Health Advisory: Infection Control Breaches at a Dental Clinic in King County – 18 DEC 2018

Action requested:

- Be aware of the potential risk of exposure to bloodborne pathogens for patients receiving dental care at George M. Davis, DDS clinic in Burien, WA.
- Consider HIV, hepatitis B, and hepatitis C testing for patients who received dental care during September 22, 1982–August 2, 2018.
- If testing is done, collect serum for the following HIV, hepatitis B, and hepatitis C tests:
  - HIV (antigen/antibody)
  - Hepatitis B (HBsAg) and consider anti-HBs antibody and total anti-HBc antibody
    - If the patient received dental care at this dental clinic in the last 6 months AND the patient has an illness consistent with acute hepatitis, also order anti-HBc IgM and HCV RNA (regardless if HCV antibody/EIA is positive).
  - Hepatitis C (antibody/EIA with reflex to HCV RNA)
- Report confirmed or suspected HIV cases to the Public Health HIV/STD Program at (206) 263-2000 and hepatitis B and hepatitis C cases to the Public Health Communicable Disease Epidemiology & Immunization Section at (206) 296-4774.

Background:

In response to a complaint, the Washington State Department of Health - Dental Quality Assurance Commission (DQAC) performed an inspection at George Max Davis’ dental practice in Burien, WA. Multiple infection control deficiencies were identified, including lapses in cleaning, disinfection, sterilization, and storage of reprocessed instruments. These findings resulted in the suspension of the dentist’s license and closure of the dental clinic (attached).

George Max Davis has been in practice since 1982, and we are not able to determine how long infection control lapses have been occurring. Although bloodborne pathogen transmission in dental settings is rarely reported, the infection control deficiencies documented by DQAC suggest an elevated, but not high, risk of transmission of bloodborne pathogens for patients at George Max Davis’ dental practice. Testing should be considered for patients who received care at this clinic.

Considerations when counseling patients regarding bloodborne pathogen testing include the number of visits to the practice and the nature of the visit (eg, routine exam, extraction or other procedure that breached mucosal barrier, use of injectable medications). To date, no cases of HIV, hepatitis B, or hepatitis C have been identified linked to this dental practice.

Resources:

- CDC NIOSH Bloodborne Infectious Diseases: HIV/AIDS, Hep B, Hep C
- CDC Bloodborne Pathogen testing guideline
- WA DOH News Release
RE: George Max Davis  
Master Case No.: M2018-685  
Document: Statement of Charges

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: NONE

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7865  
Phone: (360) 236-4700  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
DENTAL QUALITY ASSURANCE COMMISSION

In the Matter of

GEORGE MAX DAVIS
Credential No. DENT.DE.00005788

Respondent

No. M2018-685

STATEMENT OF CHARGES

The executive director of the Dental Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by the evidence contained in case no. 2018-10197.

1. ALLEGED FACTS

1.1 On September 22, 1982, the State of Washington issued Respondent a credential to practice as a dentist. Respondent’s credential is currently active.

1.2 Respondent owns, operates, and maintains a dental office in Burien, Washington.

1.3 On or about August 2, 2018, the Department of Health performed an inspection control inspection of Respondent’s dental facility and found numerous infection control failures. These deficiencies were noted in an infection control report provided to Respondent on August 2, 2018. Some of the failures included:

   A. No spore test log since January 4, 1998.
   B. No ultrasonic cleaner log.
   C. No log for changing cold sterilant solution.
   D. Expired ultrasonic and cold sterilant solutions.
   E. Instruments stored in designated sterile areas were placed loosely in an open tray containing dust, debris, and other such items.
   F. No hospital grade surface disinfectant was available to clean the operatory between patients, and the designated person responsible for this cleaning and disinfection was unable to demonstrate an acceptable technique for this work.
   G. The main operatory sink was not operable. No running water was available in the primary operatory area.
1.4 In addition to specific infection control issues, the investigator observed the following health and safety concerns:

A. Most areas of Respondent’s dental office, including the main operatory, were cluttered, disorganized, and messy; for example, items consistent with the presence of an animal on the premises were observable: dog food in a bowl, and a pet bed in an operatory; food, drink, and food-soiled dishes were on counters with dental supplies and in refrigerators alongside dental products.

B. Respondent failed to discard (and replace as necessary) numerous expired products. For example, luting cement with a written expiration date that had passed years previously was located in the main operatory.

C. Respondent did not have documentation of Hepatitis B vaccination for himself or for his employee, and no declination form on file.

D. Respondent did not have any written infection control policies and procedures, any written blood-borne pathogen exposure control plan, written determination concerning exposure, or training records.

E. Respondent had no approved and labeled sharps containers in the dental office; apparently contaminated equipment and personal protective equipment, such as masks, were not properly labelled and stored.

F. Respondent’s employee wore her personal protective equipment to and from work, and laundered it at home.

G. Masks were not changed between patients.

1.5 The Respondent was not adequately prepared to respond to patient emergencies or administer basic life support services. For example:

A. Respondent did not have current cardiopulmonary resuscitation or basic life support certifications.

B. The drugs in Respondent’s emergency kit were expired.

C. Respondent had no blood pressure cuff or stethoscope.
D. Respondent had no defibrillator, or access to a defibrillator within one minute.

1.6 The Respondent was at least temporarily using his office as a residence and had seen patients in the office on the date of the inspection.

2. ALLEGED VIOLATIONS


RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

RCW 18.32.725 Sanitary regulations.

It shall be the duty of every person engaged in the practice of dentistry or who shall own, operate, or manage any dental office to keep said office and dental equipment in a thoroughly clean and sanitary condition.
WAC 246-817-601 Purpose.

The purpose of WAC 246-817-601 through 246-817-630 is to establish requirements for infection control in dental offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all dental staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to doctor and staff, doctor and staff to patient, and from patient to patient. Every dentist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the dentist must comply with the requirements defined in WAC 246-817-620 and 246-817-630.

WAC 246-817-620 Use of barriers and sterilization techniques.

The use of barriers and sterilization techniques is the primary means of assuring that there is the least possible chance of the transmission of communicable diseases from doctor and staff to patients, from patient to patient and from patient to doctor and staff. To prevent patient to patient cross contamination, instruments and supplies contaminated or likely to be contaminated with blood or saliva and touched during treatment must be sterilized between patients or discarded except as otherwise set forth below. Surfaces and equipment which are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier which is discarded and replaced between patients except as otherwise set forth below:

(1) Dentists shall comply with the following barrier techniques:

(a) Gloves shall be used by the dentist and direct care staff during treatment which involves intra-oral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves shall be used for every intraoral patient contact. Gloves shall not be washed or reused for any purpose. The same pair of gloves shall not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for dental treatment shall not be reused for any nondental purpose.

(b) Masks shall be worn by the dentist and direct care staff when splatter or aerosol is likely. Masks shall be worn during surgical procedures except in those specific instances in which the dentist determines that the use of a mask would prevent the delivery of health care services or would increase the hazard and risk to his/her patient. In those circumstances where a dentist determines not to wear a mask during a surgical procedure, such determination shall be documented in the patient record.

(c) Unless effective surface decontamination methods are used, protective barriers shall be placed over areas of the dental operatory which are likely to be touched during treatment, not removable to be sterilized, and likely to be contaminated by blood or saliva. These procedures must be followed between each patient. These include but are not limited to:
(i) Delivery unit.
(ii) Chair controls (not including foot controls).
(iii) Light handles.
(iv) High volume evacuator and air-water syringe controls.
(v) X-ray heads and controls.
(vi) Head rest.
(vii) Instrument trays.
(viii) Low speed handpiece motors.
(d) Protective eyewear shall be worn by the dentist and direct care staff and offered to all patients during times when splatter or aerosol is expected.

(2) Dentists shall comply with the following sterilization requirements:

(a) Every dental office shall have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide. Sterilizers shall be tested by biological spore test on at least a weekly basis. In the event of a positive biological spore test, the dentist shall take immediate remedial action to ensure the objectives of (a) of this subsection are accomplished. Documentation shall be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least five years.

(b) The following items shall be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide sterilization method between patients:

(i) Low speed handpiece contra angles, prophy angles and nose cone sleeves.

(ii) High speed handpieces.

(iii) Hand instruments.

(iv) Burs.

(v) Endodontic instruments.

(vi) Air-water syringe tips.

(vii) High volume evacuator tips.

(viii) Surgical instruments.

(ix) Sonic or ultrasonic periodontal scalers and tips.

(x) Surgical handpieces.

(c) Gross debris shall be removed from items prior to sterilization. Ultrasonic cleaning shall be used whenever possible.
(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide sterilized shall be immersed in a chemical sterilant. If such a technique is used, the solution shall be approved by the Environmental Protection Agency and used in accordance with the manufacturer’s directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva shall be thoroughly rinsed, placed in and transported to the dental laboratory in an appropriate case containment device that is properly sealed and labeled.

WAC 246-817-720 Basic life support requirements.

Dental staff providing direct patient care in an in-office or out-patient setting must hold a current and valid health care provider basic life support (BLS) certification. Dental staff providing direct patient care include: Licensed dentists, licensed dental hygienists, licensed expanded function dental auxiliaries, certified dental anesthesia assistants, and registered dental assistants.

Newly hired office staff providing direct patient care are required to obtain the required certification within forty-five days from the date hired.

WAC 246-817-722 Defibrillator.

(1) Every dental office in the state of Washington that administers minimal, moderate, or deep sedation, or general anesthesia, as defined in WAC 246-817-710, must have an automated external defibrillator (AED) or defibrillator.

(2) The dentist and staff must have access to the AED or defibrillator in an emergency, and it must be available and in reach within sixty seconds.

(3) A dental office may share a single AED or defibrillator with adjacent businesses if it meets the requirements in this section.

WAC 246-100-021 Responsibilities and duties—Health care providers.

Every health care provider, as defined in chapter 246-100 WAC, shall:

(1) Provide adequate, understandable instruction in control measures designed to prevent the spread of disease to:

(a) Each patient with a communicable disease under his or her care; and

(b) Others as appropriate to prevent spread of disease.

(2) Cooperate with public health authorities during investigation of:

(a) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and

(b) An outbreak or suspected outbreak of illness.

Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC.
(3) Use protocols established in the Control of Communicable Diseases Manual, 20th edition, published by the American Public Health Association, when treating wounds caused by animal bites. A copy of this publication is available for review at the department and at each local health department.

WAC 246-203-130 Keeping of animals.
(1) Any person, firm or corporation is prohibited from keeping or sheltering animals in such a manner that a condition resulting from same shall constitute a nuisance.

WAC 246-203-010 Definition—Public or common nuisance. For the purpose of these regulations, a public or common nuisance shall be considered as that which is set up, maintained or continued so as to be injurious to the health, or an obstruction to the use of property by interfering with the repose, health, safety or life of any considerable number of persons.

WAC 296-823-100 Scope.
This chapter provides requirements to protect employees from exposure to blood or other potentially infectious materials (OPIM) that may contain bloodborne pathogens. Examples of bloodborne pathogens are the human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

This chapter applies to you if you have employees with occupational exposure to blood or OPIM, even if no actual exposure incidents have occurred.

Occupations that are typically covered by this chapter. The following list illustrates a number of jobs typically associated with tasks that involve occupational exposure to blood or OPIM. The absence of a particular job from the list does not suggest that it falls outside the scope of this chapter. At the same time, employees in jobs found on the list are covered only if they have occupational exposure.

(1) Health care occupations.
   (a) Physicians and physicians assistants.
   (b) Nurses, nurse practitioners, dental hygienists, and other health care employees in clinics and offices.
   (c) Employees of clinical, dental, and diagnostic laboratories.
   (d) Housekeepers in health care facilities.
WAC 296-823-110 Planning.

Summary

Your responsibility:

To plan ways to protect your employees from the risk of exposure to blood or other potentially infectious materials.

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WAC 296-823-11005 Determine if you have employees with occupational exposure.

(1) You must prepare a written exposure determination if your employees have occupational exposure to blood or other potentially infectious materials (OPIM).

This determination must be made without considering the use of personal protective equipment (PPE).

(2) You must make sure the exposure determination contains:

(a) A list of job classifications where all employees have occupational exposure;

(b) A list of job classifications where some employees have occupational exposure and a description of all tasks and procedures or groups of related tasks and procedures with occupational exposure for these employees.

WAC 296-823-11010 Develop and implement a written exposure control plan.

(1) You must establish a written exposure control plan designed to eliminate or minimize employee exposure in your workplace.

Note: The elements of your exposure control plan may be located in other documents such as policies and procedures. Make sure to reference their location in your plan.

(2) You must make sure the plan contains at least the following elements:

(a) The exposure determination, WAC 296-823-11005;

(b) A procedure for evaluating the circumstances surrounding exposure incidents, including documentation of the routes of exposure, and the circumstances under which the exposure incident happened;

(c) How and when you will implement applicable requirements of this rule.

Note: The implementation dates need to be included only until your exposure control plan is fully implemented or when you are adding new requirements to your plan.

(3) You must document the infection control system used in your workplace to protect employees from exposure to blood or OPIM.
(4) You must use universal precautions or other at least as effective infection control systems.

Note: 1. Universal precautions is an infection control system that considers the blood and OPIM from all persons as containing a bloodborne disease, whether or not the person has been identified as having a bloodborne disease.

2. Other effective infection control systems include standard precautions, universal blood-body fluid precautions, and body substance isolation.

3. These methods define all body fluids and substances as infectious. They incorporate not only the fluids and materials covered by universal precautions and this chapter, but expand coverage to include all body fluids and substances.

(5) You must solicit input in the identification, evaluation, and selection of effective safer medical devices. This input must be solicited from nonmanagerial employees responsible for direct patient care with potential exposure to contaminated sharps.

(6) You must document the process you used to solicit input and include the identity of the employees or positions that were involved.

Note: 1. You are not required to request input from every exposed employee; however, the employees selected must represent the range of exposure situations encountered in the workplace. Your safety committee may assist in identifying employees.

2. Although you are required to include nonmanagerial employees, you are not prohibited from soliciting input from managerial and other employees.

(7) You must make sure the exposure control plan is reviewed and updated:

(a) At least annually; and

(b) Whenever necessary to:

(i) Reflect new or modified tasks and procedures which affect occupational exposure;

(ii) Reflect new or revised job classifications with occupational exposure;

(iii) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;

(iv) Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(8) You must make sure a copy of the exposure control plan is accessible at the workplace, when exposed employees are present. For example, if the plan is stored only on a computer, all exposed employees must be trained to operate the computer.

(9) You must make sure a copy of the plan is provided to the employee or their representative within fifteen days of their request for a copy.
WAC 296-823-120 Training.

Summary

Your responsibility:

To train your employees about their risk of exposure to bloodborne pathogens and ways to protect themselves.

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WAC 296-823-12005 Provide training to your employees.

(1) You must make sure all employees with occupational exposure participate in a training program that is:

(a) Provided at no cost to them; and

(b) Conducted during compensated working hours.

(2) You must provide training when any of the following occur:

(a) Before assigning tasks where occupational exposure might occur;

(b) At least annually and within one year of the previous training.

(3) You must make sure the content and vocabulary of your training materials are appropriate to the educational level, literacy, and language of your employees.

(4) You must make sure the person conducting the required training is knowledgeable about the subject matter as it relates to your workplace.

(5) You must make sure the training program contains at least the following elements:

(a) An accessible copy of this chapter and an explanation of the contents;

(b) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(c) An explanation of how bloodborne pathogens are transmitted;

(d) An explanation of your exposure control plan and how the employee can obtain a copy of the written plan;

(e) An explanation of how to recognize tasks and other activities that could involve exposure to blood and other potentially infectious materials (OPIM);

(f) An explanation of the use and limitations of methods that will prevent or reduce exposure including:

(i) Equipment and safer medical devices;

(ii) Work practices;
(iii) Personal protective equipment.

(g) Information about personal protective equipment (PPE) including:
   (i) The types;
   (ii) Proper use and limitations;
   (iii) Selection;
   (iv) Location;
   (v) Putting it on and taking it off;
   (vi) Handling;
   (vii) Decontamination;
   (viii) Disposal.

(h) Information about the hepatitis B vaccine, including:
   (i) Information about its effectiveness;
   (ii) Safety;
   (iii) Method of administration;
   (iv) The benefits of being vaccinated;
   (v) Offered at no cost to the employee for the vaccine and vaccination.

(i) Information about what actions to take and persons to contact when exposure to blood or OPIM occurs outside of the normal scope of work;

(j) An explanation of the procedure to follow if an exposure incident occurs, including:
   (i) The method of reporting the incident;
   (ii) The medical evaluation and follow-up that will be available.

(k) Information about the post-exposure evaluation and follow-up procedure following an exposure incident;

(l) An explanation of the signs and labeling or color-coding required by this chapter;

(m) An opportunity for interactive questions and answers with the trainer at the time of the training session.

Note: This may be person-to-person, by telephone, or by email, as long as the employee can both ask and receive answers during the training session.

WAC 296-823-12010 Provide additional training.

You must provide additional training when you add or change tasks or procedures that affect the employee's occupational exposure.

Note: This training may be limited to the changes in tasks and procedures.
WAC 296-823-12015 Maintain training records.

(1) You must maintain training records for three years from the date of the training.

(2) You must include the following information in your training records:
   (a) Dates of the training sessions;
   (b) Contents or a summary of the training sessions;
   (c) Names and qualifications of persons conducting the training;
   (d) Names and job titles of all persons attending the training sessions.

(3) Provide these employee-training records upon request for examination and copying to any of the following:
   (a) Employees;
   (b) Employee representatives.

Helpful tool:
Training documentation
A training documentation form is provided for your use in the resource section of this chapter.

WAC 296-823-130 Hepatitis B virus (HBV) vaccinations.

Summary

Your responsibility:

To make the vaccination available to your employees so they are protected from the hepatitis B virus (HBV).

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WAC 296-823-13005 Make hepatitis B vaccination available to employees.

EXEMPTION:

1. You are not required to provide the hepatitis B vaccination series to employees who meet any of the following:
   a. The employee has previously received the complete hepatitis B vaccination series;
   b. An antibody test has revealed that the employee is immune to hepatitis B;
   c. There are medical reasons not to give the vaccine.
2. You are not required to provide the hepatitis B vaccination series to employees assigned to provide first aid only as a secondary duty, when you do all of the following:

a. Make hepatitis B vaccination available to all unvaccinated first-aid providers who render assistance in any situation involving the presence of blood or OPIM. Vaccination must be made available as soon as possible, but no later than twenty-four hours after the incident;

b. Provide a reporting procedure that ensures all first-aid incidents that involve the presence of blood or OPIM are reported before the end of the work shift;

c. Document first-aid incidents that involve blood or OPIM, include at least:

i. The names of all first-aid providers who rendered assistance;

ii. The time and date of the first-aid incident;

iii. A description of the first-aid incident.

3. Make sure that the hepatitis B vaccination series is available to all employees who have occupational exposure and that it is:

a. Available at no cost to the employee;

b. Available to the employee at a reasonable time and location;

c. Administered by or under the supervision of a licensed physician or by another licensed health care professional;

d. Provided according to recommendations of the United States Public Health Service that are current at the time these evaluations and procedures take place;

e. Available to any employee who initially declines the vaccination but later decides to accept it while they are still covered by this chapter;

f. Made available after the employee has received training required by this chapter and within ten working days of initial assignment.

Reference:


(1) You must make sure participation in a prevaccination screening program for antibody status is not a condition for receiving hepatitis B vaccination.

(2) You must make sure that all laboratory tests are conducted by a laboratory licensed by the state or Clinical Laboratory Improvement Amendments (act) (CLIA).

(3) Make sure employees who decline the hepatitis B vaccination, offered by you, sign a form with this statement:

"I understand that due to my occupational exposure to blood or other potentially infectious materials 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 to myself. However, I decline 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 in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me."

**Helpful tool:**

**Sample declination form:**

The declination form can help you document employees who have declined the hepatitis B vaccine. You can find a copy of this form in the resource section of this chapter.

**WAC 296-823-13010 Obtain a copy of the health care professional's written opinion for hepatitis B vaccination and provide it to the employee.**

(1) You must obtain and provide the employee a copy of the evaluating health care professional's written opinion for hepatitis B vaccination within fifteen days of the employee's evaluation.

**Note:**
1. If the health care professional provides the written opinion directly to the employee, you do not need to do so.
2. If the employee's personal health care professional completes the evaluation, you are not required to obtain the health care professional's written opinion.

(2) You must make sure the health care professional's written opinion is limited to whether a hepatitis B vaccination is indicated and if the employee has received this vaccination.

(3) You must make sure that all other findings or diagnoses remain confidential and are not included in the written report.

**Reference:** Requirements for the health care professional's written opinion on post-exposure evaluation can be found in WAC 296-823-16030.

**Helpful tool:**

**Health care professional's written opinion for post-exposure evaluation and health care provider's written opinion for hepatitis B vaccination.**

These forms are available for your use in the resource section of this chapter.

**WAC 296-823-140 Control employee exposure.**

**Summary**

**Your responsibility:**

To use feasible controls to eliminate or minimize occupational exposure to blood or other potentially infectious materials (OPIM).
Important:

If occupational exposure remains after implementing these controls, personal protective equipment must be used. See WAC 296-823-150, Personal protective equipment.

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<td>Prohibit pipetting or suctioning by mouth</td>
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<td>Place specimens in an appropriate container</td>
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WAC 296-823-14005 Use feasible controls, including appropriate equipment and safer medical devices, to eliminate or minimize occupational exposure.

(1) You must use appropriate equipment and safer medical devices to eliminate or minimize employee exposure.

(2) You must use work practices designed to eliminate or minimize employee exposure.

(3) You must examine and maintain or replace equipment and safer medical devices on a regular schedule to make sure they remain effective.

Note: 1. Examples of appropriate equipment include:
   a. Sharps containers;
   b. Biosafety cabinets;
   c. Splash guards;
   d. Centrifuge cups;
   e. Specimen storage and transport containers.
2. Examples of safer medical devices include:
   a. Sharps with engineered sharps injury protections (SESIP);
   b. Needleless systems;
   c. Blunt suture needles;
   d. Plastic capillary tubes.
3. Examples of work practices include:
   a. No-hands procedures in handling contaminated sharps;
   b. No hand-to-hand instrument passing.

**WAC 296-823-14010 Handle contaminated sharps properly and safely.**

(1) You must make sure that you don't bend, recap, or remove contaminated needles or other contaminated sharps unless you can demonstrate that there is no feasible alternative or that it's required by a specific medical or dental procedure.

Bending, recapping or needle removal must be done by using a mechanical device or a one-handed technique.

**Note:** Demonstrating that no alternative to bending, recapping, or removing contaminated sharps is feasible, may be accomplished through written justification, supported by reliable evidence, in your exposure control plan.

(2) You must make sure you don't shear or break contaminated needles.

**WAC 296-823-14015 Handle reusable sharps properly and safely.**

(1) You must place contaminated reusable sharps immediately, or as soon as possible after use, in appropriate containers until properly decontaminated. Containers must be all of the following:

   a. Puncture resistant;
   b. Labeled or color-coded as described in this chapter;
   c. Leakproof on the sides and bottom;
   d. Meet the same requirements as the container for disposable sharps, except they do not need to be closable.

(2) You must store or process contaminated reusable sharps so employees aren't required to reach into the container or sink by hand.

(3) You must make sure reusable sharps containers aren't opened, emptied, or cleaned manually or in any other manner that would expose employees to contaminated sharps.

**Reference:** Requirements for appropriate labels and color-coding are found in WAC 296-823-14025.
WAC 296-823-14020 Minimize splashing, spraying, splattering, and generation of droplets.

You must make sure all procedures involving blood or OPIM are performed so splashing, spraying, spattering, and generation of droplets are minimized.

Examples include:

1. Appropriate operation and use of recommended controls for surgical power tools, lasers and electrocautery devices.
2. Use of personal protective equipment when contact with blood or OPIM is reasonably anticipated.
3. Making sure cleaning procedures do not generate unnecessary splashes, spraying, spattering, or generation of droplets.

WAC 296-823-14025 Make sure items are appropriately labeled.

EXEMPTIONS: The following are exempt from the labeling requirements of this chapter:

1. Individual containers placed in an appropriately labeled secondary container.
2. Regulated waste that has been decontaminated.
3. Containers of blood, blood components, or blood products that are labeled with their contents and have been released for transfusion or other clinical use.
4. Extracted teeth, gallstones, kidney stones, or other tissues and body substances that are given to patients.

1) You must attach appropriate labels to:

(a) Containers used to store, transport, or ship blood or other potentially infectious materials (OPIM) including:

   (i) Refrigerators;
   (ii) Freezers.

(b) Sharps containers;
(c) Contaminated equipment;
(d) Laundry bags and containers;
(e) Specimen containers;
(f) Regulated waste containers.

2) You must make sure that labels:
(a) Include the following symbol:

(b) Are all or mostly fluorescent orange or orange-red with lettering and symbol in a contrasting color.

(c) Are attached to the container by string, wire, adhesive, or other method so they can't become lost or accidentally removed.

Note: Red bags or red containers may be substituted for labels as long as they're:

1. Covered in the exposure control plan.

2. Communicated to all affected employees (including employees of laundry services, disposal services, and transport companies) whether they're your employees or not.

3. The label does not always need to be attached to each individual container.

4. For example, a cart carrying specimen containers could be labeled, rather than each individual container.

WAC 296-823-14030 Make sure employees clean their hands.

(1) You must provide handwashing facilities that are readily accessible to employees, wherever feasible. If handwashing facilities are not feasible, provide either one of the following:

(a) Antiseptic towelettes;

(b) Antiseptic hand rub product along with clean cloth/paper towels.

(2) You must make sure employees clean their hands as soon as feasible after removing gloves and whenever there is the potential for contact with blood or other potentially infectious materials (OPIM).

(3) You must make sure employees do one of the following:

(a) Wash with soap and water;

(b) Use an appropriate waterless antiseptic hand rub product or towelettes, provided there are no signs of visible contamination;

(c) Use an appropriate waterless antiseptic hand rub product or towelettes followed by washing with soap and water as soon as possible, when hands are visibly contaminated and handwashing facilities are not immediately available.
Note: An appropriate waterless antiseptic hand rub product is one that contains a 60-95% alcohol solution (isopropanol or ethanol).

(4) You must make sure employees wash any skin with soap and water, or flush mucous membranes with water as soon as feasible following contact with blood or OPIM.

WAC 296-823-14035 Prohibit food, drink, and other personal activities in the work area.

(1) You must make sure eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is occupational exposure.

(2) You must make sure food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where there is a potential for exposure to blood or other potentially infectious materials (OPIM).

WAC 296-823-14045 Place specimens in an appropriate container.

(1) You must place specimens of blood or other potentially infectious materials (OPIM) in an appropriate container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

(2) You must make sure the container is properly labeled or color-coded and closed before being stored, transported, or shipped.

(a) If outside contamination of the container occurs, the container must be placed inside a second container that prevents leakage and is properly labeled or color-coded;

(b) If the specimen could puncture the container, the container must be placed inside a second container that:

(i) Is puncture-resistant;

(ii) Prevents leakage during handling, processing, storage, transport, or shipping;

(iii) Is properly labeled or color-coded.

EXEMPTIONS: 1. When your facility handles all specimens using universal precautions or other equivalent infection control systems, you don't have to label/color-code specimens as long as the containers can be recognized as containing specimens.

2. This exemption only applies while these specimens_containers remain within the facility. Proper labeling or color-coding is required when specimens_containers leave the facility.

Reference: Requirements for appropriate labels and color-coding are found in WAC 296-823-14025.
Helpful tool:

Guidance on the handling and storage of criminal evidence

This tool contains information about the handling and storage of criminal evidence. Criminal evidence contaminated with blood or OPIM is considered a specimen under the scope of this chapter. You can find a copy of this tool in the resource section of this chapter.

WAC 296-823-14050 Examine and label contaminated equipment.

(1) You must examine equipment which could become contaminated with blood or other potentially infectious materials (OPIM) before servicing or shipping.

(a) Decontaminate this equipment and its parts as necessary unless you can demonstrate that decontamination isn't feasible.

(b) Attach an easily seen biohazard label to the equipment stating which portions remain contaminated.

Reference: Requirements for appropriate labels and color-coding are found in WAC 296-823-14025.

(2) You must make sure that information on contaminated equipment is communicated to all affected employees, the servicing representative, and the manufacturer as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

WAC 296-823-14055 Make sure your worksite is maintained in a clean and sanitary condition.

(1) You must develop an appropriate written schedule for cleaning and decontamination based upon the following:

(a) The location within the facility;

(b) Type of surface to be cleaned;

(c) Type of contamination present;

(d) Tasks or procedures being performed in the area.

(2) You must clean and decontaminate environmental and working surfaces and all equipment after contact with blood or other potentially infectious materials (OPIM).

(3) You must decontaminate work surfaces with an appropriate disinfectant at these times:

(a) After completion of a procedure;

(b) Immediately or as soon as possible when surfaces are clearly contaminated or after any spill of blood or OPIM;

(c) At the end of the workshift if the surface could have become contaminated since the last cleaning.
(4) You must remove and replace protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, as soon as possible:

(a) When they clearly become contaminated;

(b) At the end of the workshift if they could have become contaminated during the shift.

(5) You must inspect and clean (on a regularly scheduled basis) all bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM.

Clean and decontaminate these types of receptacles immediately or as soon as possible when they are visibly contaminated.

(6) You must use a brush and dustpan, tongs, forceps, or other mechanical means to clean up broken glassware that may be contaminated.

Note: 1. An appropriate disinfectant is one that is effective against tuberculosis or HBV and HIV such as:

a. Diluted bleach solution (1:10 or 1:100).

   i. Use the 1:10 bleach solution for spills and the 1:100 bleach solution for routine cleaning.

   ii. You can make your own bleach solution. Using household bleach (5.25% sodium hypochlorite) follow these directions:

   iii. For a 1:100 solution add 2 teaspoons (10 ml) to a container, then add water to make a quart (946 ml).

   iv. For a 1:10 solution, add 1/3 cup (79 ml) and 1 tablespoon (15 ml) in a container, then add water to make a quart (946 ml).

b. EPA registered:

   i. EPA registered tuberculocidals (List B).

   ii. Sterilants (List A).

   iii. Products registered against HIV/HBV (List D).

2. Any of the above products are considered effective when used according to the manufacturers' instructions. Higher level disinfection may be required depending on the agent or level of decontamination.

Reference: These lists are available from the EPA Office of Pesticides, antimicrobial pesticides web site at http://www.epa.gov/oppad001/.

WAC 296-823-14060 Handle regulated waste properly and safely.

(1) You must discard contaminated sharps immediately, or as soon as possible, in containers that are all of the following:

(a) Closable;

(b) Puncture resistant;

(c) Leakproof on sides and bottom;

(d) Appropriately labeled or color-coded;
(e) Easily accessible to personnel;

(f) Located as close as feasible to the immediate area where sharps are
used or areas sharps can be reasonably anticipated to be found (for
example, laundries);

(g) Maintained upright throughout use;

(h) Replaced routinely and not allowed to overfill.

EXEMPTIONS: Work areas such as correctional facilities, psychiatric units, pediatric units,
or residential homes may have difficulty placing sharps containers in the
immediate use area. In such situations, alternatives such as using lockable
containers or bringing containers in and out of the work area may be used.

Note: For additional information on placement and use of sharps containers see Selecting,
Evaluating, and Using Sharps Disposal Containers, NIOSH Publication 97-111,
January 1998. You can obtain a copy of this publication by calling 1-800-35-NIOSH
or get an electronic version in pdf at http://www.cdc.gov/niosh/docs/97-111/.

(2) You must make sure when you move containers of contaminated sharps,
the containers are:

(a) Closed prior to removal or replacement to prevent spilling or protrusion
of contents during handling, storage, transport, or shipping; and

(b) Placed in a secondary container, if leaking is possible. The second
container must be:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage during
handling, storage, transport, or shipping;

(iii) Appropriately labeled or color-coded.

(3) You must make sure regulated waste other than sharps is placed in
containers that are all of the following:

(a) Closable;

(b) Constructed to contain all contents and prevent leakage of fluids during
handling, storage, transport, or shipping;

(c) Closed prior to removal to prevent spillage or protrusion of contents
during handling, storage, transport, or shipping;

(d) Placed in a second container if outside contamination of the primary
regulated waste container occurs.

(4) You must make sure the second container is appropriately labeled or
color-coded.

(5) You must dispose of all regulated waste according to applicable state
and county regulations.
WAC 296-823-14065 Handle contaminated laundry properly and safely.

(1) You must handle laundry contaminated with blood or other potentially infectious material (OPIM) as little as possible and with a minimum of agitation.

(2) You must bag contaminated laundry or put it into a container at the location where it was used.

(a) Do not sort or rinse at the location of use.

(b) Place and transport contaminated laundry in bags or containers that are properly labeled or color-coded.

(c) If your facility ships contaminated laundry off-site to a second facility that doesn't use an infection control or isolation system when handling all of their soiled laundry, your facility must place the laundry in red bags or containers that are appropriately labeled.

Note: If your facility uses an infection control or isolation system in the handling of all soiled laundry, you can use alternative labeling or color-coding so employees recognize that the containers need to be handled using these precautions.

Reference: Requirements for appropriate labels and color-coding are found in WAC 296-823-14025 of this chapter.

(3) You must place and transport wet contaminated laundry that is likely to soak through or leak to the outside, in bags or containers that will prevent such leakage.

Reference: You need to follow additional requirements to make sure that employees who have contact with contaminated laundry wear protective gloves and other personal protective equipment (PPE) as appropriate, see WAC 296-823-150, Personal protective equipment.

WAC 296-823-150 Personal protective equipment (PPE).

Summary

Your responsibility:

To provide and make sure personal protective equipment is used when work practices and controls will not fully protect your employees from the risk of exposure to blood or other potentially infectious materials.

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WAC 296-823-15005 Provide and make sure personal protective equipment is used when there is occupational exposure.

(1) You must provide at no cost to employees, appropriate personal protective equipment such as:

(a) Gloves;
(b) Gowns;
(c) Laboratory coats;
(d) Face shields or a combination of masks and eye protection;
(e) Mouthpieces;
(f) Resuscitation bags;
(g) Pocket masks;
(h) Other ventilation devices.

Note: PPE is considered "appropriate" only if it does not permit blood or other potentially infectious materials (OPIM) to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(2) You must make sure that employees use appropriate PPE.

(a) In rare and extraordinary circumstances, employees can briefly and temporarily choose not to use PPE. If in their professional judgment, they believe that using PPE would prevent the delivery of health care or public safety services or pose an increased hazard to themselves or co-workers.

(b) If the employee makes this judgment, you must investigate and document to determine if changes can be made to prevent future occurrences of the same situation.

(3) You must make sure that appropriate PPE, in sizes to fit your employees, is readily accessible at the worksite or issued to employees.

(4) You must make sure employees remove all PPE before leaving the work area.

WAC 296-823-15010 Make sure gloves are worn.

(1) You must make sure gloves appropriate to the situation are worn when:

(a) It can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials (OPIM), mucous membranes, or skin that is not intact;

(b) Handling or touching contaminated items or surfaces;

(c) Performing vascular access procedures, for example, drawing blood or inserting an IV.
(2) You must do the following when you are an employer in a volunteer blood donation center and you make the judgment that employees do not require routine use of gloves when performing phlebotomies:

(a) Periodically reevaluate your decision not to require gloves;

(b) Make gloves available to all employees who wish to use them for phlebotomy (blood drawing);

(c) Do not discourage the use of gloves for phlebotomy;

(d) Require that gloves be used for phlebotomy in any of the following circumstances:

(i) When the employee has a cut, scratch, or other break in the skin of his or her hand or wrist;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative individual;

(iii) When the employee is receiving training in phlebotomy.

(3) You must make sure employees who are allergic to the gloves that are normally provided have ready access to at least one of the following:

(a) Nonlatex gloves;

(b) Glove liners;

(c) Powderless gloves;

(d) Other similar alternatives.

(4) You must replace disposable (single use) gloves such as surgical or examination gloves:

(a) As soon as practical when contaminated;

(b) As soon as practical if they are torn or punctured;

(c) When their ability to function as a barrier is compromised.

(5) Make sure disposable (single use) gloves are used only once.

(6) Discard utility gloves if they are cracked, peeling, torn, punctured, or show other signs of deterioration or when their ability to function as a barrier is compromised.

You may decontaminate utility gloves for reuse if they can continue to function as a barrier.

WAC 296-823-15015 Make sure appropriate masks, eye protection, and face shields are worn.

You must make sure either chin-length face shields or a combination of masks and eye protection are used, whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials (OPIM) may be
generated and eyes, nose, or mouth contamination can be reasonably anticipated.

Note: Examples of eye protection devices include goggles and glasses with solid side shields.

WAC 296-823-15020 Wear appropriate protective clothing.

(1) You must make sure appropriate protective clothing is worn when splashes to skin or clothes are reasonably anticipated. The type and characteristics will depend upon the sort of work being done and how much exposure is anticipated.

Note: Examples of protective clothing include:

1. Gowns;
2. Aprons;
3. Lab coats;
4. Clinic jackets;
5. Similar outer garments;
6. Surgical caps or hoods;
7. Shoe covers or boots.

(2) You must remove a garment as soon as feasible if blood or other potentially infectious materials (OPIM) penetrate it.

WAC 296-823-15025 Make resuscitator devices available.

You must make resuscitator (emergency ventilation) devices readily available and accessible to employees who can reasonably be expected to perform resuscitation procedures.

Note: Examples of resuscitator devices include:

1. Masks;
2. Mouthpieces;
3. Resuscitation bags;
4. Shields/overlay barriers.

WAC 296-823-15030 Maintain personal protective equipment.

(1) You must clean, repair, replace, launder, and dispose of personal protective equipment required by this chapter, at no cost to the employee.

(2) You must make sure when PPE is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Note: Contaminated personal clothing is considered PPE for the purposes of this section.

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.
3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The executive director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline pursuant to RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.


STATE OF WASHINGTON
DEPARTMENT OF HEALTH
DENTAL QUALITY ASSURANCE
COMMISSION

[Signature]
TRINA CRAWFORD
EXECUTIVE DIRECTOR

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ALAN C. ANDERSON, WSBA #20665
ASSISTANT ATTORNEY GENERAL