Got OSHA? 6 Easy Steps to Office Safety
About Leslie

Leslie Canham is a Certified and Registered Dental Assistant with over 40 years of experience in dentistry. She is an international speaker and has participated in numerous continuing dental education seminars. Leslie speaks to dental societies, associations, and study clubs. She is the moderator of the Infection Control Forum on Dentaltown.com. She is authorized by the Department of Labor as an OSHA Outreach Trainer in General Industry Standards. Her memberships include: The Organization for Safety, Asepsis and Prevention, The Speaking, Consulting Network, The Academy of Dental Management Consultants, the National Speakers Association, the California Dental Assistants and California Dental Association, and the California Association of Dental Assistant Teachers. Leslie is a registered provider of continuing education with the California Dental Board. Leslie is the founder of Leslie Canham & Associates providing dental professionals with:

Mock Inspections
In Office Training
Tele-Consulting and Coaching
Remote Training by Live Webinar
Manuals and Training DVDs
Online Home Study Courses and Webinars
8 Hour Infection Control Course for Unlicensed Dental Assistants
6 Easy Steps to Office Safety & OSHA Compliance

1. Training and Immunizations
2. Exposure Control
3. Chemical & Office Safety
4. Explain Labels, signs and symbols
5. Locate items in the office
6. Documentation and safety inspection

Step 1
Training and Immunization

- Initial OSHA Training
- Bloodborne Pathogen Training Annually
- Medical forms & Hepatitis B Vaccinations
- Safe Work Conditions
- Written Injury and Illness Prevention Plans

Criminal Microbes & Desperate Office Germs

- Cytomegalovirus
- Hepatitis B
- Hepatitis C
- Herpes simplex virus types 1 and 2
- Human Immunodeficiency Virus (HIV)
- Mycobacterium tuberculosis
- Staphylococci
- Streptococci
- Plus other viruses that colonize or infect the oral cavity and respiratory tract

Hepatitis B Vaccine

Within 10 Days of employment
3 Vaccinations

#1 Today
#2 at 1 month
#3 at 6 months

Important
Blood draw at 4-6 weeks after series to check for Hepatitis B surface antibodies (immunity).

Step 2
Exposure Control

- Exposure Determinations
- Schedule & Method of Implementation
- Hepatitis B vaccination and Post exposure follow up
- Communications of hazards
- Record keeping
- Work practice controls
- Engineering controls

Exposure Control Plan

Exposure Determination means who is exposed to infectious agents?

Schedule & Method of Implementation

Means when do we Schedule?
Annually in February

What is our method of Implementation?

We conduct training, offer HEP B Vaccine conduct office inspection
Written Protocol for the Management of Injuries-Exposure Incidents

OSHA defines an exposure incident as a specific incident involving contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, other mucous membrane, non-intact skin, or parenteral under the skin (e.g. needlestick) that occurs during the performance of an employee’s duties.

When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee.

1. Provide immediate care to the exposure site.
   - Wash wounds and skin with soap and water.
   - Flush mucous membranes with water.
   - DO NOT USE Instrument involved on patient!
   - Employee must report incident immediately to supervisor/employer

2. Determine risk associated with exposure by
   - Type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue).
   - Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure).

3. Evaluate exposure source
   - Assess the risk of infection using available information.
   - The source individual (patient) must be asked if they know their HBV, HBC, HIV status, if not known, will they consent to testing.

4. The exposed employee is referred as soon as possible * to a health care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.
   - Note “ASAP*” because certain interventions that may be indicated must be initiated promptly to be effective.
   - The exposed employee may refuse any medical evaluation, testing, or follow-up recommendation. This refusal is documented.

5. Send all of the following with the exposed employee to the health care provider:
   - A copy of the Bloodborne Pathogen Standard.
   - A description of the exposed employee’s duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form)
   - Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form).
   - All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual’s HBV/HCV/HIV status, if known.

6. Health Care Provider (HCP)
   - Evaluates exposure incident.
   - Arranges for testing of employee and source individual (if status not already known).
   - Notifies employee of results of all testing.
   - Provides counseling and post-exposure prophylaxis.
   - Evaluates reported illnesses.
   - HCP sends written opinion to employer:
     - Documentation that employee was informed of evaluation results and the need for further follow-up.
     - Whether Hepatitis B vaccine is indicated and if vaccine was received.

7. Employer
   - Receives HCP’s written opinion.
   - Provides copy of HCP written opinion to employee (within 15 days of completed evaluation).
   - Documents events on
     - Employee Accident/Body Fluid Exposure and Follow-Up Form and Employee Medical Record Form.
     - If the exposure incident involved a sharp, a Sharps Injury Log is completed within 14 days.
   - Treat all blood test results for employee and source individual as confidential.

Exposure Incidents

Have a Written Exposure Incident Plan
First Aid
Medical evaluation
Accidental Bodily Fluid Report Form
Sharps Injury Log
Physician’s written opinion form
Follow up with Healthcare Provider if needed
All testing results confidential

Engineering Controls

Engineered Sharps & Needle Recapping devices

Work Practice Controls

Altering the manner in which the task is performed
By prohibiting re-capping of needles with a “Two-Handed Technique”

Provide Personal Protective Attire

• Protective Eyewear
• Surgical Face Mask
• Clinical Jacket
• Gloves

Communications of Hazards

1. Inventory all hazardous substances in the workplace
2. Maintain current Safety Data Sheets (formerly called MSDS)
3. Labels for containers not identified
4. Employee training on hazards and personal protective equipment

Step 3

Review:
• Chemical Safety
• Office Safety, Fire & Emergency Plans
# HCS Pictograms and Hazards

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<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
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<tbody>
<tr>
<td>● Carcinogen</td>
<td>● Flammables</td>
<td>● Irritant (skin and eye)</td>
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<tr>
<td>● Mutagenicity</td>
<td>● Pyrophorics</td>
<td>● Skin Sensitizer</td>
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<tr>
<td>● Reproductive Toxicity</td>
<td>● Self-Heating</td>
<td>● Acute Toxicity</td>
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<tr>
<td>● Respiratory Sensitizer</td>
<td>● Emits Flammable Gas</td>
<td>● Narcotic Effects</td>
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<tr>
<td>● Target Organ Toxicity</td>
<td>● Self-Reacts</td>
<td>● Respiratory Tract Irritant</td>
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<tr>
<td>● Aspiration Toxicity</td>
<td>● Organic Peroxides</td>
<td>● Hazardous to Ozone Layer (Non-Mandatory)</td>
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<tr>
<th>Gas Cylinder</th>
<th>Corrosion</th>
<th>Exploding Bomb</th>
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<tr>
<td>● Gases Under Pressure</td>
<td>● Skin Corrosion/Burns</td>
<td>● Explosives</td>
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<tr>
<td></td>
<td>● Eye Damage</td>
<td>● Self-Reacts</td>
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<tr>
<td></td>
<td>● Corrosive to Metals</td>
<td>● Organic Peroxides</td>
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<tr>
<th>Flame Over Circle</th>
<th>Environment (Non-Mandatory)</th>
<th>Skull and Crossbones</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Oxidizers</td>
<td>● Aquatic Toxicity</td>
<td>● Acute Toxicity (fatal or toxic)</td>
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Office Safety

- Work Areas, Aisles, Hallways free of trip and fall hazards
- First Aid Kit
- Exits Marked & Accessible
- Fire Extinguisher charged and visible
- Eyewash station working
- Ergonomics

Step 4
Explain the meaning of
- Labels
- Signs
- Symbols
- Color-coding

Step 5
Locate items in your office with the “Find It!” checklist

Step 6
Make sure documentation is complete

- Employee Training Records (Keep 3 yrs)
- Medical and Hepatitis B forms (Keep duration of employment plus 30 years)
- Inspect Office (Note areas that need to be brought into compliance)

Employees fill out medical record keeping form

Include Hep B documentation

Dentists keep 30 plus years
<table>
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<tr>
<th>Item</th>
<th>Location</th>
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<tr>
<td>Emergency Phone Numbers</td>
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<td>First Aid Kit</td>
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<td>Emergency Medical Kit</td>
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<td>Oxygen Tank</td>
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<td>Blood-pressure monitoring device</td>
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<tr>
<td>Eyewash Station</td>
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<td>Fire Extinguishers</td>
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<td>Fire Alarm</td>
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<td>Floor plan for evacuation</td>
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<tr>
<td>All Exits of office</td>
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<tr>
<td>Main water shut-off for office</td>
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<tr>
<td>Main gas shut off for office</td>
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<tr>
<td>Main Electric breaker</td>
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<tr>
<td>Material Safety Data Sheets (MSDS Book)</td>
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<tr>
<td>Office OSHA Manual</td>
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<tr>
<td>Bloodborne Pathogen Standard (Hint: in OSHA Manual)</td>
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<tr>
<td>Exposure Incident Manual</td>
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<td>Standard Operating Procedure Manuals</td>
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<td>Employment Posters</td>
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<td>Locate Signs or Symbols for: Radiation</td>
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<tr>
<td>Laser in use</td>
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<td>Biohazard</td>
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<tr>
<td>Location Where All Hazardous Chemicals Are Stored</td>
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<tr>
<td>Chemical Spill Kit</td>
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<tr>
<td>Pharmaceutical Waste container</td>
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<td>Sharps Container</td>
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<tr>
<td>Biohazard Waste Container</td>
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<tr>
<td>Amalgam Recycle Container</td>
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<tr>
<td>Lead Foil Recycle Container</td>
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<tr>
<td>Location Of Personal Protective Attire:</td>
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<tr>
<td>Mask</td>
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<td>Exam Gloves</td>
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<td>Utility Gloves</td>
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<tr>
<td>Protective Eyewear</td>
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<tr>
<td>Face Shield</td>
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<tr>
<td>Clinical Jacket</td>
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<tr>
<td>Where to Place Contaminated Laundry</td>
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</table>
Step 6: Complete all recordkeeping forms including training documentation and conduct your own safety inspection

**OSHA TRAINING CHECKLIST**

Use this checklist to help familiarize employees with your OSHA safety plans.

- Offer Hepatitis B Vaccination (HBV) within 10 days of employment.
  1) If the employee has already received the Hepatitis B Vaccination, the employer must obtain documentation of results.
  2) If the employee declines the offer of vaccination, the employee must sign a Declination of Hepatitis B Vaccination form.

- Employee fills out the Medical Record form.

- Give the employee a tour of the office, citing the following locations;
  1) Eyewash station (show employee proper use procedures)
  2) Locations of fire extinguishers, electrical breaker, emergency exits, and the meeting spot in the event of an emergency evacuation of the office
  3) Location of OSHA manual and MSDS books
  4) Where employee may obtain a copy of the Bloodborne Pathogen Standard
  5) Location of Personal Protective Equipment and instructions for proper use
  6) Location of first aid kit and patient emergency medical kit
  7) Location of required employment posters
  8) Areas where hazardous materials are used/kept (Explain signs, labels, and/or color coding)

- Explain the appropriate actions to take and persons to contact in the event of an exposure incident involving blood or other potentially infectious material, including the method of reporting the incident and the medical follow-up that will be made available.

- Have the employee read the following safety plans in your OSHA manual;
  1) Injury & Illness Prevention
  2) Exposure Control
  3) Hazard Communication
  4) Ergonomics
  5) Fire, Emergency & General Office Safety

I, ________________________________, have received and understand the above information. I agree to comply with the safety and health procedures and policies required by the office.

Employee Signature
Employee Medical Recordkeeping Form

Name: _______________________________________ Social Security No: _______________

Employee Address: __________________________________________________________

City: __________________________________ State: _______________ Zip: ___________

Job Title: ____________________ Employment Start Date: ________ Termination Date: __________

___________________________________________________________

Immunity & Vaccinations:

<table>
<thead>
<tr>
<th>Dates Administered</th>
<th>By Whom?</th>
<th>Copy of Bloodborne Pathogens Standard given to provider? Yes/ No</th>
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<tbody>
<tr>
<td>HBV Vaccine:</td>
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<tr>
<td>Anti-HBs test:</td>
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( ) Declined vaccine. (See Informed Refusal for HBV Vaccine at bottom of page-Employee must sign)

( ) Vaccine unnecessary. Employee has no exposure potential.

___________________________________________________________

History of Exposure Incidents:

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Results of Medical Follow-Up Procedures for Exposure Incident:

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<tr>
<th>Date</th>
<th>Refusal of Care or Testing</th>
<th>Written opinion of physician obtained?</th>
<th>Care Completion Date</th>
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___________________________________________________________

If Employee Declines Hepatitis B Vaccination this Informed Refusal for Hepatitis B Vaccination Must Be Signed

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If I continue to have occupational exposure to blood or OPIM and wish to be vaccinated with hepatitis B vaccine in the future, I can receive the vaccination series at no charge.

Employee signature: ______________________ Date: _______
DENTAL OFFICE INSPECTION

Office: ________________________ Date: _____________ Inspected by: __________________________________

GENERAL SAFETY & HEALTH

Yes No
____ ____ Does facility have employee medical records on all employees?
____ ____ Including records or declinations of Hepatitis B vaccinations?
____ ____ Are new employees with risk of bloodborne pathogen exposure trained prior to assignment?
____ ____ Does facility have documentation of above training records of new employees?
____ ____ Employee work areas adequately lighted?
____ ____ Adequate ventilation in employee work areas?
____ ____ Are compressed gas containers securely fastened in an upright position?
____ ____ Are empty and unused compressed gas cylinders capped and properly labeled?
____ ____ All exits properly marked?
____ ____ Doors that could be mistaken for an exit properly marked?
____ ____ Exits and exit paths clear of obstruction, both inside and outside?
____ ____ Are all exit doors unlocked so emergency egress does not require keys?
____ ____ Are employees aware of the fire and emergency plan(s)?
____ ____ Do employees know the location of fire extinguishers and how to use them?
____ ____ Is the inspection tag current?
____ ____ Does location of fire extinguisher need a sign?
____ ____ Is there an eyewash station?
____ ____ Is it in good working condition?
____ ____ Does sign designate its location?
____ ____ Are all storage areas clean and orderly?
____ ____ Are articles stored on shelves stored so they can’t fall on employees?
____ ____ Are areas under sinks and trash areas clean and orderly?
____ ____ Are machines and equipment in good working order with adequate safety guards?
____ ____ Electrical cords in good condition?
____ ____ Have grounded outlets/cords been bypassed or modified?
____ ____ Circuit breakers properly marked?
____ ____ Do employees know location of Emergency Medical Kit? Are any medications expired?
____ ____ Is there a First Aid kit for employees?
HAZARD COMMUNICATIONS

Yes  No
___ ___ Are the Safety Data Sheets (SDS) being maintained correctly?
___ ___ Do you have an SDS for all products used, including injectable pharmaceuticals?
___ ___ Are all containers labeled so contents and hazards are properly identified?
___ ___ Are labels on secondary containers readable?
___ ___ Is the Master List of Hazardous Chemicals set up and maintained?
___ ___ Are chemicals stored properly?
___ ___ Have employees been trained on your Hazard Communications plan?
___ ___ Do employees know where MSDS information is kept and how to read an MSDS?
Comments:__________________________________________________________

BLOODBORNE PATHOGENS

Yes  No
___ ___ Is the written Exposure Control plan up-to-date?
___ ___ Have all employees and tasks at risk of exposure been identified in the plan?
___ ___ Have all employees at risk been offered the Hepatitis B vaccinations?
___ ___ Is appropriate Personal Protective Equipment (PPE) provided?
___ ___ Are employees aware of the location of PPE?
___ ___ Is the laundry policy in compliance with OSHA requirements?
___ ___ Have employees received annual training on bloodborne pathogens and how to comply with
    the facility’s plans to reduce the risk of infection?
___ ___ Does the training include modes of transmission of bloodborne pathogens and the
    symptoms of HIV and Hepatitis?
___ ___ Employees aware of the concept of Universal Precautions?
___ ___ Employees aware of the office policy for an exposure incident?
___ ___ Work areas orderly and easy to clean and disinfect if necessary?
___ ___ All biohazardous containers/areas labeled?
___ ___ Are food or drink stored in areas where they could be contaminated?

Aerosol Transmissible Diseases (ATDs)

___ ___ If required by your state, have employees received training on ATDs re: screening patients and are written
    plans in place? See CDC Guidelines www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm
    for screening patients for M. tuberculosis is a model for screening for ATDs.
**BIOHAZARDOUS WASTE**

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**Comments:**

**INFECTION CONTROL**

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**DENTAL BOARD, STATE, AND FEDERAL POSTING REQUIREMENTS**

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**RECOMMENDATIONS:**

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Organize Your Own OSHA Safety Meeting

The Basic Elements of an OSHA Annual Bloodborne Pathogen Program

According to OSHA, the bloodborne pathogen training must contain the following elements:

1. A written copy and explanation of the Bloodborne Pathogen Standard.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the employer’s exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and Other Potentially Infectious Material (OPIM).
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of Personal Protective Equipment (PPE).
8. An explanation of the basis for selection of personal protective equipment.
9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log if sharps are involved.
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color coding to communicate hazards to employees.
14. An opportunity for interactive questions and answers with the person conducting the training session.

Centers for Disease Control “Guidelines for Infection Control in Dental Health-Care Settings – 2003 www.cdc.gov/oralhealth/InfectionControl/guidelines/index.htm

OSHA Manuals
- American Dental Association Regulatory Compliance Manual www.ADA.org
- Build your own using OSHA model plans www.osha.gov/Publications/osha3186.pdf

OSHA Bloodborne Pathogen Standard

OSHA Hazard Communication Standard

OSHA Posters

Post Exposure Evaluation Protocol
- CDC Post Exposure Protocol  http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm
- HIV Post Exposure  www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm
- CDC National Clinicians Hotline 888-448-4911

Personal Protective Equipment (Face and Eye protection)
www.osha.gov/SLTC/etools/eyeandface/index.html

Evacuation Plans and Procedures
www.osha.gov/SLTC/etools/evacuation/index.html

List of Chemical Disinfectants/Sterilants
www.epa.gov/oppad001/chemregindex.htm

Other OSHA and Infection Control Training Resources:
Leslie Canham OSHA Training System DVD and Workbook www.lesliecanham.com
OSAP www.osap.org From Policy to Practice: OSAP’s Guide to the Guidelines
- Workbook
- Interactive Guide to the to CDC Guidelines select “Ask Lily”
- Video – “If Saliva Were Red”