

Injury and Illness Prevention Plan

[Practice Name]
[Address]
[Telephone Number]

An effective Injury and Illness Prevention Program (IIPP) requires the following program elements:

1. Identification of the person or persons with authority and responsibility for implementing the Program.
 - 1-1. _____ DDS, Employer, is responsible for the implementation of the general program and is the Program Administrator.
 - 1-2. _____ is responsible for the development and maintenance of the Exposure Control (to Blood-borne Pathogens) Plan of the Program. Specific employee instructions and procedures for this plan are contained in the Exposure Control section of this manual.
 - 1-3. _____ is responsible for the development and maintenance of the Hazard Communication Plan of the Program. Specific employee instructions and procedures for this plan are contained in the Hazard Communication Section of this manual.
 - 1-4. _____ is responsible for the development and maintenance of the Fire and Emergency Plan of the Program. Specific employee instruction and procedures for this plan are contained in the Fire and Emergency Section of this manual.
 - 1-5. _____ is responsible for the development and maintenance of the General Office Safety Plan of the Program. Specific employee instructions and procedures for this plan are contained in the General Office Safety Section of this manual.
 - 1-6. _____ is responsible for the development and maintenance of the Ergonomics Plan, if applicable, of the Program. Specific employee instructions and procedures for this plan are contained in the Ergonomics Section of this manual.
2. A system for ensuring that employees comply with safe and healthy work practices. To ensure compliance with the office IIPP, the following policies and procedures are enforced:
 - 2-1. Employees' compliance with the IIPP is evaluated annually as a part of their job performance reviews.
 - 2-2. Employees who make significant contribution to the Program by identifying hazards or improving safe work practices and engineering controls are recognized by the Program Administrator at office safety meetings and/or written acknowledgement is placed in the employee's personnel file.
 - 2-3. Employees who fail to comply with the safe work practices and procedures of the IIPP are subject to disciplinary action including termination of employment under the format of the office's disciplinary action policy for employees.
 - 2-4. Employees are trained to comply with the IIPP safe work practices and procedures prior to being placed in the workplace. After the initial safety training, repetition and review of safety procedures and policies occur each day.

3. An office system for communicating with employees regarding occupational safety and health policies, procedures and directives.
 - 3-1. The office policy requires that employees report any perceived hazard to the administrator upon discovery. This reporting of possible health or safety hazards is a part of the employees' job descriptions and is a requirement for employment.
 - 3-2. All employees are informed that this dental office does not perform dental procedures on patients with aerosol transmissible diseases (ATDs) or with suspected aerosol transmissible diseases. Aerosol-generating dental procedures are not performed on a patient identified through the screening procedures described below as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD. Aerosol transmissible diseases include tuberculosis, chicken pox, mumps and influenza. (A list of ATDs is on page 6 of this plan.)
 - 3-4. All employees are instructed that the reporting of possible hazards is encouraged and required by office policy. Our office policy is to encourage and reward the reporting of office hazards and employees should not fear any reprisal for such reporting.
 - 3-5. Our office communication system for health and safety issues is the following:
 - Personal instructions. Employees are given personal instructions about hazards and safety requirements prior to job assignment and thereafter, ongoing, as the need occurs.
 - Staff meetings. Health and safety issues are a permanent agenda item for these meetings.
 - Specific memorandum. These written instructions are provided to staff as necessary to ensure that specific hazards and methods of avoiding them are understood. The written memorandum also serves as a staff reminder of the hazard or safety requirement.
 - Annual Safety Review meeting. Each (*specify month*) _____ a specific safety meeting is held to discuss safety and health issues, concerns and hazards.

At the annual Safety Review meeting, the office's previous year safety experience is reviewed and discussed to evaluate the need for any general or specific policy changes.

Safety goals for the forthcoming year are also established and agreed to by all employees.

- Office health and safety manuals. This office requires that all employees read, review and follow the procedures and policies contained in the following:

1. *The CDA Regulatory Compliance Manual*
2. *List other manuals and resources:*

4. Procedures for identifying and evaluating workplace hazards, including scheduled periodic inspection to identify unsafe conditions and work practices.
 - 4-1. Inspections and evaluations of dental office hazards were made when the IIPP was implemented.
 - 4-2. Inspections and evaluations are made whenever new substances, processes, procedures, or equipment are introduced to the workplace to determine if an occupational hazard exists and how to avoid or eliminate such hazards.
 - 4-3. Inspections and evaluation of workplace hazards are conducted whenever potential hazards are reported to the administrator or to the designated safety and health person identified by this plan.
 - 4-4. Scheduled inspections for blood-borne pathogens safety procedures and controls are performed daily by all staff that may be *reasonably anticipated* to be exposed to such pathogens. Each inspection checks sterilization equipment, chemicals and personal protective equipment. Hazardous conditions found during the inspection are corrected prior to work being performed unless the hazard can be effectively abated until corrected.
 - 4-5. Scheduled inspections for hazardous chemical conditions are conducted on a daily basis by those staff members who are working with such chemicals. Hazardous conditions found during the inspection are corrected prior to work being performed unless the hazard can be effectively abated until corrected.
 - 4-6. Scheduled inspections for fire and emergency conditions are conducted at the first of each month by the administrator or designated person. The inspector checks fire safety equipment and emergency exits. Emergency exits are corrected immediately if a hazardous condition is discovered. Inoperative fire safety equipment is repaired or replaced as soon as possible. All employees are advised of any inoperative fire safety equipment during the replacement or repair time period.
 - 4-7. Scheduled inspections for general office hazards are conducted during the fire and emergency inspection. Imminent hazards are corrected immediately and employees are warned of potential hazards and how to avoid or protect themselves until corrections are made.
 - 4-8. Periodic review and discussion of communicable, aerosol-transmitted diseases (such as tuberculosis), including recognition of symptoms and prevalence in the patient population.
5. A procedure to investigate occupational injury or occupational illness.
 - 5-1. All occupational injuries or illnesses are investigated by the administrator or designated staff to determine the cause. The investigation objective is to determine the facts that led to the accident and not to assign blame. After the facts are assembled, the administrator evaluates the cause and determines why the accident happened and what can be done to prevent similar accidents in the future.
 - 5-2. All office accidents are reported to the administrator or designated staff and are investigated using the **Employee Accident/Body Fluid Exposure and Follow-Up** form (see Records Section of this manual).
 - 5-3. Any occupational injury resulting in hospitalization or death must be reported to Cal/OSHA, which will investigate.
6. A method and/or procedures for correcting unsafe or unhealthy conditions, work practices and procedures in a timely manner based on the severity of the hazard:
 - 6-1. See sections (4)-4, (4)-5, (4)-6 and (4)-7 on reporting and correction of hazards for blood-borne pathogens, hazardous chemicals, fire and emergency and general office safety.
 - 6-2. The office policy is to eliminate all hazards and unsafe work practices immediately. If the hazard cannot be corrected upon discovery, employees are instructed on how to avoid the hazard, protect themselves from the hazard or are removed from the hazardous site.

7. Procedures for screening patients for aerosol transmissible diseases (ATD). These procedures are based on current (2005) CDC infection control guidelines for prevention of tuberculosis in health care settings. The office also reviews current information on ATDs that are the subject of recent public health alerts. Screening procedures include:
 - 7-1. Observing each patient's general health condition, noting symptoms such as coughing and fever, and, if symptoms are present, questioning patient if he or she is experiencing productive cough, night sweats, fatigue, malaise, fever and unexplained weight loss. ATD symptoms also may include:
 - Severe coughing spasms, especially if persistent. Coughing fits may interfere with eating, drinking and breathing.
 - Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands, one side or both sides of face under jaw.
 - Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash).
 - Fever, headache, stiff neck, possibly mental status changes.
 - 7-2. When there is high incidence locally of an ATD, for example, whooping cough or a strain of flu, asking the patient if disease symptoms are being experienced or if the patient has been exposed to other individuals with the disease.
 - 7-3. Routinely asking each patient during medical history intake and updates whether the patient has a history of tuberculosis or symptoms indicative of tuberculosis.
 - 7-4. Isolating patients with suspicious symptoms until office staff can arrange for the rescheduling of treatment or, if emergency dental treatment is necessary, a referral to a dental clinic with appropriate ventilation systems and protective equipment. Staff managing the patient with suspicious symptoms shall wear gloves and masks while in the patient's proximity. Patient shall wear a mask while in the facility.
8. A training and instruction program.
 - 8-1. All new employees are trained on hazards that may occur while performing their assigned work duties. Such hazards include possible exposure to aerosol transmissible diseases such as tuberculosis.
 - 8-2. All employees are trained before starting new job assignments or duties unless their previous training covers the new work assignment.
 - 8-3. All employees are trained whenever new substances, processes, procedures or equipment are introduced into the workplace and represent new hazards.
 - 8-4. All employees are trained to screen patients for aerosol transmitted diseases.
 - 8-5. Safety training is given whenever the employer is made aware of a new or previously unrecognized hazard.
 - 8-6. Supervisors or the designated safety personnel are trained to know and understand those safety and health hazards to which employees under their immediate direction and control may be exposed.

Record keeping requirements for the Injury and Illness Prevention Program.

1. Records of scheduled and periodic inspections to identify unsafe conditions and work practices, including the person(s) conducting the inspection, the identified unsafe condition and action taken to correct the condition or practice. Records must be maintained for three years. (Employers with fewer than 10 employees need only maintain the inspection records until the hazard is corrected.)
2. Employee records of health and safety training as required by the seven mandated sections of CCR 8, GISO 3203. Records must include:
 - employee name
 - training dates
 - types of training
 - training providers

These IIPP training records are required to be kept for three years, except for employees who have worked for less than one year provided that the employer gives the records to the employee upon termination of employment. Employers with fewer than 10 employees may maintain a log of instructions in lieu of separate training records.

California Code of Regulations Title 8 Section 5199 Appendix A – Aerosol Transmissible Diseases/Pathogens (Mandatory)

This appendix contains a list of diseases and pathogens that are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199 (dir.ca.gov/Title8/5199.html). Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

Diseases/Pathogens Requiring Airborne Infection Isolation

- Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease (e.g., Anthrax/*Bacillus anthracis*).
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans).
- Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out.
- Measles (rubeola)/Measles virus.
- Monkeypox/Monkeypox virus.
- Novel or unknown pathogens.
- Severe acute respiratory syndrome (SARS).
- Smallpox (variola)/Variola virus.
- Tuberculosis (TB)/*Mycobacterium tuberculosis* — Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected.
- Any other disease for which public health guidelines recommend airborne infection isolation.

Diseases/Pathogens Requiring Droplet Precautions

- Diphtheria pharyngeal
- Epiglottitis, due to *Haemophilus influenzae* type b
- *Haemophilus influenzae* Serotype b (Hib) disease/*Haemophilus influenzae* serotype b — Infants and children
- Influenza, human (typical seasonal variations)/influenza viruses
- Meningitis
- *Haemophilus influenzae*, type b known or suspected
- *Neisseria meningitidis* (meningococcal) known or suspected
- Meningococcal disease sepsis, pneumonia (see also meningitis)
- Mumps (infectious parotitis)/Mumps virus
- Mycoplasmal pneumonia
- Parvovirus B19 infection (erythema infectiosum)
- Pertussis (whooping cough)
- Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus
- Pneumonia
 - Adenovirus
 - *Haemophilus influenzae* Serotype b, infants and children
 - Meningococcal
 - *Mycoplasma, primary atypical*
 - *Streptococcus Group A*
- Pneumonic plague/*Yersinia pestis*
- Rubella virus infection (German measles)/Rubella virus
- Severe acute respiratory syndrome (SARS)

- Streptococcal disease (group A streptococcus)
 - Skin, wound or burn, Major
 - Pharyngitis in infants and young children
 - Pneumonia
 - Scarlet fever in infants and young children
 - Serious invasive disease
- Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
- Any other disease for which public health guidelines recommend droplet precautions

Checklist for Injury and Illness Prevention Plan for the Dental Office

Authority and Responsibility

- The individual with authority and responsibility for implementing the plan has been identified to employees.

Workplace Hazards

- Workplace hazards are identified, and there is a system for identifying and evaluating workplace hazards whenever new substances, processes, procedures or equipment are introduced to the workplace and whenever the employer receives notification of a new or previously unrecognized hazard.
- Scheduled and periodic inspections of the premises for safety and health hazards are conducted.
- There is a procedure for investigating accidents and near-accidents and identifying methods to avoid repetition of such incidents.
- Unsafe or unhealthy conditions and work practices are corrected as soon as possible.

Employee Training

- All employees are trained to identify office hazards according to the following written plans:
 - Exposure Control
 - Hazard Communication
 - Fire and Emergency Safety
 - General Office Safety
 - Ergonomics, if applicable
- All employees are trained in the use personal protective equipment when working in hazardous or illness potential situations.
- All employees are trained on how they can eliminate the hazardous or illness potential condition or how they can avoid the hazard until it is eliminated.

Communication

- All employees are trained to report observed office hazards to the supervising dentist:
 - Individually when hazards are discovered
 - At staff meetings
- All employees are instructed about potential hazards and illness work situations at:
 - Staff meetings
 - Individually as necessary
 - Bulletin postings
 - Formal office training sessions
 - C.E. programs (outside of the office)
 - Written communications such as memos, offices alerts, etc.

Employee Compliance

- All employees are encouraged to participate in health and safety matters as a matter of office policy and are informed that failure to follow office safety and health procedures and policies is grounds for disciplinary action.

Recordkeeping

- Written plan is complete and its availability made known to employees.
- Inspection records are maintained until identified hazard is corrected. (Employers with 10 or more employees must maintain records for at least three years.)
- Training records are maintained for three years. (Employers with fewer than 10 employees may keep a log of instructions in lieu of separate training records for this program.)

Injury & Illness Prevention Plan Individual Training Documentation

_____ [Practice Name]

Name of Trainer: _____
Training Subject: Injury and Illness Prevention Plan
Training Materials Used: _____

Name of Employee: _____
Date of Hire/Assignment: _____

I, _____ hereby certify that I received training as described above.
I understand this training and agree to comply with the safety procedures for my work area.

Employee Signature

Date

*Copy this blank page for each employee who will be trained. Make additional copies for future employees.
Place a completed copy in employee personnel file or other appropriate employee file.*