



Dental Assisting Program Bloodborne and Infectious Disease Policy

Bloodborne pathogens are defined as pathogenic microorganisms that are present in human blood and can cause disease in humans. This policy sets forth specific requirements that OSHA believes will prevent the transmission of bloodborne diseases to dental healthcare workers. The UNMG policy was patterned after recommendations from OSHA, CDC and EPA where applicable to an educational facility.

1. Exposure Control Plan

* A written Exposure Control Plan is on file and is accessible to students.

The written Exposure Control Plan includes the following elements:

- Exposure determination
- Methods and schedule for implementing the different sections of the standard
- Justification for recapping needles (if applicable)
- School policy on hepatitis B vaccination
- Protocol for post exposure evaluation and follow up
- Procedure for evaluating circumstances surrounding an exposure incident
- Labels and color-coding used to communicate biohazards to students
- When and how students are trained
- How medical and training records are maintained and who is allowed to have access to them

* The written Exposure Control Plan is reviewed and updated at least annually, or whenever changes are made in tasks or procedures that affect occupational exposure.

2. Exposure Determination

The exposure determination identified individuals who are covered by the standard and includes:

- A list of job classifications in which all persons in those job classifications have occupational exposure. (e.g., dental hygienists, dental assistant are category I)
- A list of job classifications in which some persons in those job classifications have occupational exposure. This list must also include a list of tasks or procedures that give rise to the exposure (e.g., one of the receptionists cleans the operatory between patients)

3. Methods of Compliance

- * Students use universal precautions to prevent contact from blood and other potentially infectious materials (OPIM) involved in care of all patients.

NOTE: OSHA defines OPIM to include saliva in dental procedures

The following engineering and work practice controls have been implemented:

- Wash hands immediately, or as soon as feasible, after removing gloves or other personal protective equipment (PPE)
- Wash hands and skin and flush mucous membranes immediately, or as soon as feasible, after contact with blood or OPIM
- Do not bend, recap or remove contaminated needles or other contaminated sharps unless recapping etc. is required by the procedure or no alternative is available (e.g., administering incremental doses of anesthesia to the same patient)
- The justification for recapping (i.e., required by the procedure or no alternative available) is stated in the Exposure Control Plan
- If recapping is permitted, it is done using a mechanical device or one-handed scoop technique
- Shearing or breaking of contaminated needles is never permitted
- Reusable contaminated sharps (e.g., sharp instruments) are placed in leak-proof, puncture resistant containers while they are waiting to be processed, the containers are labeled with the biohazard label or color-coded red
- Do not reach by hand into containers of reusable contaminated sharps
- Do not eat, drink, smoke, apply lip balm or makeup or handle contact lenses where occupational exposure is likely to occur. For example, in the operatory, lab or sterilization area or where Regulated Waste is stored
- Food and drink are stored separately from materials contaminated with blood or OPIM
- Procedures are performed in a manner to minimize splashing or spraying, consistent with patient care considerations (e.g., evacuation, rubber dam, etc.)
- Equipment is decontaminated to the extent feasible before servicing or shipping (e.g., lab projects, models, etc.)
- Equipment that cannot be completely decontaminated before servicing or shipping is labeled with a biohazard label that states what parts of the equipment are still contaminated
- Use appropriate personal protective equipment (PPE)
- Students use PPE whenever contact between blood or OPIM and skin, mucous membranes, street clothes or undergarments is reasonably anticipated
- Gowns, aprons, shirts or other garments used as PPE cover the parts of the body that can reasonably be anticipated to become contaminated during particular dental procedure
- The fabric selected for PPE prevents blood or OPIM from passing through the underlying garments or skin under normal conditions of use

NOTE: OSHA has stated that cotton, cotton-poly clinic jackets or lab coats are usually satisfactory barriers for routine dental procedures. An ordinary shirt or blouse may also be appropriate, depending on the task and degree of exposure anticipated.

- Garments are changed immediately or as soon as feasible after they are penetrated by blood or OPIM.

- Masks and protective eyewear (such as goggles or glasses with solid side-shields) are worn whenever eye, nose or mouth contamination with blood or saliva can reasonably be anticipated; a chin-length face shield may be worn in place of mask and protective eyewear
- Gloves are worn during dental procedures whenever hand contact with blood or saliva is reasonably anticipated and when handling instruments, materials and surfaces that are contaminated
- Students who are allergic to gloves normally are provided with hypoallergenic gloves, glove liners, powder less gloves or similar alternatives
- Disposable gloves are changed and discarded as soon as practical when they become contaminated (e.g., between patients) or as soon as feasible if they become torn or punctured
- Utility gloves may be reused, but they are discarded when they become torn or otherwise ineffective as a barrier
- If students administer CPR, resuscitation bags, pocket masks or other ventilation devices are provided
- PPE is removed before students leave the work area
- The clinic is maintained in a clean and sanitary condition
- There is a written schedule for cleaning and decontaminating the different areas of the clinic
- All equipment, environmental and working surfaces are decontaminated after contact with blood or OPIM

Contaminated working surfaces are decontaminated with an appropriate disinfectant:

- Between patients
- Immediately or as soon as feasible when overtly contaminated
- After any spill of blood or OPIM
- At the end of the workday if they may have become contaminated since the last cleaning

NOTE: The particular disinfectant used depends on the circumstances in which the housekeeping task occurs, but in most circumstances OSHA would consider an EPA-regulated disinfectant that is tuberculocidal following the manufacturer's instructions to be appropriate

- If they are used, protective coverings (such as plastic wrap) are replaced whenever visibly soiled and at the end of the workday
- Bins, pails, cans and other receptacles that are likely to become contaminated are inspected and decontaminated on a regular basis or as soon as feasible when visibly contaminated
- Broken, contaminated glassware is pick up with a mechanical device, (e.g., brush and dust pan or forceps) never by hand

4. Hepatitis B Vaccination

- Hepatitis B vaccination is encouraged for all students entering the dental assisting program according to US Public Health Service (PHS) recommendations.
- Students are given information about hepatitis B vaccination before the vaccine is administered

NOTE: PHS does not presently recommend routine post-vaccination testing or boosters

- A student who declines to be vaccinated must sign an "informed declination" form, using the exact language provided in the standard
- The health care professional who administers the vaccine is given a copy of OSHA's Bloodborne Pathogens Standard; multiple copies need not be given to same health care professional

5. Post-Exposure Evaluation and Follow-up

- Students who have an exposure incident must complete a exposure evaluation and follow-up at the student's expense.
- Students are required to report exposure incidents (e.g., needle sticks)

immediately. The following steps are taken as soon as an exposure incident is reported:

1. Communication of Exposure

If an incident occurs the student must immediately notify the instructor. An accidental exposure can be defined as one in which blood, blood contaminated body fluid or body fluids or tissue to which universal precautions apply are introduced onto a mucosal, conjunctival surface or non-intact skin via a needle stick, skin cut or direct splash. Provide immediate care to the exposure site by washing wounds or skin with soap and water or flushing mucous membranes with water.

2. Filling of Incident Report

Upon determination of exposure the following incident reports must be completed and become part of the student's permanent record: 1) Dental Facility Incident Report and 2) Education Facility Incident Report.

3. Evaluation and Follow-up

While OSHA standards require employers to provide free medical evaluation and treatment to employees who experience an exposure incident, unfortunately at this time, educational institutions cannot assume similar responsibilities for health occupation students. However, evaluation and follow-up procedures are identified in order to recommend the best and most timely treatment should an exposure to bloodborne pathogens occur.

It is very important to note that much of the information involved in this process must remain confidential, and everything possible should be done to protect the privacy of the individuals involved.

The post exposure evaluation and any diagnosis must remain confidential even though essential information should include the identification and documentation of the source individual. According to the policy of the respective dental facility, the source individual's blood is tested as soon as possible (after consent is obtained) in order to determine HBV and HIV infectivity. If consent is not obtained, the dental facility shall establish that the legally required consent cannot be obtained.

Recommended steps to be taken in the follow up of an exposed student include:

* Medical evaluation (at the student's expense) to include:

Appropriate laboratory tests

1. give voluntary consent for a blood specimen to be drawn and tested for HIV antibodies as soon as possible, preferably within 24 hours;
2. give voluntary consent to be tested for HBV/Anti-HBs
 - post-exposure prophylaxis
 - counseling
 - follow-up as prescribed by attending health care professional

* The following information should be provided to the evaluating health care professional:

- copy of the incident report
- results of the source individual's blood testing, if available
- immunization records relevant to treatment of the student

6. Medical Records

- A medical record is maintained for each student with occupational exposure

NOTE: The medical record may be maintained in the facility office or the student may arrange with their health care professional to maintain the record.

- The medical record contains the student's name, social security number, hepatitis B vaccination status and any of the following which may apply:
- Form refusing vaccination
- Exposure incident report
- Form refusing post-exposure evaluation and follow-up (not required but highly recommended)
- Any written opinions of health care professionals
- Procedures have been adopted to ensure the confidentiality of student medical records
- Students are entitled to a copy of their medical record upon request

7. Training

- Students with occupational exposure will participate in a training program
- Training is provided before the student begins work that involves occupational exposure• The trainer is someone who is familiar with the standard as it relates to the dental office: Training covers the following subjects:
- Explanation of the Bloodborne Pathogens Standard and where a copy is kept
- General information about the epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- Explanation of the exposure control plan and how students can obtain a copy
- How to recognize tasks involving occupational exposure
- Use and limits of engineering controls, work practice controls and personal protective equipment (PPE)
- Where PPE is located and how to use, remove, handle, decontaminate and dispose of it

- How to select appropriate PPE
- Effectiveness, safety, benefits, and method of administering hepatitis B vaccine
- What to do if there is an emergency spill of blood or OPIM
- What to do if an exposure incident occurs
- Post-exposure evaluation and follow-up
- The system of labels or color-coding used to warn students against biohazards
- An opportunity for interactive questions and answers
- A record is made of all training sessions

Medical Waste Management

1. Regulated Waste

The following items are treated as Regulated Waste:

- Contaminated disposable sharps (including exposed ends of dental wires)
- Unfixed tissue, including teeth
- Liquid blood or OPIM
- Items so saturated with blood or OPIM that they would release blood or OPIM in liquid or semiliquid form if compressed
- Items caked with blood or OPIM that would release blood or OPIM if handled

2. Sharps

- Contaminated disposable sharps are placed immediately, or as soon as feasible, in containers that are leak-proof on the sides and bottom, puncture resistant, closable and labeled with the biohazard label or color-coded red
- Containers for disposable sharps are located as close as feasible to the immediate area where the sharps are used
- Sharps containers are inspected on a regular basis to make sure they do not become overfilled
- Sharps containers are kept upright while in use
- Sharps containers are closed before they are moved

3. Biohazard Labels

- Other Regulated Waste is placed in containers that are leak-proof, closable, and labeled with the biohazard label or color-coded red

4. Disposal

- Containers of other Regulated Waste are closed before they are moved
- Regulated Waste is disposed of according to state and local law
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Due to the narrow scope of procedures performed in the UNMG clinic, very little, if any, regulated waste is generated. Waste generated by the dental assisting program is disposed of through the UNM Albuquerque Campus.