Exposure Control Plan

_____ [Practice Name]
_____ [Address]
_____ [Telephone Number]

I. Overview

Minimizing potential occupational exposures to infectious microorganisms is the primary objective of this dental office's Exposure Control Plan. This plan complies with the requirements of the Cal-OSHA Bloodborne Pathogens regulation (CCR 8, GISO 5193) and includes elements of the Dental Board of California's Infection Control regulation (Section 1005, Title 16, California Code of Regulations), which are included as Appendix 1 and 3 of this manual.

This Exposure Control Plan:

1. Includes exposure determinations by job classification. See this section of the plan.

2. Includes a schedule and method of implementation of all requirements of the regulation. See completed ***Schedule and Method of Implementation*** form in this plan.

3. Includes evaluation procedures for exposure incidents. See page EC-2 and the ***Employee Accident/Body Fluid Exposure and Follow-Up form*** (a blank form is in the Records section of this manual).

4. Includes an effective procedure for completing the ***Sharps Injury Log***. See page EC-2 (a blank form is in the Records section of this manual).

5. Includes an effective procedure for periodically determining the frequency of which sharps, involved in incidents listed on the Sharps Injury Log, are used. See pages EC-7 to EC-9 and the completed ***Dental Sharps*** forms at the end of this plan.

6. Includes an effective procedure by which devices available to prevent exposure to bloodborne pathogens (sharps disposal containers, needleless systems and safety needles, for example) are identified and selected. See pages EC-7 to EC-9 and the completed ***Dental Sharps*** forms at the end of this plan.

7. Includes an effective procedure for documenting patient safety determinations, if this dental office claims an exception to using sharps with "engineered sharps injury protection" because such use will jeopardize patient's safety or the success of the dental procedure. See completed ***Dental Sharps*** forms at the end of this plan.

8. Includes an effective procedure for actively involving employees in the review and update of this Exposure Control Plan. See page EC-3.

9. Is accessible to employees.

10. Is available to Cal/OSHA, the local or State Department of Health Services and the Dental Board of California inspectors upon request.

Job Classifications and Exposure Determination

The office has determined which job classifications have exposure to blood or other potentially infectious material. Cal/OSHA regulations require the following information:

1. List of job classifications where all employees have exposure potential.

2. List of job classifications where some employees have exposure.

3. List of tasks and procedures where exposure occurs and that are performed by employees of B classification.

Exposure determinations are made without regard to use of personal protective equipment. See ***Employee Job Classification*** on page EC-4.

Schedule and Method of Implementation

The dental office has a document that contains a schedule and methods of implementing various elements of this Exposure Control Plan. The completed Schedule and Method of Implementation form can be found after page EC-4 (a blank form is in the Records section of this manual).

Exposure Incidents

Each exposure incident must be reported to the office supervisor or employer as soon as possible. Delays in reporting exposures can reduce the effectiveness of post exposure treatments, so it is critical to report incidents quickly and seek prompt treatment.

An "exposure incident" is a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials as a result of performing a work duty. The post-exposure protocol described on pages EC-20 to EC-24 is followed. The exposure incident is documented using the ***Employee Accident/Body Fluid Exposure and Follow-up form*** (a blank form is in the Records section of this manual). If a sharp was involved in the incident, the incident is recorded on a ***Sharps Injury Log***.

Sharps Injury Log

Each exposure incident that includes a sharp must be recorded on a ***Sharps Injury Log*** (a blank log is in the Records section of this manual) within 14 days of the incident. A "sharp" is any dental instrument or object that may penetrate the skin or any other part of the body, including but not limited to needles, burs, instruments, blades, wires and broken glass.

Record information that is known or reasonably available. Information on the log must be recorded and maintained in a manner to protect the confidentiality of the injured employee. Information recorded on the ***Employee Accident/Body Fluid Exposure and Follow-up form*** and from employee reports and interviews may be used. The ***Sharps Injury Log*** is available upon request for viewing and copying to employees, state Department of Health Services and Cal/OSHA. (A blank form for the Sharps Injury Log is in the Records section of this manual; completed forms for the Sharps Injury Log are found after page EC-26 in this Exposure Control Plan.)

For each sharp involved in an exposure incident, this dental office periodically determines the frequency that the brand or type of sharps is used. See pages EC-7 to EC-9 and the ***Dental Sharps*** form.

Review and Updating of the Exposure Control Plan

The plan is reviewed and updated as needed, and at least annually:

1. To reflect new or modified duties or procedures during which an employee may be exposed to bloodborne pathogens.

2. To reflect progress in implementing needleless systems and, if needleless systems are not available, sharps with “engineered sharps injury protection.”

3. To include new or revised employee positions with possible exposure to bloodborne pathogens.

4. To evaluate exposure incidents that occurred since the plan was last updated.

5. To respond to information that this Exposure Control Plan is deficient in any area.

6. To include new sharps injury prevention devices and related safety procedures as they are introduced into the workplace.

The procedures specified in the plan are intended as standards to which everyone will work. Procedures and engineering controls are reviewed and evaluated periodically and, as staff develop new and better procedures and as better engineering controls are developed and used, these will be incorporated into the plan. As individuals, people have preferences that should be respected and skills that should be utilized as long as they contribute to the primary objective of the Exposure Control Plan.

Employees who are occupationally exposed to bloodborne pathogens may individually, or in a group, review the plan. Deficiencies in the plan should be brought to the attention of the supervisor or employer so that they may be addressed. The plan is reviewed annually *(provide details, e.g., "by all exposed employees during the month of December")*:

_____

_____

Employee Job Classification

A. **Job classifications in which <u>all</u> employees have exposure to infectious agents** (e.g., dentist, hygienist, assistant, lab technician, janitor)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B. **Job classifications in which <u>some</u> employees have exposure to infectious agents** (e.g., in an office with two receptionists, one has no exposure potential, but the other works chair-side occasionally.) *For each job classification, identify by letter the tasks and procedures that have occupational exposure to blood and other potentially infectious material.*

Classification	Tasks/Procedure with exposure potential
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Tasks and procedures that have occupational exposure to blood and other potentially infectious material

A. Treatment procedures
B. Radiographic procedures
C. Instrument processing
D. Treatment room cleaning and disinfection
E. Laboratory procedures
F. Handling or disposing of contaminated waste
G. Other (describe) _____

C. **Job classifications with no exposure potential** (e.g., bookkeeper, accountant)

1. _____
2. _____
3. _____

Place completed Schedule and Method of Implementation form here.

See Records section for blank form.

II. Methods of Compliance

Standard Precautions and Infection Control Procedures

This dental office utilizes "standard precautions" as one approach to infection control. Standard precautions integrate and expand the elements of universal precautions into a standard of care designed to protect dental healthcare professionals and patients from pathogens that can be spread by blood or any other body fluid, excretion, or secretion. Standard precautions apply to contact with 1) blood; 2) all body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood; 3) non-intact skin; and 4) mucous membranes. Other effective infection control procedures include a combination of engineering and work practice controls.

This office also complies with Dental Board of California infection control regulations (see Appendix 3), some of which overlap and are more stringent than Cal/OSHA requirements.

Engineering and Work Practice Controls

Engineering controls are controls, such as heat sterilizers, chemical disinfectants, instrument washers, sharps disposal containers, ultrasonic cleaners, high velocity evacuation, needle recapping devices, needleless systems, sharps with engineered sharps injury protection, etc., that isolate or remove the bloodborne pathogen hazard from the workplace. Work practice controls are controls that reduce the likelihood of exposure by defining the manner in which a task if performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

All procedures involving blood or other potentially infectious material are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Employees who have the potential for being exposed to bloodborne pathogens (job classifications A and B in this plan) are asked to participate in the identification, evaluation, and selection of effective engineering and work practice controls. Employees may provide to the dentist or office manager information on an engineering and/or work practice control, and request that it be evaluated. Such information can be provided at a staff meeting or in writing to the dentist or office manager. See ***Identification, Evaluation, and Selection of Engineering and Work Practice Controls*** form (a blank form is in the Records section of this manual).

Preventing Contact with Infectious Materials

Exposure to infectious body fluids and transmission of disease can occur through **direct or indirect contact** with an infected person. Examples of dangers to avoid in the office are:

1. Putting bare hands into the mouth of a patient.
2. Touching the blood or saliva from a patient.
3. Being splashed with blood or saliva that enters through the mucous membranes of the eyes, nose or mouth.
4. Touching contaminated instruments, equipment, work surfaces, or waste.
5. Receiving a cut or puncture wound from a sharp instrument or needle.
6. Touching impressions, dentures, or other objects that have been in the patient's mouth.

7. Having contact with airborne microorganisms in splatter or aerosolized debris.

Fluids likely to be encountered in the dental office that are recognized as potentially linked to the transmission of HIV, HBV, or HCV, and to which standard precautions apply, include blood, saliva and gingival fluids. Neither HBV, HCV nor HIV can be transmitted by casual contact in the workplace.

Accident Avoidance

When procedures are not done carefully or correctly, or are done in haste, accidents do happen. Attention should be focused and fatigue avoided to prevent stabs or scrapes from:

1. Burs left in the handpiece, sitting upright in the bracket holder.
2. Aluminum or stainless steel crowns.
3. Laboratory knives.
4. Scalers, blades, needles or other sharp instruments on the treatment tray.
5. Cavitron scaler tips which are exposed in the field of operation.
6. Transport of instruments from the operatory to the instrument sterilization area.

Use of Needleless Systems, Safety Needles and Sharps With Engineered Sharps Injury Protection

Cal/OSHA defines a "needleless system" as a device that does not utilize needles for withdrawal of body fluids after initial venous or arterial access is established; the administration of medication or fluids; and any other procedure involving the potential for an exposure incident.

In this dental office, needleless systems: *(check one)*

- ☐ are used.
- ☐ are not used.
- ☐ are not available in the marketplace, as determined by the research process described on page EC-9.

Cal/OSHA defines "engineered sharps injury protection" as either:

1. A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
2. A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

In this dental office, needles with engineered sharps injury protection: *(check one)*

- ☐ are used.
- ☐ are not used.

In this dental office, non-needle sharps with engineered sharps injury protection: *(check one)*

- ☐ are used.
- ☐ are not used.

Detailed information on needle systems and other sharps can be found on the completed ***Dental Sharps*** forms, following page EC-26 of this Exposure Control Plan. The ***Dental Sharps*** forms *(a blank form is in the Records section of the manual)* contain information on sharps used in the dental office, including:

1. Type and brand(s) (if known).

2. Dental procedure(s) for which sharp is used.

3. Whether the sharp has an engineered sharps injury protection feature, which is a physical attribute built into the sharp which effectively reduces the risk of an exposure incident.

4. If sharp has no "engineered sharps injury protection," the exception allowed by Cal/OSHA which this office uses:

   Exception 1 – The specific type of sharp with an engineered sharps injury protection feature is not available in the marketplace as determined by the research process described below.

   Exception 2 – Use of the sharp with engineered sharps injury protection jeopardizes patient safety or the success of the dental procedure. Use of this exception requires documentation, for example, a record of the dental office's experience with the sharp, or a scientific or clinical article published in a peer-reviewed or refereed journal.

   Exception 3 – Use of the sharp with engineered sharps injury protection is not more effective in preventing exposure incidents, as demonstrated by objective product evaluation criteria. Use of this exception requires documentation, for example, a record of the dental office's experience with the sharp, or a scientific or clinical article published in a peer-reviewed or refereed journal.

   Exception 4 – No reasonably specific and reliable information is available on the safety performance of the sharp with engineered sharps injury protection, and the office is actively determining by means of objective product evaluation criteria whether it will reduce the risk of exposure incidents.

5. Brands of sharps with engineered sharps injury protection that are available in the marketplace.

6. Whether sharps were involved in exposure incidents, and their frequency of use.

The frequency of this dental office's use of the sharp involved in an exposure incident is determined by identifying the dental procedures for which the sharp is used, then estimating the number of times that procedure is performed on a weekly or monthly basis. This information is recorded on the ***Dental Sharps*** form *(blank form is in the Records section)*, and is reviewed and updated at least once each year.

The availability of needleless systems, safety needles and other sharps with engineered sharps injury protection is researched through regular review of dental journals, periodicals and catalogs, inquiries of dental product suppliers and manufacturers, and visits with dental suppliers and manufacturers at dental meetings.

The following dental journals, periodicals, lists, and catalogs are reviewed:

_____

_____

_____

This dental office contacts the following dental suppliers and manufacturers regarding safety needles and other sharps approximately _____ times a year:

_____

_____

_____

This dental office selects needleless systems, safety needles, sharps with engineered sharps injury protection, and other engineering controls on the basis of:

- ☐ objective product evaluation by a third party whose report is reviewed by employees.
- ☐ objective product evaluation by this dental office, including employee involvement. Employees are involved in the selection as follows:

  _____

  _____

  _____

Progress in implementing the use of sharps with engineered sharps injury protection is reflected in the regular review and updating of ***Dental Sharps*** forms. Completed forms are located after page EC-26 of this Exposure Control Plan.

Safe Management of Sharps

Cal/OSHA defines "sharps" as any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Cal/OSHA prohibits the following practices with regards to sharps management:

1. Shearing or breaking of contaminated needles, blades, and other contaminated sharps is prohibited.

2. Contaminated sharps shall not be bent, recapped, or removed from devices. **Exception**: Contaminated sharps may be bent, recapped or removed from devices if the procedure is performed using a mechanical device or a one-handed technique, and the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

In this dental office, ***sharps may be bent*** during the performance of the following dental procedures, because:

_____

_____

_____

_____

_____

In this dental office, ***sharps may be recapped*** during the performance of the following dental procedures, because:

_____

_____

_____

_____

_____

3. Sharps that are contaminated with blood or other potentially infectious material shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

4. Disposable sharps shall not be reused.

5. Do not pick up broken glass directly with hands. Use mechanical means, such as brush and dustpan or tongs.

6. The contents of reusable sharps containers shall not be accessed unless properly reprocessed or decontaminated.

7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of sharps injury.

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

9. Instruments should be removed from ultrasonic cleaners and cold sterilant solutions using tongs, baskets or other mechanical means.

10. Do not remove burrs without cushioning the sharp edges with gauze or other material so gloves are not torn or punctured. Forceps may also be used for this purpose.

Other Cal/OSHA-prohibited practices that do not involve sharps use are listed on page EC-15 of this Exposure Control Plan under Personal Items and Contamination.

In addition to the prohibited sharps management practices listed above, employees shall:

1. Not use two hands to recap needles.

2. Not remove needles from disposable syringes (NOTE: disposable syringes are not commonly used in dental offices).

3. Not put hands into containers that contain reusable sharps, such as curettes or blades, which are being stored prior to decontamination.

4. Assemble and disassemble handpieces in a safe manner and remove burrs using a gauze square and gloves or other technique to prevent puncture wounds. Forceps may also be used.

5. Use effective patient-handling techniques and other methods to minimize the risk of a sharps injury during procedures involving the use of a sharp on a patient.

In addition, procedures in this office to safely manage sharps include: *(check those that apply; add others if applicable)*

___ Needles are recapped with a one-handed technique.
___ Needles are recapped with a mechanical recapping device.
___ Recapped needles are discarded into sharps container in the operatory.
___ Recapped needles are placed on the instrument tray and carried to the central sterilization room where the capped needle will be discarded into the sharps container.
___ An instrument is used to retract tissue during anesthetic injections.
___ Sutures and blades are separated from the rest of the surgical set-up to ensure that they are very visible.
___ Instrument trays are transported to and from operatories and central sterilization area in a manner that prevents the accidental dropping of instruments.
___ Tongs, or a basket, are used for removal of instruments from the ultrasonic cleaner. Hands are never used to retrieve instruments.
___ Brush-scrubbing of debris from contaminated instruments is only permitted after they are pre-cleaned in an ultrasonic cleaner. Utility gloves are to be worn when brush-scrubbing.

_____

_____

_____

_____

_____

_____

Management of Waste

Contaminated waste in the office can be handled as either regulated medical waste or solid waste. Handling of contaminated waste within the office is regulated by Cal/OSHA. Handling, storage, treatment and disposal of all regulated medical waste is in accordance with the state Medical Waste Management Act, which is enforced by the state Department of Health Services and other local agencies. A ***Medical Waste Disposal Plan*** is included in this manual. Please refer to that section for specifics on medical waste management and disposal.

Regulated Medical Waste

Medical waste, as defined by the Medical Waste Management Act, in the office includes the following:

1. Contaminated sharps, (e.g., needles, disposable syringes, blades, endo files, burs, temporary crowns with sharp edges, and carpules with aspirated blood).

2. Disposables that "drip blood" or other body fluids when compressed or flake dried blood when shaken (e.g., dressings, gauze, cotton rolls).

3. Fluid blood.

4. Human tissues.

5. Teeth that are deemed ***infectious by the attending medical/dental professional***.

6. Waste from a person infected with diseases which are highly communicable to humans, (CDC Biosafety Level IV organisms, **see Medical Waste Disposal Plan**).

7. Pharmaceutical waste.

Personal protective equipment, such as gloves and gown as necessary, shall be worn while handling medical waste in the office to prevent employee exposure to body fluids.

Containment Requirements for Contaminated Sharps

According to Cal/OSHA regulations, containers for contaminated sharps shall be placed as close as feasible to where sharps are used (i.e. in each operatory) and shall be:

1. Rigid.

2. Puncture resistant.

3. Leak-proof on sides and bottom.

4. Labeled "Biohazardous Waste" or "Sharps Waste," with labels fluorescent orange or orange-red and letters and symbol in a contrasting color; no color preference for sharps container itself.

5. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

6. Maintained upright.

7. Replaced as necessary to avoid overfilling.

8. Portable, if portability is necessary to ensure access by the user as required by no. 5, above.

9. Closed prior to moving or transport.

10. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

11. Placed in a secondary container if leakage is possible. The second container shall be closeable; constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled as in no. 4, above.

Containment Requirements for Other Regulated Medical Waste (Not Sharps)

According to Cal/OSHA regulations, containers for regulated medical waste not consisting of sharps shall be:

1. Closeable.

2. Constructed to contain all contents.

3. Bag must be red and labeled "Biohazardous Waste" with labels fluorescent orange or orange-red and letters and symbol in a contrasting color.

4. Container - labeled "Biohazardous Waste"; no color preference for the container itself.

5. Closed securely prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

6. Placed in a secondary container if leakage or outside contamination is possible. The secondary container shall be closeable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping; labeled as in no. 3, above; and closed securely prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Containment Requirements for Contaminated Waste That is Not Regulated Medical Waste

Contaminated waste that is not regulated medical waste in the office includes contaminated items that do not drip body fluids when compressed or release dried flakes of blood when shaken, and includes teeth which are deemed non-infectious by the treating dentist. Personal protective equipment, gloves, and if necessary, gowns, shall be used when handling waste to prevent exposure to potential contaminants.

The containers for solid waste should be:

1. Closeable.

2. Prevent leakage during handling.

3. Closed prior to removal to prevent spillage or protrusion of contents.

In this office, non-regulated minimally-contaminated waste is: *(check one)*

___ placed into containers that are lined with unlabeled plastic bags. The plastic liner bags can be disposed of as solid waste.

___ dropped through holes in the counters into unlabeled plastic-lined containers.

Handling of Specimens of Blood or Other Potentially Infectious Material

Check the one that applies:

___ No specimens of blood or other potentially infectious materials are handled in this office.

___ Specimens of blood or other potentially infectious materials are handled in this office as follows:

- Specimens are placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping.
- Containers provided for this purpose are marked with the biohazard label or color-coded red and are closed before they are stored, transported or shipped.
- If outside contamination of the primary container occurs, it must be placed inside a secondary container that prevents leakage. Any specimen that could puncture the primary container must be placed in a secondary container that is puncture resistant. The secondary container must also be marked with the biohazard label or color-coded red.

Servicing or Shipping Contaminated Equipment

Decontaminate equipment before shipping, unless impossible to do. Label any portions that remain contaminated. Information concerning remaining contamination shall be conveyed to the individual(s) and company who will handle, service, or ship equipment so that they make take the appropriate precautions.

Cleaning, Decontamination and Hygiene

The housekeeping procedures insure that all areas of the office are clean and sanitary. The methods for cleaning and decontamination shall be effective and appropriate for the location within the office, type of surface or equipment to be cleaned and disinfected, type of contamination, and tasks or procedures performed in the area. Included in the housekeeping procedures:

1. Patient treatment areas and work surfaces and equipment must be cleaned and decontaminated with an appropriate disinfectant between patients.

2. Overtly contaminated work surfaces and spills of body fluids shall be cleaned and decontaminated immediately or as soon as possible.

3. Following the initial cleaning, disinfection shall be done with one of the chemical germicides that are approved for use as a hospital disinfectant and is tuberculocidal when used in recommended dilutions.

4. Reusable receptacles shall be inspected regularly, and cleaned and decontaminated when visibly contaminated.

5. If used, protective coverings, such as aluminum foil or plastic wraps, shall be removed and replaced between patients.

6. Clean, broken glassware shall be cleaned with mechanical means, such as brush and dustpan.

7. Sweeping, handling solid or liquid wastes, shall be done without allowing personal contamination.

8. List of chemicals used for low and intermediate levels of disinfection.

In accordance with Cal/OSHA regulations, a written cleaning and decontamination schedule is maintained for specific daily, weekly and monthly procedures. (See **Housekeeping Schedule** form in the Records section of this manual)

Personal Items and Contamination

No eating, drinking, applying cosmetics, handling contact lenses or smoking in work areas. These activities may be done in _____

No food or drink in refrigerators, on countertops, or on shelves where blood or other potentially infectious materials are present. Food and drink may be kept in_____

Minimizing Surface Contamination

1. The office personnel should attempt to minimize splash, spray and splatter through use of such things as: (check those that apply)

   ___ high velocity evacuation
   ___ rubber dam
   ___ other:_____

2. Minimize the number of items that are contaminated during care by: (check those that apply)

   ___ pre-dispensing medicaments and armamentaria
   ___ use of over-gloves or barriers over contaminated treatment gloves to obtain clean supplies
   ___ use of disposable barriers on equipment and surfaces

Hygiene

Staff are instructed to wash their hands with soap and running water, and may use alcohol handrubs as recommended by CDC if hands are not visibly soiled:

1. When gloves become torn or defective.

2. Immediately or as soon as feasible after removal of gloves or other personal protective equipment.

3. After contact with blood or other potentially infectious material with bare hands or any other skin.

Hand washing facilities are available in the following areas of the office:

_____

_____

_____

Alcohol-based handrub dispensers are located:

_____

_____

_____

If no hand washing facilities are immediately available after contaminated glove removal, (e.g., in the darkroom), antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes will be used until the hands can be washed.

Mucous membranes shall be flushed with water immediately or as soon as feasible after contact with blood or other potentially infectious material.

Personal Protective Equipment

To prevent exposure to body fluids, Cal/OSHA has developed an extensive set of requirements on the use of personal protective equipment (PPE). Cal/OSHA regulations on personal protective equipment states *that* ***personal protective equipment must be used that does not permit potentially infectious materials to reach employee's work clothes, street clothes, skin, eyes, nose and mouth.*** In this office, PPE will be used during: *(fill in the table)*

Procedure	**PPE To Be Used** ***(for examples; exam gloves, utility gloves, lab coat, goggles)***
Treatment procedures	
Radiographic procedures	
Instrument processing	
Cleaning and disinfection of contaminated surfaces and rooms	
Laboratory procedures	
Trash disposal	

Additional Cal/OSHA regulations state:

1. Use PPE when bloodborne pathogen exposure is reasonably anticipated.

2. The only exceptions to the requirement for staff to use personal protective equipment in situations of potential exposure is when the PPE would:

    a. Expose the employee to greater hazard, or

    b. Would prevent the employee from delivery of patient care. This exception would only occur in a rare emergency and should be documented and justified for investigation of prevention of potential recurrence.

3. Use face shields and surgical face masks, or use masks and safety eye-wear with side shields.

4. Remove personal protective equipment before leaving work area (e.g., before entering uncontaminated areas such as the lounge or reception area.).

5. In situations where gross contamination is reasonably anticipated, use shoe covers and hoods or caps (e.g., handpiece use during major oral surgery in an operating room situation).

6. Use mouth pieces, pocket masks, resuscitation bags or other ventilation devices for artificial resuscitation during CPR.

7. Place contaminated PPE in a container for storage, washing, decontamination or disposal after use.

8. Wash hands immediately after removing gloves or other personal protective equipment.

Gowns and Other Overgarments

1. Use gowns, aprons and other protective resistant clothing, which will prevent the penetration of body fluids to the skin, undergarments or work clothes under normal work conditions. A standard long-sleeved cotton or cotton/polyester dental clinic coat is generally sufficient during dental procedures.

2. Immediately replace garment penetrated by blood.

3. Replace garments that are wet or visibly contaminated with blood after patient treatment or as soon as possible.

After removal, contaminated linens that are to be laundered shall be placed into a container located:

_____

_____

_____

Glove Use

1. Wear gloves in situations of potential exposure.
2. Replace contaminated gloves as soon as possible.
3. Don't wash or decontaminate single use gloves (latex or vinyl gloves).
4. Decontaminate utility gloves or replace if torn, cracked, peeling or punctured.
5. Provide hypo-allergenic gloves or glove liners if necessary.
6. Replace contaminated gloves as soon as possible.

Employer's Responsibility on Personal Protective Equipment

1. Provide at no cost to employees.
2. Cleaning, laundering and disposal costs are borne by the employer.
3. Repair and replacement costs are borne by the employer.
4. These are the instructions regarding the location and use of personal protective equipment in this dental office:

_____

_____

_____

_____

_____

_____

_____

_____

Laundry

1. Use gloves to place contaminated equipment in appropriate containers for storage, washing, decontamination or disposal.

2. Container must be leak-proof if items are wet.

3. Container must be labeled or color-coded for BIOHAZARDOUS contents.

4. Do not sort or rinse contaminated laundry.

5. When washing contaminated linens on site, always use gloves and any other personal protective equipment necessary to prevent personal contamination.

6. Staff may not remove contaminated laundry from the office for decontamination at their home.

7. Staff may take uniforms and work clothes home to launder, as long as the clothing is not contaminated.

In this office, contaminated laundry is: *(check those that apply)*

___ discarded into waste containers for disposal.
___ decontaminated in a washer/dryer on-site by staff.
___ decontaminated by an outside laundry service.
___ decontaminated at home by an unincorporated dentist/employer.

III. Hepatitis B Vaccination and Bloodborne Pathogen Post-Exposure Evaluation and Follow-Up

Hepatitis B Vaccinations for Potentially Exposed Employees

The risk of transmission of Hepatitis B is known to be a serious health risk for dental personnel. The HBV vaccine is an effective preventative measure that is strongly recommended. All employees likely to be exposed to infectious fluids are instructed about the hazards of contracting Hepatitis B and are advised to have the Hepatitis B vaccination at employer's cost. The vaccine is not necessary if the employee tests positive for HBV immunity, if the vaccine is contraindicated for a medical condition, or if the employee has already received it.

Refusal to have the vaccine can be reversed at any time. Refusal of the vaccine and records of vaccine administration are kept in accordance with Cal/OSHA regulations. (See blank ***Medical Record*** form and ***Refusal of HBV Vaccine*** form in the Records section of this manual.)

Cal/OSHA regulations on administration of the Hepatitis B vaccinations include:

1. Made available at reasonable time and place.
2. Performed by licensed health care professional according to the current U. S. Public Health Service guidelines.
3. Accredited laboratory used.
4. Provided within 10 working days of initial assignment.
5. Pre-screening for immunity cannot be a prerequisite for receiving HBV vaccination.
6. Post-vaccination screening is provided after the completion of the vaccination series, and after the second vaccination series if necessary.
7. If necessary, a second vaccination series is made available.
8. If a booster is recommended by U.S. Public Health Service in the future, then it must be provided.

Reportable Exposure Incidents

Exposure incidents that must be reported and documented include eye, mouth or other mucous membrane, non-intact skin or parenteral contact with blood, saliva or other potentially infectious materials. Incident reports will be kept in accordance with Cal/OSHA regulations, including routes and circumstances of exposure. (See ***Employee Accident/Body Fluid Exposure and Follow-Up*** form.)

Employees who have an exposure are required to report the exposure to their supervisor immediately and must be given instruction in follow-up procedures. This dental office will provide for post-exposure evaluation and follow-up as required by Cal/OSHA.

Follow-Up Procedures

In the event of exposure incident, the following procedures as recommended by the U.S. Public Health Service and required by Cal/OSHA are followed:

1. Exposed employee should wash skin with soap and water and flush mucous membranes.

2. Exposed employee must report incident immediately to a supervisor.

3. The exposed employee is referred as soon as possible to a health care provider who will follow the current recommendations of the U. S. Public Health Service, Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures. The U.S. Public Health Service currently recommends post-exposure prophylaxis for HIV be started within 1 to 24 hours of an exposure incident and notes that use of chemoprophylaxis is a clinical decision dependent on the characteristics of the injury "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis." MMWR June 29, 2001; Vol. 50 (No. RR-11). Certain information must be provided to the health care provider, and this is detailed further in this section.

This dental office refers employees to:

☐ employee's health care provider

☐ [Name of health care provider or facility]
[Address]
[Telephone Number]

The exposed employee may refuse any medical evaluation, test or follow-up recommendation. This refusal is documented. See ***Employee Informed Refusal of Post-Exposure Follow-Up*** in the Records section of this manual.

4. The source individual is identified (if possible and if permitted by law) and, with the source individual's consent, this dental office provides for testing the individual for HBV, HCV and HIV carrier status. Do not test source of known HBV, HCV and HIV status. If consent is not obtained, see ***Confirmation of Source Patient's Denial for Testing*** form.

5. The incident is documented on the *Employee Accident/Body Fluid Exposure and Follow-Up* form. If the exposure incident involves a sharp, the *Sharps Injury Log* is completed within 14 days.

6. A copy of the health care provider's written opinion is provided to the employee within 15 days of the completion of the post-exposure evaluation.

The health care provider will follow these procedures, as recommended by the U.S. Public Health Service:

1. With the employee's consent, the health care provider will collect the employee's blood to establish HBV, HCV and HIV status. If the blood is collected and the employee declines testing, the blood must be stored for at least 90 days in case the employee consents to testing later.

2. Inform the employee of all test results, including tests on the source individual if such testing was done.

3. Counsel employee concerning infectious status, test interpretation and need for post-exposure prophylaxis.

4. Prescribe prophylactic measures as medically indicated and as recommended by the U. S. Public Health Service.

5. Evaluate any reported illnesses to determine any relation to HBV, HCV or HIV infection.

6. Provide a written opinion, as required by Cal/OSHA, to this dental office.

Information for the Health Care Provider

Cal/OSHA requires that certain information be provided to the health care provider who administers the hepatitis B vaccine or who provides follow-up evaluation for an exposure incident:

1. To the HBV vaccine provider:

    A. ***Bloodborne Pathogens Standard.*** (See ***Appendix 1, Bloodborne Pathogens Standard, CCR 8 GISO 5193.****)*

2. To the health care provider evaluating an employee for an exposure incident:

    A. ***Bloodborne Pathogens Standard.***

    B. Description of employee's job duties during incident.

    C. Documentation on routes of entry/exposure circumstances. (See ***Employee Accident/ Body Fluid Exposure and Follow-up*** form.)

    D. Medical record on employee HBV vaccine.

Health Care Provider's Written Opinion

The health care provider's written opinion on the exposure incident must be provided to the employee within 15 days of completion of the evaluation. *(See* ***Written Opinion Of Health Care Provider in the Records*** *section of this manual.)* This written document must contain the following information:

1. Necessity of HBV vaccine.

2. Post exposure evaluation and follow-up care:

    A. That employee was informed of results of evaluation.

    B. That employee was informed of medical conditions that require further evaluation or treatment.

3. All other findings remain confidential and are not included in the written report.

IV. Communication of Hazards to Employees

Labels

Labels to communicate hazards must meet the following requirements:

1. Shall be affixed to containers of contaminated waste and blood.
2. Shall include the word BIOHAZARD and symbol, or in the case of regulated waste the term BIOHAZARDOUS WASTE or SHARPS WASTE.
3. Be mostly fluorescent orange or orange-red with letters in contrasting color.
4. Be part of container or affixed closely by string, wire or adhesive to prevent loss.
5. Red bags or containers may be substituted for labels for regulated medical waste.
6. Contaminated equipment should state what remains contaminated.
7. Non-contaminated waste doesn't need a label.

Information and Training

Employee information and training:

1. Are provided at no cost to all employees with occupational exposure, through (check applicable method(s))

   ____ in-office staff trainer; videos, articles and other teaching aids may be used.
   ____ in-office consultant-trainer.
   ____ continuing education course followed by in-office discussion and review of contents.

2. Are provided during working hours.
3. Are provided at initial assignment, then at least annually, and within one year of previous training.
4. Are provided whenever changes of tasks or procedures affect exposure, and whenever new engineering, administrative, or work practice controls are introduced.
5. Cover parts of the Bloodborne Pathogens Standard in which they have not been trained previously.
6. Are in an understandable language.
7. Are provided by trainer knowledgeable in the subject.
8. Provide an opportunity for interactive discussion with the trainer.

Scope of Information and Training

Exposure control information and training for all employees includes the following:

1. An accessible copy of the regulatory text of this standard and explanation of contents. See ***Appendix 1, Bloodborne Pathogens Standard, CCR 8 GISO 5193 and Appendix 3, the Dental Board of California Infection Control Regulations, CCR 16, Section 1005***.
2. Epidemiology and symptoms of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. Exposure control plan and means to obtain a copy.
5. How to recognize tasks that may involve exposure.
6. Use and limitations of engineering controls, work practices and personal protective equipment.
7. Type, use, location, handling, decontamination and disposal of personal protective equipment.
8. Explanation of basis for selection of personal protective equipment.
9. HBV vaccine information: efficacy, safety, method of administration, benefits, offered at no cost to employees.
10. Actions to take and who to contact in an emergency involving infectious materials.
11. Post-exposure procedures including reporting, medical follow-up, and Sharps Injury Log recording.
12. Employer's requirements for post-exposure evaluation and follow-up.
13. Signs and labels.

V. Recordkeeping

Medical Records

Cal/OSHA requires medical records to be maintained for employees with potential exposure to body fluids and infectious agents. Access to Employee Exposure and Medical Records (CCR 8, GISO 3204) gives employees the right to see their medical and exposure records (See Appendix 2). Medical and exposure records shall include:

1. Employee name and social security number.
2. HBV vaccine status, dates of administration, medical records on ability to receive vaccine.
3. Results of exams, testing and follow-up reports.
4. Healthcare provider's written opinion.
5. Information provided to healthcare providers. (See blank Employee Medical Record form in the Records section of this manual.)

In this office, these confidential medical and exposure records are kept:

_____

Confidentiality of Medical Records

Cal/OSHA also requires that the records are:

1. Confidential.
2. Not disclosed without written consent.
3. Maintained for duration of employment plus 30 years.
4. Available to Cal/OSHA, the employee and the employees' designated representative with written consent.

Transfer of Medical Records

1. Comply with transfer requirements of ***Access to Employee Exposure and Medical Records (CCR 8, GISO 3204)***.
2. On dissolution of business (if there is no successor) notify Cal/OSHA within 3 months prior to their disposal or transmit to Cal/OSHA upon request.

Training Records

In accordance with Cal/OSHA regulations, records of employee training in exposure control will be kept for 3 years. The training records in this office are kept:

_____

These records include:

1. Dates of trainings.
2. Contents or summary of training.
3. Names and qualifications of trainer.
4. Names and job titles of employees.

*(See **Individual Training Documentation** forms at the beginning of this Exposure Control Plan and in the Records section of this manual.)*

Sharps Injury Log

In accordance with Cal/OSHA regulations, the Sharps Injury Log shall be maintained for five years from the date the exposure incident occurred. Keep personnel identification confidential.

Employee medical records, training records, Sharps Injury Log, and all records required by the Bloodborne Pathogens regulation shall be made available to Cal/OSHA and NIOSH for examination and copying.

Exposure Control Plan

- Sharps Injury Log
- Dental Sharps
- Identification, Evaluation and Selection of Engineering and Work Practice Controls

Place completed forms behind this page of the office Exposure Control Plan.

Training Resources for Dental Office Exposure Control Plan

1. ADA *Practical Guide to Effective Infection Control* – DVD and workbook
   American Dental Association Catalog
   800.947.4746, 312.440.2500 or ada.org

2. OSAP, Organization for Safety and Asepsis Procedures (OSAP), various products
   P.O. Box 6297, Annapolis, MD 21401
   800.298.0SAP (6727) or 410.571.0003
   410.571.0028 (fax) or email at office@osap.org
   osap.org

3. Division of Occupational Safety & Health (Cal/OSHA), *A Best Practices Approach for Reducing Bloodborne Pathogens Exposure* – workbook
   Cal/OSHA Consultation - Research and Education Unit
   800.963.9424 – for questions
   dir.ca.gov/dosh/dosh_publications/BBPBest1.pdf (100 pgs, 2874 KB document)
   dir.ca.gov/dosh/consultation_offices.html for list of regional offices

4. Division of Occupational Safety & Health (Cal/OSHA), "Reducing Bloodborne Pathogens Exposure in Dentistry," dir.ca.gov/DOSH/REU/bloodborne/REU_BBPdent1.html

5. Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Reports (MMWR):

   "Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008."
   cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html

   "Guideline for Hand Hygiene in Health-Care Settings." MMWR October 25, 2002 / Vol. 51 / No. RR-16
   cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm

   "Guidelines for Infection Control in Dental Health-Care Settings, 2003." MMWR December 19, 2003 / 52(RR-17)
   cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm

   "Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" MMWR November 25, 2011; Vol. 60 (No. RR-07).
   cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm

   Sample Screening and Device Evaluation Forms
   cdc.gov/OralHealth/infectioncontrol/forms.htm

   "Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students, 2012"
   cdc.gov/mmwr/PDF/rr/rr6103.pdf

   "Updated U.S. Public Health Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis." MMWR June 29, 2001; Vol. 50 (No. RR-11).
   cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm

   "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, 2005"
   cdc.gov/mmwr/PDF/rr/rr5409.pdf

Checklist for Dental Office Exposure Control Plan

1. **Equipment:**

- ☐ Latex, nitrile or vinyl gloves
- ☐ Sterile gloves (for surgical procedures)
- ☐ General purpose utility gloves
- ☐ Safety glasses and face mask or a protective eye shield
- ☐ Protective outer-wear to include gowns, aprons or lab coats
- ☐ Equipment for sterilization of instruments - i.e., autoclave, chemclave
- ☐ Ultrasonic device for cleaning instruments
- ☐ Environmental Protection Agency (EPA) – labeled hospital disinfectants for environmental surface disinfection
- ☐ Biohazard symbol labels for contaminated waste containers
- ☐ Rigid, leak-proof sharps containers
- ☐ Pocket masks, resuscitation bags, or other ventilation devices
- ☐ Safety needles and sharps with engineered sharps injury protection

2. **Employee Training Checklist:**

- ☐ Trained in proper use of latex, nitrile and vinyl gloves
- ☐ Trained in use of safety glasses and face mask or protective shield during procedures where splashing, aerosolization of blood, saliva, or gingival fluids is likely
- ☐ Trained in use of protective outer-wear necessary for appropriate dental procedures
- ☐ Trained to place liquid blood in sink or cuspidor or evacuation hose, all of which are connected to a sewer system
- ☐ Instructed in the one-handed scoop technique, or use of a mechanical recapping device, for recapping needles
- ☐ Instructed on proper use of safety needles and other sharps with engineered sharps injury protection
- ☐ Instructed on work practice controls to prevent needlesticks and other sharps injuries
- ☐ Instructed on procedures to follow if needle stick or exposure to bloodborne pathogens occurs
- ☐ Instructed in cleaning and disinfecting environmental surfaces with an EPA-labeled hospital disinfectant
- ☐ Instructed in the use of general purpose utility gloves and other personal protective equipment for instrument processing and environmental surface disinfection
- ☐ Instructed in the proper use of sterilization equipment for sterilization of instruments
- ☐ Instructed in the proper use of ultrasonic machine for cleaning instruments
- ☐ Instructed in the disinfection of impressions and appliances to and from the dental laboratory
- ☐ Instructed in the proper use of pocket masks, resuscitation bags, other ventilation devices where the need for resuscitation is likely
- ☐ Informed employees that universal precautions for infection control are to be adhered to for all patients
- ☐ Trained and educated in epidemiology, modes of transmission and prevention of HBV, HCV and HIV
- ☐ <u>All employees potentially</u> exposed to Hepatitis B virus have been offered the Hepatitis B vaccine free of charge and informed of benefits and health protection of vaccination. Any employee who refuses vaccination offer has signed a written statement indicating he/she has been offered the vaccination free of charge and has declined it voluntarily.

Exposure Control Plan
Individual Training Documentation

_____ [Practice Name]

Name of Trainer: _____

Training Subject: Exposure Control Plan

Training Materials Used: _____

_____

_____

Name of Employee: _____

Date of Hire/Assignment: _____

I, _____ hereby certify that I received training as described above. I understand this training and agree to comply with the safety procedures for my work area.

_____ _____

Employee Signature Date

Copy this blank page for each employee who will be trained. Make additional copies for future employees. Place a completed copy in employee personnel file or other appropriate employee file.