COMMUNITY COLLEGE OF PHILADEPHIA

Dental Hygiene Program Clinic and Laboratories

Exposure to Bloodborne Pathogens Control Plan

DH 2014-2015

Exposure to Bloodborne Pathogens Control Plan Dental Hygiene Program Clinic and Laboratories

I. PURPOSE

The purpose of this Dental Hygiene (DH)Exposure Bloodborne Pathogens Control Plan, in conjunction with other already existing College safety and health policies, is to provide a safe working environment that limits occupational exposure to blood and other potentially infectious materials in the DH clinic and laboratories (W1-24). All employees and students should be aware that any exposure to blood or other potentially infectious materials could result in disease and/or death, and therefore, employees and students should take all precautions identified in the plan.

II. COVERAGE

This Exposure Control Plan covers all employees and students who work in the DH clinic and laboratories and who could be "reasonably anticipated" as a result of performing their job duties and course requirements, and patients treated in the clinic, to face contact with blood or other potentially infectious materials.

COMPLIANCE WITH THIS PLAN IS MANDATORY

III. ACCESSIBILITY

2.

A copy of the Exposure Control Plan will be available and accessible to all employees and students. It may be found in the DH clinic and DH program office.

This Exposure Control Plan will also be available to the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) of the U.S. Department of Health and Human Services.

IV. EXPOSURE DETERMINATION

- 1. DH Clinic/Laboratory Users with Exposure Risk
 - 1). Clinic Instructors
 - 2). Clinic Assistants
 - 3). Students
 - 4). Patients

Tasks in which there is dolential exposure ris	T	asks	in	which	there is	potential	exposure	risk
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a.	Examination/Treatment of Patients	1,3,4*				
b.	Clean-up of Treatment areas	1,2,3				
c.	Instrument Cleaning/Autoclaving	1,2,3				
d.	Handling/Disposing contaminated waste	1,2,3				
e.	Handling dental impressions/study casts/extracted teeth	1.3				
f.	Handling contaminated gowns	1,2,3				
g.	Handling Patient Records	1,2,3				
-	*numbers refer to clinic/lab users listed in IV.1					

- 3. The following protective personal equipment and engineering controls shall be used when performing the following tasks:
 - A. Examination/Treatment of Patients-Gown, examination gloves, eye protection with side shields, mask, needle guards if needed, dispose of contaminated materials in biohazard containers.
 - B. Clean-up of Treatment Areas-Gown, heavy-duty gloves (utility), eye protection with side shields,, mask, disinfectant, germicidal detergent, biohazard containers.
 - C. Instrument Cleaning/Autoclaving/Cold Sterilization-Gown, heavy-duty gloves (utility), eye protection with side shields, mask, antimicrobial scrub, ultrasonic cleaner, ultrasonic solution, autoclave. Industrial gloves must be worn over latex/vinyl examination gloves when placing and removing instrument cassettes from the ultrasonic bath at the end of the clinic session. The outer surface of the industrial gloves must be washed, the *excess water shaken off, and another student must wipe them with chemical disinfectant.* Remove gloves and place under sink.
 - D. Handling/Disposing of Contaminated Waste— Gown, heavy-duty gloves (utility), eye protection with side shields, mask, biohazard containers.
 - E. Handling Dental Impressions/Study Casts/Extracted Teeth-Gown/lab coat, examination gloves, eye protection with side shields, mask, disinfectant, biohazard containers.
 - F. Handling Contaminated Gowns Contaminated gowns will be disposed in biohazard containers after each use.
 - G. Patient Records--Gown/lab coat, examination gloves. All recording in the treatment area must be made in the patient's chart with plastic over gloves covering the nitrile examination gloves and a pen/pencil that has been disinfected and covered for patient chart use only.
 - Students will supply their own gowns, lab coats, examination gloves, heavy-duty gloves (utility), eye protection with side shields and masks.
 - Disinfectant solution, germicidal detergent and antimicrobial soap are located under each sink in the clinic and laboratories.

- Red biohazard sharps receptacles are located on the counter top in the back of the clinic.
- Biohazard containers are located in the alcove outside the materials laboratory.

V. SCHEDULE AND METHOD OF IMPLEMENTATION OF EXPOSURE CONTROL PLAN

- A. This plan will take effect immediately (October 1993 and updated annually (August 2015)
- B. Cleaning Schedule

Daily-for each Treatment Session

1. Wipe counter tops, sinks, carts with disinfectant and let stand until dry before and after treatment.

2. Wipe chairs with germicidal detergent and let stand dry before and after treatment.

3. Wipe control buttons on chair, lights, units and x-ray units with disinfectant before and after treatment.

- 4. Attach contaminated materials bag on cart and dispose in biohazard container after treatment.
- 5. Cover mobile cart with napkins, patient chair with disposable plastic, unit tray with autoclave wrap and control buttons/levers with barrier tape.
- 6. Run contaminated instruments through ultrasonic bath (lid must be used at all times and chemical ID label affixed to Ultrasonic) for 5 minutes, rinse, wrap/bag autoclavable instruments (Non-autoclavable instruments will not be bagged), and placed on autoclave cart for autoclaving/sterilization.
- 7. Scrub sinks at the end of treatment session before disinfectant wipe.
- 8. Clean saliva ejector completely. Suction 1 quart of cleaning solution through high velocity suction every other day.

Daily—when laboratories are in use.

Scrub sinks with cleanser and wipe with disinfectant.
Wipe counter tops with disinfectant and let dry before and after use.

3. Wipe mixing bowls and spatulas with disinfectant before and after use.

4. Wipe trimmer wheels after use.

Weekly—when clinic/laboratories are in use:

1. Change Ultrasonic solutions and clean ultrasonic unit .

All daily and weekly cleaning procedures are the responsibility of the students and overseen by the clinical/laboratory faculty.

Daily-Autoclaving/Sterilization

- 1. Autoclave all instruments, handpieces and engines.
- 2. Place all non-autoclavable instrument items in cold sterilization for 10 hours, remove with transfer forceps and using gloved hands, rinse, dry, and place in dated wrapping.

Weekly-when clinic/laboratories are in use.

- 1. Cold disinfectant/sterilization solutions will be changed and recorded in logs. Cold disinfectant/sterilization solutions will be kept in closed containers.
- 2. Materials and supplies containers will be autoclaved.

Monthly—when clinic/laboratories are in use.

1. Spore testing will be done on autoclaves.

2. Non-used instruments will be re-autoclaved.

3. Cold disinfectant/sterilization solutions will be changed monthly and recorded in logs.

All daily sterilization, weekly and monthly procedures are the responsibility of the clinic assistant.

VI. METHODS OF COMPLIANCE

Compliance requires the adoption of a variety of procedures to ascertain that all employees and students are provided the necessary education and protective measures to minimize risk. The methods to be utilized are: a. Universal Precautions/Infection-Control Practices for Dentistry, b. Engineering Controls, c. Work Practice Controls, d. Personal Protective Equipment/Clothing, and e. Housekeeping.

A. UNIVERSAL PRECAUTIONS/INFECTION CONTROL PRACTICES FOR DENTISTRY

Universal Precautions and Recommended Infection Control Practices for Dentistry shall be observed to prevent contact with blood or other potentially infectious materials. Whenever it is difficult to determine the risks associated with potentially infectious materials, the materials shall be considered infectious. Universal Precautions and Recommended Infection Control Practices for Dentistry may be found on CCP's Dental Hygiene Program Website.

B. ENGINEERING CONTROLS

Engineering controls shall be used to eliminate or minimize employee and student exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Engineering controls shall be consistent with the potential level of exposure anticipated. If the exposure potential is minimal and the likelihood of exposure is very low, less stringent personal protective equipment will be necessary.

1. HANDWASHING FACILITIES

Hand-washing facilities are located at each treatment operatory, instrument preparation area, dispensary and laboratory. Each handwashing facility is supplied with a bacterialcidal scrub and paper towels. In addition, a mounted alcohol-based hand rub container is located at the back of the clinic to remove or destroy transient microorganisms and reduce resident flora.

Employeees and students must wash their hands or other skin with bacterialcidal scrub and water, or flush mucous membranes with water immediately, or as soon as possible, following contact of such body areas with blood or other potentially infectious materials.

2. EYE WASH STATIONS

The sinks located at the instrument preparation area, dispensary and laboratories are equipped with a continual eye wash apparatus.

3. NEEDLES AND SHARPS DISPOSAL

All contaminated needles and sharps shall not be bent or removed from disposable holders. Shearing or breaking of contaminated needles is prohibited.

All contaminated needles and sharps are disposed of immediately, or as soon as possible, in a rigid walled receptacle designed and labeled for disposal of such equipment. The sharps container must have a Biohazard label affixed to it. The container must be kept upright throughout use and shall be disposed of in biohazard waste and replaced when they become three-quarters full.

When moving containers of contaminated sharps from the clinical area, the containers shall be:

-Closed immediately prior to removal or replacement

-Placed in a secondary container if leakage is possible. The secondary container must be closable, leak-proof, and red in color and have appropriate biohazard warning labels.

4. CONTROLLED ACCESS TO CLINIC/LABORATORY AREA (W1-24)

Free access to the DH Clinic/Laboratories will be limited to faculty and employees. Students may not enter the area without a faculty member present. Patients may not enter the clinic without a dentist faculty member present. Housekeeping and maintenance personnel shall have access on an "as needed basis."

5. PROTCTIVE COVERINGS

Protective coverings of adhesive film will be placed on control knobs and switches during use.

Protective coverings will be placed on ultrasonic units when not in use.

6. STORAGE CONTAINERS AND RECEPTACLES

Plastic bag receptacles for contaminated materials (except for sharps) shall be placed on each mobile cart. These bags shall be discarded in the biohazard container, located in the alcove outside the materials laboratory, at the end of each treatment session.

7. BIOHAZARD LABELS

Warning labels, including the orange or orange-red biohazard symbol, are affixed to containers of regulated waste and sharps containers.

C. WORK PRACTICE CONTROLS

Work practice controls shall be used to eliminate or minimize employee and student exposure.

1. EATING, DRINKING, SMOKING, APPLYING COSMETICS OR MEDICATIONS

Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, or applying other body lotions in the DH clinic is prohibited.

2. PROCEDURES FOR MINIMIZING STICKS FROM NEEDLES AND SHARPS.

- a. Needles will be resheathed using protective shields and will be done under supervision of the assigned faculty member only using a one-person operator technique. No four-handed techniques will be employed.
- b. Needles will not be bent or broken for disposal.
- c. Needles and cartridges will be disposed of in a rigid container designed for this purpose found at the back of the clinic on the raised counter top. The container will have a Biohazard label affixed to it.
- d. Sharps containers will be sealed and disposed of when they are three-quarters filled.

3. CONTAMINATED WASTE

Contaminated waste shall be handled using Universal Precautions and the appropriate personal protective clothing to minimize risks. Contaminated waste (not including sharps) shall be placed in the plastic receptacle connected to each cart. Upon completion of a treatment session the plastic bag shall be placed in the clearly marked biohazard receptacle in the alcove outside the materials laboratory. These bags shall not be placed with other materials that do not pose the potential for contamination. Any contaminated waste that may leak or is a fluid shall be placed into a second labeled receptacle to protect against leaks during transport and handling.

4. CONTAMINATED GOWNS AND MASKS

Contaminated Gowns and masks shall be disposed in biohazard containers after each use.

Non-contaminated gowns and masks shall be discarded in the noncontaminated trash container, in the alcove outside the materials laboratory.

D. PERSONAL PROTECTIVE EQUIPMENT/CLOTHING

College employees will be provided with impervious gowns, lab coats, eye protection, face shields, and gloves.

Students are required to purchase their own impervious gowns, lab coats, eye protection, face shields, gloves, and masks.

1. USE AND CHANGING OF PERSONAL PROTECTIVE EQUIPMENT/CLOTHING

As a general guideline to the use and changing of personal protective equipment and clothing, the following standards shall apply:

-If protective equipment is penetrated by blood or other potentially infectious materials, the protective equipment shall be removed immediately, or as soon as possible, and replaced with a clean protective article.

-All personal protective clothing and equipment shall be removed prior to leaving the clinic area. When the personal protective equipment is removed, it shall be placed in an appropriate container for disposal; contaminated in biohazard container and non-contaminated in noncontaminate trash container.

-Gloves should be worn when it can be reasonably anticipated that the hands may become exposed to blood or other potentially infectious materials, when handling or touching contaminated items or surfaces or cleaning such surfaces or items.

-Examination gloves will be worn for all intraoral procedures. Gloves that become torn, punctured or if their ability to function as a barrier is compromised, shall be disposed of as soon as possible. If it is necessary to leave the treatment area, gloves must be removed, and hands washed immediately to avoid transfer of microorganisms to other patients or environments. Upon return to the treatment area, wash hands, and don a new pair of examination gloves. Disposable gloves shall not be washed or disinfected for reuse. Examination gloves are single use items.

-Gloves shall be worn during the handling of alginate impressions, pouring of study casts and trimming of study casts.

-Hypoallergenic gloves, glove liners, powder-free gloves, or other similar alternatives are accessible to those employees who are allergic/sensitive to gloves normally provided.

-Industrial gloves must be worn over nitrile examination gloves when placing and removing instruments from the ultrasonic bath at the end of the clinic session.

-No gloves shall be worn when greeting/patients in the waiting room.

2. GOWNS AND LAB COATS

Gowns, laboratory coats or other protective clothing shall be worn whenever the potential exists that work clothing, undergarments, skin, or other body surfaces may be exposed to blood or other potentially infectious materials. Safety clothing shall be sufficient to protect the wearer from exposure potential that exists.

3. EYE PROTECTION, GOGGLES, MASKS, AND FACE SHIELDS

Eye covering with side shields must be worn during all patient treatment or when the potential for eye contamination by blood, saliva, or other potentially infectious materials exists. This contamination may occur as the result of splashing, aerosol, or other contact. The eyewear protection must be disinfected after each use.

Facemasks must be worn for all patient treatment, during disinfecting and instrument cleaning procedures, when laboratory lathes and model trimmers are used and during the handling of any contaminated laboratory materials.

Face shields may be worn when the potential for exposure to blood or saliva is present through aerosol. Eye covering and face masks must be worn under the face shield. Face shields <u>must</u> be worn during the use of ultrasonic scalers or air-abrasive cleaning devices. Face shields must be disinfected after each use.

E. HOUSEKEEPING

1. HANDLING CONTAMINATED WASTES

All materials that have the potential for contamination from blood or infectious materials shall be placed in the marked biohazard receptacle in the alcove outside the materials laboratory. The biohazard receptacle will be disposed of by the appropriate outside biowaste disposal contractor according to College policy.

Contaminated waste will not be disposed with the general College refuse. Housekeeping will not remove the biohazard container from the clinic area. All biohazardous waste will be removed by the outside biowaste disposable contractor according to College policy.

2. EQUIPMENT/INSTRUMENTS CONTAMINATED WITH INFECTIOUS MATERIALS

Equipment or instruments that are contaminated with blood, saliva or other potentially infectious material shall be disinfected or autoclaved after each treatment session. Any instrument, handpiece cones and engines, air/water syringe tips, beakers, or any non-heat sensitive item will be autoclaved. Non-autoclavable items will be placed in cold sterilization solution for 10 hours. All equipment and surfaces will be disinfected with disinfectant or germicidal detergent.

Any instrument or equipment being serviced, shipped or removed from the clinic for repair will be autoclaved or disinfected prior to removal or shipment. Any part or component of equipment being shipped or removed for repair that cannot be disinfected completely shall be labeled with a biohazard label indicating which part or parts have not been disinfected or remain contaminated.

VII. HEPATITIS B VACCINATION PROGRAM

All DH faculty and employees are encouraged to receive the Hepatitis B vaccine with the College reimbursing for the cost of the vaccinations. Documentation of vaccination shall be kept in the employee file.

DH students are required to have the Hepatitis vaccine or begin the series of inoculations prior to beginning the DH curriculum. Documentation of Hepatitis B vaccination shall be kept in the student's department file.

VIII. COMMUNICATION AND TRAINING OF HAZARD TO EMPLOYEES All employees shall receive a copy of this Exposure Control Plan and be updated annually on procedures.

IX. RECORDKEEPING (See College Exposure Control Plan)

A.Medical Records

1.Medical records for employees shall be kept for the duration of service to the College plus thirty (30) years.

B.Training Records

1. Training records shall be maintained for a period of three (3) years after date of training.

C.Custody and Retention of Records

1. The medical and training records created for the purposes of this plan shall be treated with confidentiality by the College with custody of said records to be determined by the College.

- X. EVALUATION OF EXPOSURE INCIDENTS (See College Bloodborne Pathogen Exposure Information Packet)
 - A. Medical Consultation and Examination

In the event of an exposure, a "Clinical Incident Report" shall be filled out by the faculty member present. All procedures for a clinical incident shall be followed and the Department Head shall submit a copy of the report to the College Nurse. Consultation, counseling and follow-up treatment shall be in accordance with the College Policies and Procedures Memorandum No. 308

XI. REVIEW AND UDATING OF EXPOSURE CONTROL PLAN

This plan must be reviewed and updated at least annually during Fall in-service week.

CCPExposure to Bloodborne Pathogens Control Plan.doc Updated 8/2014 CT Updated 8//2013 CT Updated 8/16/2012 CT Updated 8/2011 CT Updated 8/20/10 CT ExtToBPContrPlan.doc JO/JLO Updated 8/07/SC/CAS