



How would you describe your primary dental practice? (If you work at more than one practice, please refer to the practice where you perform the most services in this and subsequent questions.)

Private, dentist-owned practice that is not incorporated or franchised

Private, incorporated practice

Private, franchised practice

Private, partnership

In a dental school, private/public hospital, government facility (e.g., military, VA, DHS) or public health (e.g., FQHC, non-profit clinic)

I don't know

Other, please specify

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What is the role of the person completing this survey?

- Retired or not currently in clinical practice
- Dental owner of the practice (sole proprietor or partner)
- Dentist non-owner in the practice
- Dental hygienist
- Dental assistant or other staff providing chairside assistance at least 50% time
- Front office or clerical staff providing zero or less than 50% time on chairside assistance
- Other

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Does the practice currently have a person responsible for OSHA compliance?

Yes, I am the person responsible for OSHA compliance

Yes, another staff member is responsible for OSHA compliance

No, we do not have a person responsible for OSHA compliance

I don't know

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If you are not responsible for OSHA compliance at the practice, what type of staff member is responsible?

- Dentist
- Dental hygienist
- Dental assistant or other staff providing chairside assistance at least 50% time
- Front office or clerical staff providing zero or less than 50% time on chairside assistance
- Other

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Including yourself, how many staff members (full-time or part-time) currently work in the practice?

None	1	2-4	5-10	>10	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General dentist

Specialist dentist

Dental hygienist

Dental assistant or other staff providing chairside assistance at

least 50% time

Front office or clerical staff providing zero or less than 50% time

on chairside assistance

Other

(please specify)

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Does the practice currently have a written Exposure Control Plan to eliminate or minimize occupational exposures to blood and other potentially infectious materials (including saliva and other body fluids)?

Yes

No

We refer to a published plan if needed but don't have our own written plan

I don't know

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Is the practice planning to implement an Exposure Control Plan in the next 12 months?

Yes, we have a plan in progress to implement an Exposure Control Plan

No, our practice does not have any plans for an Exposure Control Plan

I don't know

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Prior to this survey, was the practice aware of the requirement in the OSHA Bloodborne Pathogens standard to have an Exposure Control Plan for blood and other potentially infectious materials?

Yes, we were aware of the OSHA Exposure Control Plan requirement

No, we were not aware of any OSHA Exposure Control Plan requirement

I don't know

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How was the current Exposure Control Plan at the practice developed?

By our dental practice, using the OSHA template as a basis

By our dental practice, without the OSHA template

Purchased from a commercial vendor

Purchased or acquired from a professional organization

Other

It was in place before I was hired

I don't know

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Was the Exposure Control Plan for staff at the practice...

Developed with the help of a consultant or consulting firm?
Customized for your practice?

Yes

No

Don't Know

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Did the practice review or make changes to your Exposure Control Plan within the past 12 months?

- Yes, we reviewed and made changes to our plan within the past 12 months
- Yes, we reviewed but did not make any changes to our plan within the past 12 months
- No, we have not reviewed or made changes to our plan within the past 12 months
- I don't know

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Who participated in reviewing or making changes to the practice's Exposure Control Plan within the past 12 months? (check all that apply)

- OSHA Compliance Officer
- Dentist(s)
- Dental hygienist(s)
- Dental assistant(s) or other staff providing chairside assistance at least 50% time
- Front office or clerical staff providing more or less than 50% time on chairside assistance
- Outside consultant
- Other

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Other than updating or making changes to your Exposure Control Plan, has the practice used or consulted your Exposure Control Plan within the past 12 months?

Yes

No

I don't know

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For what reason(s) has the practical used or consulted your Exposure Control Plan within the past 12 months? (check all that apply)

- To train staff member(s)
- For guidance on techniques to reduce staff members' exposures to blood or body fluids
- To record and respond to a specific exposure incident (e.g., needle stick)
- Other

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For the following questions, staff with occupational exposure are all those who could reasonably come into contact with blood or other potentially infectious materials (including saliva, other body fluids, and unfixed tissue or organs) as part of their job duties, not only those who have experienced known exposure incidents. Contact can include skin, eye, mucous membrane, or parenteral contact

Does the Exposure Control Plan at the practice have any of the following elements?

Lists

List of all job classifications in which all or some employees have potential occupational exposure to blood and other potentially infectious materials

List of all tasks and procedures, performed by the above employees, in which occupational exposure potentially occurs

Yes

No

Don't Know

Methods to reduce the likelihood of exposure

- Universal (standard) precautions
- Engineering and work practice controls
- Personal protective equipment
- Housekeeping controls (cleaning, decontamination, storage, laundry, waste handling, etc.)

Yes

No

Don't Know

Pre/post-exposure medical care

- Hepatitis B vaccination for employees with occupational exposure
- Post-exposure evaluation and follow-up for staff exposed to blood or other potentially infectious materials
- Process for testing of source patient

Yes

No

Don't Know

Hazard communications

- Using labels and signs to communicate hazards to staff
- Information and training for staff with occupational exposure

Yes

No

Don't Know

Record-keeping

- Personnel medical records for post-exposure evaluation
- Personnel medical records related to Hepatitis B vaccination
- Records of training staff on the Exposure Control Plan
- Sharps injury log

Yes

No

Don't Know



If you answered "yes" to all of the elements of the previous question, skip the following question. If you answered "no" to any of the above elements, please complete the following question.

How strongly do you agree with each of the following endings to this statement?

"The practice does not have an Exposure Control Plan, or we have an Exposure Control Plan that does not have all of the elements listed above, because..."

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are resistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not required by law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not apply to our dental practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too complex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not specific enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not clearly written	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflicts with Occupational Health and Safety regulations in our state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Does the practice currently use any of the following engineering controls?
Yes, currently in use

- Safety scalpel
- Safety aspirating syringe / retractable needle
- Self-sharpening needle
- Needleless systems
- Sharps disposal containers

Don't Know

No, not evaluated or used

No, evaluated but not used

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If you answered "yes" to all of the above engineering controls, please skip the following question. If you answered "no" to any of the above, please complete the following question.
How strongly do you agree with each of the following endings to this statement?

"The practice does not currently have one or more of the above engineering or work practices controls because..."

- Had no need for the device Strongly Agree Don't Know
- Not safer than our existing methods Strongly Disagree Strongly Disagree
- No standards to compare to safety to other devices Somewhat Disagree Somewhat Disagree
- Difficult to use Somewhat Agree Somewhat Agree
- Not reliable Strongly Agree Strongly Agree
- Financial cost Strongly Disagree Strongly Disagree
- Did not realize use of safety devices was required Somewhat Agree Somewhat Agree



The practice currently...

Provides readily accessible handwashing facilities

Offers antiseptic hand cleanser/towelettes if handwashing facilities are not available

Requires that staff wash hands or skin with soap and water immediately after hand or skin contact with blood or other potentially infectious materials

Requires that staff flush mucous membranes with water immediately after mucous membrane contact with blood or other potentially infectious materials

Does not allow any bending, recapping, or removing contaminated needles/sharps except with use of mechanical device or one-handed technique, and only when no alternative is feasible or the action is required by a specific dental procedure

Does not allow eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in work areas with potential occupational exposure

Does not allow storing food and drink in locations where blood or other potentially infectious materials are present

Minimizes splashing, spraying, spattering and generation of droplets during procedures involving blood or other potentially infectious materials

Ensures leak-proof, puncture-proof, and labeled storage, transport, and shipment of blood or other potentially infectious material

Yes

No

Don't Know

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Does the practice provide personal protective equipment to staff with occupational exposure to blood or other potentially infectious materials?

Yes

No

I don't know

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What types of personal protective equipment does the practice provide? (check all that apply)

- Gloves
- Protective body clothing (e.g., gowns, aprons, laboratory coats, clinic jackets)
- Surgical caps or hoods
- Shoe covers
- Face shields
- Surgical masks
- Respirator (e.g., N95)
- Eye protection (e.g., goggles, glasses with solid side shields)
- Other

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Does the practice offer Hepatitis B virus (HBV) vaccination to newly-hired staff with potential occupational exposure to blood, body fluids, or other potentially infectious materials?

Yes

No

I don't know

Never

Never



Have any staff members at the practice experienced one or more known exposure incidents, including sharps injuries, performing work duties in the past 12 months?
(An exposure incident is eye, mouth, other mucous membrane, non-intact skin, or percutaneous contact with blood or other potentially infectious materials, including saliva, other human body fluids, unfixed human tissue or organ, and HIV or HBV cultures. It includes injuries from sharps that are potentially contaminated, even if contamination status is unknown.)

- Yes
- No
- I don't know

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After the incident(s) occurred, what steps did your dental practice take? (check all that apply)

- Applied First Aid
- Documented circumstances of exposure incident
- Directed exposed individual to a qualified healthcare professional with documentation
- Arranged for source patient testing, if the source patient was known and consented
- Paid for post-exposure evaluation and, if indicated, prophylaxis
- Other

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Did any exposure incidents among staff members at the practice in the past 12 months involve a percutaneous injury from a contaminated sharp, that is, from a sharp instrument or needle that had been used on a patient (a.k.a., "sharps injury" or "needlestick")?

Yes

No

I don't know

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Were incident reports filled out for these exposures?

- Always
- Sometimes
- Never
- I don't know

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Did any exposure incidents among staff members in the practice in the past 12 months involve non-sharps exposure to blood or other potentially infectious materials (e.g., saliva, other human body fluids, or unfixed tissue)?

Yes

No

I don't know

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Does the practice provide training on your Exposure Control Plan to employees at risk of potential occupational exposure to blood or body fluids?

Yes

No

We do not have an Exposure Control Plan

I don't know

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When does the practice provide its Exposure Control Plan training to employees at risk of potential occupational exposure to blood or body fluids?

Before working with patients

Soon after hire, for employees with potential for occupational exposure

Annually, for employees with potential for occupational exposure

Periodic refreshers

Yes

No

Don't Know

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How does the practice provide training about occupational exposure to blood and other potentially infectious materials? (check all that apply)

- One person attends an OSHA presentation about this topic and trains others in the practice
- Employees attend an OSHA presentation off-site
- Our practice develops and provides the training ourselves
- An outside consultant provides training for our staff
- We use electronic materials for training (e.g., online training module or COVID)
- Other



In the past 2 years, have you or other staff members at the practice received any Continuing Education (CE) credit for any courses, workshops, or tests on the OSHA bloodborne pathogens standard?

Yes

No

Not eligible for CE credits

Don't Know

You

Other staff

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Does the practice offer its staff any informational materials that address the OSHA bloodborne pathogens standard in the dental setting?

Yes

No

I don't know

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Which of the following informational materials addressing this standard does the practice provide?

Videos/CDs/DVDs

Patient education materials

Posters

Yes

No

Don't Know

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So that we can know more about your practice setting, please answer the following questions about the practice.

In which U.S. state is the practice located?

Where is the practice located?

Large city (more than 100,000 people)

Medium city, could be in rural area (between 50,000 and 100,000 people)

Small city or a non-rural town that is not a suburb (between 2,500 and 50,000 people)

Suburb (developed area adjacent to city)

Rural (area outside cities, generally characterized by farms, ranches, non-suburban small towns with fewer than 10,000 people, and unpopulated regions)

I don't know



If the practice has any dental specialists, which of the following ADA recognized specialties are represented? (check all that apply)

- No specialists
- Oral and maxillofacial surgery
- Endodontics
- Orthodontics and dentofacial orthopedics
- Pediatric dentistry
- Periodontics
- Prosthodontics
- Oral and maxillofacial pathology
- Oral and maxillofacial radiology

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Did other staff members in the practice help provide answers for this survey?

Yes

No

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Which other staff members helped with this survey? (check all that apply)

- Dentist(s)
- Dental hygienist(s)
- Dental assistant(s)
- Front office or clinical staff not providing direct patient care
- Other

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Thank you