Infection Control in Dental Facilities in Indiana
Contents

• Introduction and Disclaimer

• Regulating Authorities

• Universal Precautions
  o PPE and Hand Washing
  o Work Areas
  o Disinfection
  o Sterilization

• Categories of Waste
  o Infectious Waste (Regulated Waste)
  o Non-Infectious Waste (Non-Regulated Waste)
Contents

• Infectious Waste
  o Containers
  o Labels
  o Storage
  o Treatment
  o 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
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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)
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
  o 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)
• 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.
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
A log should be kept for each autoclave with the autoclave number recorded on each log sheet.
Sample Log
Sterilizer Cycle / Chemical Indicators / Maintenance

- This sample log can be used to document three of the four required monitoring activities
- The other monitoring activity, biological indicators (spore tests) is typically documented with a report from the vendor that analyzes the spore tests

<table>
<thead>
<tr>
<th>Initials</th>
<th>Time</th>
<th>Date</th>
<th>Sterilization Cycle</th>
<th>Chemical Indicator</th>
<th>Maintenance</th>
<th>Notes</th>
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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
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
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
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
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
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**
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
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”
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
  
  o **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.
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.
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.
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:

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

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
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
  o Requirements contained in this rule
  o 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 OHSA (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
  o 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.
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:
  o The written policies and procedures for containing, labeling, and treating infectious waste
  o 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.
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**
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)
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
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 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
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
• Requires employers to provide **Blood Borne Pathogens training** to employees
  o Annually
  o On working time
  o 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
  o If protective clothing is not disposable the employer is responsible for laundering
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
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
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