

Bloodborne and Infectious Disease Policy

Infection Control/Hazard Control Policy

Introduction

The purpose of the next four sections is to acquaint you with the policies and procedures involved in hazardous waste and infection control standards, OSHA Standards, New Mexico OSHA Standards, and the appropriate policies of San Juan College.

Upon completion of reading this section, a documentation of training shall be filled out. This paper serves for verification of training and must be filled out, signed and dated upon completion. It is turned in to the Program Director and kept in a permanent student/employee file.

San Juan College is a public institution and therefore it “answers to” the New Mexico Department of Health. Private dental offices fall under the jurisdiction of the Federal Occupational Safety and Health Administration (OSHA) and the New Mexico OSHA Standards. Faculty, staff and student guidelines for safe and responsible handling of hazardous materials is located in the San Juan College Dental Clinic Manual. This manual is written for the San Juan College Dental Program with regard to maintaining New Mexico Department of Health Standards and to comply with all OSHA Standards. It is felt by the faculty that by also meeting OSHA requirements, the students would be familiar with the standards, thus creating a safe environment and making entry into private practice a smooth transition.

The objective of the San Juan College Dental Program is to prepare the dental hygiene student for a career in the practice of dental hygiene. These future dental auxiliaries should be prepared to serve the public and do so by adhering to the highest standards of professional conduct and behavior. No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity conducted by the Dental Program on any basis prohibited by applicable law, including, but not limited to race, color, nationality, religion, handicap, or sex.

Part I

Infectious Disease Policy Summary

This section outlines those policies and procedures that pertain to the management of certain serious infectious diseases including Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV). San Juan College is committed to educational programs and institutional policies which will respond appropriately and effectively to these infections. These programs and policies shall be guided by a regard for both public health interests and individual rights, and by the recommendations and regulations of the Occupational Safety and Health Administration (OSHA), the Center for Disease Control (CDC) and the National Institute for Occupational Safety and Health (NIOSH), the American Dental Association (ADA), state regulatory agencies, and all professional journals for the latest research and recommendations. In summary:

1. The San Juan College Dental Program is non-discriminatory with regards to treating patients with infectious diseases.
2. If infectious disease risk is present, the patient may be referred for further evaluation that may involve serologic testing. Because of the informed consent law, HIV testing is referred to appropriate test sites.
3. Patients with active infectious diseases will be assigned to the appropriate clinic or program based on the patient's medical condition, the experience level of the student, and the need for or availability of dental allied personnel.
4. The major objectives of the Infection Control Program are to (1) reduce the number of pathogens so that normal resistance can prevent infections, (2) break the cycle of infection and eliminate cross-contamination, (3) treat every patient and instrument as infectious, and (4) protect all patients and personnel from infection.
5. The material found is in compliance and complimentary to the San Juan College Safety Manual.

This policy applies equally to and must be complied with by all faculty, staff and students. This policy will be reviewed annually by the Dental Programs Department to ensure its accordance with current medical information and regulation. Questions regarding any part of this policy may be directed to the Program Director.

Vaccinations

Before entering any health science program, a student must complete a physical examination. Certain immunizations are required such as TB skin test (within 12 months), polio series completed, diphtheria-tetanus toxoid (within 10 years), rubella

and rubeola. The completed medical history and examination form is part of the student's permanent record and is kept on file in the offices of the Program Director.

It is a New Mexico State Law that students obtain these most basic immunizations before entering the College. The Hepatitis B vaccine series is strongly recommended and a waiver must be signed if it is not taken and clinical sites may refuse to allow you in their facilities without it.

Admission of Students with Bloodborne Infectious Diseases (HIV/AIDS, HBV)

The San Juan College Dental Program shall not inquire about the Bloodborne Infectious Disease status to include the HIV status of any applicant for admission to the program nor deny admission to any infected dental hygiene/assisting applicant unless it has been concluded, based on sound medical and scientific evidence, that such status would prevent the applicant from completing essential program requirements and that no reasonable accommodation could be made that would enable the applicant to complete such requirements. Individuals who believe they may be at risk of HIV infection are encouraged to seek HIV testing and counseling before seeking admission to the College.

Any HIV-infected applicant/student may wish to reassess his or her career goals based on the following important factors: (1) length of the dental hygiene/assisting education program and the increased possibility of disability during training or early in his or her career; (2) hazards of infection in certain portions of clinical dental hygiene/assisting education and practice; (3) probable imposition of barriers to certain invasive clinical activities and fields of specialization due to possible nosocomial hazards to patients that may apply in employment situations; and (4) financial costs of education along with the personal health and career uncertainties.

Screening for HIV Infection

The Dental Program will not initiate mandatory HIV screening of students, faculty and staff unless justified by evidence of significant risk to patients.

The Dental Program encourages students, faculty and staff who believe that they are at risk for HIV infection to seek testing and counseling. Information about the availability of confidential and anonymous testing program is available upon request. The Dental Program shall provide information about counseling for students, faculty, and staff regarding the implications for career and future health.

Medical Care

Individuals with HIV infection are encouraged to seek proper medical care, counseling and education. Students, faculty and staff should consult their personal physicians for appropriate medical care and counseling. Any infected individual is expected to comply with College and the State of New Mexico immunization requirements.

Management of Students, Faculty and Staff with Positive Antibody to HIV/AIDS or AIDS-related complex

The Dental Program encourages HIV-infected students, faculty and staff to discuss their situation with the Program Director or the Director of the San Juan College Personnel Department.

Modification of the clinical training or working conditions of HIV-infected students, faculty and staff shall be determined on a case-by-case basis. They should not be restricted from clinical rotation participation as long as they are physically and mentally able to carry out their clinical responsibilities in a satisfactory manner and do not pose a risk to the health or safety of themselves or others. The clinical activity, technical expertise of the infected person, risks posed by HIV-infection, and the transmissibility of other carried infections shall be taken into account. The Dental Program may legitimately monitor the clinical activities of students, faculty and staff that are believed to pose an unwarranted risk to patients. The Dental Program will cooperate with the HIV-infected individual, his or her physician, or other medical experts as appropriate, identifying and implementing special precautions and program modifications to safeguard the personal health and safety of such persons. Infected individuals should not be restricted from regular classroom participation as long as they are physically and mentally able to participate fully with reasonable accommodation.

The Dental Program adheres to the Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus and other Bloodborne Pathogens in health care settings established by the Centers for Disease Control and the OSHA Bloodborne Pathogens Standards. HIV-infected students, faculty and staff shall be provided counseling about access to expert medical care and prevention or further spread of infection. The Dental Program does not pay for health care for HIV-infected persons. Students, faculty, and staff are strongly encouraged to obtain adequate health insurance coverage during their association with the Dental Program.

Confidentiality and HIV Infection

The San Juan Dental Program recognizes the importance of protecting to the greatest extent possible and within the bounds provided by law the confidentiality and privacy of any individual with HIV infection. Accordingly, such information should be handled by campus personnel with the same degree of care and sensitivity that would be accorded to other types of highly confidential patient information.

Since the Dental Program maintains a responsibility to protect its patients, faculty, staff, and students from harmful acts or conditions, there can be no guarantee of complete confidentiality when this runs counter to other legal and ethical responsibilities. Information concerning the health status of an infected individual should not be

disclosed outside of the therapeutic relationship between the individual and those treating him or her unless:

1. The infected individual consents in writing to such disclosure.
2. Disclosure is necessary to initiate the annual review process of the Infection Control Policy
3. Disclosure is necessary to implement a decision to monitor, modify, or restrict the individual's clinical activities, and he or she declines or fails to respond within a reasonable period of time to a recommendation that the immediate supervisor (Director, Dean or designate, if a student) be notified; or
4. Disclosure is required to protect the public health or is otherwise required or permitted by principles of law and/or ethics.

The number of persons to be advised of the existence and, if necessary, the identity of an infected individual will be kept to an absolute minimum. Information will be shared only to the degree necessary to permit the Dental Department to respond as delineated in the Infection Control Policy.

It is expected that all students, faculty and staff will be bound to the principle of strict confidentiality in all patient care and related health care activities.

Student, Faculty and Staff Interaction with Patients with HIV/AIDS

To become a part of the Dental Profession is a privilege offered to those who are prepared for a lifetime of service to the patient. Students, faculty and staff have a responsibility to provide care to all patients appointed, regardless of the diagnosis. Failure to accept this responsibility violates a basic tenet of the dental profession; to place the patient's interests and the welfare first.

Individuals who feel that their activities within the Dental Program pose a special risk to their health because of exposure to HIV-infected persons, working conditions presenting a risk of exposure to HIV organisms, or the presence of HIV infection in the individual himself or herself, should seek the assistance of the Program Director. The Program Director will confer with the Dean of Math, Science, Health Careers, and The Wellness in order to try to advise and provide recommendations for resolving the risk.

Responsibilities to Patients with HIV/AIDS or HBV infection

To be in compliance with the principles and philosophies of this policy, all faculty, staff, and students must afford certain rights and opportunities to their patients.

1. You may not refuse to treat a patient whose condition is within your realm of competence solely because he or she is infected with HIV or HBV. When caring

- for an infected patient, you should be guided by principles of care and management that would be applicable to all patients.
2. You must treat all infected patients with respect for their rights to privacy and confidentiality, and with support and understanding to them and their families.
 3. Referral. If you cannot supply the services required by an infected individual, you must refer him or her to those persons or facilities which can provide the needed services.
 4. Records. All information regarding HIV or HBV infection should be included in the patient's dental record. All such entries regarding HIV infections or antibody test results should contain only that objective information relevant to the patient's care and treatment. The patient's dental record must be afforded strict confidentiality and must not be disclosed to others except as required or permitted by law or as authorized in writing by the patient.
 5. Patient Assignment. Patients with active infectious diseases will be assigned to the appropriate level clinic based on the patient's medical conditions, the experience level of the student, and the need for or availability of dental allied personnel.

Responsibilities of College Personnel with HIV Infection

Individuals who know or who have reason to believe that they are HIV-infected have a legal and ethical obligation to conduct themselves responsibly for their own protection and for that of patients and other members of the College community. Such individuals must not engage in any activity that creates a material risk of transmission of HIV to others.

Infected individuals whose employment and/or academic responsibilities do not require the performance of exposure-prone activities (i.e., those procedures that might put a patient at risk of transmission of HIV or HBV):

1. Should not be required to advise the College of their HIV status;
2. Should not be required to seek guidance from the Program Director regarding the necessity or advisability of modifying their employment and/or academic activities;
3. Should not be restricted

Education of Students, Faculty and Staff about Bloodborne Infectious Diseases

The Dental Program adheres to the OSHA Bloodborne Pathogens Standard and the Universal Precautions for the Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B virus and other Bloodborne Pathogens in Health Care Settings published by the Centers for Disease Control and Prevention. Students in the Dental Program will be given an orientation on communicable disease, Standard Precautions and Safety prior to pre-clinic. The student is further trained in pre-clinic about the various diseases and their transmission, particularly HIV, AIDS and HBV and the

prevention of exposure to infectious organisms in professional and personal situations that apply to patients and the health care worker through the use of universal precautions. Yearly training sessions will be held for all staff, faculty, and students according to OSHA Standards and workshops or continuing education for enhancement of policies and procedures concerning bloodborne infectious disease when new information is published and as deemed necessary.

General Guidelines on Communicable Diseases

1. Students are required to have a complete physical examination and current immunization records on file. These records must be submitted prior to the first day of clinic.
2. In the event that a student becomes exposed to a communicable disease, the following procedures are recommended:
 - a. Report exposure to clinical instructor and seek medical attention.
 - b. Assess the clinical status of the source.
 - c. Test the exposed individual as soon after possible exposure, according to OSHA guidelines, if possible.
 - d. Seek counseling and adhere to the recommendations for the prevention of transmission of infections or communicable diseases.
 - e. Confidentiality of medical records is protected and information is shared only on a strictest "need to know" basis. Confidential screening for various communicable disease can be obtained through a health care agency.

Standard Precautions Policy

Because the students must know how to prevent the spread of infectious disease for his/her safety and for the safety of others, it is the policy of the San Juan College Dental Program that reasonable/adequate precautionary measures be taken when dealing with all patients. These precautionary measures may include but are not limited to, the use of gloves, masks, protective glasses and gowns as indicated by the circumstances involved in the treatment of a particular patient and with strict adherence to OSHA Standards. Students assigned to affiliate on or off campus clinical sites must comply with the OSHA Standards and the infection control policy of the particular clinic or dental office to which they are assigned.

Part II

Infection Control Policy

The following requirements have been instituted by the San Juan College Dental Programs:

1. Obtain a thorough medical history.
2. Know the signs and symptoms of common or serious infectious diseases.
3. Utilize appropriate barrier protection methods.
4. All students **MUST** receive the hepatitis B vaccine or have a medically documented reason for noncompliance.
5. Postpone elective dental treatment during the acute stages of an infectious disease.
6. Use disposable supplies whenever possible.
7. Wear barrier gown during any patient clinical treatment. Change, disinfect, and launder over gown when visibly soiled.
8. Use personal barrier techniques to include gloves, a face mask, over gown, and eye protection. Barrier techniques must always be used during patient treatment as well as during unit preparation and clean-up. Wash hands and change gloves when leaving the cubicle and between patients.
9. Monitor the conditions of the gloves carefully. When gloves are torn, cut, or punctured, remove them immediately and wash hands thoroughly and re-glove with fresh gloves.
10. Do not break the aseptic chain after washing or gloving. Avoid touching any extraneous items before beginning treatment and especially after treatment has begun.
11. Keep charts and records isolated and covered with barrier protection during patient treatment.
12. Consider sharp items as potentially infective and handle with extraordinary care to prevent unintentional injury. Discard disposable sharp items in puncture resistant containers.
13. Perform all procedures carefully to minimize the formation of droplets, splatters, and aerosols wherever possible.
14. Be cautious to avoid splatter when using air/water syringe.
15. Use ultrasonic instruments and air-polishing devices (Prophy-Jet) with discretion to minimize aerosolization and full face shields should be worn.
16. Drape, cover or disinfect dental and x-ray units before each patient. Perform all water-line flushes and self-contained water system protocol as recommended by the manufacturer. Use barrier covers for light handles, switches, air/water syringe handles, etc. whenever practical. These covers must be changed between patients. Use appropriate disinfection procedures for all dental and x-ray units.

17. Blood and saliva should be thoroughly removed from impression materials and all lab materials. Rinse impressions under water to remove blood and saliva. Disinfect impressions with an appropriate disinfectant.
18. Handle all dental prosthesis as infectious. Clean and refresh dentures and partials according to infection control protocol.
19. Perform sterilization or disinfection on all surfaces, instruments and equipment.
20. Dispose of all contaminated waste into "contaminated waste" receptacle.
21. Follow all infection control protocol and guidelines as set forth through OSHA, the CDC, NIOSH, the ADA and the ADEA.

Bloodborne Pathogens

Exposure Control Plan

In accordance with OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed for this clinic. See Appendix J for all forms related to this topic.

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which students & employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment. This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. OSHA categorizes exposure evaluation as it relates to specific job descriptions. The categories are as follows:

- Category 1: Tasks that involve exposure to blood, body fluids or tissues
- Category 2: Tasks that do not involve exposure during normal work routine but may perform unplanned Category 1 such as clean-up, instrument processing or helping with dental procedures
- Category 3: Tasks that involve no exposure to blood, body fluids or tissues.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Dental program Faculty, Clinic Staff, Students and Maintenance Staff are considered Category 1. Administrative Staff are considered Category 2. Student workers are considered Category 3.

Occupational duties which require the following tasks are considered Category 1 and involve some risk of exposure. Category 1 and 2 personnel are required to follow universal precautions, receive infection control training prior to assuming duties, and receive HBV vaccine.

Examples of Category 1 tasks are:

- Assisting in or performing Dental procedures
- Cleaning and/or sterilizing contaminated equipment
- Disinfecting impressions
- Handling potentially contaminated laundry
- Exposing and processing radiographs
- Emptying trash receptacles for disposal of contaminated materials
- Flushing water lines in the dental unit
- Scrubbing contaminated counter tops and other environmental surfaces
- Performing clinical or laboratory Dental procedures
- Performing service, maintenance, or repair of potentially contaminated Dental equipment

2. Implementation Schedule and Methodology

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

Compliance Method

Standard precautions will be observed in this clinic in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this office, the following engineering controls will be utilized:

- All operatory work surfaces shall be disinfected after each patient.
- Barriers shall be used to isolate work surfaces that cannot be practically disinfected.
- Instruments shall be heat sterilized in an autoclave after each use.
- Instruments which cannot be heat sterilized shall be cold sterilized after each use.
- Single use items (e.g. needles, prophylaxis angles, mixing tips etc) shall be disposed of after use.

- Lab wheels and pumice shall be disinfected after each use and laboratory pumice shall be mixed using disinfectant solution. All potentially infected items (including impressions) from the clinic shall be disinfected prior to transporting them to the lab.
- Used sharps shall be disposed of in the sharps containers.
- After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water and/or alcohol based hand-rub. Hands shall be washed after seeing each patient with soap and water and/or alcohol based hand-rub.
- The following protective equipment shall be worn during patient treatment, operatory disinfection and sterilization procedures. (Note: additional protective equipment necessary will be used when handling hazardous materials as outlined by the Hazardous Material Communications plan)
 - Eye protection
 - Masks
 - Faceshields shall **not** be considered an adequate alternative for masks
 - Gloves
 - Coat
 - Puncture proof gloves shall be worn when handling sharp instruments during sterilization procedures
- Housekeeping plans shall be used as per Appendix C to ensure that proper work practices are being followed.

The above controls will be examined and maintained on a regular schedule as follows:

- Yearly staff training.
- Weekly review of various work practice controls.
- Daily review during clinic operations through use of student daily grade sheets

Employees who incur blood or other potentially infectious materials exposure to their skin or mucous membranes shall wash or flush any exposed areas with water as soon as feasible following exposure. Soap and water are available at the following locations.

- Each operatory
- Laboratory
- Sterilizing area
- Lavatories

Needles

Contaminated needles and other contaminated sharps will not be bent, sheared or purposely broken. OSHA allows the exception of recapping and removing contaminated needles since no alternative is feasible and the action is required by the medical procedure. Recapping of needles shall be done by the one hand technique. Removal of needles shall be done only with the protective cap in place and directly over the sharps container.

Sharps Containers

Contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. Sharps containers are puncture resistant, labeled with the biohazard label, and are leak proof. Sharps containers are located in each operator, the sterilization room and the laboratory for sharps disposal. Sharps shall not be removed from sharps containers.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on the counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at this office to accomplish this goal are:

- Preprocedural rinses
- Rubber dam
- High volume evacuation
- Covers on ultrasonics when in use
- Careful operating technique

Specimens

Specimens are not kept at SJC clinic; however, all infectious material is handled with universal precautions.

Contaminated equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the providers' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which

the protective equipment will be used. Protective clothing will be provided in the following manner

- Gloves worn for all patient treatment procedures
- Lab coat to be used in procedures that will involve splash.
- Mask worn for all patient treatment procedures
- Clinic Jacket worn for all patient treatment procedures
- Protective eyewear worn for all patient treatment procedures sterilization procedures and all lab procedures
- Utility gloves worn when handling instruments during cleaning and sterilization procedures

All personal protective equipment will be cleaned, laundered, and disposed of by the clinic.

All garments which are penetrated by blood or other potentially infectious liquid shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:

- Disposable items such as face masks and gloves shall be disposed of in an appropriate waste receptacle. These receptacles are located in each operatory, the laboratory and the sterilizing room. Clinic jackets will be placed in laundry hamper labeled for biohazard. Protective eyewear and face shields shall be maintained in the appropriate operatory or laboratory where they are being used.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and/or mucous membranes. Gloves are available in each operatory and laboratory. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or a chin length face shield are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this office which would require such protection are as follows:

- All patient treatment procedures
- Lab procedures such as grinding and polishing
- Sterilizing

Clinic Jackets are to be worn during all patient treatment procedures. Laboratory jackets shall be worn as an overcoat whenever laboratory procedures are performed that would produce spray, splatter or dust.

Facility cleaning and decontamination will be done according to the following schedule

- Operatories are cleaned and decontaminated by hygiene students following each patient.
- Laboratories are cleaned daily by janitorial staff

Didinfection will be accomplished utilizing the following materials

- Pro Spray Disinfectant / Wipes
 - Phenylphenal .28%
 - Benzyl-P-Chlorophenol .03 %

All contaminated work surfaces will be disinfected after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work day if the surface may have become contaminated since the last cleaning.

All trash receptacles receiving potentially infectious material shall have plastic liners used.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be utilized

- Utilizing tools and materials in the spill kit located across from the clinic computer, contaminated glass will be picked up and discarded in a puncture resistant container labeled as biohazard.

Regulated Waste Disposal

Regulated waste shall be disposed of in accordance with all appropriate local, state and federal regulations.

All contaminated sharps shall be discarded as soon as feasible in sharps containers. Sharps containers shall be rendered inaccessible by placement of nonremovable snap on cover prior to discarding.

Regulated waste other than sharps shall be placed in appropriate labeled containers. Such containers are located in each operatory and the sterilizing area.

- Absorbent materials (e.g. 2X2's, sponges and cotton rolls) which have been contaminated with blood or other potentially infectious material (e.g. teeth and soft tissues) shall be disposed of in biohazard receptacle. Biohazard receptacle shall be lined with plastic bags. Sealed plastic biohazardous waste bags shall be collected and disposed of by SJC.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked hamper. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious material.

Laundry at this clinic will be cleaned using the washer and dryer in the laundry room. The hygiene students are responsible for completing the laundry.

Housekeeping Procedures

Operatories

Between each Patient

- Place all items to be autoclaved in appropriate package
 - Items containing blood or used for Oral surgery procedures should be soaked in Birex or Cavicide cold sterilizing solution prior to autoclaving.
 - Items which may corrode or discolor should be stored in a dry container before autoclaving
- Dispose of all used disposable items in properly marked biohazard refuse container
- Contaminated surfaces may be disinfected using
 - Pro-Spray C-60
- Disinfect all potentially contaminated work surfaces such as
 - Counter tops
 - Patient chair and arms
 - Handpiece connectors
 - Unit handles and touchpad's
 - Light handles
 - Suction handles and air/water tips
 - Drawer handles
 - Curing light
 - Triturator
 - Cavitron
 - Radiograph unit, handles and operating button
- Disinfect all potentially contaminated nondisposable items which will not be autoclaved that were used during the procedure
 - Restorative material containers
 - Equipment containers
 - Pens and pencils
- Wash patient safety glasses in warm soap and water
- Change headrest covers

- Wash hands

End of Day

- Complete all items as per between each patient above
- Disinfect operators chairs
- Place ICX tablets in unit water bottles upon filling
- Place unit in full up position to promote drainage of water and suction lines.

Hepatitis B Vaccine

All faculty and students who have been identified as having exposure to blood or other potentially infectious materials are encouraged to obtain the Hepatitis B vaccine unless they have previously had the vaccine or wish to submit to antibody testing which shows them to have sufficient immunity.

Faculty and staff who decline the Hepatitis B vaccine will sign a waiver Appendix D which uses the wording in Appendix B of the OSHA standard.

Individuals who initially decline the vaccine but who later wish to have it may then obtain the vaccine.

Hepatitis B vaccines shall be administered by the employees' physician

Post-Exposure Evaluation & Follow-up

When a faculty or student incurs an exposure incident, it should be reported to: Program Director and Clinic Supervisor.

All faculty and students who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. Although students are not covered by health insurance through San Juan College, they are **STRONGLY** encouraged to receive a confidential medical evaluation and follow-up. This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested if consent is obtained for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed individual with the exposed individual informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The exposed individual will be offered the option of having their blood collected for testing of their HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the exposed individual to decide if the blood should be tested for HIV/HBV serological status. However, if the exposed

- individual decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
- The exposed individual will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations may be found in Appendix J.
 - The exposed individual will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The exposed individual will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
 - All Exposures shall be logged in the Exposure Incident Log. See Appendix J for a copy of the log.
 - A Postexposure Packet is provided in Appendix J.

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates exposed individuals of this clinic. Written opinions will be obtained in the following instances:

- When the faculty or student is sent to obtain the Hepatitis B vaccine
- Whenever a faculty or student is sent to a health care professional following an exposure incident.
- Health care professionals shall be instructed to limit their opinions to:
 - Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
 - That the employee has been informed of the results of the evaluation
 - That the employee has been told about potentially infectious materials. The written opinion to the employer is not to reference any personal medical information.

Labels and Signs

The OSHA coordinator shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or other potentially infectious materials. The label shall include the universal biohazard symbol and the legend "biohazard. Regulated waste red bags or containers must be labeled. Secondary containers must be labeled with the name of the product and the manufacturer.

Training

Training for all faculty and students will be conducted prior to initial assignment to tasks where occupational exposure may occur. Refresher training for all staff members will occur yearly. Training will be conducted in the following manner, and will include an explanation of:

- The OSHA standard for Bloodborne Pathogens

- Epidemiology and symptomatology of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This exposure control plan
- Procedures which might cause exposure to blood or other potentially infectious materials at his facility
- Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials their use and limitations.
- Personal protective equipment available at this facility. To include their use, limitations, location, removal and handling, decontamination and/or disposal and the basis for selection.
- Info. on HBV vaccine, including efficacy, safety, method of administration & risk/benefit
- Who should be contacted concerning
 - Post Exposure evaluation and follow-up
 - Signs and labels used at this office
 - Hepatitis B Vaccine program at the office
- Explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
- Information on the evaluation and follow-up required after an exposure incident
- An explanation of signs, labels, and color coding systems for hazardous materials.

A copy of the signature page acknowledging that an individual has received training on Infection Control procedure and blood borne pathogen exposure will be found in Appendix A. Training records shall be maintained for 3 years

Record keeping

All records required by the OSHA standard will be maintained by:

The OSHA Coordinator: Clinic Supervisor, Dr. Julius Manz

These records will be kept in a locked file cabinet in the Director's office. Medical records shall be kept confidential, and not disclosed without written consent.

Each employee whose job involves occupational exposure to blood or other potentially infectious materials will have a medical record which will include:

1. The name and social security number of the student/employee
2. A copy of the student/employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
3. A copy of all results of examination, medical testing, and follow-up procedures.
4. A copy of the information provided to the healthcare professional, including a description of the student/employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure. This shall be in the form of an Incident Report.

5. A confidential copy of the healthcare professional opinion.
6. OSHA and Infection Control Compliance Records
 - a. All records concerning OSHA compliance must be kept.
 - b. All records monitoring biological indicators for autoclaves, cold sterile records and all applicable records must be kept current.

These records are to be kept for 30 years and are maintained confidential.

Dates: All provisions required by the OSHA standard will be implemented by: 3-31-04.

Bloodborne Pathogen Exposure Control Plan Forms

The following forms which support the SJC Dental Hygiene Programs Bloodborne Pathogen Exposure Control Plan can be found in Appendix 17 of this Policy and Procedures manual;

- Exposure Incident Log
- Postexposure Packet Contents
 - Bloodborne Pathogen Exposure Checklist
 - Exposure Incident Form
 - Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis (CDC MMWR September 30, 2005/ Vol 54/ No RR-9)
 - Consent for collection of blood sample
 - Understanding of Confidentiality
 - Postexposure Counseling Sheet (2-pages)
 - SJC Notice of Specific Biohazard Exposure Incident
 - Post-Exposure Evaluation and Follow-up