

*The Occupational Health and Safety Act
Dental Office Interpretation*



A Guide for Nova Scotia Dental Offices

Safety information

NSDA
Clinical Practice Committee
2015

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Occupational Health and Safety Act

Dental Office Interpretation

Disclaimer: This document is an Interpretation of the Occupational Health and Safety Act. For specific questions and concerns about "the Act", please contact the Department of Labour and Advanced Education.

If you have any concerns about your practice's level of compliance with the Act and the Regulations, you should consider engaging an Occupational Health & Safety consultant.

NSDA Clinical Affairs Committee 2015

Introduction

History: On May 17/1996 the new **Occupational Health and Safety Act (The Act)** was established to outline the roles of employers and employees in Nova Scotia with regards to workplace safety. This OH&S Act was developed to create a safe work environment for people in Nova Scotia. **The OH&S Act applies to all Dental offices in Nova Scotia.** The NSDA's Clinical Affairs Committee has developed the following document to clarify the dentist's role with regards to the Act.

Nova Scotia's Occupational Health and Safety Act is based on the idea that the primary responsibility for occupational health and safety is shared by everyone connected with their workplace — including dentists, hygienists, assistants, reception workers, and suppliers. This is known as the **Internal Responsibility System (IRS)**. Since some people at the workplace have **more power to influence health and safety** at the workplace, they bear more responsibility than someone with less power.

The Dentist assumes the ultimate responsibility to meet the regulations in the Act. **The Safety Program that is attached should be placed in a binder in your office** for easy retrieval by the Staff, the Labor Board, or yourself. It is the law that dental offices meet the standards set out by the OH&S Act. The Department of Labour and Advanced Education inspectors have the right to inspect your office at any time. **By law, they do not require your permission to enter your office.** This Interpretation has been compiled by the Clinical Affairs Committee of the NSDA. For specifics, please refer to an original copy of the Occupational Health and Safety Act.

Note: The Dentist may be subject to prosecution for failing to comply with the OH&S Act and/or associated Occupational Safety General Regulations.

Safety

information

Communicating Your Policy:

Communication of your policy is vital to realizing its benefits. It should be written in clear language and easily understood by all employees. It must be posted in a prominent area in the workplace and made available on request to an employee or to a Department of Labour and Advanced Education Occupational Health and Safety Officer.

What Will Make the Policy Work?

Putting Your Policy in Place

A key element in making sure that the policy works in your organization is to **involve everyone in the process**. That means the policy is drafted with input from all levels of the company. Also, your policy should have enough flexibility built in to adapt to the needs of diverse company applications.

To put your policy into effect, make sure that:

- everyone in the workplace is informed about the policy
- everyone understands their roles and responsibilities
- accountability is clearly established
- adequate human and financial resources are provided
- a process for setting up and reviewing procedures, policies and programs is established.

Please note: the aforementioned represents summary requirements according to the Occupational Health and Safety Act. It should serve as an example only and may be used as a guide to develop a policy and a program to suit your own work environment. If you have any concerns about your practice's level of compliance with the Act and the Regulations, you should consider engaging an Occupational Health & Safety consultant.

What is the Department of Labour and Advanced Education's role?

The Occupational Health and Safety Division of the Department of Labour and Advanced Education promotes the importance of occupational health and safety, provides support to the people at the workplace as they carry out their occupational health and safety responsibilities and steps in when these responsibilities are not being carried out. However, ultimate responsibility for occupational health and safety remains with the people directly connected with the workplace.

What are the main responsibilities of the Dentist?

Dentists must take every reasonable precaution to ensure the health and safety of persons at or near the workplace. As an employer, some of your main responsibilities include:

- providing and maintaining equipment with proper safety devices
- providing employees with the training, information and supervision they need to do their jobs safely, including informing employees about any health or safety hazards in the workplace

- making sure employees wear personal protective equipment and know how to use it properly
- establishing a Joint Occupational Health and Safety Committee (staff and dentist) or ensuring that a Health and Safety Representative (staff) is selected where required by legislation
- cooperating with the Joint Occupational Health and Safety Committee or Health and Safety Representative and with Health and Safety Officers from the Department of Labour and Advanced Education
- preparing and maintaining an occupational health and safety policy and/or program, where required by legislation.
- preparing a list of hazardous chemicals present in the workplace
- following the Occupational Health and Safety Act and Occupational Safety General Regulations and making sure the employees follow them

The Occupational Health and Safety Act and Regulations describe your responsibilities in detail and you are encouraged to read these documents and learn more about what they mean for you and your workplace.

What are the main responsibilities of employees?

Employees must take every reasonable precaution to protect their own health and safety and the health and safety of other people at or near the workplace. As an employee some of your main responsibilities include:

- reporting anything in the workplace that may be dangerous
- co-operating with your employer and fellow employees to protect health and safety
- wearing personal protective equipment and following safety procedures
- cooperating with the Joint Occupational Health and Safety Committee or Health and Safety Representative and with Health and Safety Officers from the Department of Labour and Advanced Education.
- Following the Occupational Health and Safety Act and the Regulations

Regardless of the number of employees in your office, you should develop a safety plan to create a system for safe work.

Legislation requires you to assess and address identified risks – a safety plan is a suggested way to comply with this legislation.

***The Occupational Health & Safety Act applies to your Dental Office
based on the number of Employees in your Office***

Category 1 - Under 5 Employees

Category 2 - 5 to 19 Employees — must comply with Section 27 and 33 of "The Act"

Category 3 - 20 or more Employees — comply with both Section 27, 28 and 29 of "The Act"

Definitions:

- 1) “employee” means a person who is employed to do work and includes a dependent contractor
- 2) “regularly employed” includes seasonal employment with a predictably recurring period of employment that exceeds four weeks, unless otherwise established by regulation or ordered by an officer

Safety Responsibilities of the Dental Office

Category #1 — (less than 5 Employees, regularly employed)

Although not a requirement, all offices should have an office manual/binder to demonstrate compliance. It should include the following:

1. Occupational Safety General Regulations **and** OH&S Act
2. First Aid Regulations – Ensure at least one employee per shift holds a valid emergency first aid certificate. Type 2 First Aid Kit is required for 2 – 19 employees per shift; Type 3 First Aid Kit is required if 20 or more Employees **per** shift (*see Appendix 1*)
3. WHMIS Regulations – All employees who work in proximity to controlled products require WHMIS training. **Workplace specific** training is required for employees who handle the materials – this level of training teaches employees how to work safely with the product and what to do if there is an adverse event.
4. Violence in the Workplace Regulations – conduct a risk assessment and prepare a violence prevention statement for the binder (see *Sample Statement Appendix 2*) and have it posted. Section 6 of this Regulation require the risk assessment be completed every 5 years.
5. Occupational Health and Safety Administrative Penalties Regulations
6. Work place Health and Safety Regulations (introduced in 2013)

The following needs to be **posted in a prominent place** for access by employees (such as the bulletin board on a wall of the lunchroom):

1. Copy of the *Occupational Health and Safety Act* must be **posted** in a prominent place or contained in a binder that is easily accessed by employees. A bookmarked page on a computer, provided every employee has access to a computer and knows how to find the information. (*Note: The electronic*

storage of information does not apply to the posting of the OH&S Division phone number or the Violence in the Workplace Prevention Statement.)

2. Phone Number of Occupational Health and Safety Division **posted** in the office — (1-800-952-2687) (902-424-5400 Halifax only)
3. Prepare and **post** a Violence Prevention Statement (*see Appendix 2 for Sample Statement*).

Category #2 — (5 to 19 Employees – regularly employed)

Include all criteria in Category 1, plus the following:

Safety Policy – section 27 and 33 of the OH&S Act The employer shall prepare and review, at least annually, a written occupational health and safety policy. The development of the safety policy should include discussion with the employees. The policy is to be **posted**.

Category #3 — (20 or more Employees – regularly employed)

Include all criteria in Category 1 & 2 plus the following

Safety Program– section 28 of the OH&S Act The employers must establish and maintain a written Occupational Health and Safety Program in consultation with a committee or representative. (**See #7 below**)

What should a Safety Program Binder contain?

Although a binder is not a requirement, it is a suggested way to demonstrate implementation of the program.

The Safety Program Binder should have all of the criteria in Category #2, plus the following:

1. Safe Work Practices – a method by which safe work procedures are written/generated to make sure that healthy and safe work practices are used. An evaluation/analysis of work practices is required to determine those procedures
2. Dental Employee Safety Sign-off Sheet – a method of ensuring that employees are trained on how to protect themselves when dealing with health and safety issues and that supervision of employees by the employer is maintained
3. Hazard Assessment Sheets – an Internal system of identifying hazards including (Assessment carried out by Dentist and Staff) evaluating/ inspecting the work areas for hazards on an annual schedule. Create a reporting method with someone given the job to ensure that the problem(s) is fixed
4. Hazard Correction System – a monitoring follow-up and control system for hazards that may be identified in the workplace
5. Safety Data Sheets – maintain all relevant SDS info
6. Accident Report Sheets – a system to keep all records concerning health and safety, and any reports of inspectors or orders written by the Department of Labour or test performed on the workplace. This documentation must be made available on request to an employee and/or to a Department of

Labour Occupational Health and Safety Officer (template on pg 10).

7. (a) Safety Committee – Establish a Joint Occupational Health and Safety Committee (JOHSC) in a workplace with 20 or more regularly employed employees. They must maintain minutes of the meetings. The JOHSC must have access to the employer or a representative who can fix a health and safety problem. Meetings should take place monthly and minutes of meetings should be maintained. According to the OH&S Act, the staff is entitled to be paid regular wages for attending these meetings.

Or

- (b) Safety Representative – a representative chosen by the employees of a JOHSC is not required.

The Joint Occupational Health and Safety Committee is to be established and functioning as required by sections 29, 30 & 31 of the ACT. The JOHSC should establish a written Rules of Procedure.

Note: Due Diligence – It is the responsibility of the employer to ensure that all records related to occupational health and safety in the workplace are maintained (Category 1, 2 and 3).

Dental Office Health and Safety Policy

Occupation Health & Safety Division
(toll free: 1-800-952-2687) (Halifax 902-424-5400)

Scope

This policy will apply to *Dental Office of* _____

Policy

The Dental Office of _____ is committed to providing a healthy and safe work environment for its employees and preventing occupational illness and injury. The following policy on occupational health and safety will be issued to express our commitment.

The Dental Office Employers are responsible for the health and safety of its employees. **They** will make every effort to provide a healthy and safe work environment. We are dedicated to the objective of eliminating the possibility of injury and illness.

As Dentist and/or owner, I give you my personal promise to take all reasonable precautions to prevent harm to workers.

Managers and supervisors will be trained and held responsible for ensuring that the employees, under their supervision, follow this policy. They are held accountable for ensuring that employees use safe work practices and receive training to protect their health and safety. Managers and supervisors also have a general responsibility for ensuring the safety of equipment and facility.

The Dental Office employers, through all levels of management, will co-operate with the Joint Occupational Health and Safety Committee, or the safety representative and their employees to create a healthy and safe work environment. Co-operation should also be extended to others such as contractors, owners, officers, etc.

The employees of **our Dental office** will be required to support this organization's health and safety initiative and to co-operate with the occupational health and safety committee or representative and with others exercising authority under the applicable laws.

It is the duty of each employee to report to the supervisor or manager, as soon as possible, any hazardous condition, injury, accident or illness related to the workplace. Also, employees must protect their health and safety by complying with applicable Acts and Regulations and to follow policies, procedures, rules and instructions as prescribed by **our Dental Office**.

Our Dental office will, where possible, eliminate occupational hazards. If there is a hazard, employees will be required to use safety equipment, protective clothing, and devices for personal protection. **Your Dental Employer** recognizes the employees' duty to identify hazards and supports and encourages employees to play an active role in identifying hazards and to offer suggestions or ideas to improve the health and safety program.

Signed:

Dentist

Dated

Minutes of the Joint Occupational Health and Safety Committee Meeting

Date: _____

Location: _____

People Present:

Safety Issues Discussed:

Actions:

Important note on the inspections of your office

Department of Labour inspectors have the right to inspect your office at any time. By law they do not require your permission to enter your office. If you fully cooperate the Inspector will likely help your office to comply with the OH&S Act. Many times they may give you a “Timed Issue Order” which gives your dental office a specific time allowance to complete the compliance order. The employer is required to send a written notice of compliance to the orders issued. There is an Appeal process if you do not agree with the compliance officer’s orders or inspection assessment. (See FAQ Sheet on OH&S website)

Note: If you do not agree with the Inspection Officer’s assessment or compliance order, you can appeal directly to the Labour Board. For more information on Administrative Penalties and Appeals see Resources 3 and 4. Forms can be found at: www.novascotia.ca/lae/healthandsafety/forms.asp

Note: The dentist may be subject to prosecution for failing to comply with the OH&S Act or associated Regulations.

Some Safety Issues the OH&S Inspector may check

OH&S inspectors will require you to meet the standards according to how many employees you have in your office (As discussed in Category 1, 2 and 3).

Other Possible Safety Concerns in the Dental Office

1. Electrical Cords – secured and grounded i.e. no loose cords to trip over
2. Fire Extinguishers – tagged, inspected and accessible
3. Fire Exits – marked
4. Store Rooms – Tidy
5. Ladders and step stools
6. Electrical Rooms – empty, not to be used for any other type of use, including storage
7. Personal and Protective Equipment – safety glasses, gloves, UV shields, dosimeter badges etc.
8. Hazardous Materials – labeled and properly stored – mark dispensable materials
9. Eyewash stations – need to be maintained, consider location in proximity to hazardous chemicals
(see Resource #13, *Emergency Showers and Eyewash Stations*)
10. Washrooms – clean, maintained and accessible
11. Lighting – adequate for the task being performed
12. Furniture – in good condition
13. Sharps – regulation containers in use – disposal procedures in place
14. Electrical Panels – no open spaces
15. Electrical Plan – wiring diagram of the entire office – on site
16. Lockout – physical methods to do this on the electrical panel
17. First Aid Kit –
 - No medications in it
 - All drugs need to be stored separately from the first aid kit
 - Do not supply medications to staff (unless they are a patient)
18. First Aid Training – Ensure at least one employee per shift holds a valid emergency first aid certificate
 - Certification must be verifiable on inspection
19. Violence in the Workplace – copy of legislation on hand and policy statement posted
20. Due Diligence – Records to show that the appropriate OH&S Regulations have been met.

Safe Work Practices

For the Safe Handling of Mercury in Dental Offices

The following mercury hygiene guidelines for the safe handling of dental amalgam were prepared by CDA's Committee on Dental Materials and Devices. They are provided here for use or posting in the dental office.

1. All office personnel should be educated to understand the potential hazards of handling mercury and the need to follow safe mercury handling practices.
2. Mercury will penetrate the skin and therefore should not be handled directly.
3. The use of face masks and gloves is desirable; these should be discarded once contaminated.
4. Flooring in dental operatories should be smooth and be free of joints. Carpeting is contraindicated in operatories because it is impossible to decontaminate once mercury has penetrated it.
5. The amalgam workplace should be a well-ventilated area. Running the air exchange continuously during office hours reduces mercury vapour levels in the operatory.
6. A well-defined space of the operatory should be allocated for amalgam mixing and storage of amalgam-related supplies.
7. All operations involving mercury should be carried out over smooth, lipped surfaces to confine possible spills and aid in their recovery. All mercury spills should be cleaned up immediately.
8. The use of triturator with completely enclosed arms and capsule is recommended.
9. The interior surfaces of the amalgamator are a major source of mercury contamination and should be wiped clean.
10. The use of precapsulated amalgams is highly recommended to eliminate the possibility of spills during the handling of bulk mercury. Empty amalgam capsules can be disposed of with regular garbage.
11. Reusable capsules can deteriorate with use and should be replaced regularly.
12. Ultrasonic condensing techniques are contraindicated.
13. Water spray and suction are required during the grinding or cutting of silver amalgam.
14. Amalgam which requires heating should not be used.
15. Elemental Mercury, if used, should be stored in a tightly sealed, break resistant container labelled "Hazardous Waste – Elemental Mercury".
 - a) Non-contact Amalgam Waste – non-contact amalgam waste is amalgam waste that has never been in a patient's mouth. It is surplus amalgam left after a new restoration has been completed. Collect non-contact amalgam waste in a break resistant air tight container (e.g. Mer Con) with mercury vapour suppressing liquids. Label container "Hazardous Waste – Non Contact Amalgam".
 - b) Contact Amalgam Waste – this is amalgam which has been in a patient's mouth. All offices dealing in removal and placement of amalgam require an amalgam separator (ISO11143). Have the separator serviced according to the manufacturer's recommendations (changing of filter). Chairside disposal traps should be regularly changed (wearing gloves, glasses and mask). Place the entire trap into a break/puncture-resistant, airtight container (e.g., a yellow cytotoxic container, add an alginate container or a Mer Con container) labeled "Hazardous Waste: Contact Amalgam". Fasten lid securely on to the container.
16. Contact a certified hazardous waste carrier for recycling or disposal of all amalgam waste.
17. Do not allow mercury or mercury contaminated wastes to be dropped in the drain or sewer since this contributes to the ecology problem associated with mercury.
18. Do not use vacuum cleaners in areas where mercury is handled. They increase the contamination by recycling the mercury into the atmosphere.
19. Air filters in recirculating ventilation systems should be changed regularly.
20. If contamination is suspected, hair, blood and/or urine of dental personnel should be medically tested for mercury contamination.
21. Smoking immediately after or during the handling of mercury will increase the uptake of mercury.

Staff Protection Infection Control

The safe work practices are designed to protect the dental office staff and not necessarily the patient. Please see the Infection Control Manual for total infection control protocol.

All blood, saliva and other body fluids must be considered as potentially infectious. To protect yourself you must reduce the number of pathogens to which you are exposed even though a person's normal resistance can sometimes prevent infection, by breaking the cycle of infection and by eliminating cross-contamination. Updated medical history and examination can provide additional information but cannot reliably identify patients, therefore, infection control procedures should be consistently used for all patients.

1. Refer to The NSDA's Infection Prevention and Control Guidelines
2. Each office should appoint an Infection Control Officer and a record of needlestick/percutaneous injuries to staff should be established.
3. Up-to-date immunization status should be maintained for dentists and staff with patient related duties. This includes hepatitis B, measles, mumps, rubella, influenza and varicella. It is recommended that immunization status be known for all diseases as stated. If a staff member refuses to disclose this information, accept the refusal and record it in the employee's file.
4. Follow appropriate hand hygiene protocol prior to and immediately after the use of gloves
5. Gloves should be worn when contact with blood, saliva and body fluid is anticipated. Gloves must be changed between patients.
6. Masks should be worn to protect oral and nasal mucosa from splatter of blood, saliva and particulate matter.
7. Eyes of dental personnel and patients should be protected with some type of covering to protect from splatter of blood, saliva and particulate matter.
8. A high temperature wash cycle, with normal bleach concentration, followed by machine drying is recommended for clothing. Dry cleaning and steam pressing is also appropriate
9. Rubber dam should be used in restorative dentistry whenever possible.
10. Counter tops, working surfaces and operatory furniture, especially if aerosol and or blood spatter will be generated, should be protected by disposal covers and/or disinfected by a suitable liquid
11. Disposable materials should be discarded appropriately. Sharp items, such as needles and scalpel blades should be placed in puncture resistant containers prior to disposal and discarded according to municipal requirements.

Use of Composite Curing Lamp

The light from the composite curing lamp may cause eye damage if used improperly (*See Resource #12, Blue-Light: Dental Offices*).

1. Ensure that **protective eyewear** is worn when operating the composite curing lamp.
2. Avoid looking at the light source without the protective eyewear and/or shield.
3. Inform others in the work area not to look at the light when it is in use.

Use of Lasers

Caution signs should be posted when the laser is in use, and they should be removed when finished. Never point the laser at eyes or skin. Be aware that the light may be reflected off mirrors or polished metal surfaces.

Everyone in the room where the laser is being used must wear the correct eye protection. This protective eyewear must be specific to the laser wave length 810nm (diode laser) that is being used and must have side shields.

Loupes – if used, must be inside the protective eyewear/shield.

Use correct masks during lasing as the resultant smoke plume may include:

- Bacterial spores
- Cancer cells
- Viruses (HIV) and herpes

Assistant **MUST** provide high volume suction to remove smoke plume when using laser.

Policy on Needle Use and Recapping

1. An injection needle should be capped prior to use.
2. Injection needles should be recapped after use, using approved and accepted safety methods.
3. It is accepted standard dental procedure to employ one needle for multiple injections in the oral cavity of the same patient.

Needle Stick injuries are a possibility in dentistry, and are considered high risk for blood borne diseases. All injuries should be recorded in an incident report.

Handling Photocopier and Printer Inks

The Ink from photocopy machines and computer printers is hazardous to your health.

1. Use rubber gloves and masks when changing the cartridges.
2. Avoid breathing any ink dust from the photocopier or printer

Use of Fire Extinguishers/Location

The Fire Extinguishers in the dental office are located:

General: The type of fire will indicate the type of fire extinguisher that you should use to put the fire out. Where temperature is a factor, insure that care is taken in selecting the right extinguisher. Fire extinguishers must be maintained to manufacturer's specifications. This requires inspection of the equipment on a set schedule.

Types of Fires

Class A – Solid Materials of Organic nature (e.g. wood, paper, cloth)

Recommended Extinguishers: Water from a hose, pump type water can or pressurized extinguisher and soda acid extinguisher

Fighting the fire: Soak the fire completely – even soak the embers

Class B – Liquid Material (including petrol, diesel, oils)

Recommended Extinguishers: ABC units, dry chemical, foam and carbon dioxide extinguishers.

Fighting the fire: Start at the base of the fire and use a swinging motion from left to right, always keep the fire in front of you.

Class C – Involves Electricity

Recommended Extinguishers: Carbon Dioxide and Dry Chemical (ABC) unit extinguishers

Fighting the fire: Use short bursts on the fire. When the electrical current is shut off on a class C fire, it can become a class A fire if the materials around the fire are ignited.

*for further info see the OH&S Act, Regulations

Handling Cleaning Solvents and Flammables

Cleaning solvents are used in the day to day activity to clean tools and equipment. Special care must be taken to protect the worker from hazard, which may be created from the use of these products. Wherever possible, solvents should be nonflammable and nontoxic.

The dentist must be aware of all solvents/flammables that are used on the job, and be sure that all employees who use these materials have taken WHMIS training.

1. Use non-flammable solvents for general cleaning.
2. When flammable liquids are used, make sure that no hot work is permitted in the area.
3. Store flammables and solvents in an appropriate area.
4. Check toxic hazard of all solvents before use (SDS info).
5. Provide adequate ventilation where all solvents and flammables are being used.

6. Use goggles or face shield to protect the face and eyes from splashes or sprays.
7. Use rubber, latex, plastic gloves to protect the hands.
8. Wear protective clothing to prevent contamination of workers clothes.
9. When breathing hazard exists, use the appropriate respiratory protection.
10. Ensure all employees using or in the vicinity of controlled solvents are trained and certified in the ***Workplace Hazardous Material Information System (WHMIS/GHS)***.
11. Ensure all WHMIS requirements are met and proper labeling is present on all products.

Use of a Step Ladder

Section 147 - 152 of the Occupational Safety General Regulations

General: Ladders must be CSA Grade 1 or 2. A Grade 3 ladder is not acceptable.

Make sure ladder is in good condition, and is the right ladder for the job being done. Step ladders are to be used only on clean and even surfaces.

1. No work is to be done from the top two steps of a step ladder, counting the top platform as a rung.
2. When in the open position ready for use, the incline of the front step section shall be one(1) horizontal to (6) vertical.
3. The step ladder is only to be used in the fully open position with the spreader bars locked.
4. Tops of the ladders are not to be used as a support for scaffolds.
5. Don't over reach while on the ladder. Climb down and move the ladder to a new position.
6. Only CSA standard ladders will be used.
7. Avoid standing on chairs to extend your reach – especially with rollers.

Use of Grinders, Drills and Lathes

Abrasive wheels, rotary grinders etc. can cause severe injury.

1. Familiarize yourself with the grinder operation before commencing work.
2. Ensure proper guards are in place and that safety glasses or safety shields are used when grinding or drilling – Safety glasses must be within arm's length of the equipment.
3. Check for defects or cracks in the equipment prior to use.
4. Do not use grinders near flammable materials.
5. Do not stand directly in front of the wheel when it is first started.
6. Avoid placing fingertips too close to the grinder.
7. Ensure the grinding area has proper ventilation.
8. Use proper safety protection.
9. Tie back long hair and secure any loose clothing that may get caught in machinery.

Ergonomic Injuries

Practicing dentistry often requires accommodating patients to the degree that the operator's ergonomic comfort is jeopardized.

Too much of this can result in operator injury.

Every Operator and employee should:

1. Assess dental stools, chairs and operatory set-up for their ergonomic optimization. This may also apply to the non-clinical areas of the dental office.
2. When using dental chairs, stools, dental equipment and instruments, proper positioning and use is paramount. The best possible ergonomic outcomes should be used to avoid musculoskeletal and joint injuries.

Latex Allergies

Latex allergy is caused by repeated exposure to the protein from the natural rubber in latex. The powdery starch can absorb the protein and become airborne. Latex allergy can affect the skin causing redness, itching, rashes and hives. More severe reactions affect the respiratory system causing asthma symptoms such as chest tightness, wheezing, coughing and shortness of breath. Occupational asthma affects 5-18% of healthcare workers.

To reduce the risk of latex allergy-

1. Use reduced protein/powder free latex gloves.
2. Control latex containing dust through good housekeeping and proper ventilation.
3. Use non latex products, such as nitrile.

Radiographs

Ensure proper patient and staff protection

1. Due to shorter radiation exposure times and no chemicals for developing, a digital system is beneficial
2. Routine inspections and maintenance of all radiographic equipment must be carried out by a qualified technician (this should be once per year or according to manufacturer's specifications)
3. Dosimeters for employees is recommended. There is no legislation that specifically states a need for the wearing of dosimeters however, Section 2 of the Workplace Health and Safety Regulations states that there is a threshold value limit (TVL) for "physical" substances. This means that you, the employer, must be able to prove that employees have NOT been exposed to radiation levels above the threshold limit. A recommended way to prove this is to monitor exposure through the use of dosimeters. (*see Resource #11, Dosimeter Information Sheet*)
4. An eyewash unit needs to be installed and maintained near a chemical developer.
5. Ensure all x-ray chemicals have the proper controlled product label.
6. Have a certified hazardous waste carrier collect used fixer or recaptured silver collected from a silver recovery system.
7. Recycle unused x-ray film, lead foil from packets and old lead aprons.

Use of Compressed Air

Compressed air can pose a serious hazard if not used properly. Compressed air is used for handpiece power, sand blasting, and in the air water syringe. "On *rare* occasions, some of the compressed air can enter the blood stream through a break in the skin or through a body opening. An air bubble in the blood stream is known medically as an embolism, a dangerous medical condition in which a blood vessel is blocked. An embolism of an artery can cause coma, paralysis or death depending upon its size, duration and location. While air embolisms are usually associated with incorrect diving procedures, they are possible with compressed air due to high pressures. While this seems improbable, the consequences of even a

small quantity of air or other gas in the blood can quickly be fatal." Source – www.ccohs.ca/oshanswers/safety_haz/compressed_air.html

Recommendations:

1. Wear protective eye/mask equipment around air driven drills & tools.
2. A proper pressure regulator and relief device must be in the system to ensure that the desired pressures are maintained.
3. Avoid directing pressurized air towards the skin surface.

Defective Tools Instruments and Equipment

Report all defective tools, instruments or equipment to your supervisor. If a tool or instrument is defective then do not use it.

Recommendations:

1. Use proper safety eye protection while operating or using tools, instruments and equipment.
2. Never use a defective tool.
3. Ensure defective tools are repaired or disposed of.
4. Check your instruments prior to use.
5. Ensure that electrical equipment is grounded.

Preventing Slips, Trips, and Falls

In Canada some sixty thousand workers get injured annually due to fall accidents.

Slips

Slips happen where there is too little friction or traction between the footwear and the walking surface. Common causes of slips are:

1. Wet or oily surfaces
2. Occasional spills
3. Weather hazards
4. Loose, unanchored rugs or mats
5. Flooring or other walking surfaces that do not have the same degree of traction in all areas

Trips

Trips happen when your foot collides (strikes, hits) an object causing you to lose your balance and, eventually fall. Common causes of tripping are:

1. Obstructed view
2. Poor lighting
3. Clutter in your way
4. Wrinkled carpeting
5. Uncovered cables
6. Bottom drawers not being closed
7. Uneven (steps, thresholds) walking surfaces

What can you do to avoid falling at work?

Safety is everybody's business. However, it is the employer's responsibility to provide a safe work environment for all employees. Employees can improve their own safety too. You can reduce the risk of slipping on a wet floor by:

1. Taking your time and paying attention to where you are going.
2. Adjusting your stride to a pace that is suitable for the walking surface and the tasks you are doing.
3. Walking with feet pointed slightly outward.
4. Making wide turns at corners.

(Source: http://ccohs.ca/oshanswers/safety_haz/falls.html)

Housekeeping

Good housekeeping is the first and the most important (fundamental) level of preventing falls due to slips and trips. It includes:

1. Cleaning all spills immediately
2. Marking spills and wet areas
3. Mopping or sweeping debris from floors
4. Removing obstacles from walkways and always keeping them free from clutter
5. Securing (tacking) mats, rugs and carpets that do not lay flat
6. Always closing file cabinets and storage drawers
7. Covering cables that cross walkways
8. Keeping work areas and walkways well lit

Sign-off Sheet

Dental Office: _____ **Dentist:** _____

Employee's Name: _____ **Position:** _____

Please read the required Safe Work Practice documents and then sign the appropriate areas on the Sign-Off Sheet. Your signature demonstrates that you have read and understand the Safe Work Practices outline.

Note: This list is not all inclusive – it can be customized to your practice

Safe Work Practice	Date	Employee Signature	Dentist Initials
WHMIS Training (if applicable)			
First Aid Training (if applicable)			
Handling Mercury			
Infection Control for Staff			
Infection Control Manual – NSDA			
Use of Composite Curing Lamp			
Handling Needles			
Location / Use of Fire Extinguishers			
Location of Fire Exits & Routes			
Location/Use/Maintenance of Eyewash Stations			
Cleaning Solvents and Flammables			
Use of Step Ladder			
Grinding			
Use of Compressed Air			
Defective Tools, Instruments, Equipment			
Prevention of Slips, Trips, Falls			
CPR			
Lasers			

Dental Hazard Assessment Sheet
*Performed on an annual basis by the
 Dentist, Safety Representative, and others picked by the
 Joint Occupational Health and Safety Committee (if applicable)*

Date of Assessment: _____

Dental Office Assessment Team: _____

<i>Name</i>	<i>Job Position</i>

<i>Areas</i>	<i>0</i>	<i>Action Required</i>	<i>Completed</i>
Waiting Room			
Reception Area			
Washrooms			
Lab			
Storage Area			
X-ray area			
Halls			
Operatory(s)			

Safety Data Sheets – SDS

There are a number of materials that are used in the Dental Office that are considered hazardous materials. The manufacturer/supplier is **required by law** to provide a **Safety Data Sheet (SDS) for all hazardous materials** used in the workplace. A SDS sheet is a document that has information about the safe handling of the listed material. Most often this document is shipped with the products that you are receiving in your office. You may have to ask the supplier for any SDS info that is not included upon receiving the material. This list of SDS info must be updated every three years and be accessible to staff. It is recommended to keep the SDS info in the binder for easy access in case of emergency or by electronic means provided all employees have access to computers. Offices relying on computer access to SDS information should test their systems periodically to show that the regulation is being met.

If your staff is **using SDS materials** then they are **required by law** to have **WHMIS 2015 training** (Workplace Hazardous Materials Information System). This training provides your staff with knowledge about using materials safely in the work environment.

WHMIS training is not dental specific, so workplace training is also needed. It is the employer's responsibility to make sure this training takes place.

Some Hazardous materials in Dental offices that have SDS info Sheets

(Please note this list is a starting point and it does not cover all hazardous materials)

1. Gypsum plaster
2. Pit and Fissure Sealants
3. Photocopy and Printer Ink
4. Tray Adhesive
5. Alginate
6. Aerosol Lubricants
7. Acid Etch
8. Impression material
9. Bonding Adhesives
10. Amalgam
11. Formo Cresol
12. Cleaning Agents
13. Temporary Filling Material
14. Tartar and Stain Remover
15. Fluoride
16. Butane
17. Acetylene

Some of the hazardous materials in dental offices are exempt from the requirements of a supplier label and SDS, but still require workplace education and maintenance of labels arriving on the product. For details, see the *Interpretation Guide for NS WHMIS Regulations*.

Where can I get Copies of the Required Acts and Regulations?

Note: The NSDA would encourage members to access and download these documents and store them electronically in order to be cost-effective and environmentally friendly.

Single copies of the Occupational Health and Safety Act, Occupational Safety General regulations, WHMIS regulations, First Aid regulations and related publications are available from the Occupational Health and Safety Division of the Department of Labour at **no charge**.

To find out more about your responsibilities under the Occupational Health and Safety Act and regulations or to obtain hard copies of the documents, contact:

Nova Scotia Department of Labour and Advanced Education Occupational Health & Safety Division

5151 Terminal Road, 6th Floor
P.O. Box 697 Halifax, Nova Scotia B3J 2T8
Phone: (902) 424-5400 (Halifax area) or 1-800-952-2687
Fax: (902) 424-5640
Website: <http://www.gov.ns.ca/lae/healthandsafety/>

Hazardous Materials Information Review Commission

427 Laurier Avenue West, 7th Floor
Ottawa, ON K1A 1M3
Phone: (613) 993-4331 Fax: (613) 993-4686
Email: hmirc-ccrmd@hc-sc.gc.ca
Website: <http://www.hmirc-ccrmd.gc.ca/contact-contactez-eng.shtml>

INTERNET Resources to Print Your Required Document

1. **OH&S Act:** http://nslegislature.ca/legc/statutes/occp_h_s.htm
2. **Occupational Safety General Regulations:** <http://www.novascotia.ca/just/regulations/regs/ohsgensf.htm>
3. **OH&S Administrative Penalties Regulations:**
<http://www.novascotia.ca/lae/healthandsafety/inc/documents/AdminPenaltyregsO.I.C.pdf>
4. **OH&S Administrative Penalties Regulations, FAQ Sheet: First Aid Regulations:**
<http://www.novascotia.ca/lae/healthandsafety/docs/FAQSheetAdminPenalties.pdf>
5. **WHMIS Regulations:** <http://www.gov.ns.ca/just/regulations/regs/ohs6489.htm>
6. **WHMIS training for the Dental Office:** <http://www.dentalwhmis.com/>
7. **Violence in the Workplace:** <http://www.gov.ns.ca/just/regulations/regs/ohsviolence.htm>
8. **Canadian Center for Occupational Health and Safety :** <http://www.ccohs.ca/>
9. **Interpretation Guide for NS WHMIS Regulations:**
<http://www.gov.ns.ca/lae/healthandsafety/docs/WHMISRegsInterpretGuide.pdf>
10. **Dosimeter Information Sheet:**
<http://novascotia.ca/lae/healthandsafety/documents/DosimeterInformationSheet.pdf>
11. **Blue-Light: Dental Offices:** <https://www.novascotia.ca/lae/kb/questions.php?questionid=133>
12. **Emergency Showers and Eyewash Stations:**
www.ccohs.ca/oshanswers/safety_haz/emer_showers.html

Disclaimer: This document is an Interpretation of the Occupational Health and Safety Act. For Questions or concerns about "the Act", please contact the Dept of Labour, Occupational Health and Safety Div.

APPENDIX 1

First Aid

Workplace Requirements			
	#1 (1 employee*)	#2 (2-19 employees*)	#3 (21-49 employees*)
First Aid guide	1	1	1
First Aid treatment record book	1	1	1
Pencil	1	1	1
Safety pins	6	12	12
Splinter tweezers	1 pair	1 pair	1 pair
100mm scissors	1 pair	1 pair	1 pair
Disposable gloves (latex or equivalent protective material)	2 pairs	2 pairs	4 pairs
Individually wrapped dressings			
- 100mm x 100mm compresses	2	2	6
- 25mm adhesive dressings	12	24	32
- 75mm x 75mm sterile pads	12	16	32
- 1m triangular bandages	3	6	6
- 50mm roller bandage	1	2	3
- 25mm x 2.5m adhesive tape	1 roll	1 roll	2 rolls
Antiseptic			
- 100ml bottle <i>or</i>	1	1	1
- pack of 12 individually wrapped towellettes			
- hand cleaners	6	24	24
Marked plastic bag, for disposal of biohazardous waste	1	1	1
Airway barrier for rescue breathing	1	1	1

* number of employees at work at the same time

Where there are 50 or more employees, the employer shall provide at least one #3 first aid kit, with an increase in the supply of dressings, bandages, and antiseptics that is proportionate to the number of employees in excess of 49 (i.e. a workplace with 75 employees would increase the contents of a Number 3 first aid kit by 50%).

The Occupational Health and Safety Act regulations concerning first aid kits are at www.gov.ns.ca/just/regulations/regs/ohsfirst.htm

APPENDIX 2

Violence in the Workplace Sample Prevention Policy Statement

Dental Office XYZ recognizes that violence is an occupational health and safety hazard at the workplace; and recognizes the physical and emotional harm resulting from violence.

Dental Office XYZ recognizes that any form of violence in the workplace is unacceptable. It is committed to minimize and, to the best extent possible, eliminate the risk of violence in the workplace.

Signed: _____ Date Posted: _____
Employer