Name of the Facility	UAMS Dental Hygiene Clinic
Address	5800 West 10 th Street, Suite 501 Little Rock, Arkansas 72204

POLICY

The Department of Dental Hygiene is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, Occupational Exposure to Bloodborne Pathogens.

Program Administration

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this Exposure Control Plan (ECP).

The program director, clinic coordinator, and the dental assistant are responsible for implementation of the ECP.

The clinic coordinator and the dental assistant maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The program director and the dental assistant provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

UAMS Department of Dental Hygiene ensures that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Student and Employee Health Services (SEHS) are responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. SEHS services contact information is provided below: 4301 West Markham Little Rock, Arkansas 72205 501-686-6565

Training and Updates

Employees covered by the bloodborne pathogens standard (i.e. have occupational exposure to bloodborne pathogens) receive training by UAMS via MyCompass, an online training system, on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. Training occurs at initial employment/student orientation as well as annual updates.

UAMS provides bloodborne pathogens training via MyCompass. The clinic coordinator is responsible for collecting the documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Training materials for this facility are available at online via MyCompass. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the UAMS Dental Hygiene Clinic.

All employees, students and potential applicants can review this plan at any time via the Department of Dental Hygiene's website and in Department of Dental Hygiene's Clinical Manual via Blackboard.

Maintenance of Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

UAMS SEHS is responsible for maintenance and confidentiality of the required medical records. SEHS keep the documentation in their files for at least the duration of employment plus 30 years. SEHS medical records are provided upon request of the employee or to anyone having written consent of the employee. Such requests should be sent to SEHS.

Hepatitis B Vaccination

Prior to employment, SEHS ensures that all new employees have their Hepatitis B Vaccination. Vaccination are required unless:

- 1. documentation exists that the employee/employment has previously received the series;
- 2. antibody testing reveals that the employee is immune; or
- 3. medical evaluation shows that vaccination is contraindicated.
- 4. religious beliefs

Vaccination will be provided by SEHS. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. UAMS SEHS keep documentation of refusal of the vaccination in their records.

Prior to enrollment, students submit a pre-enrollment form that includes an immunization history check that includes Hepatitis B vaccine and a positive titer.

Sharps Injury Log

If applicable, in addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are reported to SEHS or the Preventive Occupational Medical Clinic In the event of an exposure, the employee/student complete the UAMS Injury and Incident report found on the UAMS website using the following link:

(http://www.uams.edu/campusop/depts/ohs/forms/accident.aspx)

The Injury and Incident Report includes the following:

- employee/Student name and ID number
- the department or work area where the incident occurred
- type of injury/incidence
- the type and brand of the device involved

• an explanation of when and how the incident occurred.

EXPOSURE INCIDENT RESPONSE

After reporting an incident to the program director, the employee/student follow the UAMS Needlestick/Sharps injuries and Blood/fluid exposure policy (Number: HR.4.01). The information below is directly from the policy:

Needle stick/Sharps Injuries and Blood/Body Fluid Expo), all employees, non-employees and students who are exposed to blood and body fluids during the performance of their job duties or while fulfilling their educational responsibilities are required to report the exposure. All employees, non-employees and students who have a blood/body fluid exposure will be offered a medical evaluation regardless of the type of exposure or risk status of the source patient. UAMS will offer chemoprophylaxis to employees, nonemployees and students who have -- +`sustained a blood or body fluid exposure from either a high risk or HIV positive patient.

Chemoprophylaxis will be offered in accordance with current CDC recommendations and the UAMS Post-Exposure Prophylaxis protocol which involves counseling and informed consent. The decision to treat will rest with the exposed individual and the evaluating provider.

The employee, non-employee or student will call the Preventive Occupational Medicine (POEM) clinic at 501-686-6565 during normal business hours to arrange for a medical evaluation. Additional follow up is not required. The employee, non-employee or student is responsible for completion of all information relevant to the Incident &Injury form online. Employees only are responsible for calling the Company Nurse Injury Hotline if treatment is sought (855) 339-1893. If the source patient lab results are non-reactive the exposed employee will be directed to report to the POEM clinic the next business day. The exposed individual will be offered Hepatitis B vaccine or other prophylaxis as determined by the treating provider. Baseline labs according to CDC Guidelines will be drawn on the exposed individual at the time of the initial visit. Additional follow up lab tests will be conducted according to current CDC guidelines.

If chemoprophylaxis is recommended, preferably it should be given within two hours of exposure for best results. If the source patient has AIDS or is sero-positive for HIV, the employees, nonemployees or students will be:

1. prophylaxed

2. counseled to report back to POEM for any febrile illness that occurs within 12 weeks of exposure and that may be indicative of recent HIV infection (such as illness characterized by fever, rash, or lymphadenopathy)

3. If prophylaxis is received in the ED after hours, on a weekend or holiday in the employee will be directed to follow-up with the POEM clinic immediately the next business day.

If prophylaxis is received in the ED after hours, on a weekend or holiday in the employee will be directed to follow-up with the POEM clinic immediately the next business day. If the source patient is sero-negative for HIV, the exposed individual will be tested for HIV according to the CDC Guidelines.

Any exposed individual tested for HIV following an injury or exposure and is found to be sero-positive will be informed of the test results by a provider and will be counseled regarding the need for further confirmatory testing.

Reporting of positive tests results will be done in accordance with the UAMS Administrative Guide Use and Disclosure of PHI and Medical Records Policy and UAMS Administrative Guide Employee/Student Incident/Injury Reporting Source Patient Is Diagnosed or Suspected Of Having a Blood-Borne Infection: A. The nursing supervisor or designee will notify the evaluating provider if the source patient has any of the following diagnosed or suspected blood-borne infections including Arthropod-borne viral fevers, Babesiosis, Creutzfeltd-Jacob Disease, Hepatitis B, Hepatitis C, Leptospirosis, Malaria, Rat-bite fever, Relapsing fever, Syphilis, primary and secondary, and/ or HIV. Prophylactic treatment will be based on current CDC guidelines. An infectious disease specialist should be consulted for known exposure to any disease listed above and when additional guidance is needed.

Employees who suffer an exposure on the job will be covered by Workers' Compensation. A claim for such shall be initiated when the employee calls the Company Nurse Injury Hotline (855) 339-1893 and complete the I&I form. Claims for UAMS students who suffer an exposure during a course of study at UAMS will be made to the student's insurance and/or the appropriate college. Non-employees and visiting students who have a blood/body fluid exposure must also complete an I&I form. The individual's insurance or the vendor's worker's compensation insurance will be billed for the cost of evaluation and any recommended prophylaxis.

Job Classifications at Our Facility

Form A

The following is a list of all job classifications at our establishment in which all
employees/students have occupational exposure:

Job Title	Department / Location
Dentists	UAMS Dental Hygiene Clinic
Dental hygienists	UAMS Dental Hygiene Clinic
Dental hygiene students	UAMS Dental Hygiene Clinic
Dental assistant	UAMS Dental Hygiene Clinic
Dentists	Dental Materials lab (ED2 9C)
Dental hygienists	Dental Materials lab (ED2 9C)
Dental hygiene students	Dental Materials lab (ED2 9C)

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Department	Task / Procedure
UAMS Occupational Health and Safety	Handling of regulated waste
The Biohazard Team/UAMS Occupation Health and Safety	Disposing of sealed sharps container

Methods of Implementation and Control

Infection Control Approach

For compliance with OSHA Standards, the use of either Universal Precautions or Standard Precautions are acceptable but the CDC recommends *Standard Precautions* for the care of all patients, regardless of their diagnosis or presumed infection status.

The Department of Dental hygiene follows standard precautions.

Standard Precautions

Under this approach, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. A key element of infection control is the concept of *standard precautions*, introduced in 1996 by the Centers for Disease Control and Prevention (CDC) as a means to reduce the risk of bloodborne pathogen transmission (e.g., the Human Immunodeficiency Virus [HIV], Hepatitis B Virus [HBV] and others) in healthcare settings. The primary principle behind standard precautions centers on the premise that medical history and examination cannot reliably identify all patients infected with bloodborne pathogens. All patients, therefore, must be regarded as potentially infectious. As such, applying standard precautions requires that infection control procedures (e.g., HBV vaccination, routine handwashing, use of protective barriers and care in the use and disposal of needles and other sharp instruments) are used for every patient.

Basic Elements of Standard Precautions against infectious agents, both bloodborne and airborne involve:

- Handwashing
- Use of PPE (gloves, masks, eye protection, and gowns)
- Respiratory hygiene/cough etiquette.
- Sharps safety (engineering and work practice controls).
- Safe injection practices (i.e., aseptic technique for parenteral medications). Sterilization and Disinfection of Patient Care Items
- Clean and disinfected environmental surfaces.

Transmission-Based Precautions

Airborne Precautions, Droplet Precautions, and Contact Precautions are recommended to provide additional precautions beyond Standard Precautions to interrupt transmission of pathogens in hospitals.

Transmission-based precautions can be used for patients with known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne or droplet transmission or by contact with dry skin or contaminated surfaces. These precautions should be used in addition to standard precautions.

In order to protect employees and students from aerosols, the Department of Dental Hygiene uses safety suctions and high-volume evacuators. Tissues and hand sanitizer are available to patients in order to protect employees from getting infections spread in large droplets by coughing, talking, and/or sneezing.

Engineering Controls and Work Practices

Engineering controls and work practice controls are used to prevent or minimize exposure to bloodborne pathogens.

Safety Equipment List and Selection

This facility has the following general safety equipment:

- Needle Recapping Devices
- Sharp Disposal Containers
- Biohazard Bags
- Biohazard Labels
- Dustpans, brooms and tongs for removing broken glass
- Germicidal solutions for decontamination, sterilization, and housekeeping
- Soap and antiseptic solutions for hand washing and skin decontamination
- Eye Wash Station

Sharps disposal containers are inspected/maintained/replaced by the Biohazard Team in the Department of Occupational Health and Safety whenever necessary to prevent overfilling.

Policies to prevent or minimize exposure

The specific work practice controls used to prevent or minimize exposure to bloodborne pathogens are listed below:

1. Employees and students will wear appropriate PPE, including gowns, masks, eyewear, and heavy-duty gloves when cleaning/disinfecting during unit breakdown and the sterilization process. Unit breakdown involves sharp instruments and removal of carpule and needle in a syringe.

2. Using a needle-capping device

Change management

This facility identifies the need for changes in engineering controls and work practices through performing a facilities review at the summer clinic calibration or whenever a problem arises. The facilities review is performed by the clinic coordinator and the dental assistant. Faculty communicate with the clinic coordinator if something arises during the middle of the semester and the issue is discussed at a monthly faculty meeting.

Personal Protective Equipment (PPE)

PPE is provided by the Department to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the clinic coordinator. Additional PPE is provided by UAMS via MyCompass.

The types of PPE available to employees are as follows: gowns, N95 masks, level 3 masks, face shields, and gloves.

PPE is located in certain areas in the UAMS Dental Hygiene Clinic including every operatory and storage cabinets/closets. The dental assistant assesses when PPE is low and orders when necessary to ensure that there is a supply that meets the needs of the Clinic.

All employees/students using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Remove gowns and place in a biohazard container to be laundered by a professional laundering company. Level three masks and gloves are disposed of in the trash can found in each operatory.
- Clean face shields/eye protection after each patient.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- PPE cannot be taken home for laundering.

Regulated waste¹ is placed in containers, which are closable, constructed to contain all contents and prevent leakage, appropriately *labeled or color-coded* (see the section on "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling. The medical waste transporter removing our waste is the Biohazard Team in the Department of Occupational Safety. The Biohazard team follows UAMS protocols in handling sharps disposal containers when they are full and require disposal of container.

The procedure for handling sharps disposal containers is:

- 1. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or colorcoded. Sharps disposal containers are available in each operatory.
- 2. After sharp containers are close to full, they are closed and sealed and replaced by Occupational Health and Safety. Fresh sharp containers are used for disposal of sharps at our facility. The Clinic does not recycle sharp containers.



A biohazard label (like the one shown here) is affixed to containers of regulated waste and other containers used to store, transport, or ship blood or other potentially infectious materials.

- 3. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- 4. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

¹ The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Schedule for Housekeeping and Decontamination

Item	Decontamination Schedule	Decontamination Method
Instruments	Immediately when contaminated	Manual Cleaning with disinfectants
	□ Same day	⊠ Sterilization
	□ Other:	□ Other:
Equipment	⊠ Immediately	☑ Wipe clean with disinfectants
	□ Daily	
	□ Other:	
Work Surfaces, Countertops	\boxtimes Daily at the end of the clinic day	☑ Wipe clean with disinfectants□ Other:
Containers, Pails, Sinks	Once a week by janitors	⊠ Washing with disinfectants
Floors	☑ Daily by students and janitor	☑ Vacuuming☑ Mopping
Protective eyewear	☐ Daily by students	☑ Washing with disinfectants
Non-disposable gowns	☑ Placed in laundry container daily by students	☐ Laundered by UniFirst Uniform (weekly)

Labels

The following labeling methods are used in this facility:

Equipment to be labeled	Label type	
Contaminated laundry	Biohazard label	
Biohazard Trash Can	Small/Red	
Ultrasonic cleaners	Biohazard	
Ultrasonic cleaners	Label with chemicals contained	
Containers with chemicals	Small/multiple colors	
Secondary containers with chemicals	Small/multiple colors	

The dental assistant is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify the dental assistant and clinic coordinator if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Laundry

The following contaminated gowns will be laundered by a local laundering company, UniFirst Uniforms. UniFirst picks up contaminated gowns from the UAMS Dental Hygiene Clinic weekly.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.
- Wear the following PPE when handling/sorting contaminated laundry (*List appropriate PPE*): mask, protective eyewear, and gloves.