



Dental Delivery Rules & Regulations Compliance Checklist

Introduction

The following checklist provides guidance regarding compliance with rules and regulations from Occupational Safety and Health Administration (OSHA), Center for Disease Control (CDC) and the Colorado State Dental Board. Many of the regulations are the same for medical practices.

- Section 1 is the **checklist of requirements**. All items on the checklist are applicable to dental, but because of the overlap with medical infection control/OSHA/CDC/State board rules, recommendations and regulations, some attention has been drawn to items unique to dental only. **These items are highlighted in yellow to facilitate ease of use of this document.**
- Section 2 is a list of resources with **links to the rules and regulations**, recommendations by industry leaders, and other educational sources that support the requirements in the section 1 checklist.

This document is not meant to serve as legal advice. It is a resource of [Kim Laudenslager, RDH, MPA](#).

SECTION 1 - CHECKLIST

Record Keeping and Documentation:

It is important to keep a copy of the following documents in your office.

	Licenses for all hygienists (CCR 709-1 Rule IV).
	CPR cards for all dental hygienists and assistants.
	Radiology certificates for all assistants (hygienist-licensure is proof of training).
	Infectious/Regulated waste disposal contract.
	Dental Unit Waterline testing results/report (see below for details and recommended companies).*
	Biological/Spore testing results for previous two years showing proof of weekly testing of all sterilizers (see below for recommended companies).**





***Dental Unit Waterline Testing:**

Confirm the office is in compliance with dental unit water quality standards. Dental Unit Waterline (DWUL) test results include samples from at least one high-speed handpiece, one air-water syringe, one cavitron and one tap water control. DWUL test results show all samples submitted tested at less than 500 CFU/mL colony counts. For more information about DWUL Testing visit <http://www.ada.org/en/member-center/oral-health-topics/dental-unit-waterlines>. Following are three resources of companies to use for DWUL:

- ProEdge Dental, 800-843-3343 (Colorado company).
- Loma Linda University, 909-558-8176.
- Agenics, 719-466-5592, www.Agenics.net.

**** Biological/Spore Testing:**

Testing an autoclave for medical or dental equipment is the same. A box of spore test strips can be purchased (looks somewhat like a Band-Aid box) and one is run through the autoclave once a week and then tested. Crosstex.com offers in-office and mail-in options for this testing. More information is available here:

http://www.crosstex.com/cleanersproductguide.asp?mycat1=cat9&mycat2=cat9_1_6&mycat3=cat9_1_6.

Documentation of Records:

The following documents should be kept to be in compliance for both medical and dental industry standards.

	Exposure Determination Records for all staff.
	Hepatitis B Vaccine & Titer Records or Declination Records for all staff.
	Post-exposure management records if applicable for all exposure incidents.

OSHA 29 CFR 1910.1030

Confirm your office has documentation of the following records (copies may be requested):

	Annual Bloodborne Pathogens Training Records for all staff for previous three years.
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	Annual Hazard Communications Training records for all staff including dentists for previous three years.
	Annual documentation of efforts to consider safer needle devices which includes feedback and input from employees.

OSHA 29 CFR 1910.1030

Confirm your office has the following on the premises:

These posters and other safety documents meet both medical and dental industry standards.

	OSHA poster and other required state and federal posters displayed for employees.
	CDC Guidelines for Infection Control in Dental Health-Care Settings (2003); link in "resources".
	OSHA Bloodborne Pathogens Standard (1910.1030).
	OSHA Hazard Communication Standard (1910.1200).
	SDS Book or third party SDS contract subscription (see details related to dental below).*

OSHA [1910.1200](#)

** SDS Book: Medical clinics will already have an SDS book, so as dental materials are purchased they should be added to this book and existing SDS processes. When dental materials are ordered they should arrive with SDS pages. If they don't they can be requested.*

Confirm your office has a written exposure control plan in conjunction with the hospital or clinic you are working in:

	Standard precautions.
	Engineering and work practice controls.
	Hand hygiene.
	Personal Protective Equipment (PPE).





	Operatory turn around/ housekeeping policies and procedures.
	Instrument processing policies and procedures.
	Management of infectious waste policies and procedures.
	Laundry policies and procedures.
	Hepatitis B vaccination policy and procedures (including vaccine and titer testing at no cost to employees).
	Post-exposure evaluation and follow-up policy and procedures.
	Training schedule and policy.

OSHA 29 CFR 1910.1030

Post-Exposure Management Protocol:

Confirm your office has the following:

	An established relationship with a Qualified Healthcare Provider (QHCP)/Clinic for PEP. Name _____ Phone number _____
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Confirm your office has a “Grab & Go Packet” with all the required forms for post-exposure incidents which includes:

	Name, address, phone number, and directions to QHCP/Clinic.
	Post-Exposure Incident Form.
	Post-Exposure Health Care Professionals Written Opinion Form.
	Worker’s Compensation Insurance Form.
	Any forms related to post-exposure (optional).





	Source patient “What Happened” Letter & Consent Form (optional).
	Information Sheet describing “Proper Protocol for Post-Exposure” with PEPLine phone number (optional).

Hand Hygiene:

Hand hygiene procedures are the same for both dental and medical.

	Hands are washed with soap and water at the beginning of each day.
	Hands are either washed with soap and water OR alcohol-based hand rub before each patient procedure.
	Hands are either washed with soap and water OR an alcohol-based hand rub AFTER each patient procedure.
	If hand lotion is used, compatible with gloving materials.
	Fingernails and jewelry do not interfere with integrity of the gloving material.

PPE: Personal Protective Equipment:

	All PPE is paid for by the employer.
	Gloves masks and lab coats are not worn in non-patient care areas.
	Exam gloves are available in appropriate sizes for all personnel.
	Exam gloves are used and change between all patient procedures by all personnel.
	If latex gloves are used, they are powder-free and low protein (<50 mg/g or less).
	Masks are properly worn to cover both nose and mouth during all patient procedures.
	Masks are discarded after each patient procedure or more frequently if wet or soiled.
	Eyewear is worn during all patient procedures.





	Eyewear is periodically cleaned with soap and water (or per manufacturer’s guidelines).
	Lab coats or gowns are long-sleeved, have a high or scoop necked and are worn during all patient procedures.
	Lab coats or gowns (disposable or reusable) are worn for ONE day at most or changed during the day if visibly soiled.
	Lab coats that are reusable are laundered on-site or laundered by a professional service.

OSHA [1910.132](#)

Sharps and Sharps Safety (see comments specific to dental below)*:

	All of the following (if applicable) are considered sharps: Needles, scalpels, orthodontic wires and brackets, endodontic files, burs, matric bands, interproximal wedges, anesthetic carpules after a positive aspiration.
	No sharps are disposed of into routine trash or waste containers.
	Sharps: employees are aware of, ask for input and offered sharps safety devices as alternatives.
	Needles: anesthetic needles are recapped using the one-handed scoop technique or with a recapping device.
	Needles: surgical needles (if applicable) are self-sheathing.
	Sharps containers are puncture resistant, leak-proof, closable and properly labeled.
	Sharps containers are maintained dup right and discarded when contents reach the designated “Fill Line”.

OSHA 1910.1030





** Instruments unique to dental will follow the same sharps and sharps safety rules as medical. The only difference worth mentioning is that in medical they use 100% disposable needles and in dental they use re-fillable: the only part disposed of is the actual needle itself; the other parts are sterilized and refilled.*

Other Biohazardous/Infectious Waste:

Confirm office is properly handling, managing, and disposing of non-sharp infectious waste in conjunction with hospital or clinic standards.

	No potentially infectious waste (saliva and/or blood soaked/saturated) is disposed with routine trash/waste.
	All potentially infectious waste (saliva and/or blood soaked/saturated) is disposed of into a proper container.
	Infectious waste containers are sturdy, puncture resistant, leak-proof, closable, and properly labeled.
	Infectious waste is properly removed from office per state law (2x/year in Colorado).

OSHA [1910.1030](#)

*Laundry: On-Site and Professional Service (see note below)**

	On-site laundry: laundry is washed in warm to hot water with household laundry soap.
	On-site laundry: used gowns are stored in a labeled bin or container if not immediately put in the washing machine.
	Professional service: enough lab coats are delivered and kept in stock to assure one lab coat/day/employee.

** Hygienists cannot take their gowns home with them to wash and return. They must use the on-site or professional service options listed above.*

Operatory Turn-Around: Equipment/Clinical Contact Surfaces

Confirm office is performing the proper operatory turn around procedures:





	All clinical personnel when interviewed knew the difference between sanitation, disinfection, and sterilization.
	All clinical personnel when interviewed knew what is meant by cross-contamination and chain of asepsis.
	All clinical personnel, when interviewed, knew the name and tuberculocidal kill time of the office disinfectant.
	Clinical contact surfaces (CCSs) for dental include all surfaces that are likely to be touched during patient procedures and include such items as; light handles, light switches, air-water syringe buttons, slow and high-speed evacuation switches, the holders for the air-water syringe, x-ray buttons, digital x-ray sensors, equipment brackets and handles, chair switches, view box buttons, etc.
	CCSs: all CCSs that are difficult to clean are barrier protected.
	CCSs: barriers are changed and discarded after each patient and the underlying surfaces are SANITIZED prior to placing new barriers.
	CCSs: barrier protected surfaces are sanitized with spray-wipe or pre-moistened wipe technique.
	CCSs: used barriers are removed and discarded with a gloved hand
	CCSs that are NOT difficult to clean (smooth surfaces) and are not barrier protected, are properly disinfected between patients with an EPA registered intermediate level Tuberculocidal SPRAY (not wipes) disinfectant.
	Housekeeping surfaces include surfaces that are not likely to be touched by personnel during patient procedures and include items such as counter tops that are outside the field of operation, patient chair, etc.
	Housekeeping surfaces are SANITIZED between patients.





Instrument Processing and Sterilization:

	Sterilization room has designated dirty and clean areas and a flow that supports dirty to clean processing.
	All critical and semi-critical items are heat sterilized (instruments, hand pieces, burs, impressions trays, bite blocks, etc.).
	If immersion sterilization (cold sterile) is used, it must be justified (only items that are not heat stable are allowed).
	Proper PPE (mask, eyewear, and heavy duty utility gloves) is worn during instrument processing.
	Instruments are cleaned prior to sterilization ideally in an ultrasonic with basket and lid or washer/disinfector unit.
	Hand scrubbing is strongly discouraged and only used in rare instances with a long handled brush.
	All instruments and items placed in the sterilizer are bagged or wrapped prior to sterilization.
	All bags and/or wrapped cassettes have an external and internal indicator (multi-parameter indicators are preferred).
	All bags and/or wrapped cassettes have the date of sterilization written on the outside of packaging.
	If multiple sterilizers are used, the sterilizer used is identified on the outside of the packaging.
	Instruments remain bagged or wrapped until patient presents for treatment.
	Biological/spore testing is performed weekly on all sterilizers and records are maintained for at least two years (previously mentioned on first page of this checklist);





	Office has written policy and procedures in place for spore test failures.
	List the make and the model of all sterilizers used in the office and provide copies of weekly spore testing for each. Make: _____ Model: _____ Make: _____ Model: _____ Make: _____ Model: _____
	Instruments remain bagged or wrapped until patient presents for treatment.
	Biological/Spore testing is performed weekly on all sterilizers and records are maintained for at least two years.
	Office has written policy and procedures in place for spore testing.

Single Use Disposable Products:

Any item that states “disposable” on the outside of the packaging is intended for single-use and is discarded after one use. Even if the item can tolerate sterilization or disinfection, it is discarded and not reprocessed or reused. **Following are some dental items to which this could be applicable:**

	Saliva ejectors.
	High-speed evacuation tips.
	Disposable prophylaxis cups.





	Disposable impression trays.
	X-ray/ Panorex bite sticks.

Dental radiology:

	All X-Ray tube heads need to be registered with the Colorado Department of Health and units have State Inspection stickers that have not expired (see below for additional details).*
	Users of new x-ray machines need to wear and report on a dosimetry badge to gauge exposure for the first six months of using the machine (see below for more information).**
	Personnel follow proper safety procedures when taking radiographs (see below for details).***
	Patients are protected with appropriate lead shielding/apron/thyroid collar for all standard and digital radiographs.

*** Inspection:**

- X-ray units must be inspected before they can be used the first time. After that mobile x-ray unit inspection is once a year. Wall-mounted inspection is once every three years.
 - A list of Colorado Department of Public Health & Environment qualified X-ray inspectors for dental machines can be found on this web page:
https://drive.google.com/file/d/0B4IiS_CIQFvgY2V0cnR3MTIzX3c/view.

**** Dosimetry badges:**

A dosimetry badge is used for monitoring cumulative radiation dose due to ionizing radiation exposure.

- Hygienist must wear both a full body dosimetry badge and a finger dosimetry badge on the hand that is holding the unit.
- Dosimetry badges must be worn at all times when taking radiographs (there is no exemption or waiver to discontinue wearing when using hand-held mobile x-ray units).





- *Dosimetry badge results must be uploaded and checked weekly. One dosimetry badge service is:*
 - *Sierra Radiation Dosimetry Service, 866-897-8707 \$69/badge/yr, www.SierraDosimetry.com*

***** Safety procedures:**

- *Patient must wear an apron and a thyroid collar.*
- *Hygienist must wear an apron and a thyroid collar.*
- *No holding films for patients: this leads to additional exposure for the hygienist.*
- *If using portable x-ray equipment (NOMAD, MAXRAY):*
 - *Watch the video that comes with the equipment to learn about proper use.*
 - *Learn proper technique for holding the equipment so as to limit hygienist exposure from incorrect use.*
 - *Hygienist must wear exposure apron.*
- *Leaving the room: if using a wall-mounted x-ray hygienist must leave the room to elimination potential for exposure.*

General Workplace Safety

Confirm office is in compliance with the following general workplace safety requirements:

	All areas in office are kept clean and organized (storage rooms, darkroom, lab, sterilization area, etc.).
	Eyewash station is readily accessible and is in proper working condition.
	Eyewash station supplies a controlled flow of water to both eyes simultaneously.
	Eyewash station is located in an area large enough to provide room for the eyelids to be held open with the hands while the eyes are flushed.
	Eyewash station can deliver water for at least 15 minutes at a velocity low enough not to injure the user.
	Electrical equipment is properly managed and maintained.
	Exit signs, emergency evacuation routes and means of egress are clearly marked.





	Fire extinguishers are inspected, recharged, maintained and monitored for expiration dates.
	Food, drink (including water bottles) are not allowed in patient care areas.
	CPR masks are readily available.
	Basic first aid kit is readily available.

OSHA [1910.38](#)

Hazard Communications Requirements:

	Written Hazard Communication Program is Complete (OSHA 29 CFR 1910.1200).
	List of Hazardous chemicals used in the office is complete (OSHA 29 CFR 1910.1200).
	MSDS book or 3 rd party subscription is kept current and is readily available and known to all employees.
	MSDS layout and 16 section format is understood by all employees.
	GHS: pictograms, signal words, and hazard precautionary statements are understood by all employees.
	All bottles or containers are properly labeled (secondary containers should have similar label as original container).
	Amalgam scrap container is readily accessible and known to all employees (Metro Wastewater Reclamation 6.16.1).
	Laser plumes are suctioned with high speed evacuation during laser procedures
	Latex safe products are used when available (nitril or synthetic products for gloves, rubber dams, prophyl cups, etc.).
	Hearing safety and protection is discussed as part of annual staff training.

OSHA [1910.1200](#)





SECTION 2 - Infection Control Rules and Regulations Resources

Please note: Documents dated to the early 2000's are the most current version of those documents. If clicking on a link below doesn't work, copy and paste the link into your browser. Some of the PDFs below work best that way.

1. CDC Guidelines for Infection Control in Dental Health-Care Settings
http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/infection_control_guidelines.ppt
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>
http://www.ada.org/~media/ADA/Member%20Center/Files/guidelines_cdc_infection.ashx
2. OSHA Medical & Dental Offices- A Guide to Compliance with OSHA Standards
<https://www.osha.gov/Publications/osha3187.pdf>
3. OSHA Occupational Exposure to Bloodborne Pathogens-Summary and Explanation of the Standard
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=PREAMBLES&p_id=811
4. OSHA Needlestick/Sharps Injury Prevention
<https://www.osha.gov/SLTC/etools/hospital/hazards/sharps/sharps.html>
5. OSHA Frequently Cited Standards for Dental
<https://www.osha.gov/SLTC/dentistry/standards.html>
6. OSHA Frequently Asked Questions on Dental Infection Control
http://www.osap.org/?page=FAQ_Disease&hhSearchTerms=Infection+and+control+and+FAQ
7. OSHA Hazard Recognition, Control and Prevention for Dentistry
<https://www.osha.gov/SLTC/dentistry/recognition.html>
8. OSHA Free Workplace Poster
<https://www.osha.gov/Publications/poster.html>
9. OSHA Hospital E-Tool
<https://www.osha.gov/SLTC/etools/hospital/housekeeping/housekeeping.html#ContaminatedLaundry>
10. OSHA Control Plan Fact Sheet
https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf
11. ADA presentation of Infection Control in a Dental Health-Care Setting





<http://www.mouthhealthy.org/en/az-topics/i/infection-control>

12. ADA Statement on Infection Control in Dentistry
<http://www.ada.org/en/member-center/oral-health-topics/infection-control-resources>
13. ADA Presentation on Latex Allergies
<http://www.ada.org/en/member-center/oral-health-topics/allergy-to-latex-rubber>
14. ADA Dental Unit Waterlines Information and Testing Centers
<http://www.ada.org/en/member-center/oral-health-topics/dental-unit-waterlines>
15. State of Colorado Department of Regulatory Agencies Colorado Dental Board 3 CCR 709-1 Rules and Regulations
<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6168&fileName=3%20CCR%20709-1>
16. Colorado Dentists and Dental Hygienists Act
https://www.colorado.gov/pacific/dora/Dental_Laws
17. OSAP Infection Control In Practice
http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/ICIP_Issues/ICIP.jan04.cklist.pdf
18. OSAP Clinical Contact Surface Chart
http://www.osap.org/?page=Disinf_Info
19. OSAP Guidance on Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans
<http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Checklists/OSAP.checklist.portabledenta.pdf>
20. OSAP Portable/Mobile Resources
<http://www.osap.org/?page=PortableMobile>

