

CHAPTER 9

SIGHT CONSERVATION

1. Protective eyewear shall be provided for all persons engaged in eye-hazardous occupations and processes, in accordance with references (f) and (n).
2. The Safety Manager shall have the responsibility for determining eye hazardous areas, occupations and processes that require personal protective equipment or other safeguards to protect the eyes and conserve sight. All personnel employed in or frequenting eye hazardous areas will be required to comply with safeguards listed within this instruction and references (f) and (n). The Dental Repair workshop area is designated as an "Eye Hazardous Area" and will be posted as such.
3. Dental Repair personnel will be provided with industrial impact-resistant safety eyewear. This is due to their potential exposure to high-speed particles of significantly greater energy and mass than material to which other Command personnel are required to work.
4. Dental Officers, Hygienists, Technicians, and Assistants (military and civilian). Reference (n), Part 1910.1030, Bloodborne Pathogen Standard, requires eye protection that does not permit blood or other potentially infectious materials to pass through to or reach the employee's eyes. Healthcare workers will be provided with, trained and required to wear eye protection. Individuals who do not require corrective lenses will be provided appropriate protective eyewear, either a faceshield or goggles.
5. Procurement
 - a. Navy-furnished eyewear. Those personnel working in a sight hazard area who do not have eyewear prescribed and fitted by a professional will be referred to the appropriate Optometry Department. Personnel may use eyewear they have obtained at their own expense if they desire; however, they must meet specifications per ANSI Z871.
 - b. Commercially-furnished industrial safety spectacles. An eye-care professional shall be requested to complete a prescription and order blank furnished by the current vendor, e.g., UNICOR. After completion, the vendor's form should be forwarded to the Safety Manager to ensure product meets specifications.
 - c. Purchase, funding and budgeting of safety glasses for use by their workers is the responsibility of each clinic and/or department in the event eyewear must be obtained through a commercial source.

6. Emergency Eyewash Units. Supervisors shall ensure that all staff members within their respective workplaces are familiar with the location and operation of eyewash units and emergency showers. All shower and eyewash units shall meet the specifications outlined in accordance with ANSI Standard Z358.1-1990. In accordance with reference (f), Chapter 19, emergency eyewash units shall be activated weekly for a minimum of three minutes to flush the line and to verify proper operation. A written, dated and signed maintenance record shall be maintained.

7. Contact Lenses. Due to potential exposures to fine dusts, chemical vapors and fumes, personnel assigned to Prosthetic Laboratories are prohibited from wearing contact lenses. Exception: Those personnel assigned to but performing strictly administrative functions in support of the laboratories.

CHAPTER 10
FOOT PROTECTION

1. Requirement for Footwear

a. Military and civilian employees assigned to designated occupational foot hazardous operations/areas shall wear shoes that are well-fitted, completely cover the foot, and have good soles and heels. Open-toe shoes, shoes with cutaway heels, or lightweight shoes of the canvas “sneaker” type are not permitted.

b. Safety shoes or safety toe caps are mandatory in foot hazardous occupations.

2. Occupational Foot Protection. Military and civilian personnel are required to wear prescribed foot protective devices when engaged in the following operations: material handling, transportation, warehousing, packaging, dental equipment repair and other operations of similar nature. Each supervisor is responsible for assuring that personnel wear toe protection equipment or safety shoes when assigned to a foot-hazardous occupation.

a. Safety shoes, with built-in protective toe box, are recommended for wear in foot-hazardous operations. Safety shoes must meet the ANSI Standard for Safety-Toe Footwear. This standard classified the footwear according to the foot-pounds of impact it will withstand, i.e., 75, 50, and 30. At least one shoe of each pair will be legibly marked ANSI-Z41.-1983/75. Only safety shoes meeting the requirements for Classification 75 are considered satisfactory.

b. Electrical hazard safety shoes with a built-in protective toe box are used to guard against electrical shock hazards when performing electrical work on live circuits not exceeding 600 volts. It should be noted, however, that these shoes only provide partial protection and additional protective measures, normally employed in these environments should not be ignored, i.e., ALL PERSONNEL WORKING ON ENERGIZED CIRCUITS SHALL BE INSULATED FROM THE GROUND (MIL-S-43860 Shoes, Electrical Hazard Protective, NSN 8430-00-611-8314 Series).

c. Purchase, funding and budgeting of safety footwear for use by their workers is the responsibility of each clinic and/or department.

CHAPTER 11
ELECTRICAL SAFETY

1. Guidelines (all personnel)

a. Installation, modification, or repair of wiring or electrical equipment shall be made only by qualified technicians. Public Works electricians or Dental Repair personnel under an approved work order are examples of qualified technicians.

b. All circuit breakers will be legibly marked (normally a breaker directory is provided for this purpose) to indicate its purpose. These markings shall be of sufficient durability to withstand the environment involved.

c. Automatic circuit breakers shall not be taped, fastened, or altered to prevent automatic or manual disconnection of electrical power as designed.

d. Clear access will be maintained at all times to circuit breaker boxes to facilitate emergency access should the need arise.

e. All electrical wall outlets/receptacles and/or faceplates in waiting rooms and other areas where children are allowed or cared for will be "tamper resistant" in accordance with NFPA 70, National Electrical Code.

f. All personnel will refrain from using damaged or defective equipment. Such equipment will be tagged out of operation and a work request submitted for repair.

g. All electrical equipment purchased for the Command will be listed. (Example: Listed by Underwriters Laboratories).

h. Purchase of new equipment will be reviewed by the Safety Manager prior to requisition.

i. Flexible cords, extension cords, and their use are defined in the National Electrical Code (NFPA 70) and reference (o). **Extension cords may not be used as a substitute for fixed wiring.** Extension cords are designed to be a temporary measure and continued use indicates the need for additional permanent wiring and fixtures. "Homemade" extension cords are not authorized in Department of the Navy facilities.

j. When used, power surge protector strips shall incorporate a safety-fusing device and have a testing laboratory listing. At the end of the day the power strip will be secured either by a single ON/OFF switch on the unit or by disconnecting the cord from the wall receptacle.

2. Dental Repair Personnel

- a. All electrical work shall be in accordance with the National Electrical Code (NFPA 70).
- b. Ensure all electrical equipment utilized by the Command has been tested and classified.
- c. Maintain documentation of equipment test and classification.
- d. Electrical power shall be disconnected, locked and tagged out in accordance with reference (n), 1910.147, before electrical equipment or wiring is serviced. A standard operating procedure (SOP) shall be developed for energy source lockout/tagout procedures and personnel shall be trained on these procedures in accordance with reference (n), 1910.147.
- e. Unless required by instruction or in a life-threatening emergency, work shall not be done on live circuits or equipment without prior approval of the CO.
- f. No energized source shall be left unattended. All panel fronts and access openings shall be replaced anytime the work area is left unattended.
- g. Operators and technicians should not attempt to adjust any electronics equipment when there is a possibility of injury from unprotected high voltage potentials.
- h. Insulating matting shall be used near electrical apparatus or circuits in high voltage maintenance areas as an additional safety measure to protect personnel. Insulating matting is for protection against accidental shock only and shall not be depended upon for protection when handling hot wires and circuits.

3. Energy Control Program (Lockout/Tagout) Responsibilities. Dental Repair will maintain a standard operating procedure and ensure compliance with the standard (ref (f)). All Command personnel will ensure compliance with reference (f), Chapter 24. The NDCSW Safety Manager will evaluate this program annually. Integral to this evaluation will be an observance of a lockout/tagout procedure being implemented.

4. Personally Owned Electrical Items:

- a. May be used in NDCSW patient care areas only with the approval of the respective Branch Director and in accordance with existing safety and infection control regulations.
- b. Must be safe for intended use and not interfere with the operation of dental, medical or support equipment.

c. Will be visually inspected upon receipt utilizing the checklist at the end of this chapter. Once approved and inspected the equipment must be tagged with a "SAFETY CHECK" tag (available from Dental Repair or Safety) and re-inspected annually thereafter. The responsibility for identifying and ensuring that personal electrical items have been approved, inspected and tagged lies with the owner of the equipment.

d. Personally owned electrical items that appear hazardous when in use, i.e., sparking, smoking, exposed wiring, etc., shall be removed from use immediately.

5. Responsibilities

a. Branch Directors:

(1) Appoint a clinic representative who shall be responsible for inspecting and tagging all personally owned electrical items. Normally, the "Minor Maintenance" individual.

(2) Ensure the appointee receives the training, which will permit them to perform the required inspection (paragraph b.(2) below).

(3) Ensure that all personally owned electrical items used in their respective area have been approved for use, inspected, and tagged.

b. Dental Repair

(1) Provide technical assistance concerning the acceptability of electrical equipment.

(2) Provide training to activity representatives sufficient for them to perform the inspection required by this chapter.

(3) Provide inspection tags to be placed on each personally owned electrical device.

c. Safety Manager shall, during facility inspections, ensure compliance with reference (o) and this chapter.

d. The activity representative shall inspect and tag all personally owned electrical items when initially brought into their departments and annually thereafter utilizing the checklist at the end of this chapter.

e. Individuals shall:

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- (1) Ensure electrical equipment is authorized prior to use in any NDCSW facility.
- (2) Ensure electrical equipment is inspected annually.
- (3) Be held responsible for personally owned electrical devices safe condition/operation.

PRIVATELY OWNED ELECTRICAL EQUIPMENT CHECKLIST

1. Overall Appearance
 - a. Are all knobs and switches present and in good repair?
 - b. Is the case or housing cracked or damaged?
 - c. Is there evidence of any scorch marks or melting which might indicate overheating?
 - d. Is the device Underwriters Laboratory (UL), Factory Mutual (FM), or other approving authority listed and/or approved?
2. Cord and Plug
 - a. Are flexible electrical cords for the device taped or spliced?
 - b. Is there any evidence of exposed wiring on the flexible cord?
 - c. Are adapters being used on plugs?
 - d. Is the male receptacle in good condition? (No loose, cracked or missing blades or plugs).
 - e. Are all three blades present on plugs so designed?

NOTE: Items with metal cases or housing will have three-wire cords and three-prong plugs.

3. Is the "SAFETY CHECK" tag affixed to the equipment indicating inspection and approval?
Is the equipment inspected annually?

NOTE: The local Federal Fire Department must approve use of heat producing devices prior to use.

CHAPTER 12

COMPRESSED GAS CYLINDER HANDLING, STORAGE, AND USE

1. Procedures. Handling, storage, and use of compressed gas cylinders will be in accordance with reference (m).
2. Special Precautions for Oxygen, Nitrogen, and Nitrous Oxide Cylinders and Manifolds
 - a. Combustible materials, such as paper, cardboard, wood, and fabrics shall not be stored or kept near cylinders containing oxygen or nitrous oxide.
 - b. Never smoke or use flames near oxygen or nitrous oxide anesthesia equipment.
 - c. Oil, grease, or readily flammable materials shall never be permitted to come into contact with oxygen cylinders, valves, regulators, gauges, or fittings.
 - d. Regulators, fittings, or gauges shall never be lubricated with oil or any other flammable substance.
 - e. Oxygen cylinders or apparatus shall never be handled with oily or greasy hands, gloves or rags.
 - f. Particles of dust and dirt shall be cleared from cylinder valve before applying any fitting to the cylinder.
 - g. The high-pressure valve on the oxygen cylinder shall be opened before bringing the apparatus to the patient.
 - h. The cylinder valve shall be opened slowly, with the face of the gauge on the regulator pointed away from any person.
 - i. Cylinders shall never be draped with any materials such as gowns, masks or caps. Fabrics saturated with oxygen or nitrous oxide ignite easily.
 - j. Oxygen fittings, valves, regulators or gauges shall never be used for any service other than that of oxygen.
 - k. Gases of any type shall never be mixed in an oxygen cylinder or any other cylinder.
 - l. Oxygen and nitrous oxide shall always be dispensed from a cylinder through a pressure regulator.

- m. Regulators in need of repair, or cylinders having valves that do not operate properly, shall not be used.
- n. Defective equipment shall not be used until it has been repaired by competent personnel. If competent in-house repairs cannot be made, such equipment shall be repaired by the manufacturer or their authorized agent; or it shall be replaced.
- o. Cylinders shall be protected from abnormal mechanical shock, which is liable to damage the cylinder, valve, or safety device. Such cylinders shall not be stored near elevators, gangways or in locations where heavy moving objects may strike them or fall on them.
- p. Cylinders shall be protected from the tampering of unauthorized individuals.
- q. Storage shall be planned so that cylinders may be used in the order in which they are received from the supplier and in a manner that will allow cylinders with the oldest hydrostatic test date to be removed first with minimal handling of other cylinders.
- r. Empty and full cylinders shall be stored separately. Empty cylinders shall be tagged to avoid confusion and delay if a full cylinder is needed quickly.
- s. Cylinders stored in the open shall be protected against extremes of weather and from the ground beneath to prevent rusting. In summer, cylinders stored in the open shall be screened against continuous exposure to direct rays of the sun in those localities where extreme temperatures prevail.
- t. Valves shall be closed on all empty cylinders in storage.
- u. Oxygen shall never be used as a substitute for compressed air.
- v. Cylinders or cylinder valves shall not be repaired, painted or altered.
- w. Safety relief devices in valves or cylinders shall never be tampered with. Sparks and flame shall be kept away from cylinders.
- x. The markings stamped on cylinders shall not be tampered with in any way.
- y. Regulators will be detached from compressed gas cylinders when the cylinders are not in use and valve protective covers secured to the cylinder.

CHAPTER 13

RESPIRATORY PROTECTION PROGRAM

1. Policy. The Occupational Safety and Health Administration Regulation (OSHA, 29 CFR 1910.134) reference (n), requires that personnel shall be protected from occupational diseases caused by breathing air containing hazardous concentrations of harmful dusts, mists, fumes, gases, or vapors. In some cases where engineering controls and/or administrative controls are not feasible, respiratory protection may be necessary. The NDCSW Respiratory Protection Program for personnel required to wear respiratory protection and voluntary respiratory protection wearers is in accordance with Chapter 15 of reference (f).

2. Responsibilities

a. The NDCSW Safety Manager is appointed the Command Respiratory Protection Program Manager (RPPM) and is responsible for the overall administration of the program per reference (f). The RPPM shall advise department heads of the areas, occupations and processes requiring the use of respiratory protection. Respiratory protective equipment shall be evaluated and approved by the RPPM prior to purchase.

b. Branch Directors/Department Heads are responsible for ensuring only qualified and physically able personnel are assigned to tasks requiring respirators and ensuring the Respiratory Protection Program is adequately funded in accordance with the requirements of this instruction.

c. Supervisors are responsible for the enforcement of the provisions of this instruction regarding use, care, storage, and maintenance of respiratory equipment in accordance with 29 CFR 1910.134 and reference (f).

3. Respirator Selection and Use

a. Selection of respirators will be in accordance with reference (f) and (n) and shall be National Institute of Occupational Safety and Health (NIOSH) approved.

NOTE: Surgical masks do not provide protection against air contaminants and are NEVER to be used in place of an air purifying respirator. Surgical masks are for medical use only.

b. Respirators shall be used as issued. No modifications or substitutions to issued equipment shall be permitted. Any modification, no matter how slight, will result in voiding of respirator approval.

4. Standard Operating Procedures (SOPs). Procedures will be developed by the Command RPPM for each program element not covered in this chapter. Worksite SOPs will be posted in the general use area and reviewed annually.

CHAPTER 14

RADIATION HEALTH PROGRAM

1. Background. X-rays belong to the ionizing portion of the electromagnetic spectrum. The beam of energy from x-ray machines can cause changes within human cells by producing ions and corresponding chemical changes. The equipment in use, the distances involved, and the shielding available permit conservative use of x-rays.
2. Radiation Protection Surveys. X-ray spaces and machines are surveyed upon installation and once every two years thereafter by Radiation Health Officers of NMCS D as required by references (l) and (r). Dental Repair is responsible for arranging for timely inspections and ensuring follow-up for any noted deficiencies.
3. Health Monitoring. Examinations for dental personnel and area dosimeters are no longer required. If an exam had been performed in the past, a termination examination is required prior to separation, retirement, or discharge.
4. Protection of Patients. Only a dentist can authorize dental radiographic examinations. Patients shall be protected from unnecessary x-radiation by reduction of unproductive exposure, aprons and other shielding prescribed by reference (l).
5. Quality Control. To ensure that the radiographic equipment is kept up to the performance standard for its lifetime, Dental Repair is responsible for ensuring the equipment is maintained according to the manufacturer's recommended schedule. The provisions of the applicable standard include requirements for optimal collimation and filtration and for proper calibration to ensure accuracy of kilovolts peak, amperage, and exposure time.
6. Lead Aprons shall be maintained to prevent cracking of the lead lining to provide maximum protection.
7. Responsibilities
 - a. The NMCS D Radiation Safety Department is responsible for maintenance of equipment and conducting surveys per reference (r).
 - b. Dental Repair ensures receipt of survey reports from NMCS D Radiation Safety and is responsible for correction of identified discrepancies noted. A report of completed action or action taken shall be forwarded to the Naval Environmental Health Center within 60 days of notification of discrepancies, per reference (r).

CHAPTER 15

ERGONOMICS PROGRAM

1. Ergonomics is the study of work and workplace design in relation to the physiological and psychological capabilities of people. The goal of the ergonomics program is the scientific design of the workplace, machines and work tasks with the capabilities and limitations of the human being in mind. This program seeks to prevent injuries and illnesses by applying ergonomic principles to identify, evaluate and control ergonomic risk factors for work-related musculoskeletal disorders.
2. The Command Ergonomics Program is in accordance with Chapter 23 of reference (f). Every attempt shall be made to eliminate repetitive motion injury/illness.

CHAPTER 16

OCCUPATIONAL REPRODUCTIVE HAZARDS

1. Per reference (f), the following occupational reproductive hazards have been identified at NDCSW:

a. Mercury. Mercury and compounds of mercury may be absorbed through the lungs, skin, and gastrointestinal tract. Mercury vapor has no warning properties such as odor or color. Since dental mercury use has been restricted to pre-encapsulated amalgam, the sources of mercury contamination have been limited to accidental breakage of amalgam capsules. Industrial Hygiene air sampling has shown that dental employee exposures are well below the permissible exposure limit (PEL) because the mercury is encapsulated and quickly converted to an amalgam. Additionally, air sampling of dry scrap amalgam handling procedures has verified that mercury vapor is not present in this method for disposal of the scrap metal. Reproductive hazards are not anticipated for pregnant employees who follow established procedures and good work practices.

b. Toluene. Toluene is often a component of paint thinners, lacquers, paints, adhesives, some pesticides and gasoline. In prosthetic applications of dentistry, toluene is found in die-spacer, die-prep, die-hardener, model spray materials and adhesive impression material. Toluene usually enters the body by inhalation of its vapors, however, toluene can also be absorbed through the skin. There is evidence that toluene can penetrate the placenta and reach the developing fetus. Therefore, pregnant women should minimize their exposure.

c. Nitrous Oxide. Although nitrous oxide is not listed in reference (f) as a reproductive hazard, NIOSH states, "studies of workers have shown that occupational exposure to nitrous oxide causes adverse effects such as reduced fertility, spontaneous abortions, and neurologic, renal and liver damage." Female personnel who have confirmed pregnancies should be restricted from procedures involving nitrous oxide.

CHAPTER 17
FIRE PROCEDURES

1. Department heads, military and civilian supervisors are responsible for review of fire prevention regulations to ensure proper dissemination in accordance with references (o) and (p). References (o) and (p) shall be referred to for program guidance and compliance.
2. Any person who discovers a fire shall immediately activate the fire alarm system. If safe to do so, notify occupants in the building and ensure doors and windows are closed before evacuating. All fires, including extinguished fires, shall be reported immediately to the Federal Fire Department.

CHAPTER 18

RECREATION, ATHLETICS, AND HOME SAFETY

1. In accordance with reference (g), the Department of Defense (DoD) has directed that safety programs be established to protect personnel from accidental death or injury, including mishaps which occur during recreational activities. This program is established to provide special emphasis and initiate procedures for inspections, use of personal protective equipment, education, record keeping and reporting.
2. Applicable. Per reference (g), this program applies to all military personnel participating in recreational or athletic activities on- or off-base; military dependents and civilians participating in recreational or athletic activities on government property. Also included are all participants in Command sponsored events on- or off-base.

CHAPTER 19

SAFETY AND OCCUPATIONAL HEALTH SELF-INSPECTION CHECKLIST

1. Background. Reference (f) contains instructions for Safety Inspections and oversight on all levels in the chain of command. The most important inspection efforts are those accomplished by occupants of the work sites and by first-line supervisors. Inspections conducted locally provide continuity to the safety and health program and provide a demonstration of interest in the well-being of personnel.
2. Self-Inspection Checklist. To assist personnel, a checklist (Enclosure (2)) has been prepared. The items on the checklist are not all-inclusive and branch directors/departments heads may find it appropriate to delete or add items to fit particular situations in their activities. Accordingly, revision of the checklist is encouraged and is in keeping with the participatory nature of self-inspections.
3. Responsibilities. The first-line supervisor or individual tasked with overall safety responsibilities within the activity; i.e., the Safety Assistant, will conduct quarterly activity inspections utilizing the checklist (Enclosure (2)) and maintain copies of the completed checklists for the previous four quarters. The NDCSW Safety Manager will review checklists during periodic workplace visits and during formal annual activity inspections. Discrepancies noted during quarterly inspections shall be corrected immediately. If assistance is needed, contact the Command Safety Manager.
4. Frequency of Inspections. Inspections will be conducted quarterly as a minimum. This does not relieve supervisors of their responsibility to conduct daily workplace inspections to ensure a safe and healthful workplace for their personnel. It is understood that some equipment is inspected each time it is used.

CHAPTER 20

PERSONAL PROTECTIVE EQUIPMENT

1. The best means of protecting personnel from hazard exposure in the workplace is to eliminate the hazard. When this is not possible, engineering controls are the next line of defense to eliminate or minimize hazard exposure. When neither of these methods can be employed, personal protective equipment (PPE) is used to reduce or eliminate personnel exposure to hazards.
2. In accordance with references (f) and (n), appropriate personnel protective equipment (PPE) will be provided to Command personnel when there is potential for occupational exposure.
3. Workplace PPE assessments are conducted during Safety Inspections and/or Industrial Hygiene Surveys to identify hazards and personal protective equipment requirements.
4. Training shall be provided to each employee who is required to use PPE and shall include:
 - a. When PPE is necessary
 - b. What PPE is necessary
 - c. How to properly wear PPE
 - d. Limitations of PPE
 - e. Proper care, maintenance, useful life and disposal of the PPE
 - f. Ability to recognize that defective or damaged PPE shall not be used.
5. Latex gloves have proved effective in preventing transmission of many infectious diseases to healthcare workers. However, for some workers, exposures to latex may result in allergic or sensitivity reactions.
6. When a staff member experiences a reaction to latex, they shall be provided non-latex gloves and/or personal protective equipment immediately upon notification of possible latex allergy/sensitivity. The affected staff member shall provide substantive information from a medical source as to allergy/sensitivity and recommended action. Upon medical verification, the affected staff member shall provide clinic Supply Petty Officer with documentation. The clinic Supply Petty Officer shall ensure PPE meeting Medical's recommendation is ordered and available to affected staff member.

CHAPTER 21

TRAFFIC SAFETY

1. Reference (e) provides guidance for Traffic Safety onboard a military installation. Department heads, military and civilian supervisors are responsible for review of traffic safety regulations to ensure proper dissemination in accordance with reference (e). Reference (e) shall be referred to for program and compliance.

CHAPTER 22

HAZARDOUS MATERIAL CONTROL AND MANAGEMENT

1. Background. Materials commonly thought to be safe may be hazardous under certain storage or use conditions. Therefore, it becomes imperative that all aspects of mishap prevention designed to control and regulate the identification, transportation, storage, use and disposition of hazardous materials be implemented to protect the user and the public. References (f) and (n) provide guidance for the Hazard Communication (HAZCOM) Program. This chapter is the NDCSW HAZCOM Plan.

2. Applicability. This chapter is applicable to all NDCSW operations and facilities.

3. Responsibilities

a. Safety Manager

(1) Evaluate all elements of the HAZCOM program at least annually to determine compliance with references (f) and (n). Make appropriate recommendations for deficient areas.

(2) Maintain the Command Authorized Use List (AUL) in accordance with reference (f).

(3) Maintain the Command Master Library for Material Safety Data Sheets (MSDS). Coordinate with responsible personnel to ensure hazardous material (HM) is uniquely identified for reference, retrieval, and cross reference between the label, MSDS, AUL/inventory.

(4) Coordinate with responsible personnel to ensure labeling requirements are met per references (f) and (n).

(5) Provide or coordinate training for all affected personnel. Hazard Communication Program training will be provided during Safety Indoctrination and annually thereafter.

(6) Coordinate hazardous waste disposal.

b. Branch Directors/Department Heads

(1) Provide employees with specific information and training on HM in their work area at the time of their initial assignment, and whenever a new HM is introduced into the work area. Employee training shall include at least:

(a) Methods and observations that may be used to detect the presence or release of a HM in the work area;

(b) Physical and health hazards of the HM in the work area;

(c) Established measures and procedures used to protect employees from HM exposure. Those include appropriate work practices, emergency procedures, and personal protective equipment required.

(d) Details of the NDCSW HAZCOM Program, which include labeling requirements and MSDS, and how to obtain and use hazard information.

(2) Ensure any HM used in the work area has been approved for use and is listed on the Command AUL. Contact the Safety Manager for HM additions or deletions to the AUL.

(3) Ensure MSDS are available and the location is known by employees.

(4) Ensure all containers of HM are properly labeled with the identity, hazard warnings, name and address of manufacturer.

(5) Report HM mishaps to the Safety Manager.

c. Employees

(1) Know the location of MSDS in the clinic.

(2) Use proper PPE when working with HM

(3) Ensure HM is properly disposed of.

(4) Never mix chemicals that are not intended to be mixed together.

(5) Be aware of procedures to follow in the event of a HM spill.

(6) Ensure HM are stored and labeled properly.

7. Spill Contingency/Emergency Response Plan. Although it is unlikely that a mishap would develop into an emergency incident based upon the small quantities and types of HM used at this command, the following procedures should be adhered to in the event of a HM spill or leak emergency:

a. Alert personnel in the immediate vicinity explaining the nature and extent of the emergency.

b. Confine the emergency. Close doors to prevent spread of vapors or gases.

c. Evacuate the building or area by following posted evacuation procedures. Assemble all personnel at designated meeting point and take muster.

d. Summon aid through host activity emergency notification, usually 9-911. Notify Head, Operating Management, 556-7764 and Safety Manager, 556-8858. (If after normal duty hours, contact the Officer of the Day, 556-8240, giving location and type of emergency).

CHAPTER 23

NAVOSH COST REPORTING

1. The Navy is required to maintain OSH program cost data for the DoD, Congress and OSHA.
2. Per ref (f), Chapter 13, OSH Cost Data Report for the previous year is forwarded no later than 15 January to Chief of Naval Operations. Included in the report are costs for OSH personnel, training, travel/per diem, supplies/materials, equipment, and other operating expenses. NAVOSH Cost Reports are coordinated between Comptroller and Safety.

CHAPTER 24

HEARING CONSERVATION AND NOISE ABATEMENT

1. The goal of the Navy Hearing Conservation Program, ref (g) Chapter 18, is to prevent occupational hearing loss and ensure auditory fitness for duty in the military and civilian workforce.
2. Noise hazardous equipment and workspaces are monitored and identified by Industrial Hygiene personnel. Based on Industrial Hygiene monitoring, noise levels do not exceed 84 dB(A) over an 8-hour time weighted average in Dental. However, equipment producing sound levels >84 dB(A) shall be labeled as noise hazardous and hearing protection shall be worn when operating equipment labeled as noise hazardous.

CHAPTER 25
BLOODBORNE PATHOGENS

1. Dental patient care presents opportunity for occupational exposure to bloodborne pathogens.
2. Reference (q) is the NDCSW Infection Control Program, which includes the Exposure Control Plan as required by ref (n), 29 CFR 1910.1030. Dental healthcare providers shall comply with requirements in references (n) and (q), which include annual bloodborne pathogen training.

CHAPTER 26

ENVIRONMENTAL

1. Purpose. To provide guidance in accordance with reference (s) when generating hazardous waste (HW), biohazard waste, and for treatment of biohazard waste.
2. Hazardous Waste (HW). Examples of HW include, but are not limited to, used fixer and developer from dental x-ray processors; used acid solution from laboratories; expired materials; aerosol containers; empty gas (i.e., butane/propane) canisters. If unsure whether a particular material is considered HW, contact NDCSW Safety Manager or host Environmental personnel. Never mix different HW material together in the same container. To ensure proper disposal of HW, the following procedures are required:
 - a. When HW is accumulated, the accumulation container shall be labeled with a "Hazardous Waste" label. (Example: Form PWC San Diego 11300/191 A, which is available from PWC or NDCSW Safety Manager). The accumulation start date shall be written on the label. Containers of HW shall be turned in to clinic HW point of contact for proper disposal within 90 days of the accumulation start date.
 - b. Documentation of HW turn in must be maintained and available for review. Documentation may include the clinic's copy of "Turn In Sheets" or a log with HW handler's signature, date, description of HW. Documentation shall be maintained for three (3) years.
3. Biohazard Waste
 - a. Examples of biohazard waste include, but are not limited to, nonsterile sharps (needles, syringes, scalpel blades, orthodontic wires, endo files/reamers, matrix bands, anesthetic carpules); items contaminated with blood or other potentially infectious materials (OPIM) that would release these substances in a liquid or semi-liquid state if compressed, or if caked with dried blood or OPIM and are capable of releasing these materials during handling; extracted teeth; pathological waste; microbiological waste (live cultures, e.g., positive control spore tests).
 - b. Sharps containers 3/4 full or that have been in use six (6) months, are to be treated (steam sterilization) or, if an agreement is in place, turned into Medical for proper disposal.
 - c. All sharps containers and red biohazard bags must be labeled prior to being put into service with clinic name, address, phone number, and date started.
4. Treatment of Biohazard Waste. When biohazard waste is treated by steam sterilization, the following must be adhered to, per reference (s):
 - a. Steam sterilization cycle shall reach 121°C (or 250°F) for a minimum of 30 minutes.

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b. A log shall be maintained with date, time and temperature for all loads processed in the sterilizer. Logs should indicate if the load was for biohazard materials, with an entry of "Sharps" or "Biohazard Bag" made. Treatment logs/records are required to be kept for five (5) years.

c. Place all treated (sterilized) material in secure "Medical Waste" dumpster. Treatment tape must indicate sterilization has taken place.

d. Per reference (q), weekly spore tests are required to be run for each cycle. Documentation must be maintained for 5 years.

e. Thermometer calibration check shall be performed and documented annually by service contract or NDCSW Repair personnel on autoclaves used for treatment of biohazard waste. Calibration checks verify that the thermometer is accurate and is required by ref (s).

5. Transferring Untreated Biohazard Waste. Clinics transferring untreated (nonsterile) biohazard waste for disposal shall:

a. Ensure biohazard material is properly secured to prevent leaking.

b. Maintain a log or tracking document with name and signature of dental personnel transferring to receiver, i.e., Medical or CSR (Mobile Dental Vans); name and signature of receiver; date; description of waste (sharps or biohazard bag); approximate weight. Transfer of biohazard waste in motor vehicles across public roads is prohibited unless a "Limited Quantity Hauling Exemption" is granted by the cognizant county.

6. Health Permits are renewed annually by the NDCSW Comptroller. When received in the clinic, the Health Permit shall be displayed in a conspicuous area in the clinic.

7. Medical Waste Management Plans for clinics treating biohazard waste shall be updated annually. NDCSW Safety Manager will coordinate clinic updates and forward Medical Waste Management Plans to cognizant County Department of Health. Copies shall be retained in clinic and NDCSW Safety Office for review, when necessary.

8. Lead foil from x-ray film should be recycled. Lead foil is not a hazardous material/waste.

9. Dry scrap amalgam should be turned into DRMO per reference (k). DRMO documentation must be kept on file for 5 years to verify scrap amalgam was turned in to DRMO as required. Do not cover scrap amalgam with HgX.

10. Exposed/expired film may be turned in to DRMO with proper documentation.

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QUARTERLY SAFETY SELF-INSPECTION CHECKLIST

		YES	NO	N/A
A. GENERAL				
1	Are floors kept clear of foreign materials, liquids, or any items that may pose a slip / trip hazard to staff or patients?			
2	Are stairways free of slippery surfaces or trip hazards?			
3	Are parking lots and walkways kept in good repair, where applicable?			
4	Do employees refrain from using damaged or defective equipment?			
5	Are Bunsen burners / open flames never left burning unattended?			
6	Has the NDCSW Safety Manager been notified of all mishaps, injuries or property damage?			
7	Are electric fans guarded to prevent injury to fingers?			
8	Is good housekeeping maintained in storage areas?			
9	Are ladders or step stools provided where needed and used properly?			
10	Are bulky or heavy items stored on lower shelves?			
11	Are hazardous materials stored on lower shelves?			
12	Do personnel remove wrist jewelry, watches, and rings when handling mercury amalgam or infectious materials?			
13	Is vacuuming used for cleaning whenever possible rather than blowing or sweeping dust?			
14	Is adequate lighting provided in all work areas?			
15	Are personnel prohibited from storing or consuming food and beverages in areas exposed to toxic matter such as heads and laboratories?			
16	Is furniture in patient waiting areas in safe condition?			
17	Are emergency eyewash units flushed weekly for three (3) minutes and is it documented?			
18	Is storage in or under stairwells prohibited?			
B. HAZARDOUS MATERIALS / HAZARDOUS WASTE				
1	Are all containers labeled as to their contents?			
2	Are all hazardous materials (HM) and hazardous waste (HW) properly labeled?			
3	Are all HM containers in good condition?			
4	Are quantities of HM used in the workplace kept to the minimum quantities necessary?			
5	Is good housekeeping maintained in HM / HW storage areas?			
6	Are Material Safety Data Sheets (MSDS) available for all HM on hand?			
7	Has an annual HM inventory been completed by the department?			
8	Has the supervisor provided job-specific HM training and is it documented?			
9	Are personnel familiar with specific Spill Contingency Plan procedures in the event of a HM spill?			
10	Are the alkalis, acids and other chemicals compatibly stored? (Acids should not be stored with flammables).			
11	Are all flammable liquids returned to an approved flammable cabinet at the end of each workday?			
12	Is HW labeled as HW and date accumulation began?			
13	Is HW turned into HW coordinator within 90 days of accumulation date for pick-up?			

Encl (2)

QUARTERLY SELF-INSPECTION CHECKLIST

		YES	NO	N/A
	C. TRAINING			
1	Have all new personnel attended Indoctrination?			
2	Are all personnel in your department receiving monthly safety training and is the training documented?			
3	Have newly assigned supervisors received safety training within 180 days of being assigned?			
4	Have all personnel received the following training and is it documented?			
	a. CPR / BLS - every two years			
	b. Occupational Reproductive Hazards (includes Mercury) – initial			
	c. Fire Prevention - initial and annual			
	d. Infection Control / Bloodborne Pathogens - initial and annual			
	e. Hazard Communication - initial and as necessary			
	f. Personnel Protective Equipment (PPE) - initial and as necessary.			
	g. Ergonomics			
	D. ELECTRICAL			
1	Is privately owned electrical equipment inspected annually and tagged for safe use?			
2	Are circuit breakers/switch panels unobstructed and labeled for disconnecting means?			
3	Is there access space of at least 30 inches free in front of electrical breakers panels and disconnects?			
4	Are all unused openings in electrical panels effectively closed to guard against accidental contact of energized parts? (Electrical tape over an opening does not meet the requirement for “effective” closing of the opening).			
5	In cases of emergency or malfunction, are main power electrical shut-off switches, disconnects or breaker switches properly identified so that personnel can quickly shut off power?			
6	Are flexible cords routed properly? (Flexible cords may not be run through holes in walls, ceilings, doorways, windows, floors or similar openings).			
7	Are all required grounds provided on power tools? (If not, must be double insulated).			
8	Are electrical equipment power cords free of fraying or cracking?			
9	Does overhead lighting have protective covering?			
10	Are broken or missing electrical outlet cover plates replaced?			
11	Are electrical appliance attachment plug with grounding pin missing or broken reported for repair and taken out of use?			
12	Are electrical outlets that are located within six feet of wet locations protected by ground fault circuit interrupter (GFCI) outlets?			
13	Are extension cords or multi-adaptor plugs prohibited?			
14	Do the electrical wall outlets in areas where children are cared for have tamper-proof covers?			
15	Is defective equipment tagged “OUT OF SERVICE” and a work request submitted for repair?			
16	Are all personally owned heat producing electrical items inspected and issued a permit by the Federal Fire Department?			

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QUARTERLY SELF-INSPECTION CHECKLIST

		YES	NO	N/A
17	COFFEE MESSSES			
	a. Is the coffee maker listed / labeled (UL, Factory Mutual)?			
	b. Is the coffee maker on a non-combustible surface?			
	c. Is there a light to indicate whether or not coffee maker is "ON"?			
	d. Is the coffee maker NOT connected to an electrical timer? (Timers are prohibited).			
	e. Has the Federal Fire Dept. issued a Heat Producing Permit for coffee makers?			
	E. FIRE PREVENTION/PROTECTION			
1	Are fire drills conducted annually and is documentation available?			
2	Do all personnel know the location of the fire alarms and fire extinguishers and how to operate them?			
3	Are fire bills and evacuation plans prominently posted?			
4	Are all "EXIT" lights and emergency lighting units operable?			
5	Are all exit doors unlocked during periods of occupancy?			
6	Are emergency exits, stairways, aisles and passageways free of obstructions?			
7	Do all personnel know the emergency phone number for reporting fires? (Usually "9-911"--verify with host command)			
8	Do personnel know where the manual pull alarm stations are located?			
9	Do personnel know to never wedge open or block emergency exits or fire doors?			
10	Are fire extinguishers inspected monthly and documented by the assigned fire warden?			
11	Are fire extinguishers identified by a sign in areas where not easily seen?			
12	Are fire extinguishers mounted?			
13	Is clear access to portable fire extinguishers maintained at all times?			
14	Do personnel know the location of the designated smoking areas?			
15	Is all storage 18" below the ceiling to prevent interference with fire sprinkler system?			
16	Are ceiling tiles and holes in walls replaced / repaired to prevent fire and smoke from exiting immediate area?			
17	Are trash and combustibles removed daily?			
	F. X-RAY			
1	Are doors leading to x-ray exposure rooms appropriately labeled and are the doors kept closed during exposures?			
2	Is personal protective equipment worn by personnel developing x-ray film, i.e., eye protection and gloves?			
3	Are instructions available if a mishap occurs involving developing solution?			
4	Are lead aprons maintained in a manner that will prevent cracking or damage to lead lining?			
5	Is lead foil recycled?			
6	Is expired/exposed film turned into DRMO for disposal?			

QUARTERLY SELF-INSPECTION CHECKLIST

		YES	NO	N/A
G. INFECTION CONTROL				
1	Do personnel properly discard used needles, syringes and sharp instruments in approved sharps containers?			
2	Are sharps containers/red bags properly labeled with activity name, address, phone number, and start date?			
	Are sharps containers removed from service when 3/4 full, or within 6 months, whichever is sooner?			
3	Is contaminated linen kept separate from clean linen?			
H. DENTAL TREATMENT ROOMS				
1	Are patients and staff required to wear eye protection?			
2	Is proper eye protection available?			
3	Do personnel remove jewelry when handling infectious material?			
I. MERCURY CONTROL				
1	Is dry amalgam scrap collected and turned in to CSR?			
2	Is an impervious tray placed under each amalgamator?			
3	Do personnel remove jewelry when handling amalgam?			
J. CENTRAL STERILIZATION ROOMS				
1	Are safety relief valves and sealing gaskets on autoclaves and sterilizers maintained in good condition?			
2	Are current SOP's for sterilization equipment available to operators?			
3	Is appropriate personal protective equipment available?			
K. CYLINDERS				
1	Are compressed gas cylinders secured, chained, strapped or in a floor stand?			
2	Are empty cylinders segregated from full cylinders?			
3	Is there a sign stating "FULL" or "EMPTY" posted on the wall above cylinder storage area?			
4	Are compressed gas cylinders tagged "FULL" or "EMPTY"?			
5	Are compressed gas cylinders stored free of combustibles and oxidizers?			
6	Are compressed gas cylinders separated from flammables by at least 20 feet?			
L. FLAMMABLE STORAGE CABINETS				
1	Are approved storage cabinets available for flammable liquids?			
2	Are flammable storage cabinets labeled "FLAMMABLE - KEEP FIRE AWAY"?			
M. SAFETY BULLETIN BOARDS				
1	Are the following items displayed on activity Safety Bulletin Boards?			
	a. DD Form 2272, DoD Safety & Occupational Health Protection Program Poster			
	b. Commanding Officer's Safety Policy Letter			

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	c. Navy Employee Report of Unsafe or Unhealthful Working Condition, OPNAV Form 5100/11 and instructions for completion			
	d. Form CA-10, What a Federal Employee Should Do When Injured At Work			