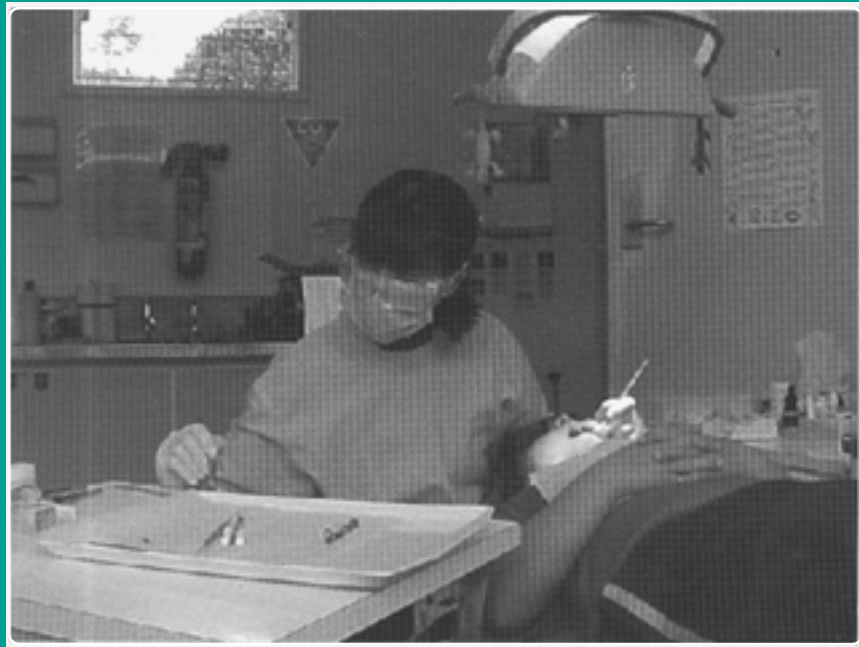


Best Practice Guidelines for Occupational Safety and Health in



DENTAL THERAPY PRACTICE

Published by the Auckland Regional Dental Service,
Waitemata District Health Board

August 2001

ISBN 0-473-07844-9

Best Practice Guidelines for
Occupational Safety and Health in

DENTAL THERAPY PRACTICE

Contents

| | |
|--|----|
| ACKNOWLEDGEMENTS | 7 |
| FOREWORD | 7 |
| INTRODUCTION..... | 8 |
| STATEMENT OF INTENT | 9 |
| 1. HAZARD MANAGEMENT | 10 |
| 1.1 Hazards in the Dental Workplace | 10 |
| 1.1.1 Biological Hazards | 11 |
| 1.1.2 Chemical Hazards | 15 |
| 1.1.3 Physical Hazards | 16 |
| 1.1.4 Environmental Hazards | 17 |
| 1.1.5 Ergonomic Hazards | 18 |
| 1.1.6 Psycho-Social Hazards | 19 |
| 2. EMERGENCIES | 21 |
| 3. ACCIDENT REPORTING AND INVESTIGATION | 21 |
| 4. TRAINING AND EDUCATION | 25 |
| APPENDICES | |
| 1. Summary of the Health and Safety in Employment Act 1992 | 26 |
| 2. Blood and Body Fluid Accident Protocol | 29 |

Acknowledgements

The persons who compiled these guidelines were:

| | |
|------------------|--|
| Dora Smith | Occupational Safety and Health Service |
| Joyce Wilkinson | Health Waikato |
| Gail Tadema | Health Waikato |
| Noeleen Evans | Dental Therapy Programme (Wellington Polytechnic) |
| Andrea Jarrold | Auckland Regional Dental Service, Waitemata District Health Board |
| Elizabeth Minson | Auckland Regional Dental Service, Waitemata District Health Board |

We acknowledge the assistance that has been received from the:

Occupational Safety and Health Service, Department of Labour;
New Zealand Dental Association;
Community and School Dental Services Forum;
New Zealand Dental Therapists Association.

SPECIAL ACKNOWLEDGEMENT

to Medic Dental, a division of EBOS GROUP LTD. who have sponsored the printing of this document.

Foreword

The purpose of this document is to provide dental therapists and assistants, as well as their employers, with guidelines of best practice in occupational safety and health.

The initiative for this project came from an officer of the Occupational Safety and Health Service who spent some time investigating occupational overuse in dental therapists working in Taranaki.

Occupational overuse syndrome in dental therapy was recognised as a workplace injury in the early 1990s. As there was no formal documentation covering the New Zealand dental workplace, these guidelines will assist employers and employees in the future.

Introduction

The Health and Safety in Employment Act 1992 (HSE Act) came into force on 1 April 1993 and reformed the legislation relating to the prevention of harm to employees while at work. It also strengthened the provisions for ensuring that actions at work do not result in harm to other people, including members of the public.

The Occupational Safety and Health Service of the Department of Labour (OSH), administers the Health and Safety in Employment Act 1992, the Health and Safety in Employment (Prescribed Matters) Regulations 1993 and the Health and Safety in Employment Regulations 1995.

The principal object of the HSE Act is to provide for the prevention of harm to employees at work and, for the purpose of attaining this object, it promotes excellence in health and safety management by employers and prescribes and imposes on employers, and others, duties in relation to the prevention of harm to employees.

The HSE Act covers all workplace environments that place the responsibility for health and safety right throughout the organisation, with responsibility being shared by management and employees.

A review of available literature identified clear links between reports of pain and those tasks that involve 'high precision work and sustained static loading in the neck-shoulder region, combined with a flexed and rotated cervical spine'. (Milerad, Ericson et al, 1991)

Ergonomic assessments of dental therapists/assistants have found strong links between equipment and work practices resulting in gradual process injuries. Repetitious hand movements result in cumulative trauma disorders such as tenosynovitis, carpal tunnel syndrome, tendonitis and bursitis. These are aggravated by certain hand and wrist positions, particularly in combination with forceful exertions.

These guidelines clearly set out procedures to assist dental services in developing standards for hazard management, accident management, emergency procedures, training and supervision and the control of contractors. Ideally, this involves setting goals for health and safety, establishing formal operating plans and procedures, ensuring responsibilities are understood and measuring performance against objectives.

Emphasis is placed on the need for co-operation and communication between employee and employer.

Statement of Intent

A written statement of intent, as per example, should be at the forefront of any health and safety protocol to state the employer’s commitment.

This policy is the employer’s commitment and should be the same for all departments.

This statement of intent should be divided into three sections:

- Section One: What the employer is going to do.
- Section Two: Who is responsible for managing policy.
- Section Three: Actions and inactions by employers not to harm.

Example

..... is committed to the highest level of occupational health and safety and will:

- Protect the health and safety of all employees, the public and all contractors legally working on the premises.
- Provide a safe workplace, safe equipment, proper materials and have established and implemented a health and safety management programme to ensure safe methods and safe practices are used at all times.
- Optimise the management of resources available for the provision of health services.
- Comply with all health and safety legislative requirements.

Everyone has a role in contributing to the health and safety programme in order to provide the highest quality of service to our customers.

.....
Chief Executive

“Together the job is safer and more satisfying”

Employers are encouraged to develop their own statement and/or policy to personalise it for their workplace.

1. Hazard Management

Management of hazards in the workplace comprises of the identification, assessment and control of hazards and the education and supervision of employees in respect of hazards.

The duties of employers are to:

- IDENTIFY all new and existing hazards by surveying the place of work;
- ASSESS the hazards to decide which are significant; and
- CONTROL significant hazards by:
 - ELIMINATION — This is the first option and “all practicable steps” must be taken to achieve this, e.g. substitution of a hazardous substance with a less harmful one.
 - ISOLATION — This is the second option applied when elimination is not practicable, e.g. placing contaminated sharps in a sharps container.
 - MINIMISATION — Where elimination or isolation cannot be achieved, the employer must take all practicable steps to minimise the likelihood of harm from the hazard, e.g. using capsules instead of bulk mercury.

Minimising the hazard is effected by:

- Training employees in the nature of the hazard;
- Provision and use of personal protective equipment;
- Monitoring employees’ exposure to the hazard; and
- Monitoring employees’ health relative to hazard exposure

Every effort must be made to isolate or eliminate hazards.

1.1 HAZARDS IN THE DENTAL WORKPLACE

Historically, the management of cross infection, materials, chemicals and equipment has not been regulated and the hazards have been regarded as minimal. However, the HSE Act requires the employer to be responsible for the process of systematically identifying existing and potential hazards in his/her practice, and then assessing whether they are significant hazards.

Each employer shall provide a hazard identification checklist covering the hazards categorised below. A policy defining the principles of review must be developed by the employer to ensure all dental clinics/workplaces have a minimum of one hazard identification check per year. Dental clinics/workplaces operating all year round shall have a minimum of two per year.

1. Biological

- Infection
- Waste

2. Chemical

- MSDS
- Storage

3. Physical

- Equipment
- Electricity
- Light
- Radiation

4. Environmental

- Lighting
- Noise
- Ventilation
- Temperature

5. Ergonomic

6. Psycho-Social

Hazard Identification Process

The most effective way of identifying existing hazards in the dental workplace is by examining specific areas of the dental practice and the activities carried on in them.

A static worksite, such as a dental practice, is well suited to a hazard identification method of grouping hazards into common types, e.g. chemical, biological, electrical, and identifying them by surveying the different areas of the site. The common hazards pertaining to a dental practice have already been identified but individual practices may have hazards not covered here.

A Plan for Hazard Identification of a Clinic/Dental Practice

1. Develop a hazard identification document.
2. Divide checklist into categorised hazards.
3. List all equipment, chemicals and processes in each.
4. List specific hazards which may cause harm.

Energy sources present may include:

- noise
- infection
- fumes
- radiation
- electrical energy
- physical effort of people.

1.1.1 BIOLOGICAL HAZARDS

(A) INFECTION

(Refer to the code of practice on infection control as established by your employer.)

(a) Management of Health Care Waste

Each provider shall develop a procedure for the storage and removal of

hazardous waste that meets with the requirements of AS/NZS 3816:1998 *Management of clinical and related wastes*.

Health employers and managers of companies carrying medical waste should adhere to the New Zealand Transport Authority legislation for the transporting of hazardous waste.

(b) Exposure Determination

Identification of employees whose job classification determines:

- all employees who have occupational exposure e.g. therapist, hygienist, chairside/dental assistant; or
- employees who have little or no occupational exposure, e.g. office manager, secretary, etc.

(c) Standard Precautions

Standard precautions mean “a single standard for infection control should be adopted for a practice and this should be utilised for every patient”.

Obtain a comprehensive medical history from all patients at their first visit to the practice and update and review this at subsequent visits.

Carriers of infections, such as HBV and HIV, may be unaware of their status or withhold information. It is important, therefore, that all human blood and body fluids be treated as if contaminated with HBV, HIV and other bloodborne pathogens.

(d) Work Practice Controls

Work practice controls are aimed at reducing exposure to an infectious agent by either removing the hazard or isolating the health care provider from the hazard.

Sharps: Contaminated needles or other sharps should not be bent, recapped or removed, except by means of a mechanical device or a onehanded technique. Immediately, or as soon as possible after use, sharps should be placed into a secure, puncture-resistant container which is leak-proof and labelled with the biohazard symbol.

All sharps containers are to be disposed of by professional medical waste removal systems.

Work practice controls are aimed at reducing the risk of exposure to an infectious agent by altering the manner in which a task is performed.

Handwashing: Hands should be washed with soap and water and dried thoroughly immediately before putting gloves on and immediately after removal of gloves.

Personal Habits and Eating: Eating, drinking, smoking, application of cosmetics or handling of contact lenses should not be permitted in work areas where there is a reasonable likelihood of exposure.

Food Storage: Food and drink must not be stored in refrigerators, cabinets or on counters where blood or other potentially infectious materials may be present.

Minimising Exposure: Procedures involving blood or other potentially infected substances must be performed in a manner which reduces spraying, splattering or generation of droplets, e.g. use of high-volume evacuation which is externally vented; use of rubber dam; or limit contamination by avoidance of contact with unnecessary items.

(e) Personal Protective Equipment (PPE)

The employer (at the employers' expense) must provide employees with suitable and appropriate PPE. PPE is designated as suitable only if it serves to prevent the penetration of blood or other potentially infectious material through to the employee's clothes, skin, eyes or mouth under normal conditions of use and for the duration of time for which the protective equipment will be used.

It is the responsibility of the employer to ensure that all employees use appropriate PPE.

Have appropriate PPE readily available at each worksite.

Wear protective clothing in situations of occupational exposure; the type and features of clothing will depend upon the task and degree of exposure anticipated.

Gloves— ensure disposable gloves do not restrict hand movement.

Provide patients with protective equipment to wear during procedures that may result in physical or chemical injury or risk of infection. This includes protective eyewear, lead aprons for dental radiographs.

Protective clothing should not be worn outside the surgery area.

(f) Blood/Body Fluid Occurrences

The following situations are regarded as blood accidents:

- Needle stick from a contaminated needle.
- Another person's blood contaminating an open wound.
- Contact of another person's blood with eyes or mucous membranes.
- A bite by another person that breaks the skin.
- Skin broken by an instrument or bur.

It is important to develop and follow approved safety procedures for the containment and clean up of blood. Employers shall provide appropriate measures, e.g. Presept Granules, and document the procedures in a clinical practice protocol.

Training should also be provided for all new staff members at orientation to the service.

Needlestick Injuries

Needlestick injuries pose the greatest risk for cross infection.

- The needle cover must be used at all times when recapping needles.
- Needlestick injuries or any blood accidents must be reported within 24 hours of the occurrence.

See Appendix 2.

Eye Care

If debris lodges in the eye or an eye splash occurs, immediately wash the eye with copious amounts of water. If the eye does not clear, medical assistance should be sought and the injury reported to your appropriate person.

Eye baths and saline solution should be readily available.

The manufacturers of curing lights (Elipar or similar) issue a warning that protective shields must be used at all times when the light is in use to protect the operator from damage to the retina of the eyes.

Vaccination

All dental therapists are subject to occupational exposure and should be offered vaccination against Hepatitis B virus. Vaccination of employees should be available at the employer's expense and should be initiated before assignments to tasks that may result in exposure. Vaccination is not necessary if the employee has previously received the full course of HB V vaccination, if antibody testing reveals immunity, or if the vaccine is contraindicated for medical reasons.

Employers are encouraged to monitor the Hepatitis B status of staff and the results shall be shared between the employee and employer. The employer may be represented by the occupational health department of the organisation.

Employers shall develop a policy and procedure for addressing employees who may decline vaccination at the time of recruitment.

If an employee declines vaccination for any reason, then a written report from the employee's medical practitioner should be requested prior to appointment and kept on file. A declination form is to be completed by the employee and filed on their personal file.

Decontamination

Wear well-fitting disposable gloves for hand protection when cleaning and disinfecting surfaces or items contaminated with blood or other potentially infected materials.

Thoroughly clean all equipment and contaminated surfaces according to infection control procedure.

Disposal of contaminated waste — refer to A(a) on page 9.

Training in Infection Control

The employer is responsible for providing adequate training to all employees on standard precautions against cross infection to ensure national standards are met.

The employer is responsible for assessing the level of knowledge and ability of individual employees following training.

A record of training sessions must be documented date, content and name of trainer, signed by the employee and the trainer.

Evaluate effectiveness. This ensures a quality approach to training.

(B) WASTE HAZARDS

Surgery waste requires special care and different waste requires special handling

- Ensure employees are not exposed to hazards arising from disposal of material.
- Identify hazards in the workplace and instruct employers and employees on personal protection.
- Develop procedures for dealing with emergencies, e.g. mercury spill.
- Have a schedule for waste management and a training schedule.
- Be familiar with responsibilities under the Resource Management Act 1993 and local body regulations.
- Develop and implement waste disposal procedures to comply with your company and the local body regulations.

Refer to 1.1.1 Biological Hazards.

1.1.2 CHEMICAL HAZARDS

Chemical hazards are of major concern in a dental practice. Knowledge of chemicals that present a hazard in their handling and use is essential for all staff.

A list of chemicals and materials that are potentially hazardous shall be identified. It should not be regarded as definitive and from time to time additions and deletions will be required. Different practices will have different lists.

Each practice should maintain an up-to-date list of chemicals on the premises along with the appropriate Material Safety Data Sheets.

Training

- All employees will receive training in the use and safe handling of hazardous materials before they are required to handle these materials. This training will be reviewed and updated where appropriate. All such training will be recorded.
- All employees will be trained to emphasise the importance of drugs being stored in a secure manner to prevent unlawful access.

External Contractors

- Any contractors coming into the practice will be advised of any possible likelihood of exposure to hazardous material or situations, and how to deal with this should it arise.
- Also the contractor will be questioned regarding the possibility of introducing any new hazards into the workplace and how he will control these during the time of the contract.

(a) Material Safety Data Sheets

Material Safety Data Sheets (MSDS) contain information on products hazardous to health, such as storage and safe handling requirements, precautions for use, first-aid procedures, and physical properties.

NZ manufacturers or importers are required to make MSDS available in any place of work where a product hazardous to health is used. The employer shall ensure that a current MSDS or other written information of equivalent quality, such as a Product Safety card, is accessible to employees working with or who are exposed to chemicals in the course of their duties.

The MSDS register must be reviewed on an annual basis and documented that this has been completed.

(b) Storage of Chemicals

- List all hazardous materials used in the practice in a hazardous chemicals register and update as necessary.
- Ensure all containers have labels to show chemical identity and appropriate hazard warning. Where possible include first-aid information.
- Care must be taken that incompatible chemicals are not stored together. Chemical compatibility information is included on the MSDS.
- Hazard potential depends on the amount of exposure and individual variability. In most dental practices amounts of chemicals are small and risks are correspondingly small.
- All chemicals used in a dental practice must be stored in a manner that prevents accidental or unlawful access, e.g. secure/lockable cupboard or filing cabinet.

Refer to the *Approved Code of Practice for the Management of Substances Hazardous to Health*, published by OSH.

c) Materials/Drugs

- All materials/drugs used in a dental practice must be stored in a manner that prevents accidental or unlawful access, e.g. secure/lockable cupboard or filing cabinet.
- In storage, take special precautions to avoid child access.
- Follow your employer's protocol for disposal of expired and obsolete drugs.
- Keys to any lockable cupboards shall be kept in a safe/secure place and available to dental staff only.

1.1.3 PHYSICAL HAZARDS

(A) RADIATION

The Radiation Protection Act (1965) and its Regulations (1982) permits the use of an X-ray machine by persons acting under the supervision or instruction of a person who is suitably qualified and suitably licensed.

Each employer shall develop a code of practice for dental radiography, and ensure staff are trained in the safe use of dental X-ray machines and associated chemicals.

Refer to Chemical Hazards 1.1.2 for managing X-ray developing chemicals.

(B) EQUIPMENT

Employers shall:

- ensure that equipment used is ergonomically sound and that all staff are trained to use equipment safely;
- develop hazard checklist of all equipment in use;
- assess equipment for hazards; and
- document assessment results.

(C) ELECTRICAL

All practices will comply with the requirements of New Zealand Standard NZECP 12:1993 for electrical installations.

See also NZS 3 760:2000 *In-service safety inspection and testing of electrical equipment*.

All equipment shall be checked and labelled as having had an annual safety check.

Employers shall ensure that procedures are developed and staff trained.

Electrical Verification Dossier Procedure

The obligations under the NZECP: 12 are to:

- visually examine sockets and outlet switches monthly;
- test earth leakage circuit breakers and reset monthly;
- test earth leakage circuit breakers for sensitivity, performance and speed using approved testing apparatus every six months;
- visually examine and measure the continuity of earthing facilities every twelve months; and
- maintain and make available to the testing authority, a verification dossier of test results.

Follow accepted procedures to avoid and handle emergencies:

- Disconnect electricity before investigating faults.
- Do not overload outlets and plugs — be careful with plug boards, they can overload.
- Use earth leakage protection devices.

1.1.4 ENVIRONMENTAL HAZARDS

(A) VENTILATION

All practices **MUST** have adequate ventilation to remove hazardous vapours and to provide a supply of fresh air.

(B) TEMPERATURE

Employers are responsible to ensure that comfortable atmospheric conditions in the workplace are maintained.

Staff working in a comfortable environment perform their work more efficiently and are less likely to make mistakes that could result in an accident.

(C) NOISE

Noise levels should not exceed that recommended in the *Approved Code of Practice for the Management of Noise in the Workplace*, published by OSH.

Refer to the Health and Safety in Employment Regulations 1995, regulation 11.

The maintenance of equipment assists in reducing noise emission reaching damage risk criteria.

(D) LIGHTING

If fluorescent lighting is used, a diffuser must cover them and double tubes should always be used.

Information on this is also available in the *Approved Code of Practice for the Safe Use of Visual Display Units*, published by OSH.

Refer to AS/NZS 1680.2.5:1997 *Interior lighting for hospital and medical tasks*.

1.1.5 ERGONOMIC HAZARDS

Employers have a responsibility to ensure postural stress on staff is minimised. Operating situations and working at VDU workstations can pose a risk.

Properly specified and designed hand tools will reduce injuries and improve performance capability

The shape and size of a hand tool have a direct effect on both a person's performance capability (especially grip strength) and biomechanical stress on the upper extremity.

(A) OPERATING POSTURE

The demands of high precision work and sustained static loading in the neck/shoulder region, combined with a flexed and rotated cervical spine, can result in an increased level of musculoskeletal disorders.

Employers are responsible for ensuring the personal health and safety of their employees in the work environment.

Best practice operating guidelines shall be developed and given to staff at orientation.

Best practice checklist forms shall also be developed to assist in the monitoring process.

Postural Hazards:

- Poorly adjusted equipment
- Poorly planned work stations
- Lack of mini and maxi pauses
- Lack of workflow planning.

Training:

- Students to attend a dental therapy programme
- Orientation to workforce
- Annual injury prevention module
- Mandatory training on all new equipment.

Monitoring:

- Best practice review
- Peer review
- Health and safety audits.

Refer to *How to Use Your VDU Safely*, published by OSH.

(B) PURCHASING OF EQUIPMENT

Employers have a responsibility to source ergonomically-designed equipment that should be trialed in the workplace prior to purchase.

All equipment purchased shall meet OSH specifications if applicable, e.g. office furniture.

1.1.6 PSYCHO-SOCIAL HAZARDS

It must be recognised that there are psycho-social hazards that could affect the health of dental workers. Employers must develop procedures to manage these situations.

The list below (which is not definitive) identifies some examples of psycho-social hazards:

- workload
- no control of workload
- shifting clinics
- working alone
- working with others
- drugs/alcohol
- parental pressure
- home and family
- excessive stress
- lack of sense of belonging.

To minimise psycho-social hazards the employer should ensure:

- that all practical steps are taken to eliminate or reduce proven hazards;
- that employer assistance programmes or similar services are be available;

- they will continue to develop new ways of working that reduce the impact of psycho-social hazards;
- a safe environment for staff to report these hazards;
- staff must be assured they will be listened to; and
- staff have access to the schools' crisis management plans.

2. Emergencies

Possible emergencies include:

- fire
- flood
- earthquake
- security breach
- chemical spill (including mercury)
- serious injury/medical emergency.

Section 6 of the Health and Safety in Employment Act requires the development of emergency procedures, and section 14 requires employees to be involved in their development.

PROCEDURES

Employers have a responsibility to ensure that staff are familiar with the procedure for emergency evacuation of the workplace.

School emergency procedures shall be clearly displayed in school clinics and staff will be familiar with actions required and adhere to all school policies, regarding these procedures.

3. Accident Recording, Reporting and Investigation

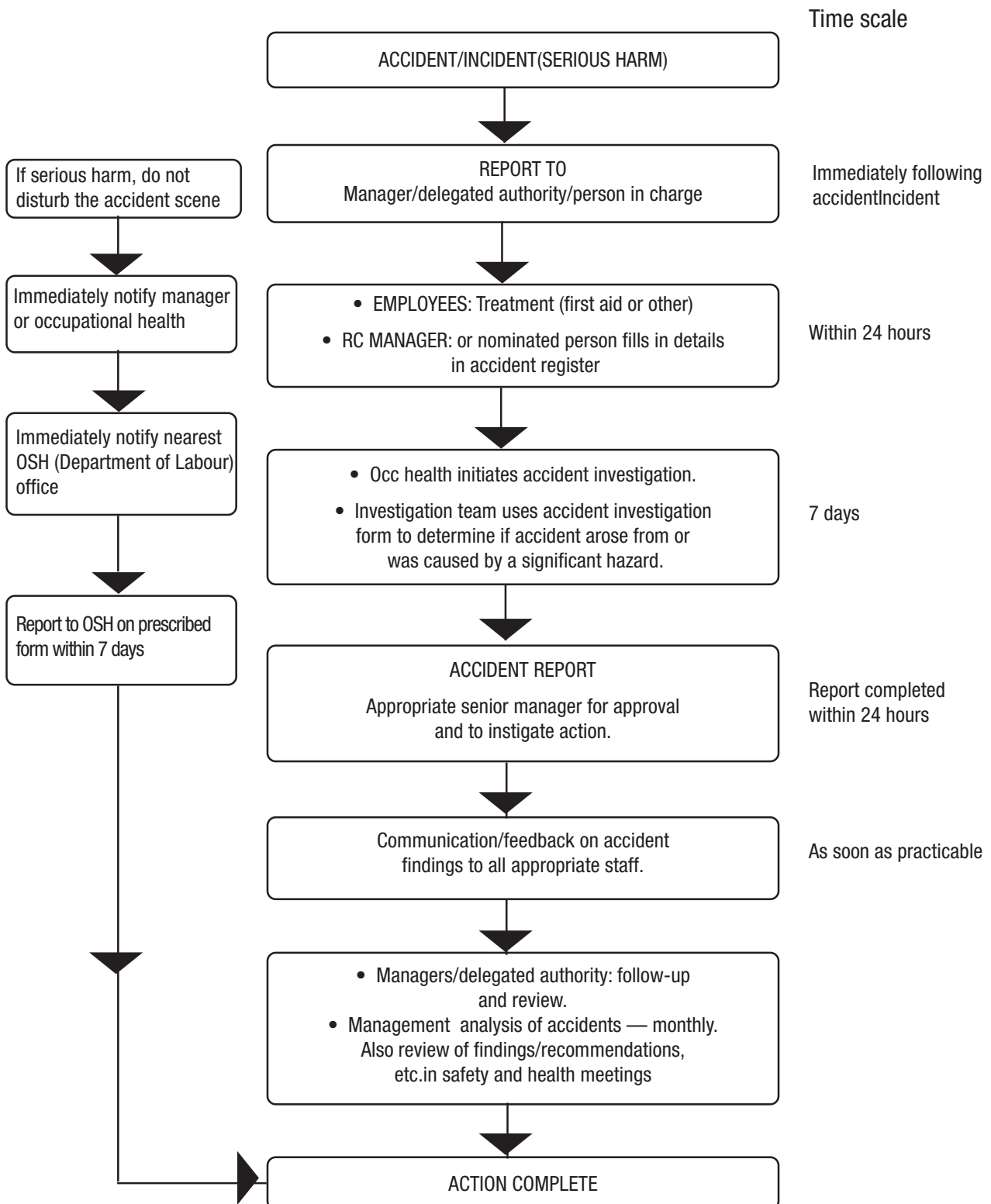
Section 25 of the Health and Safety in Employment Act requires employers to:

- Record in an accident register all events that harmed or might have harmed (this includes near-misses) employees or other people in the place of work.
- Notify OSH as soon as possible of events resulting in serious harm to employees and provide OSH with a written report within 7 days on the prescribed form.

It is recommended that the local OSH office phone number be readily accessible.

Please see the accident reporting and investigation flow chart on the next page.

ACCIDENT REPORTING AND INVESTIGATION FLOWCHART



SERIOUS HARM - Schedule 1

- (1) Serious harm is any of the following conditions that amount to or result in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.
- (2) Amputation of body part.
- (3) Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
- (4) Loss of consciousness from lack of oxygen.
- (5) Loss of consciousness, or acute illness requiring treatment by a medical practitioner, from absorption, inhalation, or ingestion of any substance.
- (6) Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more, commencing within 7 days of the harm's occurrence.

Definition of temporary severe loss of bodily function

This term is defined as follows:

Overall, the judgement on whether an employee has suffered temporary loss of bodily function is determined by whether there has been an actual loss of bodily function, and this will involve the employer (or representative) making a judgement

Those who need to determine if temporary loss has occurred will need to answer the following questions:

- (a) Is the employee suffering from pain or health impairment which is significantly more than discomfort?
- (b) Is the pain or health impairment severe enough to prevent an employee using part of the body, i.e. movement prohibited by pain, respiratory distress, etc?
- (c) Is the employee's condition likely to be temporary?

If the answer to these questions is "yes", then OSH should be notified in terms of section 25 of the Act.

No interference at accident scene

(1) Where a person is seriously harmed while at work, no person shall, unless authorised to do so by an inspector, remove or in any way interfere with or disturb any wreckage, article or thing related to the accident/incident except to the extent necessary -

- (a) To save the life of, prevent harm to, or relieve the suffering of, any person; or
- (b) To maintain the access of the general public to an essential service or utility; or

- (c) To prevent serious damage to or serious loss of property.
- (2) Subsection (1) of this section does not apply where a person is seriously harmed by:
- (a) An accident involving a motor vehicle on a public highway.
- (b) An accident being investigated under Part BIII of the Shipping and Seamen Act 1952, the Armed Forces Discipline Act 1971, the Civil Aviation Act 1990, or the Transport Accident Investigation Commission Act 1990; or
- (c) An accident being investigated by a member of the Police. Actions following accidents causing serious harm When events result in serious harm you should:
- Make sure anyone injured receives medical attention.
 - **DO NOT** interfere with the accident scene without the permission of an OSH inspector.
 - Advise the local OSH office as soon as possible. Obtain site clearance.
 - Complete your own investigation and take steps to eliminate, isolate or minimise identified significant hazards.
 - Send written notice to the nearest OSH office within 7 days.

INVESTIGATION

It is important that all accidents in places of work are investigated to identify whether or not a significant hazard was the cause of the injury, illness, property damage, or near miss. Information gained from this allows the development of effective methods of preventing future similar events. There is a legal requirement to do this.

The employer shall develop and maintain an accident/incident register to be made available at any time.

4. Training and Education

INTRODUCTION

Good injury prevention requires the employer to undertake training, education and supervision of employees to ensure that they can undertake their work safely for both themselves and for others involved in their work (i.e. clients) and meets the requirements of the Act.

TRAINING SHOULD INCLUDE

- Emergency procedures;
- Cross infection control procedures;
- Working with hazardous substances; and
- Best practice.

Such training should be provided to all employees at the commencement of employment and regularly updated.

Training should be presented in such a manner that it is clearly understood by all staff.

Include measures to identify and protect the employee from identified hazards in a dental practice, e.g. use of personal protective equipment. Also measures should be taken for the protection of clients.

Design a programme, or use an existing one, for use within a practice as per company procedures.

TRAINING RECORDS

Training records should be maintained to prove compliance with the Health and Safety in Employment Act.

Include the following in training records:

- Dates of training session;
- Contents/summary of the session;
- The name and qualification of the person conducting the course;
- The names of those attending the course; and
- Evaluate effectiveness, e.g. multi-choice questions and trainee's comments.

Appendix 1: Summary of the Health and Safety in Employment Act 1992

OBJECT OF THE ACT

The principal object of the Health and Safety in Employment Act 1992 is to prevent harm to employees at work. To do this it imposes duties on employers, employees, principals and others, and promotes excellent health and safety management by employers. It also provides for the making of regulations and codes of practice.

EMPLOYERS' DUTIES

Employers have the most duties to perform to ensure the health and safety of employees at work. Employers have a general duty to take all practicable steps to ensure the safety of employees. In particular, they are required to take all practicable steps to:

- Provide and maintain a safe working environment;
- Provide and maintain facilities for the safety and health of employees at work;
- Ensure that machinery and equipment is safe for employees;
- Ensure that working arrangements are not hazardous to employees; and
- Provide procedures to deal with emergencies that may arise while employees are at work.

Taking “all practicable steps” means what can reasonably be done to achieve the result in the circumstances, taking into account:

- The severity of any injury or harm to health that may occur;
- The degree of risk or probability of that injury or harm occurring;
- How much is known about the hazard and the ways of eliminating, minimising or isolating it; and
- The availability, effectiveness and cost of the possible safeguards.

HAZARD MANAGEMENT

Employers must have an effective method to identify and regularly review hazards in the place of work (existing, new and potential). They must determine whether the identified hazards are significant hazards and require further action.

“Significant hazard” means a hazard that is an actual or potential cause or source of:

- Serious harm; or

- Harm (being more than trivial) where the severity of effects on a person depends (entirely or among other things) on the extent or frequency of the person's exposure to the hazard; or
- Harm that does not usually occur, or usually is not easily detectable, until a significant time after the exposure to the hazard.

Where the hazard is significant, the HSE Act sets out the steps employers must take:

- Where practicable, the hazard must be eliminated.
- If elimination is not practicable, the hazard must be isolated.
- If it is impracticable to eliminate or isolate the hazard, the employer must minimise the likelihood of employees being harmed by the hazard.

Where the hazard has not been eliminated or isolated, employers must:

- Ensure that protective equipment is provided, accessible and used;
- Monitor employees' exposure to the hazard;
- Seek the consent of employees to monitor their health; and
- With their informed consent, monitor employees' health.

INFORMATION FOR EMPLOYEES

Before employees begin work, they must be informed by their employer of:

- Hazards employees may be exposed to while at work;
- Hazards employees may create which could harm people;
- How to minimise the likelihood of these hazards becoming a source of harm to themselves and others; and
- The location of safety equipment.

EMPLOYERS TO INVOLVE EMPLOYEES

Employers need to ensure that all employees have the opportunity to be fully involved in the development of procedures for the purpose of identifying and controlling significant hazards, or dealing with or reacting to emergencies and imminent dangers.

TRAINING OF EMPLOYEES

Employers must ensure employees are either sufficiently experienced to do their work safely or are supervised by an experienced person. In addition, employees must be adequately trained in the safe use of all plant, substances and protective clothing and protective equipment that the employee may be required to use or handle.

SAFETY OF PEOPLE WHO ARE NOT EMPLOYEES

Employers also have a general duty towards persons who are not employees.

Employers must take all practicable steps to ensure that employees do not harm any other person while at work, including members of the public or visitors to the place of work.

EMPLOYEES AND SELF-EMPLOYED PERSONS' DUTIES

Employees and self-employed persons have a responsibility for their own health and safety while at work. They must also ensure that their own actions do not harm anyone else.

However, these responsibilities do not detract from the employer's responsibilities.

ACCIDENTS AND SERIOUS HARM (RECORDING AND NOTIFICATION)

The HSE Act requires employers to keep a register of work-related accidents and serious harm. This includes every accident that harmed (or might have harmed):

- Any employee at work; and
- Any person in a place of work under the employer's control.

Employers are also required to investigate all accidents and near-miss incidents to determine whether they were caused by or arose from a significant hazard. Employers are required to notify serious harm that occurs to employees while at work to the Secretary of Labour (in practice, the nearest OSH office) as soon as possible. In addition, the circumstances of the accident must be notified in the form prescribed within 7 days. (Suitable forms for notification are available from OSH offices and selected stationers.)

If a person suffers serious harm, the scene of the accident must not be disturbed unless to:

- Save life or prevent suffering;
- Maintain public access for essential services, e.g. electricity, gas; or
- Prevent serious damage or loss of property.

The OSH office will advise whether it wishes to investigate the accident and what action may be taken in the meantime.

Appendix 2: Blood/Body Fluid/Accident Protocol

(If not already available from your employer)

1. THE WOUND

- Wash under cold running water
- Apply gentle pressure to encourage bleeding
- Cover with waterproof tape.

2. COUNSEL HEALTH CARE WORKER AND PATIENT

Explain that an accident has occurred and for the protection of everyone working and attending the practice it is important to eliminate the possibility, however remote, of transmission of any known infectious disease.

3. SEND FOR BLOOD SCREENING

- Health Care Worker: Baseline serology HIV, Hepatitis B and C
 If hepatitis vaccinated, assess anti-HB's level
 Repeat blood tests in 3, 6 and 12 months' time
- Client (if agreeable): Screen for HIV, hepatitis B and C.

4. RECORD

Enter details of injury in the accident/incident register. (Immediate action taken and long-term follow-up.)

5. CLIENT TESTS POSITIVE/REFUSES TESTING/UNKNOWN

Consider prophylactic treatment for hepatitis B and C within 5 to 7 days.

NOTE: Prophylactic use of ATZ for HIV must be commenced within 2 to 4 hours of exposure, but is of unproved value and must not be used as a matter of routine.

6. INFORM ACC

If appropriate, seroconversion occurs.

If in doubt, contact a senior dental surgeon at your nearest hospital oral health unit or, if unavailable, an infectious diseases officer.

THE IMPORTANCE OF AVOIDING ACCIDENTS WITH INFECTED MATERIAL CANNOT BE OVEREMPHASISED!