

BLOODBORNE PATHOGENS



DENTAL ASSISTING PROGRAM

Last revision July 2021

Exposure Control Plan

The OSHA (29 CFR 1910.1030) Bloodborne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials (OPIMs).

Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses.

These viruses have been shown to be contracted through routes such as needle stick injuries and by direct contact of mucous membranes and non-intact skin when exposed to contaminated blood/materials.

Occupational transmission of HBV, HCV occurs more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent the exposure of workers.

This exposure control plan has been established for the Montgomery Community College Dental Assisting Program in order to minimize and to prevent, when possible, the exposure of employees and students (although not employees, students will be addressed in the Plan for training and compliance) to disease-causing microorganisms transmitted through human blood, and as a means of complying with the Bloodborne Pathogens Standard.

All employees and students who are exposed to blood and OPIMs as a part of their job duties are included in this program. This plan will be maintained, reviewed and updated annually, and whenever necessary to include new or modified tasks and procedures by the dental assisting faculty.

Copies of this plan are available for review for employee or student in the following locations:

- Dental Assisting Lab (front desk computer)
- Office of the Dental Assisting Department Head
- College Website at:

<https://www.montgomery.edu/wp-content/uploads/dental-handbook.pdf>
Montgomery Community College Student Services Department

Introduction

The Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) has issued guidelines and recommended certain policies for health care facilities. Policies are in place to reduce the risk of health care worker's exposure to all infectious diseases,

including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

The Infection Control Program adopted by the Dental Assisting Program at Montgomery Community College has been written to comply with the guidelines of CDC and OSHA. The program also incorporates recommendations made by the American Dental Association (ADA), Organization for Safety Asepsis and Prevention (OSAP) and the American Dental Education Association (ADEA).

All faculty, staff, and students must follow the infection control guidelines during the rendering of dental treatment. Additionally, these guidelines must be adhered to during all pre-clinical procedures that involve students engaging in activities that involve practicing specific tasks on classmates for the purposes of learning and/or completion of course requirements.

Infection control practices are adhered to based on the philosophy that “blood and body fluid precautions be consistently used for ALL patients regardless of their blood borne infection status”. This philosophy exists since medical histories and examinations cannot reliably identify all patients infected with HIV or other bloodborne pathogens. This extension of blood and body fluid precautions to ALL patients is referred to as “Standard Precautions” which combines the concept of “Universal Blood and Body Fluid Precautions” or “Universal Precautions” and “Body Substance Isolation” (reduce risk of transmission of pathogens from moist body surfaces).

In accordance with the OSHA Bloodborne Pathogens standard 29 CFR 1910.1030, the following exposure control plan has been adopted including:

- ❖ Exposure Determination
- ❖ Methods to Control Exposure
 - Standard Precautions
 - Engineering Controls
 - Work Practice Controls
 - Sharps/Sharps Log
 - Review of Medical Devices
 - Handwashing Hygiene Measures
 - Personal Protective Equipment
 - Contaminated Equipment
- ❖ Housekeeping Practices
- ❖ *HBV Vaccination, TB Test*
- ❖ *Post-Exposure Evaluation and Follow-up*
- ❖ *Regulated Waste Disposal*
- ❖ *Tags, Labels and Bags*
- ❖ *Laundry Practices*
- ❖ *Training and Education of Personnel*
- ❖ *HIV Post-Exposure Management*
- ❖ *Record Keeping*

Wanda Frick, Campus Security and Safety Coordinator, along with Lori McAllister, Program Head for Dental Assisting and the dental assisting faculty, jointly manage and coordinate all aspects of this plan.

Exposure Determination

All job categories in which it is reasonable to anticipate that an employee/student will have skin, eye, mucous membrane, or parenteral contact with blood or OPIMs shall be included in this plan. While students are not employees of the college, similar student categories where students could be exposed to human blood or OPIMs as part of their curriculum or training shall be offered protective equipment, inoculation and exposure follow-up. The cost for these items shall be borne by the student.

Other Potentially Infectious Materials (Opims)

Body fluids that are considered infectious include the following:

- Semen, vaginal secretions, cerebrospinal fluid, pleural fluid
- Pericardial fluid, peritoneal fluid, amniotic fluid
- Any body fluid visibly contaminated with blood
- Saliva in dental procedures
- Breast milk

Students, as well as employees of the college, are designated as “employees” who may incur occupational exposure to blood or other potentially infectious materials (OPIMs). Throughout this exposure control plan dental assisting students will be categorized.

The following personnel or job classifications are included in this plan for the MCC Dental Assisting Program:

| Title: | Tasks: |
|---|---|
| Program Head Faculty Clinical Dentist | <i>Clinical Instruction Chairside patient care Contact with patient records</i> |
| Dental Assisting Students | <i>Chairside patient care Contact with patient records</i> |
| Housekeeping Personnel | <i>Waste removal, general housekeeping</i> |

Methods of Implementation and Exposure Control

This plan has been implemented according to the schedule required within the standard. Feb. 28, 2006. Written exposure control plan completed. The plan is updated annually.

Standard Precautions

All personnel and students, when handling items (i.e. instruments, cotton rolls, gauze, etc.) which may be contaminated with human blood, saliva and/or other body fluids, should treat these items as if known to be contaminated with HIV, HBV, HCV and/or other infectious bloodborne pathogens (OPIMs).

All personnel and students **are required to adhere to the following policies regarding “Standard Precautions” while delivering patient care:**

- ❖ Wear single-use disposable gloves when treating and/or examining patients. Under no circumstances shall the same pair of gloves be used on more than one patient.
- ❖ Washing hands thoroughly with soap and water for (1) one- minute before donning and after doffing gloves.
- ❖ *Wear a mask when treating and/or examining patients. Dispose of the mask at reasonable intervals throughout the day, or when the mask becomes contaminated with body fluids.*
- ❖ *Wear protective OSHA approved protective eyewear (including side shields) or a face shield in conjunction with a mask, when polishing teeth or performing procedures that generate splashes, spatter, aerosol spray or droplets of blood and other potentially infectious materials.*
- ❖ *Wear protective clothing when treating patients. Lab coats are **NOT** to be worn outside of the clinical facility.*
- ❖ *When resuscitation procedures are necessary, use appropriate equipment, including disposable pocket masks, mouthpieces and/or ambu bag if available.*

Engineering Controls

Faculty and students must adhere to the following engineering controls which isolates or removes the hazard from the workplace. In dentistry, this means the use of devices that eliminate or reduce chances of exposure to blood and saliva. The controls used must be examined and maintained or replaced on a scheduled basis.

“Contaminated sharps” include any contaminated object that can penetrate the skin, including but not limited to needles, scalpel blades, broken glass, carpules (cartridges), burs and exposed ends of dental wires.

Employees and students are to place all contaminated needles and other “sharps” in the puncture-resistant containers for disposal in each operatory. Bending, shearing or breaking of needles is prohibited, however if the needle is bent by the dentist in patient use the needle shall be removed immediately by mechanical means and disposed of in the contaminated shapes container. Cardboard needle guards or other available mechanical devices (jenker) are to be used when assembling and disassembling (needle holder) the anesthetic syringe. Transferring the contaminated anesthetic syringe is prohibited. (One-handed re-capping procedure is mandatory and must be performed by the dentist/instructor).

Needlestick Safety and Prevention Act

The Program Head and Faculty shall review and update their standard operating procedures annually. Changes in technology that eliminate or reduce exposure to bloodborne pathogens shall be considered in the review. Faculty shall take into account innovations in medical procedures and technological developments that reduce the risk of exposure (e.g., newly available medical devices designed to reduce needlesticks), and document consideration and use of appropriate, commercially-available, and effective safer devices (e.g., describe the devices identified as candidates for use, the method(s) used to evaluate those devices, and justification for the eventual selection).

No medical device is considered appropriate or effective for all circumstances.

Faculty shall select devices that, based on reasonable judgment, will not jeopardize patient or employee safety or be medically inadvisable and will make an exposure incident involving a contaminated sharp less likely to occur.

Sharps Injury Log

The dental assisting faculty shall maintain a sharps injury log, which shall include at minimum:

- the type and brand of device involved in the incident
- location of the incident (e.g. department or work area)
- a description of the incident.

The sharps injury log may include additional information as long as an employee’s/student’s privacy is protected.

Work Practice Controls

All procedures must be performed in such a manner as to minimize the spraying and spattering of oral fluids. Also, work practice controls assist in carrying out tasks in a safe manner to reduce the possibility of a sharps injury.

Faculty and students must adhere to the following to reduce the likelihood of exposure by altering the manner in which a task is performed:

- Flush mucous membranes as soon as feasible if contaminated with infectious materials.
- Recap dental needles by a mechanical means such as, forceps or another cap-holding device, or by using a one-handed “scoop” technique.
- Prohibit the cutting, bending or breaking of contaminated needles prior to disposal.
- Discard contaminated needles and other disposable sharps in proper sharps containers.
- Sharps containers mounted and located in each operatory.
- Prohibit the overfilling of sharps containers.
- Place contaminated reusable sharp instruments in containers that are puncture resistant, leak-proof, colored red or labeled with the biohazard symbol, until properly processed.
- Eliminate hand-to-hand passing of contaminated, sharp instruments.
- Anesthetic syringes must not be handled unless an approved needle guard is in place; contaminated syringes are not to be transferred; the operator must retrieve and recap the syringe.
- Eating, drinking, smoking, applying cosmetics and handling contact lenses in areas where there is occupational exposure, such as the dental operatory or instrument processing areas, is prohibited.
- The storage of food and drink in refrigerators and cabinets, on shelves or on countertops where blood or saliva may be present, is prohibited.
- Store, transport or ship blood and saliva, as well as items contaminated with blood or saliva (extracted teeth, tissue, impressions that have not been decontaminated), in containers that are closed, prevent leakage, colored red or labeled with a biohazard symbol.
- Contaminated instruments and burs must be cleaned in the ultrasonic cleaner.
- Hand scrubbing of contaminated items is not acceptable.

Hand Hygiene

Hand washing is a primary infection control measure which is protective of the employees/students and the patients. Appropriate hand washing must be diligently practiced.

Employees and students shall wash hands thoroughly (1 minute) using soap and water whenever hands become contaminated, before donning gloves and as soon as possible after doffing gloves or other personal protective equipment.

Hand washing facilities with running water and antibacterial soap are available in all operatories and other areas of the dental assisting lab. Alcohol based hand rubs are available in all operatories, and other areas of the dental assisting lab, and may be used at appropriate times.

Personal Protective Equipment

Students must purchase personal protective equipment as designated by the Dental Assisting Program. Employees and students shall wear personal protective equipment when practicing procedures in which exposure to the skin, eyes, mouth or other mucous membranes is anticipated.

PPEs to be worn:

- clinical scrubs (disposable jacket)
 - masks
 - OSHA approved eye protection or face shield and gloves
- If the occasion arises that anyone should need to perform CPR, pocket masks are available in each operatory.*

Garments

All clinicians, employees and students are required to wear clinical scrubs while treating patients; this includes disposable jackets. If blood or other potentially infectious materials penetrates a garment, the garment shall be removed as soon as possible and placed in a plastic bag for transportation purposes to the laundry. Disposable gowns should be disposed of at the end of the day or when visibly soiled. All personal protective equipment shall be removed before leaving the work area.

Eyewear

All clinicians, employees and students must wear protective eyewear (safety glasses with solid side shields) and face-shield whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated. Protective eyewear must be washed with water and soap, rinsed and disinfected between patients.

Gloves

Employees and students must wear nitrile (latex free) disposable gloves when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes and/or non-intact skin. This includes handling or touching contaminated items and surfaces. Gloves should be replaced as soon as feasible when they are contaminated, torn or when their ability to function as a barrier is compromised. At **NO** time may gloves be washed and reused. Approved heavy-duty gloves must be worn when disinfecting clinical surfaces or handling contaminated instruments; heavy duty gloves may be decontaminated for reuse if their integrity is not compromised but must be replaced when they become cracked, torn, punctured or show other signs of deterioration.

Management of Contaminated Equipment

Contaminated equipment shall be decontaminated, if possible, before servicing, shipping, transferring, or upon releasing it to the college for disposal. Equipment that has not been fully decontaminated must have a label attached to it with information about the parts that remain contaminated.

The faculty responsible for equipment shall assess whether or not the equipment became contaminated and decontaminate the equipment if necessary. Decontamination should include procedures necessary to render inactive potential pathogenic organisms. This may include: sterilization, wiping with antiseptic solutions or towelette, or dismantling and cleaning with an antiseptic solution.

Housekeeping

General Policy

Dental Assisting facilities will be maintained in a clean and sanitary condition. Methods and frequency of cleaning and decontaminating will vary based on the type of surface or equipment and type of soil present.

Instrument Sterilization

It is expected that all personnel and students will use aseptic techniques at all times, including sterilization methods using the following guidelines in the MCC dental lab:

Autoclave

Items must be sterilized in appropriate sterilization packaging:

- Surgical instruments
- Hand instruments
- Anesthetic syringes
- Metal impression trays
- Endodontic instruments
- Amalgam Procedure Set-up
- Composite Procedure Set-up
- Handpieces
- Handpiece attachments
- All instruments that are heat resistant

When not part of a packaged or cassette tray set-up the following items must be sterilized or disinfect appropriately:

- Pliers
- Carbide burs
- Diamond stones
- Abrasive stones and points
- Rubber dam clamps, forceps, frame, etc.

- Scissors
- X-ray alignment devices
- Napkin chains

Handpieces

All handpieces and non-disposable attachments must be sterilized after each use. Cleaning and lubrication of handpieces must be accomplished by using the appropriate equipment.

Disinfectant Spray/Disinfectant Wipes

Items that are not heat resistant and cannot be steam sterilized must be disinfected. Disinfection procedures include cleaning and disinfecting the item using the spray-wipe-spray technique or the use of towelettes (one towelette to clean, a second one to disinfect). Items such as dental material containers and dispensers must be cleaned and disinfected prior to items being replaced back into storage.

When retrieving items or instruments from the operatory storage, transfer forceps or clean hands must be used to avoid contaminating other items, drawers/shelves.

Surface Disinfectant

Surfaces not covered with a plastic barrier must be disinfected following each procedure. Gauze and chemical disinfecting solution are located in each operatory and in the supply area. Surface disinfectant requires the following two-step procedure. Under **NO** circumstances should surface disinfection be shortcut or skipped. The Dental Assisting program incorporates the spray-wipe-spray clean and disinfecting technique.

Cleaning:

- ❖ All surfaces must be sprayed and cleaned using a chemical disinfectant and gauze.

Disinfecting:

- ❖ All surfaces must be sprayed with chemical disinfectant and allowed to remain on the surface(s) according to the manufacturer's recommended timeframe.

Surfaces to be cleaned and disinfected include:

- Countertops
- Dental Assistant's Worktable
- Dental Unit (if no barrier covers it)
- Handpiece Hose(s)
- Air/Water Syringe and hoses
- Saliva Ejector/HVE handles and hoses
- Patient Chair
- Operator's stool
- Dental Assistant's Stool
- Light handles and switches

- Sink
- Curing light/Amalgamator
- X-ray tube head and extension arm

Barriers must be placed on the following items:

- Patient chair
- Dental Unit
- Air/water syringe and hoses
- Saliva Ejector/HVE handles and hoses
- Operating light handles
- Curing light
- Amalgamator
- X-ray tube head, control box and exposure button

Saliva Ejector & HVE Hoses

A generous amount of water should be run through hoses after each patient use. This will flush and remove debris from inside the hose. Hoses must be flushed with disinfecting solution at the end of each day. Self-contained water bottles must be emptied and hoses should be purged at the end of the day, unless a more permanent solution is being used, such as a disinfectant that is continuously being released in the self-contained water supply.

Air/Water Syringe

A/W syringe(s) must be ran at the beginning and end of each day for 30 seconds and between each patient. Self-contained water bottles must be emptied and A/W syringe(s) purged at the end of the day, unless a more permanent solution is being used, such as a disinfectant that is continuously being released in the self-contained water supply.

Water Line Decontamination

Self-contained water bottles must be emptied at the end of the day and all lines purged. At the end of the week the lines must be disinfected with the appropriate disinfectant and technique unless a more permanent solution is being used, such as a disinfectant that is continuously being released in the self-contained water supply.

Laboratory Workbench Disinfection

Impressions

Upon removing an impression or bite registration from the patient's mouth it should be rinsed under running water to dislodge debris. The impression must be sprayed with chemical disinfectant and wrapped in a paper towel. The paper towel must then be sprayed with chemical disinfectant and placed in an appropriate container. The impression must be allowed to disinfect for the manufacturer's recommended timeframe. Prior to the impression being poured chemical disinfectant must be rinsed from the impression, with the excess water being removed as much as possible. The impression can then be poured as usual.

*Appropriate PPE's **must** be worn when handling impressions and bite registrations.*

Laboratory Equipment

Must be disinfected using the wipe-wipe technique. Fresh pumice, lathe wheels and rag wheels must be used for each patient. Contaminated wheels and rags should be cleaned, bagged and autoclaved after patient use.

Radiology Areas

In addition to following the procedures for operatory disinfection, the tube head must be covered with a barrier. In addition, barriers must be placed on control boxes and switches. Computers and sensors must be covered with a barrier during patient use.

Work Area Restrictions

Employees, clinicians, and students are not allowed to eat, drink, apply cosmetics, lip balm, smoke or handle contact lenses in dental operatories. Food and beverages are not to be kept in refrigerators, freezers, shelves, and cabinets or on counter tops where blood or other potentially infectious materials are present.

Hepatitis B Vaccination

All employees who have been identified as having exposure to bloodborne pathogens must be vaccinated for HBV. Full time employees will receive the vaccination and post evaluation follow up at no cost to the employee according to OSHA, however as an educational setting and not an operational facility with live patients the employee may be required to absorb the cost of the vaccine. Part-time employees are required to be vaccinated however; they are responsible for the cost of the vaccine and any post evaluation follow-up.

Any exposed employee who chooses not take the Hepatitis B Vaccination shall be required to sign a Declination Statement, which is available in this document.

Hepatitis B Vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. At this time a routine booster dose is not recommended.

Students are required to receive the Hep B Vaccine before they enter the Dental Assisting program. Any student that refuses the Hep B Vaccine must sign a declination form with the understanding that completing the program may be affected due to clinical rotation requirements. Refer to the program handbook.

Post Exposure Evaluation and Follow-Up

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's/student's duties.

Any employee or student who incurs an exposure through a needlestick or inadvertent contact with body fluids must immediately report the incident to the supervising instructor and the program department head.

The following information must be documented on the Post Exposure Evaluation and Follow-up Forms which will be kept on file in the office of the department head:

- The circumstances related to/and the route of exposure.
- The name, address and phone number of the source patient/student or employee.
- The HIV and Hep B/C status of the source patient/student or employee.
- Description of medical follow-up.

Should the college decide to operate a working clinic through the dental program, patients will be advised of this policy at the time they are accepted for treatment in the clinic. All results will be kept confidential and are given directly to the exposed employee or student.

The exposed employee's/student's blood shall be collected as soon as feasible after consent is obtained and tested for HIV and HIV serological status, Hep B & C. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within the 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. The exposed employee/student will be offered post-exposure prophylaxis when medically indicated as recommended by the U.S. Public Health Service. The exposed employee/student will be offered counseling and medical evaluation of any reported illness. Student insurance will cover testing only; it will **NOT** cover any follow-up or treatment related to the exposure. Depending on the status of the employee, the college may not be responsible for covering testing, treatment or follow up on an employee. This may fall under the employee's personal insurance policy.

"MCC and their contractual externship facilities assume no liability financially or otherwise for illnesses and/or injuries incurred by students while performing required learning-centered, clinical/co-op externship activities."

While in clinical/co-op activities, students are covered through their accident insurance and malpractice insurance . . .

However, if the student is exposed to TB, AIDS, or any other disease, illness or injury, the College is not liable nor will the student's MCC insurance pay . . . the student must pay for tests, x-rays, etc., required as a result of the exposure.

Students are required to complete a TB test prior to entering the program.-

Waste Disposal

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers will be to remove the sharps container from the dental assisting lab to the biohazard storage area of the college, followed by disposal by the appropriate disposal agency.

Hazardous Communication

Labels

Warning labels are affixed to containers of regulated waste which include the BIOHAZARD legend.

Safety Data Sheets

Safety data sheets are kept on file and located in the dental assisting lab at the front desk area. They are available for employees and students to review as needed. As new dental materials are purchased, additional SDS sheets will be added to the existing file.

Laundry

Employees/students who handle contaminated laundry are to wear protective gloves while removing soiled garments. Garments should be placed in plastic bags for laundering. Disposable gowns are available for use when working with potential spatter, splash or infectious materials and will be disposed of in the general waste container.

Training and Education

Clinical Personnel

As part of the orientation of full-time and part-time clinic personnel, each employee must review the "OSHA and the Dental Office", a Training Program which includes a comprehensive video and workbook. The program is prepared by the American Dental Association. This manual and training video is a self-paced program.

In addition to reviewing the ADA manual each employee must read the Exposure Control Plan to thoroughly understand their rights and responsibilities in complying with OSHA regulations. All dental personnel are encouraged to attend continuing education seminars in infection control and OSHA regulations.

Students

All dental assisting students complete a standardized curriculum approved by the North Carolina Department of Community Colleges and the American Dental Association's Commission on Dental Accreditation. This curriculum includes the following approximate contact hours in related topics:

| <u>Contact Hours</u> | <u>Topic</u> |
|----------------------|--|
| 12 | Microbiology/Epidemiology |
| 10 | Infection Control |
| 4 | Biohazards, Safety and Personal Protection |
| 4 | Current OSHA Regulations |

Training records for employees shall be maintained for 3 years from the date on which the training occurred.

The following information shall be included:

- Dates of training sessions
- Contents or a summary of the training sessions
- Names and qualifications of trainer(s)
- Names and job titles of all persons attending

The confidentiality of information pertaining to the health status of patients and employees/students is strictly maintained and secured by the department head of the Dental Assisting Program. Documents are stored in the locked, private office of the department head on campus premises. In addition, student documents are relocated and stored in the college safe located in Student Services when the student has completed the program.

The Bloodborne Pathogens Manual is available to the public via the Dental Assisting link on the Montgomery Community College website:

<https://www.montgomery.edu/programs/dental-assisting/>

HIV POST-EXPOSURE MANAGEMENT

| IF | THEN | AND |
|--|--|--|
| <p>The source individual has AIDS</p> <p style="text-align: center;">OR</p> <p>The source individual is positive for HIV infection</p> <p style="text-align: center;">OR</p> <p>The source individual refuses to be tested</p> | <p>1. The exposed worker should be counseled about the risk of infection.</p> <p>2. The exposed worker should be evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure.</p> <p>3. The exposed worker should be advised to report and seek medical evaluation for any febrile illness that occurs within 12 weeks after the exposure,</p> <p>4. The exposed worker should be advised to refrain from blood donation and to use appropriate protection during sexual intercourse during the follow-up period, especially the first 6-12 weeks.</p> | <p>An exposed worker who tests negative initially should be retested 6 weeks, 12 weeks and 6 months after exposure to determine whether transmission has occurred.</p> |
| <p>The source individual is tested and found seronegative</p> | <p>Baseline testing of the exposed worker will follow-up testing 12 weeks later may be performed if desired by the worker or recommended by the worker's health care provider.</p> | |
| <p>The source individual cannot be identified.</p> | <p>Decisions regarding appropriate follow-up should be individualized. Serologic testing should be done if the worker is concerned that HIV transmission has occurred.</p> | |

HBV POST-EXPOSURE MANAGEMENT

| IF | AND | THEN |
|--|---|--|
| The source individual is found positive for HBsAg. | The exposed worker has not been vaccinated against Hepatitis B. | <p>1. The worker should receive the vaccine for Hepatitis B.</p> <p>2. The worker should receive a single dose of Hepatitis B immune globulin if it can be given within 7 days of exposure.</p> <p>The exposed worker should be tested for antibody to Hepatitis B surface antigen (anti-HBs), and given one dose of HBIG if the antibody level in the worker's blood sample is inadequate (i.e. <10 SRU by RIA, negative by EIA)</p> |
| The source individual is found negative for HBsAg. | <p>The exposed worker has not been vaccinated against Hepatitis B.</p> <p>The exposed worker has been vaccinated against Hepatitis B.</p> | <p>The worker should be encouraged to receive Hepatitis B vaccine.</p> <p>No further action is needed.</p> |
| The source individual cannot be identified. | <p>The exposed worker has not been vaccinated against Hepatitis B.</p> <p>The exposed worker has been vaccinated against Hepatitis B.</p> | <p>1. The worker should receive the Hepatitis B series.</p> <p>2. HBIG administration should be considered on an individual basis when the source individual is known suspected to be at high risk of HBV infection.</p> <p>Management and treatment of exposed worker should be individualized.</p> |

Exposure Incident Form

Curriculum: _____

Confidential

Employee/Student Name: _____

Student ID# _____

Employee/Student Address:

Patient Name: _____

Patient Address:

Exposure incident circumstances (describe what happened):

Route of exposure (e.g., needle stick, splash, puncture wound, abraded skin):

Source of patient's antibody status:

Date of Incident: _____

Signature: _____ Title: _____

Date: _____

MONTGOMERY COMMUNITY COLLEGE

Dental Assisting Program

**Informal refusal for Hepatitis B vaccination
Confidential**

I, _____ am a student/instructor (employee) at Montgomery Community College. My institution has provided training to me regarding the Hepatitis B vaccine. I understand the effectiveness of the vaccine, the risks of contracting Hepatitis B, and the importance of taking active steps to reduce the risk.

However, I, of my own free will and volition, and despite my institution's urging, have elected not to be vaccinated against Hepatitis B. I have personal reasons for making the decision not to be vaccinated.

Signature

Date

Name: _____

Address: _____

City/State/Zip Code:

Witness:

Date: _____

NOTE: Maintain this record for duration of employment plus 30 years.

SHARPS INJURIES LOG

| <u>Type/Brand of Device</u> | <u>Location of Incident</u> | <u>Description of Incident</u> | <u>Additional Information</u> |
|-----------------------------|-----------------------------|--------------------------------|-------------------------------|
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