Exposure Control Plan
Dental Assisting Hygiene Program Clinic and Laboratories

I. PURPOSE

The purpose of this Dental Assisting Hygiene (DAH) Exposure 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 DAH 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 DAH 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

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

This Exposure Control Plan will also be made 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. DAH Clinic/Laboratory Users with Exposure Risks

   1) Clinic Instructors
   2) Clinic Assistants
   3) Students
   4) Patients

2. Tasks in which there is potential exposure risk

   A. Examination/Treatment of Patients * 1, 2, 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 impressions/study casts/extracted teeth 1, 3
F. Laundering contaminated gowns

G. Patient Records

* 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, double examination gloves, eye protection, mask, needle guards if needed, dispose of contaminated materials in biohazard containers.

B. Clean-up of Treatment Areas -
gown, heavy-duty latex gloves, eye protection, mask, iodophor disinfectant, germicidal detergent, biohazard containers.

C. Instrument Cleaning/Autoclaving
   gown, heavy duty latex gloves, eye protection, mask, chlorhexidine scrub, ultrasonic cleaner, autoclave.

D. Handling/Disposing Contaminated Waste -
gown, heavy duty latex gloves, eye protection, mask, biohazard containers.

E. Handling Impressions/Study Casts/Extracted Teeth
   gown/lab coat, examination gloves, eye protection, mask, iodophor disinfectant.

F. Laundering Contaminated Gowns
   Laundering of contaminated gowns will be done by U.S. Uniform and not handled by Dental Assisting Hygiene Program faculty, staff or students. Gowns will be placed in the receptcal placed in the alcove outside the materials laboratory (W1-24L).

G. Patient Records
   gown/lab coat, examination gloves

   Students will supply their own gowns, lab coats, examination gloves, heavy duty latex gloves, eye protection and masks.

   Iodophor solution, chlorhexidine scrub and germicidal detergent are located under each sink on the clinic and laboratories.

   Sharps container is located in the dispensary window.

   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)
B. Cleaning Schedule

   Daily - for each Treatment Session

   1) Spray counter tops, sinks and carts with iodophor disinfectant and let stand until dry before
and after treatment.
2) Spray chairs with germicidal detergent and let stand until dry before and after treatment.
3) Wipe control buttons on chair, lights, units, and x-ray machines with iodophor disinfectant before and after treatment.
4) Attach contaminated materials bag on cart and dispose in biohazard container after treatment.
5) Cover mobile cart with news print, unit with autoclave wrap and control buttons with adhesive film.
6) Run contaminated instruments through ultrasonic bath for 5 minutes, rinse, wrap/bag autoclavable instruments (non-autoclavable instruments will not be bagged), and place in dispensary window for autoclaving/sterilization.
7) Scrub sinks at the end of treatment session before iodophor spray.

Daily - when laboratories are in use.

1) Scrub sinks with cleanser and spray with iodophor.
2) Spray counter tops with iodophor and let dry before and after use.
3) Spray mixing bowls and spatulas with iodophor before and after use.
4) Spray trimmer wheels after use.

All daily 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 solutions for 12 hours.

Weekly - when clinic/laboratories are in use.

1) Cold disinfectant/sterilization solutions will be changed and recorded in logs.
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.

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

IV. METHODS OF COMPLIANCE

Compliance requires the adaption 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
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. When ever 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 in Appendix A.

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

Employees 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 feasible, following contact of such body areas with blood or other potentially infectious materials.

2. 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 shall be disposed of immediately, or as soon as feasible, in a rigid walled receptacles designed and labeled for disposal of such equipment. The sharps containers are to be kept in the dispensary window during clinic sessions as needed and stored refrigerated. 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 dispensary, 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, leakproof, and be red in color or have appropriate biohazard warning labels.

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

Free access to the DAH 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.
4. **PROTECTIVE COVERINGS**
   Protective coverings of adhesive film will be placed on control knobs and switches during use.

5. **STORAGE CONTAINERS AND RECEPTACLES**
   Plastic receptacles for contaminated materials (except for sharps) shall be place on each mobile cart. These bags shall be discarded in the biohazard container located in the alcove at the end of each treatment session.

6. **BIOHAZARD LABELS**
   Warning labels, including the orange or orange-red biohazard symbol, are affixed to containers of regulated waste and sharps containers. Contaminated laundry will be marked with an orange-red tag.

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 DAH clinic is prohibited.

2. **PROCEDURES FOR MINIMIZING STICKS FROM NEEDLES AND SHARPS.**
   a) Needles will be resheathed using protective shields and will be done by the dentist 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 carpuals will be disposed of in a rigid disposable container designed for this purpose found in the dispensary window.

   d) Sharps container will be sealed and disposed of when it is 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. (See Appendix B, Community College of Philadelphia Infectious Waste Disposal Plan.)

4. **CONTAMINATED LAUNDRY**
   Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

   All contaminated laundry shall be placed in bags, marked with an orange-red tag and transported in
these bags by U.S. Uniform. All laundry shall be handled following Universal Precautions.

If contaminated laundry is wet and soaked-through is likely, the laundry shall be double-bagged or placed in a second leak-proof container.

Employees who have contact with contaminated laundry shall wear personal protective equipment and clothing including gown, gloves and eye protection when the potential for splatter exists.

All laundry sent off-campus for processing must be transported either in containers labeled with the biohazard label or be in red bags except for laundry sent to facilities that handle all of their incoming laundry following Universal Precautions.

Contaminated clothing shall be immediately removed by the employee or student and placed in a biohazard bag for transport to the laundry service.

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, 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 feasible, 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 appropriately designated area or container for storage, washing, decontamination, or disposal.

- Gloves should be worn when it can 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.

- Two pair of examination gloves will be worn for all intraoral procedures. The outer gloves will be removed before leaving the treatment operatory area. Gloves that become torn, punctured or if their ability to function as a barrier is compromised shall be disposed of as soon as feasible. Disposable gloves shall not be washed or disinfected for reuse.

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

- Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are accessible to those employees who are allergic to gloves normally provided.
2. GOWNS AND LAB COATS

Gowns, laboratory coats or other protective clothing shall be worn whenever the potential exists that work clothing, street 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 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. This contamination may occur as the result of splashing, aerosol, or other contact.

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.

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 bio-waste disposal contractor.

Contaminated waste will not be disposed with the general College refuse. Housekeeping will not remove the biohazard container from the clinic area.

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 12 hours. All equipment and surfaces will be disinfected with iodophor 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 can not 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 DAH faculty and employees are encouraged to receive the Hepatitis B vaccine with the College reimbursing the for the cost of the vaccinations. Documentation of vaccination shall be kept in the employee file.
DAH students are required to have the Hepatitis vaccine or begin the series of inoculations prior to beginning the DAH curriculum. Documentation of Hepatitis B vaccination shall be kept in the student's department file.
VIII. COMMUNICATION AND TRAINING OF HAZARDS TO EMPLOYEES  [See College Exposure Control Plan]

IX. RECORDKEEPING [See College Exposure Control Plan]

A. Medical Records

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

B. Training Records

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

C. Custody and Retention of Records

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 Exposure Control Plan]

A. Medical Consultation and Examination

In event of an exposure, a "Clinical Incident Report" (See Appendix C) shall be filled out by the faculty member present. All procedures for a clinical incident shall be followed and a copy of the report shall be submitted to the College Nurse by the Department Head. Consultation, counseling and follow-up treatment shall be in accordance with the College Plan.

XI. REVIEW AND UPDATING OF EXPOSURE CONTROL PLAN

This plan must be reviewed and updated at least annually during Fall inservice week.
Faculty, students or staff exposed to infectious agents must complete a "Clinical Incident Report."

An exposure to infectious agents would include incidents such as:
a contaminated needle stick injury, puncture wound from a contaminated instrument, or contact with saliva, blood or other body fluids on non-intact skin or mucosa.

Any faculty, student or staff exposed to infectious agents on or off the CCP campus must adhere to the following policies and procedures. Any exposure experienced at an off-campus site must also be reported to that clinical site and managed according to its policies and procedures.

An exposure to an infectious agent will be managed according to the following procedures:
1. Wounds will be cleansed well with water and disinfectant soap, i.e. Chlorhexidine soap, immediately followed by cleansing with alcohol or iodine swabs and bandaged.
   a. Students are to inform a faculty member immediately following an exposure.
   b. Staff employees are to inform their supervisors immediately following exposure.

2. Following initial treatment of the exposure site, the faculty member or supervisor will complete the attached "Clinical Incident Report," make three (3) copies and return the original and copies to the Department Head.

3. The Department Head will submit the original Report to the Dean of Business, Science and Technology, retain one copy for the student's file or personnel file and keep a second copy in department files. The third copy will be given to the exposed party.

4. The Dean of Business, Science and Technology will submit the original "Clinical Incident Report" to the College nurse's office.

5. An appointment with the College Nurse must be made for clarification of the incident and probable recommendation for the exposed party to seek medical and counseling follow-up care. Medical follow-up care will be through a student's private physician or following the CCP "Work Related Injuries Procedures."

6. Any patient being treated when the incident occurred (the source of infectious agent) should be notified about the exposure. This is to be done by the College Nurse.