.26.

1. Regulated waste is placed in containers which are closable, constructed to contain all contents without leakage, appropriately labeled or color-coded (see the following section called Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

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2. Contaminated sharps are discarded immediately or as soon as possible after use in containers that are locked, closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are to be available to each operatory where disposable sharps are used.
3. Broken glassware is picked up using mechanical means, such as a brush and dustpan.

H. Contaminated Equipment

Equipment which has become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the decontamination of the equipment is not feasible. This includes all equipment being sent out for repairs.

I. Laundry

1. Employees may not launder PPE at home. At this dental unit, laundering is performed by \_\_\_\_\_ . It is picked up on (DAY) \_\_\_\_\_ at (TIME) \_\_\_\_\_ at (LOCATION) \_\_\_\_\_.
2. The following laundering requirements must be met:
  - a. Handle contaminated laundry as little as possible, with minimal agitation.
  - b. Place wet/contaminated laundry in leak-proof, labeled or color-coded containers before transport.
  - c. Use either white or yellow bags marked with the biohazard symbol.
  - d. Wear appropriate PPE when handling and/or sorting contaminated laundry.

J. Labels

1. The following labeling methods are used in this facility:

| <b>Equipment to be Labeled:</b>   | <b>Label Type:</b>                                      |
|-----------------------------------|---|
| Infectious materials or equipment | Red bag, or Biohazard label                             |
| Used/contaminated laundry         | White bag if dry, yellow bag if dripping (see POC 40-B) |
| Sharps containers                 | Red box, Biohazard label                                |

2. The DSUs RD, Dr. \_\_\_\_\_ is responsible for ensuring that warning labels are affixed or red bags are used as required, if regulated waste is generated or if contaminated materials or equipment will be sent out of the dental unit.
3. Dental unit staff will notify RD Dr. \_\_\_\_\_ if they discover regulated waste or other containers containing blood/OPIM, contaminated equipment, etc., without proper labeling.

K. Hepatitis B vaccination. See DAI Policy 500.20.02.

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- L. Tuberculosis Control Program. See DAI Policy 500.60.02 and 500.60.03.
- M. Postexposure evaluation and follow-up. See DAI Policy 500.20.03.
- N. Should an exposure incident occur, perform initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), then immediately contact the DSU's Health Services Manager (HSM). The HSM will assist the exposed person in implementing policy 200:03.
  - 1. The DSU's Dental Supervisor will complete the post-exposure paperwork within 24 hours, for the Worker's Compensation Unit in Central Office.
  - 2. The facility HR department will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
- O. Procedures for evaluating the circumstances surrounding a dental exposure incident
  - 1. The DSU's Dental Supervisor, Dr. \_\_\_\_\_ will review the circumstances of all exposure incidents to identify:
    - a. Engineering controls in use at the time.
    - b. Work practices followed.
    - c. A description of the device being used (including type and brand).
    - d. Protective equipment or clothing in use at the time of the exposure incident (gloves, eye shields, etc.).
    - e. Location of the incident (dental operatory, instrument processing area, etc.).
    - f. Procedure being performed when the incident occurred.
    - g. Employee's need for additional training.
  - 2. Following this review, the DSU's Dental Supervisor will ensure that any work practices in this DSU that need correction are made and the DSU's DECP is updated.
  - 3. Following this review, if revisions to this DECP are necessary, the DSU's Dental Supervisor, will notify the Dental Director to ensure that the appropriate changes are made. Changes may include a consideration of safer devices, alternative methods of performing procedures, and the like.
- P. Employee Training. See Policy DAI 500.20.03 and 500.60.01.
  - 1. BBP Trainings

All DOC employees who have occupational exposure to bloodborne pathogens receive initial and annual blood borne pathogens (Infectious Disease Control) training conducted via the DOC Intranet.
  - 2. HazCom Trainings
    - a. New DOC dental employees will receive an explanation of the HazCom standard including this DECP during their initial training session conducted by the Dental Supervisor.
    - b. The HazCom policy and DECP annual refresher training is provided at a Dental Quarterly Meeting.
    - c. The HazCom training covers, at a minimum, the following elements:

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- i. A review of the DSU's DECP and its contents.
- ii. Location and availability of the written hazard communication policy.
- iii. Location of the MSDS sheets or file.
- iv. Classification of chemicals (i.e., flammables, corrosives, reactives, toxins) in the workplace.
- v. an explanation of proper labeling of products and containers.
- vi. how to read MSDS sheets.

**Q. Recordkeeping**

**1. Training Records**

- a. The employee's Health Services Employee Training Record (DOC-3363) is maintained by each employee upon completion of any training. This includes on or off-site training and training that is provided via the DOC Intranet site.
- b. The employee sends this Training Record annually to the Dental Supervisor.
- c. The DS forwards this to BHS Central Office, where it will be stored.

**2. Training Records include the following information:**

- a. Dates of the training sessions,
- b. Contents or a summary of the training sessions,
- c. Names and qualifications of persons conducting the training,
- d. Names and job titles of all persons attending the training sessions.

**3. Employee Medical Records**

- a. Medical records are maintained in Central Office Employee Health section for each employee following an occupational exposure, in accordance with 29 CFR 1910.1020 – Access to Employee Exposure and Medical Records.
- b. Confidential medical records are stored in Central Office for the duration of employment plus 30 years.
- c. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee. Such requests should be sent to Central Office Employee Health section.

**4. OSHA Recordkeeping. See DAI Policy 500.20.03.**

The facility HR department evaluates each exposure incident to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). Recording activities are done by HR.

**5. OSHA Sharps Injury Log**

- a. In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. This log is maintained by the facility's HR department.
- b. All incidents must include at least:
  - i. Date of the injury.
  - ii. Type and brand of the device involved (syringe, suture needle).
  - iii. Department or work area where the incident occurred;
  - iv. Explanation of how the incident occurred.
- c. The Sharps Injury Log is maintained by the facility's HR department for at least five years following the end of the calendar year covered. If a copy is

