Dental Assisting Program Accreditation Language:
The Commission on Dental Accreditation- Standard 5, Health and Safety Provisions states the following:

The Program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne infectious diseases. Policies must be provided to all students, faculty, and support staff and continuously monitors for compliance. Additionally, policies on bloodborne and infectious disease(s) must be made available to applicants for admission and patients.


Exposure Control Plan Additions

1. The employer must solicit input from employees involved in direct patient care. These employees should be non-managerial, and the selection should be from a wide range of direct patient care interaction positions. Annually, the representative number of employees will give input after requested by the employer.

2. The employer must document this input in the exposure control plan as well as how and from whom they solicited said input.
   - Listing the employees involved and describing the processes by which input was requested.
   - Documentation of meeting minutes, copies of documents used to request employee participation, or records of responses received from employees.

The employer must also:
1. Consider innovations in medical procedure and technologies to reduce exposure.
2. Document the use of appropriate, effective, and commercially available safer devices and the considerations used to evaluate these devices.

The employer must select devices that based on reasonable judgment:

1. Will not jeopardize patient or employee safety or be medically inadvisable
2. Will make an exposure incident involving a contaminated sharp less likely to occur.

The employer must maintain a log of occupational injuries, illness, and sharps injury log. The sharps injury log must contain the type and brand of the device involved in the incident, the location of the incident, and the description of the incident.

Predicament:
Currently our Redwoods Community College District Exposure Control Plan for Blood-borne Pathogens is not available online and has not been updated since 1992. Currently, there are not standard operating procedures implemented to ensure that faculty, staff, and students follow mandates.

Additionally, roles and responsibilities need to be clearly evident to outside accreditors and agencies. The Program Coordinator should be responsible for follow through with compliance, but not solely responsible for compliance. Written procedures need to be provided by the employer.

Exposure Control Plan Requirements

1. A written plan for each workplace with occupational exposure/risks identifying Standard Precautions.
2. Written/policies procedures for complying with the standard.
3. A cohesive document or a guiding document referencing existing policies or procedures

1. A list of job classifications for categories of exposures (Category 1, Category 2, and Category 3)
2. A list of tasks where exposures occur for the job classifications for Categories 1,2,3
3. Written protocol for sharps disposal.
4. Written protocol for disinfection policy/procedure
5. Procedures for Regulated Waste disposal procedures
6. Laundry procedures
7. Hepatits B vaccination procedures
8. Postexposure follow-up procedures
9. Training procedures
10. Plan must be accessible to employees and updated annually.

Training Records:
Records are kept three years and include date of training, summary of contents of training program, name and qualifications of trainer, names and job titles of attendees.

**Predicament:**
Currently, the District Bloodborne Pathogen Standard just lists employee titles on page 5, but does not identify the category of the employee, Category 1 (Routinely exposed), Category II (Occasionally exposed), and Category III (Never exposed). Also, a list of tasks where exposures occur is not available. Such as for custodial staff in the dental facility.

Additionally, written protocol for sharps disposal (including broken glass), written protocol for disinfection policy/procedure, procedures for selection of personal protective equipment are lacking. The laundry information on page 10 does not specify where on campus contaminated laundry should be laundered.

Furthermore, training procedures for departments other than maintenance are non-existent. The Exposure Control Plan is not currently accessible to all employees or accrediting bodies of Programs (such as Commission on Dental Accreditation) and the Plan is not being updated annually as mandated. The current Exposure Control Plan was last updated in 1992. This was noted above.

**Engineering and Work Practice Controls**
The employer sets up work practice controls to diminish harmful occupational exposure.

1. The physical equipment and mechanical devices that employers provide must have safeguards. The employer must provide this equipment to provide a safe environment for employees. Examples include splashguards, ventilation hoods.

2. Employers must ensure that employees wash their hands immediately after glove removal.

3. Employers must provide a written schedule for infection control and decontamination procedures for each area. Wastepaper baskets, floors, and all other surfaces that may be contaminated with blood or other potentially infectious material.

4. Protocol for broken glass must be placed in a leak proof sharps container labeled “biohazard”.

5. Contaminated laundry must be handled as little as possible. It must be transported in a red biohazard bag for transportation and laundered by an outside agency or in a designated facility.

**Predicament:**
Currently we are to launder white terry-towels and clinical gowns for students, staff, and faculty in P.E. facility to comply with OSHA standards and save costs. However, no standard operating procedures currently exist. Faculty, staff, and students have taken home clinical gowns to launder, which is against OSHA regulations.

Additionally, the Program Coordinator has been responsible for determining safeguards and work practice controls. She has no official OSHA training, but tries to comply with industry standards.

**OSHA Ionizing Radiation Standard (Radiation Safety)**
1910.1096(b)(2)(ii)
The dose to the whole body, when added to the accumulated occupational dose to the whole body, shall not exceed 5 (N-18) rems, where "N" equals the individual's age in years at his last birthday; and
1910.1096(b)(2)(iii)
The employer maintains adequate past and current exposure records which show that the addition of such a dose will not cause the individual to exceed the amount authorized in this subparagraph. As used in this subparagraph **Dose to**
**the whole body** shall be deemed to include any dose to the whole body, gonad, active blood forming organs, head and trunk, or lens of the eye.

**1910.1096(b)(3)**

No employer shall permit any employee who is under 18 years of age to receive in any period of one calendar quarter a dose in excess of 10 percent of the limits specified in Table G-18.

**Predicament:**
Currently we have x-ray monitoring badges (dosimeters) for three faculty members, but not the employed dentists. This was done as a cost savings. We use Radiation Detection Company and have quarterly dosimetry reports.

In the past students also wore dosimeters, dating back to 1984. However, it was determined we could not charge students for this service in 2012, and the Program could not pay $4,000 per year to monitor the students.

The Program Coordinator made the determination and tried to verify with the California Department of Public Health, which registered the radiography equipment in the facility. The Program Coordinator did not get a definitive answer. The program Coordinator would like confirmation from OSHA Ionizing Radiation Standard and the California Department of Public Health that mandates are being met.

<table>
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<tr>
<th>Hazardous Chemicals</th>
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<tr>
<td>1. Employers provide training about the risks of using hazardous chemicals and the safety precautions required when handling them. Employees must be trained in identification of hazardous chemicals and personal protective equipment to be utilized for each chemical. The training must occur within 30 days of employment or prior to the employee using any chemicals, and annually thereafter.</td>
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<tr>
<td>2. Employees must have a certificate available or in their personnel files that shows they have had the proper training.</td>
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<tr>
<td>3. As with the Bloodborne pathogen Standard, a written plan identifying employee training and detailing specific control measures used in workplace must be complied for hazardous substances in the workplace.</td>
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<tr>
<td>4. Safety Data Sheets have been complied for Dental Assisting Program by the Coordinator and provided by maintenance for other departments.</td>
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</tbody>
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**Predicament:**
Currently faculty and associate faculty are not trained by the employer in handling hazardous chemicals. Many Programs in the CTE, science, and art areas have hazardous chemicals that faculty are handling every day. It is the responsibility of individuals to make sure safety mandates are followed.

List of Hazardous Chemicals located in the Dental Health Center: Fixer, developer, lead, mercury, glutaraldehyde

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<th>Sterilizer Monitoring</th>
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<td>1. California Dental Board requires weekly monitoring of the sterilizers in the Dental Health Center through spore testing. Five years of records are kept in the sterilization area.</td>
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**Predicament:**
The autoclave in dental is not the only autoclave on campus. Is biological monitoring required by other agencies? Documentation of which sterilizers need routine biological monitoring needs to be available to employees working in the District. This is for safety and compliance purposes.