

Infection Control in Dental Facilities in Indiana



Version
April 2019



Indiana State
Department of Health

Contents

- Introduction and Disclaimer
- Regulating Authorities
- Universal Precautions
 - PPE and Hand Washing
 - Work Areas
 - Disinfection
 - Sterilization
- Categories of Waste
 - Infectious Waste (Regulated Waste)
 - Non-Infectious Waste (Non-Regulated Waste)

Contents

- Infectious Waste
 - Containers
 - Labels
 - Storage
 - Treatment
 - Records
- Written Policies
- Annual Training (OSHA)
- Facility Owner Responsibilities

Contents

- The LAW
- Complaints
- Investigations ~ ISDH Oral Health Program
- Referral ~ ISDH Office of Legal Affairs
- OSHA and IOSHA
- Appendix

Introduction

This is a general summary of the regulating authorities and their laws, rules and regulations, and guidelines governing control of communicable diseases

- All information, content, and materials available in this course or presentation are for **general informational purposes only**
- The Oral Health Program (OHP) at the Indiana State Department of Health (ISDH) **cannot provide legal opinions** on the interpretation of laws, rules and regulations, or guidelines
- Dental professionals are responsible for understanding and applying these as they pertain to the practice of dentistry in Indiana

Disclaimer

ISDH Oral Health Program Disclaimer for courses or presentations:

The information provided in this course or presentation does not, and is not intended to, constitute dental, medical, or legal advice; instead, all information, content, and materials available in this course or presentation are for general informational purposes only. You should contact an outside dentist, physician, or attorney to obtain dental, medical, or legal advice and prior to acting, or refraining from acting, on the basis of information contained in this course or presentation.

All liability with respect to actions taken or not taken based on the contents of this course or presentation are hereby expressly disclaimed.

Regulating Authorities

- **Indiana Code (IC) Title 16, Article 41** includes laws to prevent and control communicable disease
 - Chapter 11 covers Universal Precautions (IC-16-41-11)
 - Chapter 16 covers Infectious Waste (IC-16-41-16)
- **Indiana Administrative Code (IAC) Title 410** includes the rules and regulations pertaining to the activities of the ISDH to prevent and control communicable disease
 - 410 IAC-1-4, Universal Precautions (Rule 4)
 - 410 IAC-1-3, Infectious Waste (Rule 3)
 - Establishes specific activities with which dental facilities must comply
 - Delineates the responsibilities of ISDH to help ensure this compliance

Regulating Authorities

Centers for Disease Control and Prevention (CDC):

- Uses the term infection control
 - CDC provides guidelines pertaining to infection control in dental healthcare settings
 - Refers to a large range of activities designed to prevent the spread of infection
- Pertinent activities for dental facilities to prevent spread of infection among health care providers, patients, and the general public include the use of:
 - Universal Precautions (also known as Standard of Care) to prevent spread of infection among health care providers, patients and the general public
 - Infectious Waste guidelines in handling, treatment, and disposal to prevent the spread of infection among health care providers, patients and the general public

Regulating Authorities

OSHA ~ Occupational Safety and Health Administration

IOSHA ~ Indiana Occupational Safety and Health Administration

- IOSHA is the state agency
- OSHA/IOSHA establishes rules and regulations regarding:
 - Occupational exposure to **blood** and **blood-borne pathogens**
 - Occupational exposure to **Other Potentially Infectious Materials (OPIM)**
 - Focus is **employee** safety and health

Regulating Authorities

- Laws, rules and regulations, and guidelines from the various regulating authorities *overlap*
- The Indiana State Department of Health Oral Health Program (**ISDH OHP**) focuses on complaints alleging violations of **Universal Precautions** in dental facilities in Indiana
- **IOSHA** focuses on complaints by employees alleging violations of IOSHA rules pertaining to the occupation **safety** and **health** of **employees**

Universal Precautions

- General summary of laws, rules and regulations, and guidelines that govern **Universal Precautions** in dental facilities
- Information for **educational purposes only**
- **410 IAC-1-4, Universal Precautions (Rule 4)** gains authority from laws contained in Indiana Code (IC) Title 16, Article 41, and Chapter 11
- Note: The CDC and OSHA provide guidelines pertaining to infection control in dental facilities that are helpful for clarifying the responsibilities of a dentist/dental facility under 410 IAC 1-4

Universal Precautions

Personal Protective Equipment and Handwashing

All patients should be treated as if they have an infectious disease

Personal Protective Equipment (PPE)

- Class I and II employees (dentists, dental hygienists, dental assistants, and dental lab technicians) must use PPE.
 - Use of PPE: gloves, masks, eye protection and protective clothing
 - PPE provided at no cost to employees
- Class III employees are exempt unless they have been cross-trained to work in clinic area.

Handwashing

- Sinks and running water must be available for employees to wash hands
- Wash hands using soap and water *or* alcohol rubs before and after removal of gloves and protective clothing
- Handwashing using soap and water is required after contact with visible blood or Other Potentially Infectious Material (OPIM)

Universal Precautions

Clinical Staff

Clinical staff should be provided:

- Gloves and masks: Single-use, disposed after each patient
- Eye protection
 - If non-disposable, should be disinfected between patients
- Protective clothing
 - Protective clothing (gowns) are not to be worn out of the work area
 - If protective clothing is non-disposable, the employer is responsible for the laundering
 - Protective clothing should be changed daily or sooner if blood or OPIM is visible

Universal Precautions

Patients

- Patients should be provided protective eyewear
- This is to protect patient from splatter/debris generated during the dental procedure
- Patient can decline if they understand and assume the risks

Universal Precautions

Work Areas

- No eating, drinking, applying lip balm, and/or handling contact lenses is allowed in work areas or any areas in the office exposed to blood or OPIM
- Storing clinical supplies and food and drink in the same refrigerator is discouraged
 - If there is only one refrigerator in the office, then dental materials must be separated from any food and drinks and the area for these materials labeled

Universal Precautions

Disinfection and Disposable Barriers

For items not requiring sterilization, use one of the following methods for **DISINFECTION** and **PROTECTION**:

- Disinfect with EPA registered germicide – hospital disinfectant and labeled tuberculocidal
- Disinfect with registered germicide – specific inactivation claims against HIV and HBV
- Disinfect with sodium hypochlorite solution, dated with new solution every 24 hours
- Protect with disposable barriers

Note: Disinfection is a **two-step process** including cleaning and then disinfection

Heat Sterilization

For items requiring sterilization that are non-disposable and heat stable, use:

- Heating procedures capable of heat sterilization
- These procedures include proper **handling, cleaning, sterilization and storage**

Note: The CDC states that high-speed hand pieces, low-speed handpieces, handpiece motors, and handpiece attachments should always be heat-sterilized between uses

Sterilization of Handpieces

INDIANA CODE

410 IAC 1-4-8 Precautions generally. Sec. 8. (d) (2) states that “Heating procedures capable of sterilization must be used when heat stable, non-disposable equipment is sterilized”

CDC GUIDELINES

From a public health standpoint, the CDC guidelines state that high-speed handpieces, low-speed handpieces, handpiece motors, and handpiece attachments **should** be heat sterilized between patient use

MANUFACTURER GUIDELINES

Most manufacturers recommend heat sterilization of their respective handpieces between patient use

Sterilization of Handpieces

**The following is a policy
of the ISDH Oral Health Program**

CDC guidelines state that low-speed and high-speed handpieces, handpiece motors and handpiece attachments **should** be heat sterilized between patient use

Unless these CDC guidelines are expressly excluded under Indiana law, CDC guidelines should be followed

Whether or not a dentist in Indiana is **legally required** to sterilize these items under IAC would need to be addressed by the Indiana State Board of Dentistry and/or a qualified attorney

Sterilization of Orthodontic Instruments

The following is a policy of the ISDH Oral Health Program

- The ISDH OHP considers instruments, pliers, supplies, and any other equipment used in **orthodontic** procedures to be “equipment”
- As such, this equipment is subject to the same requirements for sterilization as apply to any other equipment used in the practice of dentistry

Heat Sterilization

Monitoring and Documentation

- IAC requires the following four monitoring activities for heat sterilization to be documented in a written log:
- Sterilization Cycle: Date and time for each cycle for each sterilizer
- Chemical Indicators: Use and results of chemical indicators with packaged non-disposable items for each cycle for each sterilizer
- Biological Indicators (spore tests): Use and results of biological indicators (spore tests) within 7 days prior to any sterilization cycle for each sterilizer
- Maintenance: Date and type of maintenance (routine or otherwise) for each sterilizer (per manufacturer's recommendations)

Documentation

Biological Indicators (Spore Tests)

- Dental facilities need to have each heat sterilizer tested with a biological indicator (spore test) within 7 days prior to the use of that sterilizer
- Although, it is possible for a dental facility to analyze a spore test in the office, most dental facilities use **vendors** to analyze and provide copies of the results of spore tests
- For dental facilities that use a vendor to analyze spore tests, a copy of the report from the vendor showing the test dates for the spore tests and the results can be used as documentation

Documentation

Sterilizer Cycle / Chemical Indicators / Maintenance

In addition to spore tests, the following three monitoring activities for heat sterilizers must also be documented:

- Date and time of each cycle for each heat sterilizer,
- Appropriate use and results of chemical indicators for each cycle
- Any maintenance of each sterilizer

Note: The documentation for these three activities can be kept in a separate **log** from the report from the vendor for the spore tests

Documentation

Sterilizer Cycle / Chemical Indicators / Maintenance

A **log** should be kept for **each autoclave** with the **autoclave number** recorded on each log sheet

Directions for using Sample Log

A log should be kept for **each autoclave**

Enter the **Autoclave Number** on the log sheet

Each time an entry is made to the log, it should be documented with the **Initials** of the staff member recording the entry, and the **Time**, and **Date** of the entry

Sterilization Cycle

Each time a sterilization cycle is run it should be recorded by placing a **check (√)** in the log to indicate a sterilization cycle was run

Chemical Indicator(s)

Each time a sterilization cycle is run one or more chemical indicators should be placed in the autoclave

Record **P** in the log if **All** chemical indicators used during the sterilization cycle passed, or **F** in the log if **Any** chemical indicator failed

Maintenance

Record **check (√)** in the log to indicate maintenance occurred and describe in **Notes**

Heat Sterilization

Retention of Documentation

The following is a policy
of the ISDH Oral Health Program

Documentation of the four required
monitoring activities for heat sterilization
should be maintained a minimum
of three (3) years

Chemical Sterilization

Items requiring sterilization that are nondisposable and heat labile may be sterilized via chemical sterilization with:

- Chemical procedures capable of chemical sterilization
- These procedures include proper handling, cleaning, sterilization, and storage

Note: **Monitoring** and **documentation** of monitoring of chemical sterilization should be retained for a minimum of three (3) years

Chemical Sterilization

Limitations

- Using liquid chemicals for sterilization is technically difficult
- The sterilization process with liquid chemicals can not be verified with biological indicators

Chemical Sterilization

Recommendations

Because of the limitations of chemical sterilization:

- Liquid chemical sterilization is not recommended for sterilizing dental instruments
- If an instrument is heat stable and requires sterilization, it should be heat sterilized

Sterilization Recommendations

The ISDH OHP strongly recommends the use of:

- **Heat stable items** which can be heat sterilized, OR
- **Disposable items** which can be discarded

The ISDH OHP discourages the use of liquid chemicals for sterilization or high level disinfection

Note: Items labeled single use items are to be disposed after a single use

Infectious Waste

- General summary of laws, rules and regulations, and guidelines that govern **Infectious Waste** that is generated in dental facilities
- Information for **educational purposes only**
- **410 IAC-1-3 Infectious Waste (Rule 3)** gains authority from laws contained in Indiana Code (IC) Title 16, Article 41, and Chapter 16

Note: The CDC and OSHA provide guidelines pertaining to infectious waste and regulated waste, respectively, in dental facilities that are helpful for clarifying the responsibilities of a dentist/dental facility under 410 IAC 1-3

IAC Categories of Waste

Infectious Waste

According to 410 IAC 1-3-10 Infectious Waste includes:

- Contaminated sharps, (or contaminated objects that could potentially become contaminated sharps)
- Infectious Waste other than contaminated sharps
 - Infectious biological cultures, infected associated biologicals and infectious agent stock
 - Pathological waste (defined in 410 IAC 1-3-12)
 - Blood and body fluids in liquid and semi-liquid form
 - Body parts (such as extracted teeth) and more (see 410 IAC 1-3-10)
 - Other waste that has been intermingled with Infectious Waste

Non-infectious Waste

OSHA Categories of Waste

Regulated Waste

According to OSHA definitions Regulated Waste includes:

- Contaminated sharps, (or contaminated objects that could potentially become contaminated sharps)
- Regulated waste other than contaminated sharps
 - Liquid or semi-liquid blood or other potentially infectious material (OPIM)
 - Items that would release blood or OPIM in liquid or semi-liquid state if compressed
 - Items caked with dried blood or OPIM and capable of releasing these materials during handling
 - Pathological and microbiological wastes containing blood or OPIM

Non-regulated Waste

Infectious Waste

Vs.

Non-infectious Waste

A dental facility needs to distinguish between infectious waste and non-infectious waste and decide how to handle these, taking into consideration:

- The 410 IAC 1-3-10 definitions of infectious waste and non-infectious waste
- The analogous OSHA definitions of regulated waste and non-regulated waste
- The CDC guidelines for infectious waste and non-infectious waste

Containment

Sharps Infectious Waste

Persons and facilities shall ensure that infectious waste (Rule 3) is at all times **contained** in a manner that will protect waste handlers, the public, dental personnel and patients.

(410 IAC 1-3-24-a)

Containment

Sharps Infectious Waste

Contaminated sharps and contaminated objects that could become contaminated sharps, and more as described in 410 IAC 1-3-24(b), shall be placed in containers that are:

- Leak proof, rigid and puncture-resistant
- Tightly sealed to prevent expulsion
- Labeled with the biohazard symbol
- Stored in an appropriate manner
 - If untreated in the dental facility, then must be stored in a secured area
 - If treated in the dental facility, then may be stored in an unsecured area

Containment

Non-Sharps Infectious Waste

Infectious waste other than contaminated sharps as described in 410 IAC 1-3-24(c), shall be placed in containers that are:

- Impervious to moisture
- Sufficient strength and thickness to prevent expulsion
- Secured to prevent leakage or expulsion
- Labeled with biohazard symbol
- Stored in an appropriate manner
 - If **untreated** in the dental facility, then must be stored in a **secured area**
 - If **treated** in the dental facility, then may be stored in an **unsecured area**

Labels

Infectious Waste Containers

Prior to transporting Infectious Waste (whether treated off-site or treated on-site) a dental facility must label all infectious waste containers with the following:

- Name, address, date, and phone number of generating facility (dental facility)
- Name, address, date, and phone number of the treating facility
 - **Commercial vendor** that treats the Infectious Waste off-site, or
 - **Dental facility** that treats the Infectious Waste on-site

Containment

Non-Infectious Waste

Non-infectious waste may be placed in the regular trash and should be labeled “Contaminated Trash”

Non-regulated Waste (OSHA)

Gloves / Masks / Patient Bibs

Gloves, masks and patient bibs are considered **non-regulated waste** (non-infectious waste) by OSHA

With some *exceptions*, including:

- Items that would release blood or OPIM in liquid or semi-liquid state if compressed
- Items caked with dried blood or OPIM and capable of releasing these materials during handling

Extracted Teeth

CDC Guidelines

- Extracted teeth that are being discarded are considered to be potentially infectious and should be disposed in medical waste containers, with appropriate labeling and logging
 - **Note:** Extracted teeth with amalgam restorations should not be heat treated on-site in the autoclave
- Extracted teeth sent to a dental laboratory should be cleaned, surface disinfected with EPA-registered hospital disinfectant, and transported in an appropriate manner
- Extracted teeth may be returned to the patient *upon request by the patient*

Extracted Teeth

If an extracted tooth is returned to a patient:

- The OHP considers it “best practice” for an extracted tooth that is returned to a patient to be treated in the same manner that would be used before sending a tooth to a dental laboratory
- Once returned, the patient (or parent/guardian) assumes the responsibility of handling the tooth properly

Storage

Infectious Waste

Infectious Waste that is treated off-site must be stored in a secured area that is:

- Locked or otherwise secured (to prevent public access)
- Protected from adverse environmental conditions
- Has a prominently displayed biohazard label on entrance to secured area
- Stored in a manner that preserves the integrity of the container
- Stored in a manner that is not conducive to rapid microbial growth and subsequent decay

Storage

Infectious Waste

Infectious Waste that is effectively treated on-site may be stored in an unsecured area.

Storage

Infectious Waste

Reusable containers for Infectious Waste must be disinfected each time they are emptied, unless protected by disposable liners, etc. that are removed with the Infectious Waste.

Treatment

Infectious Waste

Facilities subject to Rule 3 **shall** either:

- Have a regulated medical waste hauler (vendor) transport infectious waste to be treated off-site and disposed, or
- Have the Infectious Waste effectively treated on-site and disposed

Note: Infectious Waste that has been effectively treated on-site may be stored, transported, and disposed in the usual manner for waste that is non-infectious

On-site Treatment

- If on-site treatment of **Infectious Waste** is done, the OHP considers it “best practice” to use heat treatment with an autoclave or dry heat oven to sterilize the Infectious Waste
- This sterilizing equipment should always be used according to the manufacturer’s instructions

Records

Infectious Waste

Prior to transporting infectious waste (whether treated **off-site** or treated **on-site**), a dental facility must keep a **log** (or vendor receipts) of all infectious waste containers with the following:

- Name, address, date, and phone number of generating facility (dental facility)
- Name, address, date and phone number of treatment facility (commercial vendor or dental facility)
- Brief description of the waste
- Brief description of method of treatment
- **Signature(s)** of:
 - Staff of dental facility responsible for infectious waste
 - Employee of commercial vendor responsible for transporting, providing any required treatment, and disposing of the waste

On-Site Treatment Labeling

Infectious Waste that is treated on-site and disposed of in the regular trash is still subject to the above labeling and logging requirements.

Removal Infectious Waste

Once Infectious Waste has been removed from a dental facility and transported for any required treatment and/or disposal, the infectious waste falls outside the investigative responsibility of the ISDH Oral Health Program.

Universal Precautions

Written Policies / Updates

An individual or entity that is a facility operator shall develop a written policy for Universal Precautions with this written policy being updated annually

This written policy should cover Universal Precautions (Rule 4) and Blood Borne Pathogen Standards (OSHA) and mention:

- The use of Universal Precautions for every patient
- Sanctions for failure to use Universal Precautions
- No retaliation against a person for filing a complaint

Universal Precautions

Patients' Rights

**The following is a policy
of the ISDH Oral Health Program**

Although the law states that the **Universal Precautions and Patients' Rights** form must be posted or made available, it is the policy of the ISDH OHP that this form should be posted in a location that is easily visible to patients.

This form may be found on the OHP website at the following address:

[IC-OHP-PtsRights-v2019-06.pdf](#)

Annual Training

OSHA Blood-Borne Pathogens

An individual or entity that is a facility operator is to provide annual training on BloodBorne Pathogens (OSHA) to Class I and Class II employees (and Class III employees if cross-trained to work in clinical area)

- No Cost: Training provided at no cost to employee and during working hours
- Records: Maintain records of training which must be made available to ISDH upon request

Note: This presentation provides information about infection control in dental facilities, but does not fulfill the requirement for annual OSHA training

Facility Operator Responsibilities

PPE

- Provide proper personal protective equipment (PPE) at no cost to employees (gloves, safety glasses, face masks and protective clothing)

Display (or make available to the public)

- Description of compliance with Universal Precautions education requirement
- **Indiana Universal Precautions and Patients' Rights** document: [IC-OHP-PtsRights-v2019-06.pdf](#)

Note: It is an ISDH OHP policy that dental facilities should display the *Indiana Universal Precautions and Patients' Rights* document in a location readily seen by patients

Universal Precautions Update (IAC) and BBP Training (OSHA)

Annual update of Universal Precautions policies
is often done at the same time as the
Annual training in Blood-Borne Pathogens

Written Policies

Infectious Waste

All persons and (dental) facilities subject to **Infectious Waste, Rule 3**, shall:

- Have written policies and procedures that contain
 - Requirements contained in this rule
 - Sanctions, including discipline or dismissal for failure to follow rule
- Provide necessary instructions
- Maintain a record of instructions
- Make written policies and procedures, and records of instructions, available to the ISDH upon request
- Provide necessary **personal protective equipment (PPE)** to those handling infectious waste

Legal Considerations

- All dental professionals, operators, and employees of dental facilities are responsible for understanding and complying with all applicable laws and rules and regulations as they pertain to the practice of dentistry in Indiana
- These laws and rules and regulations are readily available for all to read
- If a dental professional or dental facility needs help in understanding these laws and rules and regulations, then they may consult with their own legal counsel
- **The Oral Health Program cannot provide legal advice**

Legal Considerations

- **IC-16-41-11-7 (Universal Precautions)**

Provides the right for the Indiana State Department of Health (ISDH) to enter facilities to inspect for possible violations of Universal Precautions

410 IAC-1-4-9

- Assigns responsibility for investigating complaints pertaining to Universal Precautions to the ISDH
- For dental facilities, the Oral Health Program (OHP) and Office of Legal Affairs (OLA) assume this responsibility

- **IC-16-41-16-9 (Infectious Waste)**

Provides the right for ISDH to enter facilities to inspect for possible violations of Infectious Waste

Complaints

- Complaints by a person about Universal Precautions in a dental facility should be filed with the ISDH Oral Health Program
- Complaints by an employee that pertain **solely** to the **safety** and **health** of that **employee** should be filed with OSHA (IOSHA in Indiana)

Complaints

According to **Rule 4 (Universal Precautions)**:

- A person who believes this rule has been violated may file a complaint with ISDH Oral Health Program
- A complaint must be in writing and sent to the ISDH Oral Health Program either by U.S. mail or via email
 - However, if an **Emergency** exists (or likely exists), then:
 - A verbal complaint may be accepted and an investigation may be initiated, but the
 - Complaint must be put in writing, as soon as possible
- The person submitting a verbal or written complaint needs to provide his/her name, contact information, the particulars of the complaint, and sign and date any written complaint

Investigations

- The State Oral Health Director or OHP staff will review **each verbal complaint** to determine whether or not the complaint would likely fulfill the criteria for an investigation by the ISDH Oral Health Program, if it were put in writing and signed, and if so whether or not it is to be considered an emergency
- The State Oral Health Director or OHP staff will review **each completed written and signed complaint** to determine whether or not the complaint fulfills the criteria for an investigation by the ISDH Oral Health Program (OHP) and if so whether or not it is to be considered an emergency

Complaints

ISDH OHP shall comply with the following regarding legitimate complaints alleging violations of **Universal Precautions**:

- **Promptly investigate** or cause to be investigated
- **Not disclose** name or other identifying characteristics of the person filing a complaint except as otherwise prescribed by 410 IAC-1-4-9, as follows:
 - Person consents in writing to the disclosure
 - Administrative law judge orders ISDH to release name

Investigations

ISDH Oral Health Program

- IC 16-41-16-9 gives ISDH the right to inspect facilities for possible violations of **Universal Precautions**
- During such an inspection, the OHP also reviews:
 - The written policies and procedures for containing, labeling, and treating **infectious waste**
 - The documentation (labeling, logging, etc.) associated with handling **infectious waste**

Investigations

General OHP Protocol

- **Initial Notification**: The OHP will communicate with the named dentist, or his/her supervising dentist or employer, informing him/her of the complaint
- **Initial Visit**: The OHP or agents of the ISDH will conduct an unannounced initial on-site visit
- **Initial Report**: The OHP will generate a report based on the findings of the initial on-site visit

Investigations

General OHP Protocol

Initial Findings: The OHP will communicate with the named dentist, or his/her supervising dentist or employer, informing him/her of the initial findings based on the initial on-site visit.

Investigations

General OHP Protocol

Follow-Up Visit: After communicating the initial findings, the OHP or agents of the ISDH may conduct one or more unannounced follow-up on-site visit(s).

Note: Whether a follow-up visit is conducted as part of an ISDH OHP Investigation is at the discretion of the OHP

Investigations

General OHP Protocol

Outcome: At any time during the investigation, the OHP may conclude the investigation, determine the **outcome**, and communicate this outcome to the named dentist or his/her supervising dentist or employer

Investigations

Possible Outcomes

- **Emergency**: The complaint or on-site visit indicates an immediate threat to the public health and has been referred to the ISDH Office of Legal Affairs for immediate action
- **Complaint Dismissed**: The complaint was found not to pertain to Universal Precautions or was found to be without merit and the complaint has been dismissed
- **Satisfactory Resolution**: The complaint of an alleged violation was found to have merit, but has been satisfactorily resolved
- **Unsatisfactory Resolution**: The complaint of an alleged violation was found to have merit and has not been satisfactorily resolved and has been referred to the ISDH **Office of Legal Affairs** for further actions and enforcement

Investigations

Summary

- The Oral Health Program has a limited role pertaining to Universal Precautions and Infectious Waste
- The OHP investigates complaints by a person alleging violations of **Universal Precautions** in a dental facility
- During investigations of alleged violations of Universal Precautions, the OHP also reviews the policies and procedures and documentation pertaining to **Infectious Waste**

ISDH Office of Legal Affairs

The ISDH OHP will refer an outcome of an investigation with an **unsatisfactory resolution** of one or more violations to the ISDH Office of Legal Affairs (OLA)

ISDH Office of Legal Affairs

The ISDH Office of Legal Affairs (OLA) communicates to the dental facility what further actions are planned, which *may* include:

- Issue a monetary penalty not to exceed \$1,000 per day per violation (IC-16-41-11-7)
- Refer documented and unresolved violations to the Office of the Indiana Attorney General
- Work with the Indiana State Board of Dentistry to help resolve the matter

OSHA

- This course is not an Occupational Safety and Health Administration (OSHA) training course and does not qualify as an annual OSHA training
- However, we do want to present some basic information about OSHA

OSHA

There is some overlap between:

- Indiana laws and rules and regulations for Universal Precautions
- Indiana laws and rules and regulations for Infectious Waste, and
- Federal OSHA rules and regulations

Note: The nature of a complaint will determine to which agency (or agencies) the complaint should be filed

OSHA

- OSHA is an agency of the U.S. Department of Labor
- **Mission of OSHA**
 - Assure safe and healthy working conditions
 - Set and enforce standards
 - Provide training, outreach, education and assistance
- OSHA encourages states to develop and operate their own job safety and health programs

IOSHA

Indiana has its own job safety and health program, **IOSHA**, with **rules** that:

- Apply to all places of employment in Indiana, and
- Regulate Blood-Borne Pathogens
- Are essentially the same as OSHA rules
 - Standards – 29 CFR Part 1910 Occupational Safety and Health Standards
 - 1910 Sub-part Z Toxic and Hazardous Substances
 - 1910.1030 Blood Borne Pathogens

IOSHA

- Requires employers to provide **Blood Borne Pathogens training** to employees
 - Annually
 - On working time
 - At no cost to employee
- Requires employers to provide **protective equipment** to employees, at no cost to employees
- Requires employers to provide **protective clothing** to employees, at no cost to employee
 - If protective clothing is not disposable the employer is responsible for laundering

IOSHA

Complaints

- IOSHA accepts complaints from an **employee** alleging violations of IOHSA/OSHA rules as they pertain to the **safety** and **health** of that **employee**
 - Written complaints
 - Complaints are kept confidential
 - No retaliation or termination for filing a complaint
- Makes **unannounced on-site visits**
- Can issue **substantial monetary fines** for non-compliance

Notes

The ISDH OHP will not accept a complaint from a current employee that pertains *solely* to his/her own occupational safety and health

Such a complaint should be filed with IOSHA



This concludes the presentation:

Infection Control in Dental Facilities in Indiana

Thank you for your participation

Contact information for the ISDH Oral Health Program
is located on its website at:

<https://www.in.gov/isdh/18695.htm>



Indiana State
Department of Health



Appendix

Other Resources

More information pertaining to infection control in dentistry may be found at:

<http://www.in.gov/pla/dental.htm>

<http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051