

## **Exposure Control Plan**

### **Introduction and Exposure Determination**

Bloodborne pathogens, such as the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C (HCV), are serious diseases. In our continuing commitment to ensure a safe working environment for all of our staff, our office has developed this exposure control plan which is based on adhering to universal precautions, i.e., we assume that all body fluids (such as blood and saliva) are potentially infective with bloodborne pathogens and we use the necessary protective barriers and take other precautions to prevent injuries caused by scalpels and other sharp instruments or devices.

This exposure control plan also addresses specific workplace practices that are designed to ensure maximum protection of all this office's employees who may have occupational exposure to potential bloodborne pathogens. These exposure control policies apply to all employees who are at risk of coming into contact with blood or other potentially infectious materials.

Specifically, these policies apply to all dental health care workers (including employed dentists, dental hygienists, dental assistants and dental lab technicians) who assist in this dental practice and who may be exposed to body fluids. They also apply to any other personnel, such as receptionists or bookkeepers, who may occasionally come into contact with potential bloodborne pathogens. Tasks representing a potential occupational exposure to employees include the practice of dentistry, dental hygiene, dental assisting, dental lab technology and sterilization/disinfection practices utilized by this office.

Copies of this exposure control plan and the OSHA Bloodborne Pathogens Standard (CFR 1910.1030) are located \_\_\_\_\_ and are available to any employee. Employees are expected to be thoroughly familiar and in compliance with this document.

### **Hepatitis B Vaccination Policy**

All staff members who have an occupational exposure to potential bloodborne pathogens must be immunized against the HBV virus or provide evidence from their physician that they are immune from the HBV virus. This documentation will be kept in the employee's medical record file in this office. This vaccine will be provided at no cost to the employee.

Staff members who are medically unable to receive the HBV immunization must obtain a waiver from the Ohio State Dental Board based on medical documentation from their physician. This documentation will be kept in the employee's medical record file in this office.

If the U.S. Public Health Service should in the future recommend HBV booster doses, then this office will provide for these at no cost to employees with occupational potential exposure to bloodborne pathogens.

### **Personal Protective Equipment Policy**

All dental health care workers must wear disposable gloves whenever placing their fingers into the mouth of a patient, or when handling blood or saliva contaminated items, instruments and equipment. Once used, these gloves must be thrown away, and the hands must be thoroughly washed and regloved before performing procedures on another patient.

Chin length faceshields or masks and protective eyewear (with solid sideshields) must be worn by dental health care workers when spattering of blood, saliva or other body fluids is likely.

Similarly, all dental office employees must wear some type of employer provided outer garment (like a lab coat, scrubs, a disposable gown, etc.) to prevent body fluids from spattering onto the employee's skin or street clothes whenever there is a reasonable anticipation of body fluid spatter. This garment must be removed before fluids which contaminate it are able to penetrate the garment. Additionally, this outer garment must be removed before entering our office's eating area or leaving the dental office.

When this garment has been contaminated to the extent that it needs to be laundered, it will be placed in our designated laundry container which has been labeled with the bright red coloring or the international biohazard symbol. These garments should be agitated or moved as little as possible. Dental office staff must wear some type of utility or nitrile gloves when handling these garments and the possibility of their hands touching the contaminated garments exits. The employer will be responsible for the proper laundering of these garments.

### **Housekeeping Policy**

Each patient must be treated with sterilized instruments. Heat sterilization must be utilized for all instruments and items that are able to withstand repeated exposure to heat. A high-level disinfection process must be used for those instruments and items that cannot withstand heat sterilization.

In compliance with Ohio State Dental Board rules, heat sterilization devices must be tested for proper function on a weekly basis by means of a biological monitoring system that indicates microorganism kill.

Environmental surfaces that are contaminated by blood or saliva must be disinfected between every patient with an appropriate disinfectant (i.e., a diluted bleach solution, EPA-registered tuberculocide, sterilant, or a product registered against HIV/HBV) that is used in accordance with the manufacturer's instructions.

Impervious backed paper, aluminum foil or plastic wrap must be used to cover surfaces that may be contaminated by blood or saliva and that are difficult or impossible to disinfect. This cover must be removed, discarded and replaced between patients.

Employees must wear some type of utility or nitrile gloves when performing housekeeping tasks that may expose them to possible puncture wounds.

### **Handling of Sharps and Other Regulated Wastes and Biohazard Labeling Policy**

All sharps (e.g., items that can puncture the skin) and contaminated wastes must be disposed of according to requirements established by local and state environmental agencies.

All sharps must be disposed of in a commercially manufactured container that is labeled with the word "sharps" and, if the sharps are not disinfected or sterilized, labeled with the fluorescent orange or orange-red international biohazard symbol. If sharps are disinfected or sterilized, they are no longer considered infectious medical waste but still need to be labeled "sharps."

Other contaminated or other potentially infectious wastes will be disposed of in either a sharps container or in "red bags" or regular trash bags which have the international biohazard symbol affixed to them. This type of waste will include teeth and extracted tissue and patient care materials which drip fluid when held vertically, exude fluid when compressed or are caked with dried blood or other potentially infectious materials which may release these materials during handling.

No needles will be recapped by hand. If recapping of needles is necessary, then the recapping will only be done using either the one handed scoop method or a mechanical device.

All sharps and the other contaminated wastes, which are described above, will be weighed and their weight recorded on a monthly basis to ensure compliance with Ohio Environmental Protection Agency infectious waste disposal rules. As long as this log demonstrates that this office is generating less than 50 pounds of infectious waste a month, then we can dispose of this properly labeled waste into the solid waste stream.

Potentially infectious liquids and semi-liquids may be washed down the drain.

Any container or bag which is colored bright red and/or labeled with the international biohazard symbol should be handled with caution since the contents may contain potentially infectious materials.

### **Post-exposure Evaluation and Follow-up Policy**

After possible exposure to HIV, HBV or HCV, our office will adhere to the following policy:

1. If a dental health care worker has a percutaneous (needlestick or cut) or mucous membrane (splash to eye, nasal mucosa, or mouth) exposure to body fluids or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise non-intact, the source patient shall be informed of the incident and requested to be tested for HIV, HBV and HCV infections. If the source patient is known to be HIV, HBV or HCV seropositive, then testing is not necessary for that virus. The route of exposure and circumstances surrounding the exposure incident will also be documented.
2. If patient consent is refused or if the source patient tests positive, then the dental health care worker shall be evaluated clinically and by HIV antibody testing as soon as possible and advised to report and seek medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure. HIV seronegative workers shall be retested 6 weeks post-exposure and on a periodic basis thereafter (12 weeks and 6 months after exposure).
3. Follow up procedures shall be taken for dental health care workers exposed or potentially exposed to HBV or HCV. The types of procedures depend on the immunization status of the worker (i.e., whether HBV vaccination has been received and antibody response is adequate) and the HBV or HCV serologic status of the source patient.

The employee will be advised to the proper course of action with regards to CDC guidelines (i.e. employee informed consent). U.S. Public Health Service recommendations for post-exposure prophylaxis will be provided by the employee's caregiver.

If the employee decides to be tested for HIV, HBV and HCV, then the following information will be provided to the employee's care giver: 1) a copy of the OSHA Bloodborne Pathogens Standard, 2) a description of the employee's responsibilities as they relate to the exposure incident, 3) documentation of the route of exposure and circumstances surrounding the exposure incident, 4) if known, the results of the source patient's blood test 5) and all medical records relevant to the treatment of the employee that are in our office's possession.

Our office will seek to obtain a written opinion from the employee's care giver which states that the employee has been informed of the results of any tests which are conducted and that the employee has been informed of any medical conditions resulting from the exposure which may require further evaluation

or treatment. This written opinion will be retained in the confidential employee medical records file which our office maintains for the employee.

If an employee refuses to have their blood drawn or tested, then this office will take no adverse action against the employee on that ground alone since the procedures are designed for the benefit of the exposed employee.

The above procedures will be provided at no cost to the employee. The results of all patient and employee testing which may come into the office's possession must be held in the strictest confidence.

### **Training Policy**

Our office will conduct exposure control training sessions at least annually. We will also hold training sessions whenever any parts of our exposure control program change and whenever else it may be necessary to conduct training.

During our training sessions, we will cover a general discussion of the OSHA Bloodborne Pathogens Standard and the exposure control plan for this office with particular emphasis paid to our policies on: HBV vaccinations, personal protective equipment, housekeeping, handling of contaminated sharps and other regulated waste and biohazard labeling, post-exposure evaluation and follow-up and recordkeeping and end by providing an opportunity for questions and answers. We will also review the epidemiology, modes of transmission and symptoms of HIV, HBV and HCV.

This office will review this exposure control plan on an annual basis and update if necessary. This annual review will include a **consideration of safer medical/dental devices and technologicies**. Data on the safety and effectiveness of needly safety devices or intra oral applications is limited; devices currently on the market were cleared by the FDA on the basis that they were substantially equivalent to traditional devices. They were not evaluated for their ability to reduce percutaneous injuries.

We also solicit and encourage all employees to provide input to how this exposure control plan may be improved as well as ways to make this office safer.

Once completed, documentation for our training sessions will be completed which shows who attended each training session and the name and qualifications (i.e. job title) of the person who conducted the training. This documentation will be kept on file in the office for 3 years.

### **Recordkeeping and Employee Medical Records**

All employee medical records which come into our office's possession shall be held strictly confidential and provided upon request to the employee. These records will be kept for 30 years after the employee's last day of work.

These records will include: the employee's name and social security number, documentation and medical opinions concerning their HBV vaccination status and all documentation and medical opinions relating to any exposure incident which the employee encounters.

All offices must complete and maintain: OSHA certificate of hazards assessment; OSHA certificate of training for employee use of personal protective equipment.

The OSHA 3165 poster must be posted where employees are likely to see it.

