Weekend 4 · Chapter 19 — Infection Control & Compliance

DRAFT — authored 2026-10-21 for Mark Thoreson's review. Not for student release until approved. Program: WPTC | ASDS Dental Assistant Program — Infection Control & Occupational Safety Format follows the Weekend 4 package structure: instructional content · worksheets · case study · knowledge check · reflection · instructor answer key (instructor-side only).

Why this chapter exists: Weekends 1–3 taught you *how* to do infection control — hand hygiene, PPE, sterilization, surface disinfection. This chapter teaches the system those skills live inside: the written plans, the logs, the training records, and the federal rules that make an office's infection control *provable*. An office that does everything right but can document nothing is, to an OSHA inspector and to a courtroom, an office that did nothing. This chapter also does double duty: it is written to serve as the bloodborne-pathogens training content for ASDS onboarding (see 19.10), so the standard you learn here is the same standard ASDS will hold you to as a working temp.

Learning Objectives

By the end of this chapter you will be able to:

1. State what the OSHA Bloodborne Pathogens standard requires of a dental employer, and explain why it is an employer *training* obligation — not a certification — with no certifying body.
2. Recite and explain the 14 required training elements of 29 CFR 1910.1030(g)(2), and the annual-training and interactive-question requirements that come with them.
3. Describe the Exposure Control Plan: its required contents, who

matching the training-record retention in 19.9, so a complete audit window always exists. A log filled in at the end of the week from memory is a falsified record; log at the sterilizer, at the time.

19.8 Immunization for Dental Healthcare Personnel

Infection control protects patients from you and you from patients — vaccination is the layer that works before any exposure happens.

- **Hepatitis B** is the occupational cornerstone. OSHA requires the employer to **offer the vaccine series at no cost within 10 working days** of assignment to a job with occupational exposure, after the employee has received BBP training. The current adult series is 2 or 3 doses depending on the product. **Post-vaccination testing** (anti-HBs antibody titer) is drawn **1–2 months after the final dose** to confirm immunity — a completed series without a confirming titer is an unfinished record. Non-responders after a second series are tested for HBsAg and managed per CDC guidance; documented non-responders need to know their status because it changes post-exposure management (HBIG).
- **Declination form.** An employee may decline the vaccine — but only by signing the declination statement whose wording OSHA prescribes in the standard's appendix. The form states the employee understands the risk and that they may still opt for vaccination later at no cost. A verbal "no thanks" is not a declination, and a signed declination is not a door closed forever.
- **Influenza** — annual vaccination is recommended by CDC for all healthcare personnel; it is the second immunization the ICE outline names, and many offices track it alongside hepatitis B.
- **The wider CDC-recommended set** for healthcare personnel also includes Tdap, MMR, varicella, and COVID-19 per current schedules; offices commonly request documentation of these at hire. Keep your own immunization records permanently — unlike office logs, they follow *you* from job to job.

As a student: before clinical externship placement, your hepatitis B series status (or signed declination) and titer result are part of your readiness

file, and ASDS onboarding checks the same record.

19.9 Records and Retention

- **Training records (1910.1030(h)(2))** must include: the dates of each training session; the contents or a summary of the training; the name and qualifications of the person conducting it; and the names and job titles of all persons attending. **Training records are kept for 3 years** from the date training occurred.
- **Medical records** (vaccination status, post-exposure evaluations) are kept for the duration of employment **plus 30 years**, kept confidential, and never disclosed without the employee's written consent except as the standard requires.
- **Sharps injury log** entries are maintained as part of the medical/exposure record system and reviewed at the ECP's annual review.

Know which clock applies to which record — the knowledge check will ask, and so will an inspector.

19.10 Hazard Communication — SDS and Secondary Containers

The OSHA **Hazard Communication standard** (29 CFR 1910.1910-aligned; dental offices meet it daily through disinfectants, etchants, amalgam, nitrous oxide, and sterilants) guarantees your *right to know and understand* the chemicals you work with. Two parts matter at the chair:

- **Safety Data Sheets (SDS).** A 16-section standardized document for every hazardous chemical in the office. The sections you will actually use: §2 hazards identification, §4 first aid, §7 handling and storage, §8 exposure controls/PPE. SDSs must be **readily accessible during every shift** — binder or electronic, but reachable without asking a manager and without a password hunt. "The SDS is in the locked office" is a citation.
- **Secondary container labeling.** Any time a chemical leaves its original container — a spray bottle of surface disinfectant, a

squeeze bottle of etchant — the new container must be labeled with the product identifier and hazard information (words, pictograms, or both per the standard). The only exception is a container in **immediate use** by the person who filled it, under their control, emptied by end of shift. The unlabeled spray bottle under every dental sink in America is a violation with a sprayer on top.

19.11 Medical-History Review — Your Part in It

The assistant's medical-history role is structured and specific: you obtain, update, and *flag* — the dentist interprets and decides. Two flag categories belong to this chapter:

- **Allergy and sensitivity flags. Latex and vinyl sensitivity** head the list for infection control: a latex-allergic patient changes your glove selection, dam material, and operatory setup; a latex-allergic *coworker* changes the whole office's glove purchasing. Record allergies exactly as reported, verify at each visit ("any changes to your health or medications since we last saw you?"), and flag the chart prominently — a sensitivity buried in a scanned form protects no one. Also flag prior adverse reactions to dental products and medications during history review (ICE Domain I tests exactly this).
- **Infection-relevant flags.** Active lesions, a current communicable illness, immune compromise, and recent hospitalizations don't cancel treatment by themselves — they change precautions, scheduling, and sometimes the treatment plan itself. Your job is accurate capture and prompt escalation to the dentist, never independent judgment about whether the patient "looks fine."

Confidentiality applies in full: a medical history is protected health information, handled under the HIPAA standards from Module 1.

19.12 The Four Agencies — Who Actually Controls What

Exam questions and real inspections both test whether you can sort the agencies. Commit this table to memory:

Agency	What it is	What it controls in dentistry	Law or guideline?
OSHA	Federal (and state-plan) workplace-safety regulator	Bloodborne Pathogens, Hazard Communication, PPE, recordkeeping — worker protection	**Regulation** — enforceable, fines
CDC	Public-health agency	The dental infection-contr	**Guideline** — not law

Agency	What it is	What it controls in dentistry	Law or guideline?
		ol guidelines (2003 Guidelines; 2016 Summary of Infection Prevention Practices) the profession follows	; becomes binding when OSHA or a state board references it
EPA	Environment	**Registers** surface	**Regulatio**

Agency	What it is	What it controls in dentistry	Law or guideline?
	al regulator	disinfectants (the EPA registration number on the label is why you follow that label's contact time) and regulates medi	n

Agency	What it is	What it controls in dentistry	Law or guideline?
		cal/dental **waste** handling and disposal	
FDA	Product regulator	**Clears/approves** medical and dental devices — sterilizers, gloves, masks, barri	**Regulation** (product clearance)

Agency	What it is	What it controls in dentistry	Law or guideline?
		ers, handpieces	

The one-line version: **OSHA protects the worker, CDC advises the profession, EPA registers the chemicals and governs the waste, FDA clears the devices.** Follow CDC guidelines because they are the accepted standard of care — and know that the citation, when one comes, usually arrives wearing OSHA's name.

19.13 This Chapter's Second Job — ASDS Onboarding

This chapter was authored once to be used twice. Its content is also the **ASDS onboarding bloodborne-pathogens training**: every ASDS temp completes it (or its onboarding delivery) before placement, and the ASDS compliance gate will not clear without it.

What that means concretely:

- The **platform generates the (h)(2) training record** from your completion: session date, content summary (this chapter's elements), trainer qualification, and your name and role — formatted to the standard in 19.9 and retained for 3 years.
- The **interactive Q&A element** (element 14) is satisfied through the instructor-led session in the program and, in onboarding delivery, through a scheduled live Q&A with a qualified trainer — recorded as part of the training event. A module completed alone at midnight with no questions channel does not meet the standard, and the platform is built to not pretend otherwise.

- The same training is also sold on its own to dental professionals who never onboard with ASDS — what they are buying is this content and its compliant record, and it is described to them exactly as it is described to you: OSHA-required training with a proper record. Never a "certification."

Worksheet 19-A — Audit the Log

Your instructor provides a sterilization log page covering two weeks and two sterilizers, with six planted defects (examples of what to find: a missing weekly spore test for one unit, a load with no integrator result recorded, entries initialed in identical handwriting for days the operator was absent, a positive-test annotation with no follow-up entry, a gap in load numbering, a log page completed in a single ink color at week's end).

1. List each defect, the section of this chapter it violates, and the risk it creates.
2. For the positive spore test with no follow-up: write the complete corrective sequence that should appear in the record (19.7).
3. State which defects are *documentation* failures only, and which indicate a possible patient-safety event — and why the distinction changes the response.

Worksheet 19-B — Map the Fourteen

For each of the 14 training elements in 19.2.1, write (a) where in this chapter (or your earlier weekends) the element was covered, and (b) one sentence on what goes wrong in a real office when that element is skipped. Element 14 requires your instructor's participation: bring one written question about this chapter's content to the session and record the answer you received.

Case Study 19-C — The Unlabeled Bottle and the Small Stick

On a busy hygiene day, assistant M draws up surface disinfectant into a clear spray bottle from the bulk container, sets it on the counter unlabeled "just for today," and moves on. An hour later, seating a patient, M sustains a small needlestick through a glove while passing a used syringe to the tray — no blood visible on the glove. M rinses it quickly, says nothing ("it's nothing, and we're already behind"), and finishes the day. The office's last spore test for Sterilizer #2 was three weeks ago; nobody noticed because the log is kept in a drawer and reviewed "when there's time."

1. Identify every standard violated in this scenario, element by element (BBP, HazCom, monitoring schedule, reporting).
2. Walk the correct post-exposure sequence for M from the moment of the stick — what was lost by the delay and the silence?
3. The unlabeled bottle: why does "just for today" fail the immediate-use exception as the day actually unfolded?
4. Design the QA response (19.6): what gets documented, what gets reviewed, and what system changes — not individual blame — prevent the three-week spore gap from recurring?

Knowledge Check — Chapter 19

1. Bloodborne-pathogens training is best described as: (a) a certification issued by a national body (b) an OSHA employer requirement with a training record — there is no certifying body (c) a state board license (d) optional for dental assistants.
2. BBP training must occur: (a) once, at hire (b) every 5 years (c) at initial assignment and at least annually (d) only after an exposure.
3. The 14 required training elements are found in: (a) the CDC Guidelines (b) 29 CFR 1910.1030(g)(2) (c) the Exposure Control Plan (d) the SDS.
4. An Exposure Control Plan must be: (a) kept in the dentist's home (b) reviewed at least annually and accessible to employees during their shift (c) written by OSHA (d) revised only after an injury.

must be able to read it, and when it must be reviewed.
4. Perform the post-exposure protocol in order: first aid, reporting, medical evaluation and follow-up, and documentation.
5. Run and record sterilization monitoring correctly — biological monitoring (spore tests), chemical integrators — and complete a sterilization log that would survive an audit.
6. Document an infection-control breach and explain how breach records feed quality assurance / quality improvement.
7. Locate and read a Safety Data Sheet, and label a secondary container correctly under the Hazard Communication standard.
8. Distinguish the four agencies — OSHA, CDC, EPA, FDA — by what each one actually controls, and tell a *guideline* from a *regulation*.
9. Explain the immunization expectations for dental healthcare personnel: hepatitis B vaccination and post-vaccination testing, the declination form, and annual influenza vaccination.
10. Review a medical history for infection-control-relevant flags — including latex/vinyl sensitivity — and state what the assistant does with what they find.
11. State the training-record retention rules and explain how the platform generates the record your own training creates.

19.1 The Regulatory Frame — and the One Sentence to Remember

Dental infection control in the United States runs on two different kinds of authority, and confusing them is the most common compliance error in the field:

- **Regulations** are law. They are written by government agencies, they are enforceable, and violating them carries penalties. In dentistry, the regulations that govern infection control come chiefly from **OSHA** (worker safety) and from state boards and state plans.
- **Guidelines** are expert recommendations. The **CDC** publishes the dental infection-control guidelines the whole profession follows — but the CDC cannot fine anyone. Guidelines become enforceable only when a regulation or a state board adopts them.

5. After a needlestick, the first steps are: (a) finish the procedure, then wash (b) wash immediately with soap and water, then report to the designated person (c) apply a bandage and report at end of shift (d) test the employee first, wash later.
6. A positive spore test requires: (a) nothing if the integrator passed (b) re-running the same load (c) taking the sterilizer out of service, investigating, repeating the test with a control, and documenting each step (d) discarding the test vials.
7. Training records under (h)(2) are kept for: (a) 1 year (b) 3 years (c) 30 years (d) the length of the employee's shift.
8. A secondary (spray) bottle of disinfectant must: (a) be labeled only if it leaves the building (b) carry the product identifier and hazard information unless it is in one person's immediate use and emptied by end of shift (c) be labeled in pencil (d) never be used in dentistry.
9. Which pairing is correct: (a) CDC — issues fines for BBP violations (b) EPA — registers surface disinfectants (c) FDA — writes the BBP standard (d) OSHA — publishes the dental infection-control guidelines.
10. A new assistant declines the hepatitis B vaccine. The compliant record is: (a) a verbal note in the schedule (b) nothing — declining needs no record (c) the signed OSHA declination statement, with vaccination still available later at no cost (d) termination paperwork.

Pass standard: 80% (8 of 10).

Reflection

Somewhere this year, a tired version of you will be tempted to skip a step in this chapter — the log line, the label, the report of a small stick. Write 5–8 sentences: which step do you honestly think you're most likely to skip, what does this chapter say that step protects, and what personal rule will you set now, while you're not tired, that your future self can follow on autopilot?

Here is the sentence to remember, because patients, coworkers, and even some offices get it wrong:

Bloodborne-pathogens (BBP) training is an OSHA employer requirement. It is not a certification. There is no certifying body, no registry, and no such thing as being "BBP certified."

When you complete this training, what exists is a *training record* — proof that a named employer (or program) delivered training covering required content, on a date, to a named employee, with an opportunity to ask questions. Anyone who sells you a "BBP certification card" is selling you a piece of plastic. What protects you — legally and physically — is the training itself and the record of it. This program will never call it anything else, and neither should you.

19.2 The OSHA Bloodborne Pathogens Standard — 29 CFR 1910.1030

The Bloodborne Pathogens standard is the federal rule that protects workers who may contact blood or other potentially infectious materials (OPIM) on the job — which includes every dental assistant, hygienist, and dentist, because saliva in dentistry is treated as OPIM.

The standard obligates the **employer** to, among other things:

- Maintain a written **Exposure Control Plan** (19.3).
- Provide **engineering controls** (sharps containers, safer devices) and **work practice controls** (no two-handed recapping, no bending sharps) that reduce exposure.
- Provide **PPE at no cost** to the employee, in appropriate sizes, and launder contaminated work clothing.
- Offer the **hepatitis B vaccination** at no cost, within 10 working days of assignment to a job with occupational exposure (19.8).
- Train every employee with occupational exposure **at hire and at least annually thereafter**, during working hours, at no cost

(19.2.1).

- Provide **post-exposure evaluation and follow-up** at no cost after any exposure incident (19.4).
- Keep **medical records and training records** for the periods the standard sets (19.9).

Wyoming note: Wyoming operates its own OSHA-approved state plan covering private employers, so in practice a Wyoming dental office answers to Wyoming OSHA applying standards at least as protective as the federal rule. The content in this chapter teaches the federal standard as the floor.

19.2.1 The 14 Required Training Elements — (g)(2)

Paragraph (g)(2) of the standard lists exactly what BBP training must contain. An employer's training is compliant only if **all fourteen** elements are covered — this is why "we watched a video once" is not training. Learn them as four groups:

The standard itself 1. An accessible copy of the text of the standard (1910.1030) and an explanation of its contents. 2. The location and availability of the employer's written Exposure Control Plan.

The hazard 3. A general explanation of the epidemiology and symptoms of bloodborne diseases. 4. An explanation of the modes of transmission of bloodborne pathogens. 5. Recognition of tasks and other activities that may involve exposure to blood and OPIM.

The controls 6. An explanation of the use and limitations of methods that will prevent or reduce exposure — engineering controls, work practice controls, and PPE. 7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE. 8. Information on the basis for selecting PPE.

The safety net 9. Information on the hepatitis B vaccine — its efficacy, safety, method of administration, benefits of vaccination, and that it is offered free of charge. 10. An explanation of the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.

11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up that will be made available. 12. Information on the post-exposure evaluation and follow-up the employer must provide. 13. An explanation of the signs, labels, and color coding required by the standard (biohazard labels, red bags/containers). 14. An opportunity for **interactive questions and answers** with the person conducting the training.

Two structural requirements ride along with the fourteen elements:

- **Annual training.** Training happens at initial assignment and at least every 12 months after. Annual sessions may cover less ground than the initial session only if they still address the required elements and reflect the employee's duties — in practice, offices run a full annual refresher, and so does ASDS.
- **Interactive Q&A.** Element 14 is not decoration: training that offers no way to ask a person questions does not meet the standard. A video or module alone is incomplete unless a knowledgeable person is available to answer questions. In this program, your instructor is that person — use the opportunity; the knowledge check at the end of this chapter does not replace it.

19.3 The Exposure Control Plan

The **Exposure Control Plan (ECP)** is the office's written, site-specific plan for eliminating or minimizing occupational exposure. It is the single most-requested document in an OSHA inspection. Required contents:

- **Exposure determination** — a list of job classifications in which all employees have occupational exposure, classifications in which some employees do, and the tasks/procedures in which exposure occurs.
- **Schedule and method of implementation** — how the office implements each part of the standard: methods of compliance, hepatitis B vaccination and post-exposure follow-up, hazard communication and training, and recordkeeping.
- **Procedures for evaluating exposure incidents** — how the

circumstances of any exposure are investigated and documented.

- **Documentation of required reviews** — the plan must be reviewed and updated **at least annually**, and whenever tasks, procedures, or positions change in ways that affect exposure. The annual review must consider safer medical devices and must document the solicitation of input from non-managerial frontline employees — the people actually handling the sharps get a say in which devices are chosen. That input is not optional courtesy; it is a written requirement.

Accessibility: the ECP must be accessible to every employee — staff must know where it lives (binder, shared drive) and be able to read it during their shift without asking permission. An exposure control plan locked in a manager's office fails the standard. When you start at a new office — including on an ASDS assignment — your first-week questions should include: *Where is the Exposure Control Plan? Where are the sharps containers and the eyewash? Who do I report an exposure to?* (Element 10 and 11 knowledge, applied.)

19.4 Post-Exposure Protocol

An **exposure incident** is a specific eye, mouth, other mucous-membrane, non-intact-skin, or parenteral (needlestick, cut) contact with blood or OPIM. When it happens, the sequence matters, and it is timed in minutes, not days:

1. **First aid, immediately.** Wash needlesticks and cuts with soap and water. Flush mucous membranes (eyes, nose, mouth) with water or saline — the eyewash station is for this moment. Do not "finish the procedure first."
2. **Report immediately** to the designated person named in the ECP (office manager, dentist, or safety officer). Timing drives everything downstream; a report delayed to end-of-shift can compromise testing windows.
3. **Document the incident** (19.5): routes of exposure, circumstances, task being performed, device involved, PPE worn.
4. **Identify the source patient**, as permitted by law, and arrange

testing of the source's blood (HBV, HCV, HIV) with consent as state law requires.

5. **Medical evaluation and follow-up at no cost to the employee**, by a licensed healthcare professional: the exposed employee's blood is collected and tested (with consent), post-exposure prophylaxis is offered when medically indicated (HIV PEP is time-critical — most effective within hours, and must start within 72 hours), and counseling is provided.
6. **Written medical evaluation** from the evaluating professional, limited to whether the employee was informed of the results and of any medical conditions resulting from exposure requiring further evaluation or treatment — the employer does **not** receive the employee's diagnoses.
7. **Sharps injury log** entry for percutaneous injuries from contaminated sharps (device type/brand, work area, explanation of how it happened) — this log feeds the ECP's annual review and safer-device selection.

Your role as the assistant in all of this: act fast, report faster, document honestly, and never talk yourself out of reporting a "small" stick. There is no minor exposure — only reported ones and unreported ones.

19.5 Documentation — Breaches, Incidents, and the Paper Trail

Infection control runs on records. Beyond the exposure documentation above, three record types carry the compliance weight of this chapter:

- **Exposure incident reports** — the circumstances of every exposure incident are investigated and documented as part of the post-exposure procedure (19.4, steps 3–4).
- **Infection-control breach documentation.** A *breach* is any break in protocol that could expose a patient or worker: a sterilization failure discovered after instruments were used, a lapsed spore test, a contaminated instrument found in a sterile pack, a PPE or hand-hygiene failure during care. The record names what happened, when it was discovered, who/what was affected, what

corrective action was taken, and what changed to prevent recurrence. Breaches are documented **without blame language** — behaviors and facts, not character (the same documentation standard as Chapter 14's evaluation forms).
- **The sharps injury log** (19.4, step 7) for workplaces with occupational exposure.

Why document a breach nobody outside the office may ever see? Because patterns are only visible on paper. One logged breach is an event; three logged breaches of the same type are a system failing — and catching the system failure is the entire point of 19.6.

19.6 Quality Assurance / Quality Improvement in the Sterile Workflow

Quality assurance (QA/QI) is the loop that turns records into improvement. In the sterilization and operatory workflow it looks like this:

1. **Monitor** — spore tests run on schedule, integrators read on every load, logs completed in real time (19.7).
2. **Review** — a named person reviews logs and breach records on a set cadence (weekly log review, monthly trend look).
3. **Identify** — patterns: one operatory's packs repeatedly damp, one sterilizer trending toward failures, retraining needs clustered in one task.
4. **Act** — corrective action proportionate to the finding: retraining, equipment service, workflow redesign, supplier change.
5. **Verify** — follow-up monitoring confirms the fix held; the verification is documented too.

QA is where Chapter 14's competency framework and this chapter meet: a breach pattern that traces to one skill becomes assigned practice and re-evaluation; a pattern that traces to equipment becomes a service call and a log annotation. Either way, the record shows the loop closing. An office that logs nothing has no QA — it has hope, and hope is not a system.

19.7 Sterilization Monitoring and Records

Weekend 2 taught the sterilization workflow itself. This chapter teaches its *proof*, which has three independent layers — all three, every time:

- **Mechanical monitoring** — the sterilizer's gauges/printouts (time, temperature, pressure) checked on every cycle.
- **Chemical monitoring** — an external indicator on every package (process indicator showing the pack went through), and an **internal chemical integrator inside every pack/load** that reacts to the combination of time, temperature, and steam. A failed integrator means the load is not released — full stop, regardless of what the gauge said.
- **Biological monitoring (spore testing)** — a vial or strip containing highly resistant bacterial spores (*Geobacillus stearothermophilus* for steam) run through the sterilizer and then incubated. Growth = the cycle failed to kill the most resistant organism we can test with; no growth = the strongest evidence the sterilizer works. **Frequency: at least weekly for each sterilizer in use**, and with every load containing implantable devices (quarantined until results are known). Use a control vial from the same lot, unprocessed, alongside each test.

Responding to a positive spore test: take the sterilizer out of service; review mechanical and chemical records and operator technique; repeat the test (with a control); if the repeat is positive, report for service and recall — per office policy and CDC guidance — instruments processed since the last negative test, for reprocessing once the sterilizer passes. Every step is documented in the log.

The sterilization log records, for each load: date and load number · sterilizer ID (offices with two autoclaves log them separately) · contents or load description · operator initials · cycle parameters (time/temperature/pressure or printout reference) · chemical integrator result · biological monitoring result when due · and the spore-test schedule record (date sent/run, result, control result). **Retention:** sterilization monitoring records are kept per office policy and state requirements — this program's standard is a minimum of **3 years**,