

OSHA BLOODBORNE PATHOGENS STANDARDS

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, incorporating the Needlestick Safety and Prevention Act of 2000, is designed to protect at risk employees and healthcare providers from exposure to blood products.

Employees and healthcare providers covered by this standard include those who:

- Have direct patient/resident contact.
- Draw blood.
- Work with blood and other bodily fluid specimens.
- Handle contaminated equipment.

BLOODBORNE PATHOGENS are viruses, bacteria, and other microorganisms in human blood or other potentially infectious materials that can cause disease in persons who are exposed to blood or other potentially infectious materials containing the pathogens. These microorganisms can cause diseases such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and many others.

OSHA STANDARDS for reducing risks of bloodborne pathogens include:

- Use of standard precautions for all patients/residents and all tasks that involve a reasonable likelihood for exposure to blood or body fluids.
- Use of personal protective equipment (PPE) whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials.
- Hand washing after the removal of PPE, following contact with blood or other potentially infectious material, and/or prior to or following patient/resident care.
- Disposal of used or contaminated sharps in sharp containers.
- Do not bend, recap, or break needles or sharps.
- Change sharps containers when contents reach fill line.
- Avoid splashing, spraying, spattering, or creating droplets of blood or other fluids.
- Containers used for transfer or disposal of anything contaminated with blood or infectious materials should display the biohazard label and be closable and leak proof.
- Blood and other potentially infectious body substances in amounts sufficient to cause infection are discarded in red bags or containers labeled Infectious Waste or marked with the biohazard label.
- All contaminated items will be disinfected with a health care organization-approved disinfectant before use on another patient/resident.
- Spills of blood or body substances must be contained and cleaned up immediately using PPE, a health care organization-approved disinfectant, and a blood spill kit per health care organization's policy.
- All employees with occupational exposure to blood or body fluids via needlestick, sharps injury, splash to mouth, nose or eyes, or to non-intact skin should be evaluated and counseled.
- Hepatitis B vaccination is strongly recommended for all employees and health care workers who have the potential for occupational exposure to blood and other potential infectious materials.

- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials.

STANDARD PRECAUTIONS

Standard precautions require that all human blood and other potentially infectious materials be treated as if known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens, regardless of the perceived “low risk” status of a source individual. These precautions are “standard” because they are used for all patients/residents, regardless of whether or not they have a diagnosis of infectious disease. OSHA's Bloodborne Pathogens Standard recommends that employers and all health care workers, including students implement standard precautions when dealing with blood and other potentially infectious materials, which have the capability of transmitting a bloodborne pathogen. Standard Precautions are used in the health care organizations to:

- Reduce the risk of nosocomial transmission of infectious agents from patient to patient/resident to resident.
- Protect healthcare workers from exposure to patients/residents infected with bloodborne and non-bloodborne pathogens.
- Protect patients/residents from exposure to infected health care workers.

The OSHA Bloodborne Pathogens Standards applies to blood or **Other Potentially Infectious Material (OPIM)**, which includes:

- cerebrospinal fluid
- synovial fluid
- pleural fluid
- amniotic fluid
- pericardial fluid
- peritoneal fluid
- unfixed tissue or body organs other than intact skin
- semen
- vaginal secretions
- any body fluid contaminated with blood
- saliva in dental procedures
- body fluids in emergency situations that cannot be recognized
- blood, organs, and tissue from experimental animals infected with HIV or HBV

Respiratory Hygiene/Cough Etiquette is a new component of Standard Precautions and is targeted at patients/residents and accompanying family members and friends with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering a healthcare facility: The concepts of respiratory hygiene and cough etiquette involve using control measures to prevent patients/residents with respiratory infections from transmitting their infection to others. These measures include asking coughing or sneezing persons to:

1. cover their mouth and nose with a tissue and dispose of used tissue in waste containers;
2. use a mask if coughing (when a mask can be tolerated);
3. perform hand hygiene (wash with soap and warm water for 15 seconds or clean hands with alcohol-based hand product if hands are not visibly soiled) after contact with respiratory secretions;
4. to stand or sit at least 3 feet from other persons, if possible.

EXPOSURE

An exposure is contact with blood or other potentially infectious material with eyes, nose, mouth, non-intact skin, or parental contact, which is an injury that results in a piercing of the skin or mucous membranes, such as needlestick, bite, cut, or abrasion.

Steps for exposed to blood or Other Potentially Infectious Material

Immediately:

- Wash the wound or skin site with soap and water.
- Report exposure to your instructor
- Seek medical evaluation because treatments are most likely to be effective if administered as soon as possible after the exposure.

REFERENCES

Massachusetts Department of Higher Education. Retrieved September 28, 2009. Module: Infection Control and Prevention. <http://www.mass.edu/mcneps/orientation/m2Osha.asp>
Permission granted to use by Massachusetts Department of Higher Education October 2009

Transmission-Based Precautions

Transmission-Based Precautions are designed to supplement standard precautions in patients/residents documented or suspected to be infected/colonized with highly transmissible or epidemiologically important pathogens. The three categories of Transmission-Based Precautions include Airborne Precautions, Droplet Precautions, and Contact Precautions. For some diseases that have multiple routes of transmission (e.g., SARS), more than one Transmission-Based Precautions category may be used. When used either singly or in combination, they are always used in addition to Standard Precautions.

TRANSMISSION-BASED PRECAUTIONS CATEGORIES

Contact Precautions are designed to reduce the risk of transmission of microorganisms by direct or indirect contact. Direct contact transmission involves the physical transfer of microorganisms to a susceptible host from an infected or colonized person. Indirect contact transmission involves contact of a susceptible host with a contaminated intermediate object. Examples of Diseases: gastrointestinal infections (including diarrhea of unknown origin), wound and skin infections (e.g. impetigo) and colonization with multidrug-resistant bacteria (e.g. MRSA).

Special Factors:

- Private room or rooms with a patient/resident who has a similar diagnosis.
- Patient/resident should stay in room except for medically necessary procedures or therapies.
- Gloves for any contact with patient/resident or touching anything in the room.
- Gown if it is likely that clothing will be in contact with any patient/resident or any surfaces in the patient/resident care environment.
- Mask and eye protection if splashing or splattering of any contaminated substance is likely.
- Patient/resident care items such as blood pressure cuff, stethoscopes or thermometer should be “dedicated” (used only for that patient/resident and disinfected or discarded after the patient/resident is discharged).

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Infectious droplets are released when the infected person sneezes or coughs and the large droplet spray may spread as far as three feet. Examples of Diseases: Influenza, meningococcal meningitis, mumps, rubella, diphtheria, pneumonic plague pertussis and infections caused by multidrug resistant Streptococcus pneumonia.

Special Factors:

- Private room or rooms with a patient/resident who has a similar diagnosis.
- Patient/resident should stay in their room except for medically necessary procedures; a mask should be worn when out of the room.
- A regular/surgical mask should be used for any potential exposure within three feet of the patient/resident.
- Gloves and gowns are required when delivering patient/resident care in droplet precautions.
- Patient/resident care items such as blood pressure cuff, etc. should be dedicated to that patient/resident.
- Patient/resident should be taught to cover their nose and mouth with a tissue when coughing or sneezing and to discard tissues into a bag.

Airborne Precautions are designed to reduce the risk or eliminate the airborne transmission of infectious agents. The infectious particles are so small that they can remain suspended in the air for extended periods of time and carried on air currents. Examples of Diseases: varicella (chickenpox), tuberculosis, measles.

Special Factors:

- Private room with special ventilation; door must be kept closed.
- The patient/resident should stay in his or her room except for essential reasons; a special mask should be worn when out of the room.
- Respirators are worn by personnel if the patient/resident has or is suspected of having an airborne illness. In general, students are not usually fitted for respirators.
- Respirators are worn for chickenpox or measles only if the employee entering has not had the disease or has not been immunized.
- Gloves: Worn when in contact with respiratory secretions.
- Patient/resident care items such as blood pressure cuffs, etc. should be dedicated and disinfected or discarded after the patient/resident is discharged.
- Patient/resident should be taught to cover their nose and mouth with a tissue when coughing or sneezing and to discard tissues in a bag.

REFERENCES

Massachusetts Department of Higher Education. Retrieved September 28, 2009. Module: Infection Control and Prevention. <http://www.mass.edu/mcneps/orientation/m2Transmission.asp>

Permission granted to use by Massachusetts Department of Higher Education October 2009

Blood and/or Body Fluid Exposure Accident

An exposure incident is contact with blood or other potentially infectious material with eyes, nose, mouth, nonintact skin, or parental contact, which is an injury that results in a piercing of the skin or mucous membranes, such as needlestick, bite, cut, or abrasion.

TASKS AND ACTIVITIES THAT MAY INVOLVE EXPOSURE TO BLOOD & BODY FLUIDS:

- Phlebotomy procedures (drawing blood)
- Starting an IV
- Sputum collection or suctioning
- Performing dressing changes
- Surgical procedures
- Clean up of contaminated instruments or items
- Clean up of environmental surfaces
- Handling stool or urine
- Performing CPR
- And many more....

STEPS FOR EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS

MATERIAL:

Immediately

- Wash the wound or skin site with soap and water. In case of eye injury, remove contacts (if worn) and irrigate the eye immediately with sterile water or normal saline or irrigate with a gentle stream of aerated water from eye station for at least fifteen minutes.
- Report exposure to your instructor, preceptor, charge nurse or supervisor.
- Seek medical evaluation because treatments are most likely to be effective if administered as soon as possible after the exposure.

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing and equipment worn by employees and healthcare providers for protection against a hazard, such as blood or other potentially infectious materials. This equipment should be readily available in an assortment of sizes and types. Healthcare providers should never put themselves at risk by not using appropriate PPE and the equipment should be removed after use.

TYPES OF PERSONAL PROTECTIVE EQUIPMENT

Gloves: Latex, vinyl, or synthetic gloves are to be worn to provide a barrier and to prevent contamination of hands when touching blood and other potentially infectious material. Gloves must be worn at all times when drawing blood, starting IV's, and when contact with blood and body fluid is likely. Gloves must be changed between patient/resident contacts and hand hygiene should be performed as per hospital policy, after glove removal, between patients/residents, and after touching potentially contaminated equipment or surfaces. Remove and discard gloves carefully, either at the doorway or immediately outside patient's/resident's room. As a rule, health care workers should not wear gloves or isolation attire to transport a patient/resident outside of their room. If necessary, follow health care organization's policy.

Gowns: Gowns should be worn when there is a likelihood of clothing or skin being splashed or soiled with blood and body fluids. Gloves and gowns should be put on when entering the room and removed prior to leaving the room.

Face and Eye Protection: The mucous membranes of the eyes, nose and mouth must be covered during procedures that are likely to generate splashes or sprays of blood or body fluids. **Mask:** Masks should

be used to the reduce risk of respiratory exposure.

Surgical caps and/or shoe covers: Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

OTHER SAFETY DEVICES

Mouthpieces, resuscitation bags, and ventilation devices will be available for resuscitation purposes. Eye wash stations in patient/resident care area are available to immediately cleanse eye if contamination with blood, body fluid or hazardous chemicals should occur. Immediately rinse eye(s) and inner surface of eyelid(s) with water continuously for fifteen minutes. Needle safety devices and sharps containers are available for use when performing tasks with a potential for needlestick injury.

A label called a “biohazard label” is used as a warning sign to indicate that the contents of a container may include blood, body fluids, or other potentially infectious fluids.

REFERENCES

Massachusetts Department of Higher Education. Retrieved September 28, 2009. Module: Infection Control and Prevention. <http://www.mass.edu/mcncps/orientation/m2Exposure.asp>
_ Permission granted to use by Massachusetts Department of Higher Education October 2009

**Lawson State Community College
Department of Health Professions
Policy on Bloodborne Pathogens**

OSHA Compliance

Department of Health Profession students providing care to patients in the clinical/lab are at increased risk of exposure to various bloodborne pathogens.

The Occupational Safety and Health Administration (OSHA) have set up rules and regulations aimed at controlling the spread of bloodborne pathogens. In an effort to comply with these regulations, the Department of Health Professions at Lawson State Community College has developed an **Exposure Control Plan** and taken the following measures to reduce the risk of infection by bloodborne pathogens.

1. As an important safeguard, all students will be provided with a copy of the OSHA rules and regulations and are required to read the information for understanding. Students are also strongly encouraged to ask questions as it relates to any information covered in such policies.
2. All students will be made aware of the Exposure Control Plan for the Health Professions Program at Lawson State Community College and are required to read the information for understanding. Students are also strongly encouraged to ask questions as it relates to any information covered in such policies.
3. No invasive procedures will be performed in the lab except with mannequins.
4. Students will be oriented by the instructor to the policies and procedures of the agency to which they are assigned for clinical prior to their first patient care assignment. All students must familiarize themselves and follow those policies and procedures of the agency in which they are assigned for clinical that pertain to infection control and compliance with OSHA regulations related to bloodborne pathogens. Failure to follow these procedures will result in a clinical absence. The incident must be documented by the clinical instructor and signed by the student. An incident involving failure to follow procedure aimed at controlling the spread of bloodborne pathogens may result in dismissal from the program.
5. Students will be presented theory and demonstrations of the appropriate personal protective equipment to use, and the correct way to use the equipment. Students must perform a satisfactory demonstration according to critical requirements before attending clinical. Clinical missed due to a lack of satisfactory skill demonstration will be unexcused.
6. Students will be presented theory and demonstration in principles of medical asepsis and must perform a return demonstration that is satisfactory according to critical requirement prior to attending clinical. Clinical missed due to lack of satisfactory skills demonstration will be unexcused.
7. Students will receive theory and demonstration of correct hand-washing techniques and must perform a return demonstration that is satisfactory according to critical requirement prior to

attending clinical. Clinical missed due to lack of satisfactory skills demonstration will be unexcused.

8. The following personal hygiene and/or work practices in the clinic will be observed at all times. Failure to comply will result in a clinical absence. The incident must be documented by the clinical instructor and signed by the student. Failure to comply with these policies may result in dismissal from the program.
 - a) Universal precautions as recommended or defined by the CDC and/or OSHA must be observed in all circumstances to prevent contact with blood and other potentially infectious materials.
 - b) Specimens of blood or other potentially infectious materials should be handled according to the policies of the agency in which the student is assigned for clinical experience.
 - c) Any equipment that should become contaminated with blood or other infectious materials should be reported to the person in charge of the facility to which the student is assigned and agency's policies should be followed in handling the contaminated equipment.
 - d) Students should handle, decontaminate, and/or dispose of contaminated personal protective equipment according to the policies of the agency to which they are assigned.
 - e) Any uniform or other garments that become contaminated by blood or other potentially infectious materials should be removed immediately or as soon as feasible and handled according to the policies of the agency to which the students are assigned.
 - f) Gloves should be worn when it can be reasonably anticipated that the student may have hand contact with blood, other potentially infectious materials, mucous membranes, and/or non-intact skin; and when handling/touching contaminated items or surfaces. Gloves must be changed after contact with each patient. Any glove that becomes torn should be replaced immediately or as soon as is feasible. Disposal of the gloves following use should follow the policies of the agency to which the student is assigned.
 - g) Students should wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.
 - h) Students should wash hands and any other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
 - i) All personal protective equipment should be removed immediately upon ceasing to provide care to the patient, or as soon as possible if contaminated, and placed in an appropriately designated area or container for storage, washing decontamination or disposal according to the policies of the agency.

- j) The handling and disposal of contaminated sharps should be carried out according to the policies of the agency to which the student is assigned for clinical.
- k) Students are prohibited from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses (personal) in immediate patient care areas or other areas where there is a potential for blood or potentially infectious material exposure.
- l) All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying and aerosolization of these substances.
- m) Where there is potential for exposure to blood and/or other potentially infectious materials, students will be required to use appropriate personal protective equipment. This “appropriate” equipment will not permit blood or other potentially infectious materials to pass through to reach work/street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the equipment is to be used. The equipment may include but is not limited to gloves, gowns, eye protection, masks or shields etc. The type and characteristics of the protective clothing will depend upon the task and degree of exposure anticipated. The policies of the agency to which the students are assigned for clinical/lab should be followed in regard to protective apparel to be worn in various situations.
- n) Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields should be worn whenever splashes, sprays, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
- o) Contaminated work surfaces should be decontaminated according to the policies of the agency to which the students are assigned.
- p) Broken glassware should not be picked up directly with hands but should be cleaned up using mechanical means such as a brush, dust pan, tongs or forceps.
- q) Regulated waste materials should be handled and disposed of according to the policies of the agency to which the student is assigned. All containers for regulated waste should be closable, puncture resistant, leak proof on side and bottom and labeled or color-coded.
- r) Contaminated laundry should be handled as little as possible with a minimum of agitation. Contaminated laundry should be bagged or containerized at the location where it was used and should not be sorted or rinsed in the location of use. Contaminated laundry should be placed and transported in bags or containers labeled or color-coded according to the policies of the agency. Whenever contaminated laundry is wet and present a reasonable likelihood of soak-through or leakage the laundry should be placed and transported in containers which prevent soak through to the exterior. Students who have been in contact with contaminated laundry should wear protective gloves or other appropriate personal protective equipment.
- s) Items which contain blood or other potentially infectious materials or are contaminated by blood or potentially infectious material are referred to as BIOHAZARDS. Students should

recognize the Biohazard label as being fluorescent orange or orange-red with lettering or symbols in a contrasting color with the following legend:

They should recognize that red bags or red containers may be substituted for labels. Students should handle any material labeled as Biohazard according to the policies of the agency.

- t) Students should treat all blood and body fluids as if known to be infectious for bloodborne pathogens.
- u) All laboratory specimens of body substances are considered to be potentially infectious and should be handled according to the policies of the agency.

POLICY ON INFECTIOUS DISEASES

Lawson State Community College is ethically obligated to protect the privacy and confidentiality of any faculty member, students or staff member who has tested positive for an infectious disease. Department of Health Professions personnel who pose a risk of transmitting an infectious disease **must** consult with appropriate health-care professionals to determine whether continuing to provide professional services represents a material risk to the patient and/or self. If a Department of Health Professions faculty, student or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the Program Chairperson/Director. If so informed, the program director will take steps consistent with the advice of appropriate health-care professionals and with current federal, state, and/or local guidelines and will review matters on a case-by-case basis to decide what actions, if any, need to be taken to protect against direct threat of harm to others.

Qualified individuals will not be denied admission to the Department of Health Professions Programs or employment as a faculty or staff member solely on the basis of HIV status. A Department of Health Professions program student, faculty or staff member in direct patient contact, who believes he/she to be at risk has an ethical responsibility to know his/her HIV antibody status. The testing decision will be voluntary, but due to the nature of the disease, the student, faculty, or staff member in direct patient contact is encouraged to be tested.

All Department of Health Profession students and faculty are professionally and ethically obligated to provide patient care with compassion and respect for human dignity. No Department of Health Profession student or faculty may refuse to treat a patient solely because the patient is high risk for contracting, or is HIV positive, or has hepatitis, or any other infectious disease.

COVID-19 STATEMENT FOR HEALTH PROFESSIONS

Lawson State Community College does not require students to show proof of vaccination. However, as a Health Professions student, you may be required to provide proof of COVID-19 vaccination for the purpose of attending clinicals. The specific requirements vary with each clinical facility. Here are some examples of what may be required:

- Proof of vaccination (vaccination card)
- Negative COVID-19 testing every 10 days

Students who are unable to comply with requirements warranted by the clinical facility face the possibility of not being able to attend clinical experiences. Furthermore, students who are unable to attend clinicals will not be able to complete the requirements for the Health Professions program. When and if there are alternative opportunities available for clinicals, you will be placed there but this cannot be guaranteed.



EXPOSURE POLICY

The purpose of this policy is to delineate the procedure to be followed when a student or employee of Lawson State Community College has an accidental exposure to tuberculosis, bloodborne pathogens (including but not limited to HIV and HBV), or other harmful agents including but not limited to chemicals, infectious agents, or radiation. These policies are not intended to supersede the student/faculty's responsibility to use standard precautions and/or appropriate safety measures or equipment. ALL EXPENSES RELATED TO TESTING AND PEP ARE THE SOLE RESPONSIBILITY OF THE STUDENT.

Protocol

- Determine the type of exposure (tuberculosis, bloodborne, other).
- Initiate appropriate immediate/emergency exposure protocol.
- Complete appropriate exposure documentation.
- Complete concurrent protocol for follow-up care.
- Complete post-exposure checklist-to be completed with any exposure. (page 2)
- Forward copies of all appropriate documentation to Program Director/Department Head and the Office of Safety and Security.
- Student Refusal of Post Exposure Medical Evaluation Form (page 9)

Post Exposure Check List:

Student Name _____ Date: _____
 Reported to: _____

Type of Exposure (circle) : Bloodborne Pathogen Tuberculosis Other: _____

Please complete below questions:

Please Address	Yes or No
Was the post exposure management protocol initiated?	
Was the Post Exposure Protocol (PEP) followed correctly?	
Has the Risk Management form from LSCC completed?	
Has Risk Management form from agency completed? If Applicable	
Was source specimen collected? If applicable	
Was student specimen collected?	
Did student receive the results of source specimen? If no, why? _____	
Was documentation required at the Health Department? If yes, has it been provided? _____	
Are all required documents on file with Dental Assisting Program Director?	

Faculty/Clinical Supervisor: _____
 Date: _____

Post-Exposure Management Protocol for Bloodborne Pathogens

The purpose of this protocol is to delineate the procedures to be followed when a student or employee of Lawson State Community College has an accidental exposure to a bloodborne pathogen while participating in any college activity. At all times, it is the student/staff's responsibility to use standard precautions.

Immediate/Emergent Procedure

- a. Immediately cleanse the affected area with soap and water.
- b. If the skin has been punctured, bleeding should be encouraged if not excessive.
- c. If the mucus membrane has been splashed, irrigate copiously with water. **Do not use caustic agents such as bleach to flush the skin or mucus membranes.**
- d. Provide applicable first aid.
- e. Immediately report exposure to faculty and/or preceptor.
- f. Faculty/preceptor will fill out the appropriate risk management report (clinical agency and college) and institute the agency procedure for exposure.
- g. Refer the exposed individual to the agency emergency room, private physician, or local Public Health Department for PEP advisement **within 2 hours of exposure.**

Concurrent Procedures for Faculty/Preceptor

- a. Document the exposure on the appropriate risk management forms for the agency and college.
- b. Identify and document the source individual, unless not feasible or prohibited by state or local law.
- c. Test the source blood after consent is obtained to ascertain HBV, HCV, or HIV infectivity.
- d. If consent is unobtainable, document that legally required consent cannot be obtained.
- e. If consent is not needed, then test the source blood as soon as possible.
- f. If source status for HBV, HCV, and/or HIV is known to be positive, then source testing is not necessary. However, collect information about the source's stage of infection (e.g., asymptomatic or AIDS), CD4, T-cell count, viral load testing, and current and previous antiretroviral therapy. Send information with the exposed individual for evaluation for PEP. If information is unavailable, **do not delay PEP. The regimen, if instituted, can be adjusted if information is available at a later time.**
- g. Collect a blood sample for baseline testing from the exposed individual and send for testing if consent is obtained. If consent for HIV serologic testing is not obtained at this time, have the agency preserve the sample for 90 days.
- h. Inform the exposed individual of the outcome of source testing.
- i. Complete the post-exposure checklist.

Bloodborne Pathogen Exposure Report Form

Student Name: _____

Date of Exposure Time of Exposure: _____

Agency/Clinic where Exposure Occurred: _____

Brief Description of The Exposure: Circumstances related to the exposure; blood/body fluids to which the student was exposed; contributing factors such as sharp devices.

Details of the exposure: Type/amount of fluid; severity of exposure; volume of fluid injected if any; volume and duration of contact for skin/mucus membrane exposure.

Personal protective equipment in use at time of exposure: (gloves, mask, gown)

Source description:

- A.HIV status specifically HIV positive: stage of disease, history of antiretroviral therapy, viral load if known.
- B.HBV status – include results of appropriate testing.
- C.HCV status – include results of appropriate testing.
- D. Description of any other potentially infectious diseases from source.

Follow-up: (testing, PEP recommendations, Public Health department report, agency follow-up).

Student Signature _____ **Date** _____

LSCC Faculty Signature _____ **Date** _____

Post-Exposure Management Protocol for Tuberculosis

The purpose of this protocol is to delineate the procedures to be followed when a student or employee of Lawson State Community College has an accidental exposure to tuberculosis while participating in any college activity. At all times, it is the student/staff's responsibility to use standard precautions, safety equipment or safety procedures.

Emergent

- a. Document the exposure per agency and college policy.
- b. Upon notification or discovery of exposure to TB, the student/faculty member must report to the local Public Health Department. Reporting **must** be within **1 week** of notification or discovery.
- c. Complete the initial post-exposure PPD per Public Health Department policy. **If the exposed individual has a positive baseline PPD, then Public Health Department policy must be followed.**
- d. Return a copy of the initial PPD results to the appropriate program director.
- e. Complete the post-exposure checklist.

Follow-up Protocol

- a. Complete the follow-up PPD at **12 weeks** according to Public Health Department policy. **If the individual has a history of a positive PPD or has a positive PPD on baseline evaluation, Public Health Department protocols for exposure follow up must be followed.**
- b. Return 12-week follow up results to appropriate program director.
- c. Follow all recommendations of the Public Health Department for PEP.
- d. Ensure that the program director is provided with the results of any and all testing and recommendations for PEP.

Tuberculosis Exposure Documentation Form

Name _____ Student # _____

Date of Exposure _____ Time of Exposure _____

Program _____

Agency where exposure occurred _____

Brief description of the exposure: Source of exposure; circumstances related to the exposure; contributing factors.

Details of the exposure: Extent; severity; and duration of exposure.

Personal protective equipment in use at time of exposure: (gloves, mask, gown)

Source description: Disease state and extent of exposure.

Description of exposed student/faculty: Baseline testing.

PEP: Treatment if indicated

Reporting: Public Health Department, contacts given; personal physician if seen.

Signature _____ Date _____

LSCC Faculty Signature _____ Date _____

Post-Exposure Management Protocol for Harmful Agents

The purpose of this protocol is to delineate the procedures to be followed when a student or employee of Lawson State Community College has an accidental exposure to a harmful agent while participating in any college sponsored activity. At all times, it is the student/staff's responsibility to use standard precautions, safety equipment or safety procedures.

Immediate/Emergent

- a. Seek immediate assistance according to Material Safety Data Sheet.
- b. Institute agent-specific first aid according to Material Safety Data Sheet if appropriate (i.e., flushing copiously for chemical splashes, etc.). If the accident involves an acid or base spill, immediately flush the area with large amounts of water. Flushing should continue until emergency medical personnel arrive. Eye washes and chemical showers should be used without delay. Victims should be transported to the Emergency Room by ambulance for further treatment.
- c. If the accident results in inhalation of toxic fumes or gas, take the victim outside immediately while someone is calling 911 then call the campus security officer.
- d. Refer student/faculty **immediately** to the ER for follow-up care as indicated.

*****All expenses related to transport and care are the sole responsibility of the student/faculty.**

Concurrent Procedures for Faculty/Preceptor

- a. Document exposure on the appropriate risk management forms for the agency and college.
- b. Forward copy of agency risk management form and college form to appropriate faculty or program director.
- c. Faculty/program director will immediately institute appropriate follow-up if indicated such as notification of the Public Health Department.
- d. Complete the post-exposure checklist.

Harmful Agent Exposure Documentation Form

Name _____ Student # _____

Date of Exposure _____ Time of Exposure _____

Program _____

Agency where exposure occurred _____

Brief description of the exposure: Type and source of exposure; circumstances related to the exposure; contributing factors.

Details of the exposure: Extent; severity; and duration of exposure.

Personal protective equipment in use at time of exposure: (gloves, mask, gown, lead apron)

Source description: Disease state and extent of exposure to infectious agent; MSDS classification if chemical; type of radiation if appropriate.

Description of exposed student/faculty: Baseline testing. Any symptoms demonstrated.

PEP: Treatment if indicated.

Reporting: Public Health Department, contact given if required; personal physician if seen.

Signature _____ Date _____

LSCC Faculty Signature _____ Date _____

INFORMED REFUSAL OF POST EXPOSURE MEDICAL EVALUATION

I, _____

Lawson State Community College Dental Assisting Program has provided to me training regarding infection control and the risk of disease transmission in the health care setting.

On _____, 20____, I was involved in an exposure incident when I (please describe the incident)

I have been provided with information about follow-up medical evaluation in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

However, I, of my own free will and volition have elected not to have medical evaluation. I have personal reasons for making this decision.

Witness _____

Student signature _____

Date: _____

PRECLINICAL AND LABORATORY INFECTION CONTROL POLICY & PROTOCOL

Goals:

Provide safe environment for our students, faculty, staff and patients that is in accordance with OSHA standards and supported by sound biological principles.

Provide a reasonable, but effective infection control model that will aid in the education and understanding of infection control issues that are in accord with the recommendations of the American Dental Association, the American Dental Education Association, the Centers for Disease Control, and the Environmental Protection Agency.

Comply with the recent standards published by the Occupational Safety and Health Administration (OSHA). (See generally, "Occupational Exposure to Bloodborne Pathogens; Final Rule," *Federal Register*, Friday, Dec. 6, 1991 or 29 CFR 1910.1030; and "Guidelines for Infection Control in Dental Health-Care Settings-2003." *MMWR Vol 52, No RR 17.1, 12/19/2003*.)

Introduction

Scientific information as well as public and professional concerns over the risks of blood borne disease transmission has brought the topic of infection control in the dental environment to the forefront. An effective infection control policy requires the cooperation of students, faculty, and staff. This can best be achieved through education, demonstration, monitoring, and evaluation. Faculty bears the primary responsibility for infection control in the clinic. Since students are the primary providers of care, their actions will determine whether or not infection control is effective. All personal must monitor, practice and enforce established infection control procedures in order to assure students are conforming to these guidelines.

Purpose

The purpose of infection control policies and procedures is to minimize the risk of transmission of blood borne and airborne pathogens to patients and dental health care personnel (DHCP) in the dental clinic setting.

This will be achieved by:

1. Hepatitis B immunization as well as vaccination for other appropriate diseases.
2. Tuberculosis screenings.
3. Education and training in infection control procedures.
4. Use of current and appropriate barrier techniques.
5. Preventing exposure of patients and DHCP to blood and other potentially infectious material (OPIM), including saliva.
6. Engineering controls and work practice controls.
7. OSHA regulations.
8. CDC and ADA recommendations.

I. Infection Control Protocol

A. Standard Precautions:

1. Blood and other body fluids, including saliva, of ALL patients is to be regarded as potentially infectious for HBV, HIV, and other blood borne pathogens.
2. *Standard precautions will be used for all patients.*

B. Upon review of health history

1. Patients presenting to the dental clinic with ACTIVE infectious diseases will not be treated UNTIL the active infectious state has cleared or until a physician has approved the proposed treatment for that patient. A physician's note or notice from the health department is required prior to treatment in our facility.
2. Students presenting to the dental clinic with ACTIVE infectious diseases will not be allowed to treat patients UNTIL the active infectious state has cleared.
3. Patients presenting to the dental clinic with a positive history of hepatitis B, hepatitis C, or HIV must present a written clearance for treatment from their physician. Patients will be treated upon compliance.
4. Patients presenting to the dental clinic with a positive history of hepatitis A within the past six weeks must present clearance from their physician.
5. Infectious diseases may include, but are not limited to: conjunctivitis, herpes simplex, TB, varicella zoster, and viral respiratory diseases.

B. Engineering & Work Practice Controls

Engineering controls reduce the exposure by removing the hazard or isolating the worker from the hazard. Work practice controls reduce the chance of exposure by altering the way a task is performed. The following are engineering and work practice controls utilized by the LSCC Dental Department:

1. Personal Hygiene

The following applies to all clinic personnel (student, faculty, and staff) who may come into contact with blood and OPIM.

- a. Hair must be neat, pulled back, and away from the face (no loose ends).
- b. Facial hair will be covered with a face mask or shield.
- c. Wearing of jewelry during treatment procedures: follow guidelines as specified in current course syllabus and/or Dental Hygiene/Assisting Orientation Handbook and Manual.
- d. Fingernails will be kept short and well-manicured (no colored polish or artificial nails, tips or gels)

2. Hand Washing

Hand washing is mandatory:

- before glove placement prior to treatment
- during treatment if infection control asepsis is violated or the glove integrity is compromised,
- after glove removal
- before leaving the treatment area.

- a. **Hand Washing Protocol:** To be implemented at the beginning of the appointment, upon visible contamination of hands, and at any time that the integrity of the gloves becomes compromised.

Follow the hand washing procedures as demonstrated in Pre-Clinic Labs.

- b. **Antiseptic Hand-Rub Protocol:** May be used during patient care if hands are not visibly contaminated.

Using a “dime size” amount of a commercial hand antiseptic rub agent that contains 60-95% ethanol, vigorously rub the hands together with emphasis on the finger tips, nail beds, and ventral side of the hand until dry. This should take approximately 15 seconds.

3. Personal Protection

Routine use of appropriate personnel protective equipment will be used since blood, saliva, and gingival fluids from ALL dental patients must be considered infectious.

a. **Exam Gloves**

All individuals having patient contact will wear disposable gloves whenever there is contact with blood, saliva, or mucous membranes. Gloves must not be washed or otherwise reused. Gloves must be changed between patients. Gloves must be removed and hands washed before leaving the clinical area.

b. **Masks and Eyewear (with solid side shields, and/or Face Shields)**

Disposable masks and protective eyewear will be worn. Change masks between patients or during treatment if the mask becomes soiled/wet. Protective eyewear is required while in clinic/preclinic. Eyewear must be cleaned and disinfected between patients.

c. **Needle Recapping and Sharps Disposal**

To prevent needle-stick injuries, needles are **NOT to be recapped by moving the needle towards a body part, especially a hand**, but can be recapped using an appropriate one-handed technique or an appropriate recapping device. Used needles are to be disposed of in the sharp's container. Containers should be located as close as possible to an area of operation. Empty anesthetic cartridges, broken instruments, and other sharps must be disposed of in these same containers. Once a sharp container is full, notify faculty.

d. Utility Gloves

Sturdy, unlined utility gloves should be worn for all cleaning and disinfection of instruments, dental units, and environmental surfaces. Utility gloves have an increased resistance to instrument punctures.

4. Environmental Surface/Equipment Cleaning and Disinfecting

Many blood-and saliva-borne, disease-causing microorganisms such as Hepatitis B virus, HIV virus, Herpes virus and Mycobacterium tuberculosis can remain viable for many hours –even days-when transferred from an infected person to environmental surfaces within dental operatories and other clinical areas. Since subsequent contact with these contaminated surfaces can expose others to many microbes and may result in disease transmission, adequate measures must be used in each clinical area to control possible transmission from contaminated surfaces.

Only those chemical disinfectants that are EPA-registered hospital-level mycobacteria tuberculosis (tuberculocidal claim) agents capable of killing both lipophilic and hydrophilic virus at use dilution, are considered acceptable agents for environmental surface disinfection. Use of any chemical killing agent not so approved is unacceptable.

When deemed necessary, the surface disinfectant solution is to be applied with a “**wipe, dry, wipe**” technique. Although it is required to pre-clean surfaces with a disinfectant, it is recommended that all touch surfaces be disinfected at the beginning of the day prior to use of the first barriers, or at the end of the day after the last set of barriers are removed.

C. Daily Protocol

1. Unit Preparation and Pre-Treatment Set-Up

- Wash hands, don mask, utility gloves and safety glasses.
- Clean, including dusting, the operatory and all equipment using an intermediate level disinfectant.
- Disinfect all “touch and transfer surfaces”, with wipe-dry-wipe technique.
- Place barriers over all “touch and transfer surfaces” that may be contaminated during treatment.
- Fill water bottle daily with fresh treatment water, install and wait for pressurization, then bleed the line for 3 minutes-use the HVE to collect water.

2. Patient Treatment

During **ALL** patient treatment, wear gloves, masks, and protective eyewear. Only touch surfaces related to patient treatment such as instruments, control buttons, plastic covered items such as computer mouse or keyboard. **NEVER touch personal body, mask, goggles, or any other unprotected surfaces during the treatment phase.**

Infractions of infection control may require student dismissal from the dental assisting program.

Mass asepsis errors concern safety for the patient, students, and staff and will not be tolerated.

3. Radiographic Procedures:

Infection control measures during radiographic procedures and related darkroom procedures should be consistent with other infection control policies.

4. High-Speed Evacuation:

High-speed evacuation (HVE) should be used at all possible times when using the high-speed handpiece, water spray during a procedure that could cause spatter. Rationale: Appropriate use of high-speed evacuation systems has been shown to reduce spatter and droplets.

5. Dropped Instruments:

An instrument that is dropped **will not be picked up and reused.** If the

instrument is essential for the procedure, as sterilized replacement instrument must be obtained.

D. Clean-Up After Patient Treatment

1. The following protocol may be used:

- Remove gloves and wash hands immediately.
- Complete entries on all forms and records relating to the treatment and dismiss the patient. Return to clinic.
- Apply **utility** gloves, mask and glasses, remove all SHARPS FIRST. Dispose of properly.
- Remove disposable barriers/supplies and place in appropriate container.
- Take instruments to sterilization. Place into ultrasonic cleaner immediately then return to operatory.
- Following operatory surface management procedures, clean, disinfect, and/or prepare the unit for the next patient (*including flushing of water lines for 30 seconds*).

E. Instrument Recirculation

1. Transporting

All contaminated instruments and instrument cassettes should be transported from the operatory to the sterilization area in a tray container provided. Students should use heavy nitrile utility gloves when working with contaminated instruments.

2. Containment

All contaminated instruments and instrument cassettes that are not immediately placed in the ultrasonic cleaner must be submerged in an appropriate holding solution or otherwise confined to a limited area until such time as it may be cleaned.

3. Decontamination

Ultrasonic and other mechanical means of cleaning instruments have proven to be more effective and efficient and safer than hand-scrubbing. Always use the ultrasonic cleaner with the lid in place. Rinse, dry and visually inspect items for bioburden/debris.

F. Renewal

ALABAMA'S INFECTED HEALTH CARE WORKER MANAGEMENT ACT

Public Law # 102-141, Section 633 became effective on October 28, 1991, requiring all states to adopt the Centers for Disease Control and Prevention (CDC) recommendations (or the equivalent) for preventing transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) to patients during exposure-Prone Invasive Procedures. Compliance of such became the responsibility of each state's public health officer.

On August 24, 1993, Alabama's Governor, Jim Folsom, Jr., signed into law the Alabama Infected Health Care Worker Management Act on November 16, 1994, the State Committee of Public Health approved a set of rules to regulate how the act will be implemented.

The purpose of the Act is to prevent transmission of HIV and HBV to patients during invasive procedures. According to the CDC, current dates suggest that the risk for such transmission from a health care worker (HCW) patient during an invasive procedure is small; a precise assessment of the risk is not yet available.

The Act mandates that any HCW infected with HIV or HBV who performs an invasive procedure or any physician providing care to an infected HCW shall notify the State Health Officer, or his designee, of the infection.

For clarification and continuity purposes, the following words have the following meanings:

- 1) **HEALTH CARE WORKER.** Physicians, dentists, nurses, respiratory therapists, phlebotomists, surgical technicians, physician assistants, podiatrists, dialysis technicians, emergency medical technicians, paramedics, ambulance drivers, dental hygienist, dental assistants, students in the healing arts, or any individual who provides or assists in provision of medical, dental, or nursing services.
- 2) **INFECTED HEALTH CARE WORKER.** A health care worker infected with HIV or HBV as defined herein.
- 3) **HEPATITIS B VIRUS (HBV) INFECTION.** The presence of the HBV as determined by the presence of hepatitis B (e) antigen for six months or longer or by other means determined by the State Board of Health.
- 4) **HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION.** The presence of antibodies to Human Immunodeficiency Virus as determined by enzyme immunoassay and Western Blot or the presence of the HIV infection as determined by viral culture, or by other means as determined by the State Board of Health.
- 5) **INVASIVE PROCEDURES.** (a) Those medical or surgical procedures characterized by the digital palpation of a needle tip in a body cavity or by the simultaneous presence of the health care worker's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. (b) Invasive dental procedures shall include those that provide the opportunity for an intraoral percutaneous injury to dental health care worker coming in contact with the blood or mucous membrane of the patient.

Upon receipt of a report of an infected HCW, an internal department review of his/her practices will be performed to determine if invasive procedures are being performed. If it is determined that they **are** being performed, the State Health Officer shall, as the situation requires, issue orders temporarily limiting the infected HCW's practice of performing invasive procedures, since such could constitute a direct panel will be formed to review the overall practice and procedures of the infected HCW. Based upon the panel's findings of fact and recommendations, the State Health Officer may issue restrictions on the practice of the worker.

Other components of the Act include:

- provision of an appeal process for infected HCW
- authorization of monitoring of the health care worker's practice with required reporting of violations to the State Health Officer.
- provision of grounds for revocation, suspension, or restriction of infected HCWs licensed by licensing boards.
- creation of confidentiality standards; and
- provision of penalties for violations of the Act.

Previous investigations of HIV and HBV transmission from HCWs to patients have been found that HCWs adhere to recommended infection control procedures, the risk of transmitting HBV from an HCW to a patient is small, and the risk of transmitting HIV is even smaller. All HCWs should adhere to universal precautions and handle the blood and other specified body fluids of **all** patients as if they are infectious for HBV, HIV, or other Bloodborne pathogens. Emphasis should be placed on appropriate use handwashing, protective barriers, and care in the use and disposal of needles and other sharps.

The Alabama Department of Public Health will be working with the individual medical and dental licensing boards, (Board of Medical Examiners, Board of Nursing, Board of Dental Examiners, etc.) and various health-related associations (Medical Association of the State of Alabama, Alabama State Nurses Association, Alabama Dental Association, Alabama Hospital Association, Alabama Nursing Home Association, etc.) to disseminate information concerning the rules and regulations.

SDS POLICY

The SDS folder will be kept up to date with addition of SDS forms when new product is added to dental clinic. The folder is reviewed on an annual basis by the program director.

Located: SDS forms can be found in the Resource Room, alphabetized in a binder
SDS forms can also be located on manufacturer websites.

AMALGAM SAFETY/AMALGAM SEPERATOR

Mercury is used in amalgams and the only 'free' mercury is found in an exceedingly small amount in amalgam capsules. Once an amalgam is triturated (mixed) the mercury is bound to metals and is no longer free. NEVER open an amalgam capsule unless you know it has been triturated.

Amalgam procedures will only be in Operatory 2. Operatory 2 is fitted with an amalgam separator and a recycling plastic bin. **Faculty** will place amalgam contaminated debris inside pail, including but not limited to amalgam scrap, gloves/wipes contaminated by amalgam, spent capsules, chair side scrap and pump filters.

Any time while working with amalgam, full PPE are required.

MANAGING A MERCURY/AMALGAM SPILL

If mercury spillage takes place, notify faculty immediately. Increase ventilation if possible and try to reduce the spread of the spill. Be sure to have PPE on use the Mercury Spill Kit, found in the sterilization area (to the left of the sink).

Any amalgam pieces that may fall on floor or onto operatory countertops should be cleaned up immediately and placed in amalgam trap. This is found in Operatory #2.

MANAGING A CHEMICAL SPILL

If a chemical spill occurs, notify faculty immediately.

If someone is injured during the spill, then activate the medical emergency response policy.

After safety has been assessed, the chemical hazard must be located and shut off at the source, if still discharging. Once it is turned off, the immediate area should be contained and secured.

If an inhalation hazard is present, open doors and windows, if possible and leave area. For other spills or leaks, refer to safety data sheets (SDS) for specific cleanup and disposal instructions. SDS forms

can be found in the Resource Room or through the manufacturer's website. Be sure to wear PPE prior to chemical cleanups.

Non-toxic spill kits can be retrieved from LS Housekeeping.