

GDA

ACTION

THE JOURNAL OF THE GEORGIA DENTAL ASSOCIATION MARCH 2011



**Is Your Dental Practice
Prepared for an
OSHA Inspection?**

GDA ACTION

GDA ACTION (ISSN 0273-5989) The official publication of the Georgia Dental Association (GDA) is published monthly. POSTMASTER: Send address changes to GDA Action at 7000 Peachtree Dunwoody Road N.E., Suite 200, Building 17, Atlanta, GA 30328. Phone numbers in state are (404) 636-7553 and (800) 432-4357. www.gadental.org.

Closing date for copy: first of the month preceding publication month. Subscriptions: \$17 of membership dues is for the newsletter; all others, \$75 per year. Periodicals postage paid at Atlanta, GA.

Dr. Jonathan Dubin
GDA Editor
2970 Clairmont Rd
Suite 195
Atlanta, GA 30329

Delaine Hall
GDA Managing Editor
7000 Peachtree Dunwoody Rd NE
Suite 200, Building 17
Atlanta, GA 30328

2010-2011 Georgia Dental Association Officers

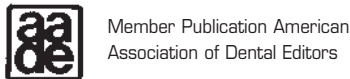
John F. Harrington Jr., DDS, President
Michael O. Vernon, DMD, President Elect
Sidney R. Tourial, DDS, Vice President
James B. Hall III, DDS, MS, Secretary/Treasurer
Jonathan S. Dubin, DMD, Editor

GDA/GDIS/PDRS Executive Office Staff Members

Martha S. Phillips, Executive Director
Nelda Greene, MBA, Associate Executive Director
Delaine Hall, Director of Communications
Skip Jones, Director of Operations (PDRS)
Courtney Layfield, Director of Member Services
Victoria LeMaire, Medical Accounts Manager
Melana Kopman McClatchey, General Counsel
Denis Mucha, Director of Operations (GDIS)
Margo Null, Property and Casualty Accounts Manager
Patrice Williams, Administrative Assistant
Phyllis Willich, Administrative Assistant
Pamela Yungk, Director of Membership & Finance

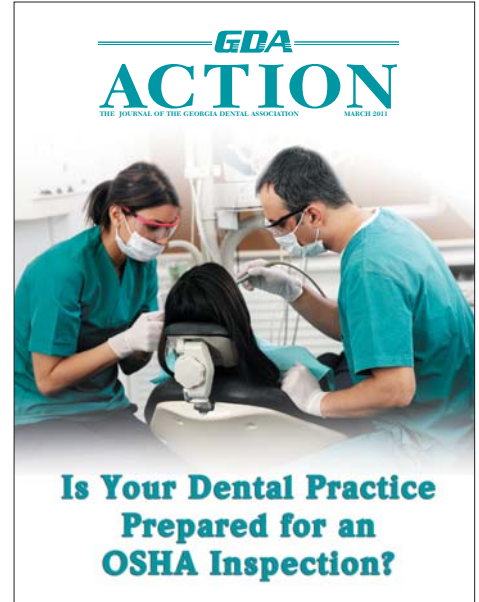
GDA Action seeks to be an issues-driven journal focusing on current matters affecting Georgia dentists, patients, and their treatment, accomplished through disseminating information and providing a forum for member commentary.

© Copyright 2011 by the Georgia Dental Association. All rights reserved. No part of this publication may be reproduced without written permission. Publication of any article or advertisement should not be deemed an endorsement of the opinions expressed or products advertised. The Association expressly reserves the right to refuse publication of any article, photograph, or advertisement.



on the cover

There's been some recent buzz that the Occupational Safety and Health Administration (OSHA) may ramp up inspections in dental offices as a means of raising money for our government's depleted budget. Dentistry has been off of OSHA's radar for a long time, so it's hard to gauge how likely an increase in OSHA dental inspections may be. Either way, this is a good time to take a fresh look at our OSHA programs and do some spring cleaning—see page 15 for more.



other features

- 8** Dentists Care: Rehoboth Clinic Benefits Middle Georgia
- 10** Dental Medicaid: CMO Review and Inaccurate State Data
- 12** End of an Emory Era: Last Dental Dean Weathers Retires
- 18** How to Strengthen Your Practice Financial Systems
- 20** GDA Annual Meeting Preview: CE Courses for All

sections

- 4** Parting Shots
- 5** Editorial
- 6** News and Views
- 7** Calendar of Events
- 21** Minutes
- 25** Classifieds
- 30** Breaking the Mold

index of advertisers

Note: Publication of an advertisement is not to be construed as an endorsement or approval by the GDA or any of its subsidiaries, committees, or task forces of the product or service offered in the

advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted.

ADS South	23	Elite Dentistry—Dr. Ruth Clemans	24	Paragon Dental Practice Transitions	26
AFTCO Transition Consultants	31	GDA Dental Recovery Network	7	Professional Debt Recovery Services	19
Atlanta Age Management Medicine / Dr. Ana Casas	11	Georgia Dental Insurance Services	32	Professional Practice Management	9
Atlanta TMD Dentist—Dr. Padolsky	9	Great Expressions Dental Centers	13	Southeast Transitions	27
Center for TMJ Therapy	14	Law Office of Stuart J. Oberman	24	Tripalay Dental Lab	29
Dental Care Alliance	22	Med Tech Construction	19	UBS Financial Services, Inc.	2
The Doctor's Safety Net	28	New Orleans Dental Conference	16	USA Civilian Dental Corps	10
		Officite	17		

OSHA's Back . . . Are You Ready?

Laney Kay, JD

There's been some recent buzz that the Occupational Safety and Health Administration (OSHA) may ramp up inspections in dental offices as a means of raising money for our government's depleted budget. Thanks to our wonderful former Congressman (and dentist) Charlie Norwood (and the fact that dentistry does such an excellent job at infection control), dentistry has been off of OSHA's radar for a long time. However, I wouldn't be surprised if this rumor is true.

Either way, I do know it's better to be safe than sorry, so it's time for all of us to take a fresh look at our OSHA programs and get ourselves up to date.

What an Updated OSHA Program Looks Like

Here's a general overview of what's included in a current, updated OSHA program. Unfortunately, none of us can "OSHA-proof" an office, so there's no way to guarantee that an inspection wouldn't result in fines or violations. However, following these general recommendations by the Centers for Disease Control and Prevention (CDC) and OSHA can help reduce your exposure in the event of a visit from an OSHA representative.

- First, **make sure you have an OSHA manual** and make sure everyone knows where it's located and how to access those materials. The manual should contain a current exposure control plan, a current hazard communication plan, and documentation of annual training as required by OSHA's Bloodborne Pathogens Standard. There should also be information about how waste is handled and disposed of in the office, what to do in the event of an exposure incident (who to report the incident to, where to go for testing, what procedures to follow, what documentation to complete, etc.), how to process instruments, and schedules and procedures for office and equipment cleaning and disinfection.
- Remember, **waterlines must be properly maintained** so that any water that goes into patients' mouths is at least drinking water quality.

- The office must **follow standard precautions**, meaning that all body fluids must be treated as potentially infectious. All patients, all instruments and surfaces, and anything else that may be potentially contaminated must be treated as infectious.

To offer protection from exposure to these infectious materials, **personal protective equipment must be provided and employees must use it**. In the average dental office, employees must wear jackets with long sleeves, gloves, masks, and eye protection any time they are performing a duty that may expose them to potentially infectious materials. If more exposure is likely, an impervious gown might be necessary instead of a jacket. Personal protective equipment must be maintained, cleaned, changed, and replaced as needed.

- Employees must **receive training that complies with OSHA's Bloodborne Pathogens Standard and the CDC's 2003 dental infection control guidelines**. Training must be done at the time of initial employment and at least annually after that. Also, at the time of initial employment, all employees should have a TB test to rule out active tuberculosis infection. Employees who will be exposed to potentially infectious materials must immediately receive a hepatitis vaccine, or offer proof of vaccination.
- **Medical records for each employee must be maintained** and, for privacy reasons, must be kept separate from the rest of the OSHA materials. The records should show evidence of HEP B immunization, along with any other immunization records, and documentation of any testing following an exposure incident.
- Dentists should **complete an annual TB risk assessment** to ensure that your office is still considered to be a low-risk environment. The completed paperwork must be filed in your OSHA notebook.
- Once a year, you must also, along with other relevant employees, **perform an**

evaluation of devices with sharps safety features. If you choose not to use the devices with the safety features, you must document why you chose a specific device. So, for example, if you evaluate a safety syringe and determine that the current standard syringe you use is actually safer, you must explain your rationale and place the relevant documentation in your OSHA notebook.

- You must **use engineering and work practice controls to reduce the likelihood of exposure to potentially infectious materials**. Engineering controls actually isolate you from hazards; items like thick gloves while handling instruments, sharps containers, needle recapping devices, and ultrasonic baskets are all examples of engineering controls. Work practice controls change the way you perform a procedure to make it safer. One-handed needle recapping methods, placing sharps containers where they're used, and using forceps to remove instruments from a sink are all examples of work practice controls.
- **Instruments must be handled carefully to avoid injury and processed carefully to ensure proper sterilization**. Thick gloves should be worn whenever handling dirty instruments and all instruments should be carried to the sterilization area on a closed tray or in a cassette to prevent injury during transport.
- **Sterilization areas must be set up** so that clean and dirty areas are completely separate to prevent the possibility of cross contamination. As a general rule, any item that goes in a patient's mouth should be sterilized or thrown away; if it's an item that is heat sensitive, follow the manufacturer's recommendation for disinfection.
- **Instruments must be cleaned before sterilization**, preferably with an ultrasonic so that hand contact is minimized.

OSHA

Continued on page 16

OSHA

Continued from page 15

Ultrasonic solution should be changed daily, or any time the solution becomes too “chunky.” All instruments should be wrapped or bagged, including individual instruments, and a heat sensitive indicator must be placed on both the inside and outside of the pack to ensure that the instruments reach the correct heat and pressure. Once they are sterilized they should be placed in closed drawers or cabinets to ensure that the packaging remains intact. All sterilizers must be tested weekly with biological indicators to make sure that they are working optimally.

- **Housekeeping surfaces (walls, floors, sinks, etc.) and clinical surfaces must be kept clean.** Cleaning schedules must be established and the cleaning frequency must be determined by the type of surface and the degree of contamination. Clinical surfaces must be disinfected between patients and/or barriers over these surfaces must be changed. If a barrier is intact at the end of the procedure and the surface underneath is not contaminated, further disinfection is not required; just change the barrier.

- Contaminated waste is controlled by OSHA while inside the office. Once it leaves the office, it's controlled by the Georgia Department of Natural Resources Environmental Protection Division. **Generally, only sharps and blood / saliva saturated materials are considered to be hazardous and must be disposed of in a specific manner.** In the average practice this is only about two percent of all the waste we generate. While in the office, however, any waste that is contaminated with any potentially infectious materials must be placed in containers prominently labeled with a “biohazard” label and employees must wear personal protective equipment while handling it.

- Make sure you have an **eyewash station** (in a clean sink).

- Ensure you have a **proper fire evacuation plan.**

- Make sure **chemicals out of their original container are properly labeled.**

- Ensure you have a **current chemical inventory and corresponding MSDS forms.**

- Your **office must be maintained in a sanitary, clean condition** with all exits clearly marked.

- **Nitrous and oxygen tanks should be secured and inspected** to make sure they are functioning properly.

- The **correct number of fire extinguishers should be mounted on the wall** and be in good working condition.

OSHA and the CDC have great publications to help with compliance, and organizations like the American Dental Association and the Organization for Safety, Asepsis, and Prevention (OSAP, also known as the dental infection control gurus of the universe) offer checklists and other resources you may find useful. Find a list of resources on the GDA web site.

The best way to handle OSHA and the possibility of an inspection is to get your paperwork current, get your materials in order, establish policies and procedures to ensure the safety of your patients and employees, make sure your people are trained, and stop worrying about it.

Good luck!

This information is provided for informational purposes and is not legal advice. Questions about state regulations and requirements should be directed to the proper state and federal agencies and specific questions should be directed to your personal attorney.

Author Laney Kay, JD, has been writing and speaking on technical and regulatory topics and women's issues since 1989. Her expertise is in taking complex, and / or boring topics and making them fun and informative. She has written numerous articles for state and national journals and has lectured at many dozens of national, state, and local dental meetings. Visit www.laneykay.com for additional information.



*Great Speakers, Great Price,
Great Weekend*

April 14-16, 2011 • New Orleans
Morial Convention Center

*Welcome Reception | LDA
President's Party at
the House of Blues, featuring
Jazz trumpeter Kermit Ruffins,
star of HBO's 'Treme'*

NODC/LDA Annual Session Speakers Named in
Dentistry Today as 2011 Leaders in C.E.:

- Dr. Gordon Christensen	- Dr. Linda Niessen, M.P.H.
- Dr. Louis Malcmacher	- Dr. Marvin Fier
- Dr. Karl Koerner	- Dr. Patricia Blanton
- Judy Bendit, R.D.H.	- Dr. Van Haywood
- Dr. Ross Nash	- Carol Tekavec, R.D.H. C.D.A.
- Karen Davis, R.D.H. B.S.D.H., R.D.H.M.P.	- Anita Jupp

Jazz up your continuing education!

**For a complete list of speakers and additional info,
visit www.nodc.org or call (504) 834-6449.**

