



**OAKTREE PRODUCTS, INC.**

716 J Crown Industrial Court

Chesterfield, MO 63005

*Fine Products for Hearing Healthcare Professionals*

Ear Wax  
Removal  
Drops

10/1/04

## MATERIAL SAFETY DATA SHEET

### SECTION 1 IDENTIFICATION

Trade Name: Audiologist's Choice®

Vendor: Oaktree Products, Inc.

Cross Reference: Carbamide Peroxide

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### SECTION 2 HAZARDOUS INGREDIENTS

Material: Glycerin

Hydrogen Peroxide

% Weight: 90%

3%

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### SECTION 3 PHYSICAL DATA

Boiling Point: Unknown

Melting Point:

Vapor Pressure:

Specific Gravity: Unknown

Vapor Density:

% Volatile by Volume: Unknown

Water Solubility: Complete

Evaporation Rate:

Appearance & Odor: Clear viscous liquid; Slight odor

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### SECTION 4 FIRE & EXPLOSION DATA

Flashpoint: Unknown

Explosive Limits: Unknown

Extinguishing Media: Water (PRODUCT IS NON-COMBUSTIBLE)

Unusual Fire & Explosion Hazards: Hydrogen Peroxide will react with combustible material. Thermal decomposition may cause ignition.

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### SECTION 5 HEALTH HAZARD & EMERGENCY

Threshold Limit Value: Glycerin: Oral (rat) LD50 20 ml/kg

Hazards & First Aid Procedures: May cause mild irritation to eyes, skin and mucous membranes.

Inhalation: Remove to fresh air. Call a physician.

Skin Absorption: EYES: Flush with flowing water for 15 minutes. Consult a physician if irritation exists.

Swallowing: Drink large amounts of water or milk. Call a physician immediately.

***Written Infection Control Plan:***

OSHA requires each facility to have a written infection control plan. This plan is to be made available to all workers and must provide protocols to be used in the office for infection control. The written plan is the cornerstone of all infection control programs. In addition to the written work-specific engineering and work practice control procedures, the following OSHA requirements are to be included in the plan:

1. Employee Exposure Classification
2. Hepatitis B (HBV) Vaccination Plan and Records of Vaccination
3. Plan for Annual Training and Records of Training
4. Plan for Accidents and Accidental Exposure Follow-up
5. Implementation Protocols
6. Post Exposure Plans and Records

***Employee Exposure Classification***

Each employee is classified on the basis of potential exposure to blood and other infectious substances. There are three categories that employees may be categorized under, and are as follows:

**Category 1:** personnel whose primary job assignment exposes them to cross-infection with bloodborne diseases or other potentially infectious microbes. This category includes physicians, nurses, physician assistants, paramedics, dentists, hygienists, and others whose primary job assignment requires that they participate in patient treatment or handle potentially contaminated instruments or items on a regular basis.

**Category 2:** personnel whose secondary job assignment potentially exposes them to cross-infection. This category is most appropriate for most audiologists as some job-related procedures may involve blood, ear drainage, or mucous/saliva contact. Any office personnel involved in the cleaning of instruments or surfaces that may be contaminated with infectious microbes or substances would also fall in this category.

**Category 3:** personnel whose job requirements in the office never expose them to blood or other bodily fluids. This person does not clean instruments or treatment areas and is not involved in treatment procedures.

***Hepatitis B (HBV) Vaccination Plan and Records of Vaccination***

Employees who have the potential for encountering blood or other infectious substances are to be offered the opportunity to receive a HBV vaccination. The HBV vaccination must be offered to all Category 1 and Category 2 workers free of charge. The employee is not required to accept the offer of vaccination, but a waiver must be signed noting the refusal of the offered vaccine. The vaccination should be administered by a trained medical professional and be given according to current medical standards. OSHA requires that this record be retained for length of employment plus 30 years.

***Plan for Annual Training and Records of Training***

Each office is to conduct and document completion of annual training in infection control. Specifically, training must be provided at the time of initial assignment and must take place at least annually thereafter. While the standard does not specify length of training, OSHA's standard does list the elements that must be included in the training program, including explanations of symptoms and modes of transmission of

bloodborne diseases, location and handling of personal protective equipment, information on the HBV vaccine, and follow-up procedures to be taken in the event of an exposure incident. During the course of the year, if an update or new procedure is to be implemented, appropriate training must be conducted in a timely fashion to ensure that the new or updated procedures are understood and implemented. Records of training sessions should be filed with the infection control plan in a designated location.

Additional training shall be provided when changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. In this case, the additional training may be limited to addressing the newest information or change in procedure or policy, and does not have to cover all the topics included in the initial training. Established employees changing exposure classification categories should be trained within 90 days of the hire or change in classification category.

#### *Plan for Accidents and Accidental Exposure Follow-up*

All infection control programs should plan for accidents. This includes the steps that will be taken when an accident occurs which can expose individuals to bloodborne pathogens or other potentially infectious agents. When an accident occurs, such as a patient falling, getting a nosebleed, or someone getting sick and vomiting, every member of the office staff should know what to do. This usually includes directions to avoid touching blood or other bodily fluid while administering appropriate aid.

Accidental exposures to bloodborne pathogens require follow-up. While these may be relatively rare in the audiology clinic, an emergency plan should be created. As dictated by OSHA, if the exposure involves a percutaneous or mucous membrane exposure to blood or other bodily fluids, or a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise broken, the source patient shall be informed of the incident and tested for HIV and HBV after consent is obtained. If the patient refuses consent or if the source patient tests positive, the worker shall be tested for HIV antibodies and seek medical evaluation for any acute illness that occurs within 12 weeks of exposure. HIV sero-negative workers shall be retested in 6 weeks and 6 months after exposure. Accidental exposures and the follow-up treatment should be recorded and note the following:

- Circumstance of exposure
- Route of exposure
- Source of individual and, if possible, health status of source

#### *Implementation Protocols*

Implementation protocols, or policies and procedures for infection control, are written by the clinician or workplace administrator as ways to minimize exposure to infectious substances and may be organized in a number of ways. Sample protocols are outlined in Chapter 7 of *Infection Control in the Hearing Aid Clinic* or Chapters 8 -10 in *Infection Control in the Audiology Clinic*.

#### *Post Exposure Plans and Records*

In the event that a medically treatable exposure occurs, the office must document the treatment that has taken place and the outcome. The OSHA requirements need to be reviewed, implemented, and documented individually for each employee.