

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN & INFECTION CONTROL MANUAL

Standard Title: Bloodborne Pathogens

Standard Number: 29 CFR 1910.1030

The United States Department of Labor, division of Occupational Safety and Health Administration (OSHA) enforces the bloodborne pathogens standard (CFR 1910.1030). The objective of the standard is to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens.

The Centers for Disease Control and Prevention (CDC) issues guidelines for Infection Control in the Health Care Setting. According to the CDC, “the goal of an infection control program is to provide a safe working environment that will reduce the risk of health care-associated infections among *patients* and occupational exposures among *Dental Health Care Personnel (DHCP)*” (MMWR vol. 52/RR-17p. 37).

Cuyahoga Community College (Tri-C) Dental Hygiene Program is committed to providing a safe and healthful work environment. In pursuit of this goal, the following Exposure Control Plan (ECP) 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.” All students and employees are expected to follow the standards and guidelines set forth by OSHA and the Ohio State Dental Board.

A copy of the ECP must be accessible to all students and employees, along with a copy of the OSHA regulatory text of the bloodborne pathogens standard.

Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM) is defined as (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

The ECP must contain the following information:

- Exposure determination
- Schedule & method of implementation for:
 - Methods of compliance
 - Hepatitis B vaccination and post-exposure evaluation and follow-up
 - Communication of hazards to employees

- Recordkeeping for the BBPS
- Procedure for the evaluation of circumstances surrounding exposure incidents must be included in the ECP

The ECP shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The ECP should have documentation of the consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

PROGRAM ADMINISTRATION

The Clinic Coordinator is responsible for implementation, maintenance, review, and update of the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those students and employees who are determined to have occupational exposure to blood or OPIM must comply with the guidelines outlined in this ECP.

The Clinic Coordinator will provide and maintain all necessary engineering controls (e.g., sharps containers), labels, red biohazard bags, and employee personal protective equipment (PPE) as required by the standard.

The Clinic Coordinator and Program Director will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate student and employee health and OSHA records are maintained.

The Clinic Coordinator will be responsible for training, documentation of training, and making the written ECP available to the Assistant Secretary and the Director (as defined by the BBPS) upon request for examination and copying.

Contact location/phone number:

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EXPOSURE DETERMINATION

Exposure determination simply means that each employer must list the job classifications in which employees in those job classifications have occupational exposure. OSHA requires that the exposure control plan (ECP) include a section for exposure determination.

All employees and students in the following job classifications have reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM in the performance of their duties.

The following Tri-C employees and students have been determined to have occupational exposure in relation to the Tri-C Dental Hygiene Program:

Job Title	Department/Location	Tasks and Procedures
<ul style="list-style-type: none">Supervising DentistsDental Hygiene Faculty (full-time and part-time)Dental Hygiene StudentsDental Hygiene Service SpecialistClinic Coordinator/PreceptorProgram Director	Dental Hygiene	Patient treatment, Instrument Processing and Sterilization Procedures, Housekeeping activities, Radiographic processing
<ul style="list-style-type: none">HousekeepingCustodial	Plant Ops	Housekeeping activities involving contact with environmental surfaces and articles contaminated with blood and other potentially infectious material.
<ul style="list-style-type: none">Maintenance	Plant Ops	Repairing equipment and facilities contaminated with blood and other potentially infectious materials.

METHODS OF COMPLIANCE

All students and employees listed in the exposure determination section of this ECP must utilize the following procedures when performing the tasks and procedures that involve exposure to blood and OPIM.

- STANDARD PRECAUTIONS**

The Dental Hygiene program utilizes standard precautions. Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect the DHCP and prevent the DHCP from spreading

infection among patients. Standard Precautions include hand hygiene, use of personal protective equipment (e.g., gloves, masks, and eyewear), respiratory hygiene/cough etiquette, sharps safety (engineering and work practice controls), safe injection practices (i.e., aseptic technique for parenteral medications), sterile instruments and devices, and clean and disinfected environmental surfaces.

References

CDC. (06/15/2021). Summary of Infection Prevention Practices in dental Settings; Basic Expectations for Safe Care. Retrieved from

<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>

- **ENGINEERING AND WORK PRACTICE CONTROLS**

Engineering and work practice controls must be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, PPE must also be used. Engineering controls must be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

OSHA requires employers to implement safer medical devices that are appropriate, commercially available, and effective. Tri-C's Dental Hygiene Program Clinic Coordinator may use the following methods to solicit input from students and employees regarding safer medical devices:

- Email communication or questionnaire
- Periodic conversations to discuss identification, evaluation, and selection of controls/devices
- Participation in the evaluation of devices through pilot testing
- Participation in safety audits, worksite inspections, or exposure incident investigations
- Participation in analysis of exposure incident data or in job or process hazard analysis

The following Engineering Controls are used in the Dental Hygiene Program:

- Sharps disposal containers
- Instrument cassettes
- ProTector® needle recapping device by Certol
- Transport Container
- Safe-Flo™ saliva ejectors
- Mr. Thirsty™ One-Step HVE
- Vaniman Mobile 2.0 Extraoral Suction

Sharps disposal containers are inspected and maintained or replaced by the Clinic Coordinator annually or whenever necessary to prevent overfilling.

The following are the Work Practice Controls in the Dental Hygiene Program:

- Do not recap needles unless using a one-handed scoop technique or engineering control
- Never shear, break, or bend needles.
- Dispose of sharps in a designated sharps container.
- Sharps containers must be easily accessible and located as close as possible to the area where the items are used.
- Do not allow a sharps container to overfill and never reach into a container of contaminated sharps.
- No sharps may be removed from a sharps container.
- Broken glassware that may be contaminated must not be picked up directly with the hands. It must be disposed of using mechanical means, such as a brush and dustpan, tongs, or forceps.
- Contaminated reusable sharps must be placed into appropriate containers until properly reprocessed. An appropriate container shall be:
 - puncture resistant
 - labeled or color-coded in accordance with the BBPS
 - leak-proof on the sides and bottom
 - not stored or processed in a manner which requires students or employees to reach by hand into the container where the contaminated sharps have been placed
- Contaminated instruments must be placed in a closed cassette prior to placing in the transport container and must remain in the cassette during instrument processing.
- Heavy-duty utility gloves must be worn when handling contaminated instruments or devices, transporting instruments.
- Heavy-duty utility gloves must be worn when performing housekeeping tasks involving contact with heavily soiled areas of blood or OPIM, or trash removal.
- Regularly inspect heavy-duty utility gloves for tears, cracks, or other signs of deterioration.
- Ultrasonic baskets or tongs should be utilized to transfer instruments from the ultrasonic tank to the sink for rinsing. Do not place hands into ultrasonic to retrieve instruments.
- Place disposable cup over ultrasonic insert tip when ultrasonic scaler is not in use.
- Prior to students removing the contents of an autoclave, the Clinic Coordinator or Dental Hygiene Service Specialist must verify completion of the sterilization cycle.
- The clinic assistant (CA) must verify the chemical indicator changed prior to stamping and placing supplies into storage. Cassettes must be verified using the external indicator. Pouches must be verified using the internal indicator.
- The CA must verify the chemical indicator changed and packaging has been stamped prior to dispensing the supplies to the clinician.

- The clinician must verify both the internal and external chemical indicators changed prior to use of autoclaved supplies on patient.
 - When obtaining autoclaved supplies, the clinician must verify that the packaging is not damaged.
 - Protective barriers will be used to cover all equipment and environmental surfaces that are impossible or difficult to disinfect.
 - All reusable trash receptacles at the periphery of the clinic will be washed and decontaminated each clinic session and when visible contamination appears.
 - Handwashing facilities are readily accessible to employees and students. Students and employees must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.
 - No eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is likelihood of occupational exposure.
 - Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.
 - All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
 - Mouth pipetting/suctioning of blood or OPIM is prohibited.
 - Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
 - A readily observable biohazard label must be attached to equipment stating which portions remain contaminated.
 - The Clinic Coordinator shall ensure that information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.
 - Health-care personnel infected with or exposed to major infectious diseases in healthcare settings will be referred to the CDC suggested work restrictions table for guidance in work restriction and duration.
 - Students will sign that they have read and understand the Infectious Disease Information Sheet.
- **PERSONAL PROTECTIVE EQUIPMENT (PPE)**
When there is still a risk of occupational exposure after engineering controls and work practices are in place, PPE must be used. The Tri-C Dental Hygiene Program shall provide at no cost to the employee, appropriate PPE. Student PPE is purchased through a course lab fee. The Clinic Coordinator shall provide training to employees and students required to use PPE. Each

employee and student must demonstrate an understanding of the training and the ability to use PPE properly before being allowed to perform work requiring the use of PPE. The training will include the following:

- The location of the PPE
- When PPE is necessary
- What PPE is necessary
- How to properly don, adjust, and wear PPE
- The limitations of the PPE
- Proper care, maintenance, useful life and disposal of PPE

Retraining may be required in the following circumstances:

- Inadequacies in employee or student knowledge or use of assigned PPE indicating the employee or student has not retained the requisite understanding or skill.
- Changes in job tasks.
- Changes in the types of PPE provided.

The types of PPE available to employees and location of PPE are as follows:

TYPE	LOCATION
Disposable gown	MSHC 106G
Facial mask (N95, KN95 and Surgical)	MSHC 106G & 106F
Protective eyewear/side shields	MSHC 106G
Protective Face shields	MSHC 111A
Disposable examination gloves	MSHC 106G, ALL TREATMENT AREAS
Heavy-duty gloves	MSHC 106G & 106F
Disposable head covering	MSHC 106F
Pocket masks for resuscitation	MSHC 106 attached to oxygen tank and in First Aid Cart

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

- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood, OPIM, mucous membranes, and non-intact skin. Appropriate gloves must also be worn when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if the ability to function as a barrier is compromised.
- Examination gloves must not be washed or decontaminated for reuse.
- Contaminated examination gloves must be removed prior to leaving the immediate patient treatment area. Conversely, if examination gloves are used outside of the patient treatment area (acquire impression trays), new examination gloves must be donned prior to patient use.
- Wear puncture-resistant, heavy-duty, utility gloves (i.e., not examination gloves) when handling or manually cleaning contaminated instruments, devices, and for cleaning and decontamination of the dental unit.

- Heavy-duty utility gloves may be sterilized for reuse if the integrity is not compromised. Heavy-duty utility gloves must be discarded if cracked, peeling, torn, punctured, or exhibit other signs of deterioration.
- Disposable gowns must be worn over uniform. If penetrated by blood or OPIM, the gown must be removed immediately or as soon as feasible and replaced with a new gown.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Use of face mask:
 - ASTM Level 2-3. High filtration, BFE 99.5%, PFE 99.7% at 0.1 micron. They are latex and fiber-glass free.
 - Masks must cover both the nose and mouth.
 - Adjust the mask and position eyewear before a handwash.
 - The mask's outer surface can become contaminated with infectious droplets from spray of oral fluids or from touching the mask with contaminated gloves.
 - Mask must be changed for each patient, if it becomes wet, and not worn longer than one hour (change mask every 20 minutes if using an ultrasonic scaler)
 - Keep the mask on after completing a procedure while still in the presence of aerosols.
 - Do not twist the mask loops. Never place the mask under the chin.
- Protective eyewear (ANSI Z87-1) must include side protection or side shields.
- Removal of PPE must be completed in such a way as to avoid contact with the outer surface.
- All PPE must be removed prior to leaving the clinic/work area (MSHC 106 & 108).
- Gowns, masks, and gloves must be disposed in one of the trash receptacles located at the periphery of the clinic.
- All students and employees must practice hand hygiene as soon as feasible after removal of gloves or other PPE.

- **HAND HYGIENE PROTOCOL**

- Antiseptic Handwash
PRIOR TO SEATING THE FIRST PATIENT, AT THE BEGINNING OF THE DAY AND AT THE END OF THE DAY OR IF GLOVES BECOME TORN, CUT OR PUNCTURED.
 - Remove **ALL** wrist and hand jewelry.
 - Don protective gown, mask, and goggles/loupes.
 - Wet hands, apply soap; avoid hot water.
 - Lather hands, wrists and forearms quickly with soap. Use cool/warm water.
 - Rub all surfaces vigorously; interlace fingers and rub back and forth with pressure.

- Rinse thoroughly using cool or tepid water, running the water from fingertips down the hands to the forearms.
- Repeat handwash two more times for a total of three short latherings and three rinses in 30 seconds.
- Rinse under cool or tepid running water. Use paper towels for drying, taking care not to recontaminate clean areas. Discard towels in trash.
- Perform the antiseptic handwash when hands are visibly soiled and before leaving the treatment area (**Many clinicians forget to wash their hands immediately prior to leaving the clinic!**)
- **Routine Handwash or Alcohol Rub**
Use a routine handwash or alcohol rub before glove placement, after glove removal, and should a contaminated surface be touched. A routine wash may be used prior to cleaning/disinfecting the unit.

Routine Handwash

- Wet hands, apply soap; avoid hot water.
- Rub hands together for at least 20 seconds; cover all surfaces of fingers, hands, and wrists.
- Interlace fingers and rub to cover all sides.
- Rinse under cool or tepid running water. Use paper towels for drying, taking care not to recontaminate clean areas. Discard towels in trash.

Antiseptic Handrub – 60-95% alcohol

- If hands are visibly dirty, must wash hands.
- Apply product to the palm of one hand, and rub hands together.
- Rub hands vigorously, covering all surfaces of fingers and hands, until the hands are dry. If hands feel dry after rubbing them together for 10–15 seconds, an insufficient volume of product was likely applied.

- **HOUSEKEEPING**

The Dental Hygiene Clinic and connecting worksites (e.g., MSHC 113) must be maintained in a clean and sanitary condition. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.

Situations necessary for decontamination:

- Upon completion of procedures involving blood or OPIM
- Surfaces are overtly contaminated or after any spill of blood or OPIM
- End of the work shift if the surface may have become contaminated since the last cleaning

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated, at the change of patients, or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination. This can be included in the written cleaning schedule. The students in Dental Hygiene have directions to clean and disinfect the trash receptacles during clinic.

Broken glassware which may be contaminated shall not be picked up directly with the hands. Clean the broken glass via a mechanical means, such as a brush and dust pan, tongs, or forceps.

All equipment and work surfaces must be cleaned and decontaminated after contact with blood or OPIM. Procedure is outlined in the Tri-C Dental Hygiene Clinic Manual. Contaminated work surfaces must be decontaminated with an appropriate disinfectant.

Contaminated sharps are discarded immediately or as soon as feasible in containers which are closable, puncture-resistant, labeled or color-coded in accordance with the BBPS, and leak-proof on sides and bottom. Containers for contaminated sharps must be located as close as feasible to the immediate area where sharps are used, maintained upright, replaced routinely and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents.

Regulated Waste means an item is:

- liquid or semi-liquid blood or other potentially infectious materials
- contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- contaminated sharps
- pathological and microbiological wastes containing blood or OPIM

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded in accordance with BBPS; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The Clinic Coordinator monitors and contacts Compliance & Risk Management (216-987-3557) for proper disposal of sharps and regulated waste containers.

- **DENTAL UNIT WATERLINE MAINTENANCE AND MONITORING**

Dental unit water line quality is maintained at ≤ 500 CFU/ml of bacteria by the use of the “maintain, monitor and shock” approach recommended by A-Dec.

- Maintain: The Crosstex® DentaPure® Cartridge is used for daily water line maintenance. The cartridge is EPA registered as a microbiological dental unit water purifier providing safe dental unit water and when used according to labeling, this cartridge reduces bacteria from the water supplied through the instruments to a level that will meet or exceed the current ADA recommendations for water quality having a maximum of 200 cfu/ml. In addition to the cartridges, all dental unit waterlines are flushed for two (2) minutes prior to patient use and a minimum of 20-30 seconds after each patient.
- Monitor: The water quality of the dental unit waterlines is monitored at least quarterly (frequency may vary due to test results). Four (4) times a year, the waterlines are tested using an in-office testing kit. To calibrate and provide external validation of the results, laboratory testing is completed two (2) times a year. Test results will be documented on the Dental Unit Waterline Monitoring Log. The log will be maintained in the dental hygiene clinic and a copy sent to the compliance and risk management department.
- Shock: A-dec recommends a shock treatment be performed on dental unit waterlines before the first use of a new system. After initial use, waterlines are shocked when test results indicate a bacterial level greater than the water quality action level (≥ 500 CFU/ml).

COMMUNICATION OF HAZARDS TO EMPLOYEES

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM, except:

- Red bags or red containers may be substituted for labels.
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of the BBPS communication of hazards.
- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- Labels required by the BBPS communication of hazards 29 CFR 1910.1030(g)(1)(i)(B) shall include the following legend:



- The labels must be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Labels required for contaminated equipment shall be in accordance with the BBPS and shall also state which portions of the equipment remain contaminated.

- The Clinic Coordinator 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 and/or students are to notify the Clinic Coordinator if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

The hepatitis B vaccination is required of all health care workers who have occupational exposure and provided at no cost to the employee. The vaccine is a series of 3 injections to the arm. The injection series must be completed according to the recommended schedule in order to ensure immunity.

- Students:
 - The hepatitis B vaccine is required of students before beginning clinical experiences in the first semester of the curriculum. The costs of the vaccine are the responsibility of the student.
- Employees:
 - All employees who have occupational exposure to blood and OPIM shall be offered a vaccination that will be paid for entirely by the college and offered at a reasonable time and place.
 - Employees with prior vaccination history must provide documentation for their employee record.
 - If an employee refuses a Hepatitis B Vaccination, OSHA requires the employee to sign a Hepatitis B Vaccine Declination Form. The form can be found in the Cuyahoga Community College Safety Manual (<https://kweb.tri-c.edu/facilities/continuity/default.aspx>) and in the Tri-C Dental Hygiene Safety Manual. The signing of this form will not prevent the employee from changing his or her mind about a vaccination at a later date. Vaccinations will be offered after the employee has received training as provided herein and within ten working days of initial assignment to a position.
- To ensure complete protection against the Hepatitis B Virus (HBV), a screening for antibody levels is recommended by the CDC at one (1) to two (2) months after the final inoculation.

POST-EXPOSURE PLAN

OSHA defines an *Exposure Incident* as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties.

All exposure incidents should be treated as medical emergencies and addressed immediately. The exposed person should be provided with prompt care which includes the collection and testing of blood for bloodborne pathogen serological status. The health care professional treating the exposed person will handle the post-exposure management on a case-by-case basis. The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained.

- Immediately cleanse the area with soap and water for one to two minutes. Do not use chemicals or squeeze (“milk”) the injury. If mucous membranes were exposed, flush with water for at least 15 minutes.
 - Single bottle eyewash stations are located:
 - next to the dispensary window (MSHC 106F)
 - support Lab (MSHC 106G)
 - darkroom (MSHC 106I)
 - classroom (MSHC113, south and east walls)
 - clinical area (MSHC 108A)
 - Faucet-mounted eyewash station is located:
 - across from unit 11 in MSHC 106
- Report exposure to the Clinic Coordinator and Supervising Dentist.
- Obtain the post-exposure paperwork packet from either the Safety Manual or the Supervising Dentist office (MSHC 106B).
- Identify the source individual, unless the identification is infeasible or prohibited by state or local law. The source individual's blood shall be tested as soon as possible and after consent is obtained in order to determine HIV or other BBP infectivity. If consent is not obtained, the College shall establish that legally required consent cannot be obtained. The source individual has the right to refuse serological testing. When the source individual is already known to be infected with HIV or BBPs, testing for the source individual's known status need not be repeated. If the source individual is infected with HIV, attempt to collect the following data: the stage of disease, history of antiretroviral therapy, and viral load data. The source individual must complete the Source Exposure Incident Form.
- Complete the following protocol according to status within the College:

POST-EXPOSURE PLAN EMPLOYEES

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up.

- Complete the following forms:
 - Cuyahoga Community College Employee Exposure Incident Report
 - Cuyahoga Community College Source Exposure Incident Form (source completes form)
- Both the exposed person and the source (if willing) must report to medical facilities of their choice for post-exposure care and follow-up. The program shall make best efforts to provide the source with a list of facilities which provide free HIV testing. The exposed person brings the following forms to the medical facility:
 - Cuyahoga Community College Employee Exposure Incident Report
 - Post-Exposure Evaluation Form

- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain
- A copy of the OSHA BBP Standard
- Complete the: Cuyahoga Community College Employee Incident Report form
- Submit the following forms to the Office of Business Continuity (Risk.Mgmt@tri-c.edu) and retain a copy of the forms for the Program Director and Clinic Coordinator:
 - Cuyahoga Community College Employee Exposure Incident Report
 - Cuyahoga Community College Source Exposure Incident Form (source completes form)
 - Post-Exposure Evaluation Form
 - Cuyahoga Community College Employee Incident Report
- The cost for such an examination and any testing required for the employee shall be paid for by the College. The source individual is responsible for the cost incurred to determine HIV or other BBP infectivity. Provide source individual with copy of completed Source Exposure Incident Form.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Within fifteen (15) days after completion of the health care professional's evaluation, the affected employee will be provided with the health care professional's written opinion concerning the results of the evaluation and any medical conditions resulting from exposure to blood or other potentially infectious materials. The findings or diagnoses shall remain confidential and shall not be included in the written report. The written report and all follow-up forms shall be confidential.

POST EXPOSURE PLAN STUDENT (ON-CAMPUS EXPOSURE)

- Complete the following forms:
 - Cuyahoga Community College Non-Employee Exposure Incident Report
 - Cuyahoga Community College Source Exposure Incident Form (source completes form)
- Both the exposed student and the source (if willing) must report to medical facilities of their choice for post-exposure care and follow-up. The College does not pay for treatments, tests and/or visits to medical facilities. These expenses are paid by the student and the source.
- The exposed person brings the following forms to the medical facility:
 - Cuyahoga Community College Non-Employee Exposure Incident Report
 - Cuyahoga Community College Source Exposure Incident Form (source completes form)
 - Post-Exposure Evaluation Form
 - All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain
 - A copy of the OSHA BBP Standard

The program shall make best efforts to provide the source with a list of facilities which provide free HIV testing.

- Complete the following forms within 24 hours: Cuyahoga Community College Student Incident Report
- Submit the following forms to the Program Director or Clinical Coordinator
 - Cuyahoga Community College Program Non-Employee Exposure Incident Report
 - Cuyahoga Community College Source Exposure Incident Form (source completes form)
 - Post-Exposure Evaluation Form
 - Cuyahoga Community College Student Incident Report
- The student shall afford the cost for their post-exposure examination and any required testing. The source individual is responsible for the cost incurred to determine HIV or other BBP infectivity. Provide the source individual with Source Exposure Incident Form.
- Within fifteen days after completion of the health care professional's evaluation, the affected student will be provided with the health care professional's written opinion concerning the results of the evaluation and any medical conditions resulting from exposure to blood or other findings or diagnoses shall remain confidential and shall not be included in the written report. The written report and all follow-up forms shall be confidential.

POST EXPOSURE PLAN STUDENT (OFF-CAMPUS EXPOSURE: CLINICAL/PRACTICUM)

- Complete the following forms:
 - Cuyahoga Community College Non-Employee Exposure Incident Report
 - Cuyahoga Community College Source Exposure Incident Form (source completes form)
- Both the exposed person and the source (if willing) must report to medical facilities of their choice for post-exposure care and follow-up. The exposed person brings the following forms to the medical facility:
 - Cuyahoga Community College Program Non-Employee Exposure Incident Report
 - Cuyahoga Community College Source Exposure Incident Form (source completes form)
 - Post-Exposure Evaluation Form
 - All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain
 - A copy of the OSHA BBP Standard
- Complete the following forms within 24 hours: Cuyahoga Community college Student Incident Report
- Submit the following forms to the Program Director or Clinic Coordinator:
 - Cuyahoga Community College Program Non-Employee Exposure Incident Report
 - Cuyahoga Community College Source Exposure Incident Form (source completes form)
 - Post-Exposure Evaluation Form
 - Cuyahoga Community College Student Incident Report

- The student shall afford the cost for their post-exposure examination and any required testing.
- Within fifteen days after completion of the health care professional's evaluation, the affected student will be provided with the health care professional's written opinion concerning the results of the evaluation and any medical conditions resulting from exposure to blood or other findings or diagnoses shall remain confidential and shall not be included in the written report. The written report and all follow-up forms shall be confidential.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Post-exposure evaluation and follow-up includes post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; counseling; and evaluation of reported illnesses.

The following information will be documented regarding the exposure incident:

- Date and time of exposure
- Job task being performed at the time of exposure; include *where* and *how* the exposure occurred and if the exposure was related to a sharp device, the type and brand of device and how and when in the course of handling the device the exposure occurred.
- Details of the exposure, including the route of exposure, circumstances under which the exposure occurred, amount of fluid or material, type of fluid or material and severity of exposure.
- For percutaneous exposure include depth of injury and if fluid was injected.
- For skin or mucous membrane exposure the estimated volume of material and duration of contact and the condition of the skin (chapped, abraded or intact) should be noted.
- Identify barriers used by the exposed person during the incident.
- Identify the engineering and work practice controls used during the incident.
- Indicate if a deviation from required standard work practice occurred.
- Description of exposure source, (whether source material contained HIV or other bloodborne pathogen(s), the stage of the disease, history of antiretroviral therapy and viral load if known).

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- Whether the hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination
- Employee has been informed of the results of the evaluation
- Employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.

All testing is confidential to the extent protected by law and the College's HIPAA protocol.

The exposed health care worker should seek medical evaluation for any acute illness occurring during the follow-up period.

The exposed health care person should follow his or her health care professional's recommendations regarding precautions to prevent secondary transmission.

In instances when a patient is exposed to the blood of an infected health care provider, the patient should receive appropriate follow-up including post-exposure vaccination or receipt of hepatitis B immune globulin and testing (i.e., similar to the reverse situation of prophylaxis for providers exposed to the blood of an HBV-infected patient).

TRAINING

OSHA mandates annual bloodborne pathogens training for all employees with risk of occupational exposure to blood or OPIM.

According to OSHA, there are specific criteria that must be met for training. The training is specified for employees who have risk for exposure to bloodborne pathogens during their work activities. Below is a list of the specific criteria.

Training should be provided by the employer at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter (within one year of previous training). The Clinic Coordinator is responsible for ensuring all training requirements of the bloodborne pathogens standard (29 CFR 1910.1030) are carried out in the Tri-C Dental Hygiene Program.

Employers must also provide additional training when changes, modifications, or new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

The training program must contain at a minimum the following elements:

- An accessible copy of the bloodborne pathogens standard regulatory text and an explanation of its contents
- A general explanation of the epidemiology and symptoms of bloodborne pathogens and the associated diseases
- An explanation of the modes of transmission of bloodborne pathogens
- An explanation of the employer's exposure control plan (ECP), including the location and the means by which the employee can obtain a copy of the written plan
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- An explanation of the basis for selection of personal protective equipment

- An explanation of the Hepatitis B vaccine information, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by BBPS 1910.1030(g)(1), "Labels and Signs"
- An opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available in the Safety Manual located in the labeled cabinet of Safety Central at the front of MSHC 106. Various resources are also available on Blackboard.

RECORDKEEPING

The Tri-C Dental Hygiene Program will maintain and make available to affected students and employees all medical and training records applicable to the student's or employee's occupational exposure to bloodborne diseases. All student and employee medical records shall remain confidential and shall not be disclosed or reported without the student's or employee's expressed written consent, except as required by law.

Records shall be maintained according to HIPAA policies for the term of employment plus 30 years unless employed less than 1 year. Retention of and access to these records shall be in accordance with 29 C.F.R. 1910.20.

- **Training Records**

Training records are completed for each student and employee upon completion of training. These documents will be kept for at least three years in the Safety Manual.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Student and employee training records are provided upon request to the student or employee or the student's or employee's authorized representative within 15 working days. Such requests should be addressed to the Clinic Coordinator.

- **Medical Records**

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

The Program Director is responsible for maintenance of the required medical records. These

confidential records are kept in MSHC 126F. In regard to employees, the records are maintained for at least the duration of employment plus 30 years.

Student and employee medical records are provided upon request of the student or employee or to anyone having written consent of the student or employee within 15 working days. Such requests should be sent to the Program Director.

- **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Clinic Coordinator.

- **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Reviewed: 6/17/21: By: Kelly Gruver, Clinic Coordinator, Dental Hygiene
Reviewed: 6/11/19 By: Kelly Gruver, Clinic Coordinator, Dental Hygiene
Reviewed: 7/11/18 By: Susan Skocaj, Clinic Coordinator, Dental Hygiene
Reviewed: 7/27/17 By: Susan Skocaj, Clinic Coordinator, Dental Hygiene
Reviewed: 7/5/16 By: Susan Skocaj, Clinic Coordinator, Dental Hygiene
Reviewed: 6/2/15 By: Cynthia Quint, Clinical Coordinator, Dental Hygiene
Reviewed: 9/17/14 By: Cynthia Quint, Clinical Coordinator, Dental Hygiene
Reviewed: 8/22/14 By: Cynthia Quint, Clinical Coordinator, Dental Hygiene
Reviewed: 8/5/13 By: Cynthia Quint, Clinic Coordinator, Dental Hygiene
Reviewed: 7/28/12 By: Cynthia Quint, Clinic Coordinator, Dental Hygiene

CUYAHOGA COMMUNITY COLLEGE EMPLOYEE EXPOSURE INCIDENT REPORT

Exposed worker: _____

Job Classification: _____

Date and Time of Exposure: _____

Details of job task performed, including the time of exposure, where and how the exposure occurred, if exposure was related to a sharp device, type of device, and how and when in the course of handling the device the exposure occurred: _____

Details of exposure, including the route of exposure, circumstances under which exposure occurred, amount of fluid or material, type of fluid or material, severity of exposure: _____

Percutaneous injury: include depth of injury and if fluid was injected: _____
Skin or mucous membrane exposure: include the estimated volume of material and duration of contact and the condition of the skin (chapped, abraded or intact): _____

What barriers were used by exposed person during the incident? _____

What engineering and work practice controls were used during the time of exposure? _____

Was there a deviation from required standard work practice as written in the Cuyahoga Community College Occupational Health and Safety Manual or any program/clinic specific manual? _____

Was the source individual sent for medical evaluation? YES _____ NO _____

Source's Name: _____

Comments: _____

If source is HIV-positive list stage of disease, history of antiretroviral medication, viral load and drug resistance, if known. _____

Was the exposed worker sent for medical evaluation? YES _____ NO _____

Comments: _____

Corrective Action: _____

Signature of Exposed Person Date

Signature of Clinic Coordinator or Program Director Date

CUYAHOGA COMMUNITY COLLEGE NON-EMPLOYEE EXPOSURE INCIDENT REPORT

Exposed Individual: _____

Status of Exposed Individual (Check One): Student Source Other: _____

Date and Time of Exposure: _____

Details of job task performed, including the time of exposure, where and how the exposure occurred, if exposure was related to a sharp device, type of device, and how and when in the course of handling the device the exposure occurred: _____

Details of exposure, including the route of exposure, circumstances under which exposure occurred, amount of fluid or material, type of fluid or material, severity of exposure:

Percutaneous injury: include depth of injury and if fluid was injected: _____

Skin or mucous membrane exposure: include the estimated volume of material and duration of contact and the condition of the skin (chapped, abraded or intact): _____

What barriers were used by exposed person during the incident? _____

What engineering and work practice controls were used during the time of exposure? _____

Was there a deviation from required standard work practice as written in the Cuyahoga Community College Occupational Health and Safety Manual or any program/clinic manual? _____

Was the source individual sent for medical evaluation? YES _____ NO _____

Source's Name: _____

Comments: _____

If source is HIV-positive list stage of disease, history of antiretroviral medication, viral load and drug resistance, if known. _____

Was the exposed person sent for medical evaluation? YES _____ NO _____

Comments: _____

Corrective Action: _____

Signature of Exposed Person

Date

Signature of Program Director/Clinic Coordinator

Date

POST-EXPOSURE EVALUATION

ATTENTION EVALUATING PHYSICIAN: Please complete, sign and return within 15 days of the completion of the evaluation.

Exposed Worker's Name: _____

Date Exposed Worker was tested: _____

Physician: Please provide the recommended care for an exposure incident. Initial in the yes or no column for one through four:

1. The exposed person was informed of the results of the medical evaluation:

YES _____ NO _____

2. The exposed person was informed of medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment:

YES _____ NO _____

3. The Hepatitis B Vaccination is indicated:

YES _____ NO _____

4. The Hepatitis B Vaccination has been received:

YES _____ NO _____

I verify that the exposed person has been evaluated and has received counseling as required by the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) for an exposed worker.

Physician's Name (**PRINT**)

Physician's Signature

Date

Phone Number

RETURN COMPLETED FORM TO:

Kelly Gruver, RDH, EFDA, MHHS
Dental Hygiene - Clinic Coordinator
Cuyahoga Community College
2900 Community College Avenue MSHC 111H
Cleveland, OH 44115
Phone: 216-987-4411

CUYAHOGA COMMUNITY COLLEGE SOURCE EXPOSURE INCIDENT FORM

An exposure incident is considered to be a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. An individual who experiences an exposure incident must immediately seek medical care. Follow-up testing includes multiple serological tests (blood tests), possible additional vaccinations, and potential antiretroviral agents (drug to reduce the replication of the human immunodeficiency virus). Protocol for postexposure management requires determination of the source individual's infectivity status of the human immunodeficiency virus (HIV) or other bloodborne pathogens (e.g., hepatitis B virus).

The consent of the source individual can greatly reduce the likelihood that the exposed person will need to endure the rigorous protocol for postexposure management. Source individual should go to a medical facility of their choice for serological testing of HIV and bloodborne pathogens. The results of the tests must be made available to the exposed individual. The source individual should send the completed forms and test results to:

Kelly Gruver, RDH, EFDA, MHHS
Dental Hygiene- Clinic Coordinator
Cuyahoga Community College
2900 Community College Avenue MSHC 111H
Cleveland, OH 44115
Phone: 216-987-4411

I, _____ received treatment in the Cuyahoga Community College _____
(Source Name)

Clinic on _____ . During this appointment an exposure incident occurred. I am the source for the
(Date)

exposure incident. I am aware that the incident should be followed by a CONFIDENTIAL laboratory screening for:

- _____ A.) HIV-positive viruses
- _____ B.) Bloodborne pathogens

I hereby consent to receive the necessary laboratory screening relative to the incident described above, understanding that all results will remain strictly CONFIDENTIAL TO THE EXTENT PERMITTED BY LAW and the costs incurred for the laboratory test(s) is my responsibility.

(Print Name)

(Date)

(Source-Signature)

(Date)

I DO NOT give consent to receive the necessary laboratory screenings relative to the incident(s) described above. I am aware that my consent can greatly reduce the likelihood that the exposed person will need to endure the demanding protocol for postexposure management.

(Print Name)

(Date)

(Source-Signature)

(Date)

(Witness Signature)

(Date)

**CUYAHOGA COMMUNITY COLLEGE
HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee: _____

Date: _____

Witness: _____

Date: _____

Cuyahoga Community College

Dental Hygiene

Infectious Disease Policy

Cuyahoga Community College Dental Hygiene shall have a policy concerning contact of personnel with patients when personnel have potentially transmissible conditions.

1. Students will sign that they have read and understand the Infectious Disease Information Sheet
2. Health-care personnel infected with or exposed to major infectious diseases in healthcare settings will be referred to the CDC suggested work restrictions table found in the CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003 for guidance in work restriction and duration. The table can be found in the Infectious Disease Policy section of the Safety Manual or accessed from <http://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>

CUYAHOGA COMMUNITY COLLEGE
INFECTIOUS DISEASE INFORMATION SHEET
FOR
HEALTH CAREER/NURSING STUDENTS

All health career students shall adopt a standardized, comprehensive method of practicing Standard Precautions during every patient interaction to control the spread of infection.

Standard Precautions is an infection control practice that is intended to be followed and adhered to in order to prevent and control the spread of infection. All health career students are required to utilize standard precautions when caring for patients and when handling any body fluid or substance.

- Standard precautions
 - **Hand washing:** Hands must be washed between procedures and patients. The wearing of gloves does not diminish the need to wash the hands before and after each patient contact.
 - **Gloves:** Clean gloves are to be worn when it is expected that direct contact with any body fluid or substance will occur. Body fluids or substances include but may not be limited to blood, urine, feces, wound drainage, oral secretions, genital secretions and vomitus. Gloves are to be changed and disposed of after each patient contact.
 - **Gowns:** A clean gown is to be worn whenever contact of student's clothing and a patient's body fluid/substance may occur. Gowns are to be removed after each patient contact.
 - **Protective Eyewear:** Protective eyewear must be worn whenever the possibility exists for both physical injury and infection from splashes, spatter or aerosols. Protective eyewear is to be washed after each patient contact.
 - **Masks:** Masks must be worn whenever the possibility exists for splashes, spatter or aerosols of hazardous chemicals or blood or other potentially infectious materials.
 - **Needles/Sharp Item Disposal:** Needles and sharp items, i.e., scalpels and blades, are considered potentially infective and are to be discarded in a designated sharps container. These containers are to be located as close as is practical to the area in which they are to be used. Needles are not to be recapped, use a two-handed technique.
 - **Resuscitation Equipment:** Individual patient resuscitation equipment must be located and available for use in areas where the need for resuscitation may occur. Institutions offering clinical experiences to Tri-C students will approach the resuscitation/infection issue according to established institution guidelines; it is the responsibility of the clinical instructor to obtain these guidelines and relate them to the students.
 - **Soiled Equipment and Linen:** Soiled equipment and linen will be handled according to the policy of the institution where the student is attending a clinical experience. It is the responsibility of the clinical instructor to obtain institutional guidelines and relay them to the students.

Because of the risk to the fetus, pregnant students should be especially familiar with precautions for preventing the transmission and acquisition of any infectious disease.

Health career/nursing students who have contracted an infectious disease must be evaluated prior to entering the clinical site, classroom college laboratory.

I have read and understand this Infectious Disease Information

Student Signature: _____

Date: _____

Infectious Disease Work Restriction Guide

TABLE 1. Suggested work restrictions for health-care personnel infected with or exposed to major infectious diseases in health-care settings, in the absence of state and local regulations^a

Disease/problem	Work restriction	Duration
Conjunctivitis	Restrict from patient contact and contact with patient's environment.	Until discharge ceases
Cytomegalovirus infection	No restriction	
Diarheal disease		
Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with patient's environment, and food-handling.	Until symptoms resolve
Convalescent stage, <i>Salmonella</i> species	Restrict from care of patients at high risk.	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures
Enteroviral infection	Restrict from care of infants, neonates, and immunocompromised patients and their environments.	Until symptoms resolve
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food-handling.	Until 7 days after onset of jaundice
Hepatitis B		
Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures	No restriction ^b ; refer to state regulations. Standard precautions should always be followed.	
Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until counsel from a review panel has been sought; panel should review and recommend procedures that personnel can perform, taking into account specific procedures as well as skill and technique. Standard precautions should always be observed. Refer to state and local regulations or recommendations.	Until hepatitis B e antigen is negative
Hepatitis C	No restrictions on professional activity. ^c HCV-positive health-care personnel should follow aseptic technique and standard precautions.	
Herpes simplex		
Genital	No restriction	
Hands (herpetic whitlow)	Restrict from patient contact and contact with patient's environment.	Until lesions heal
Orofacial	Evaluate need to restrict from care of patients at high risk.	
Human Immunodeficiency virus; personnel who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures that personnel can perform, taking into account specific procedures as well as skill and technique. Standard precautions should always be observed. Refer to state and local regulations or recommendations.	
Measles		
Active	Exclude from duty	Until 7 days after the rash appears
Postexposure (susceptible personnel)	Exclude from duty	From fifth day after first exposure through twenty-first day after last exposure, or 4 days after rash appears
Meningococcal infection	Exclude from duty	Until 24 hours after start of effective therapy
Mumps		
Active	Exclude from duty	Until 9 days after onset of parotitis
Postexposure (susceptible personnel)	Exclude from duty	From twelfth day after first exposure through twenty-sixth day after last exposure, or until 9 days after onset of parotitis

Source: Adapted from Bolyard EA, Hospital Infection Control Practices Advisory Committee. Guidelines for infection control in health care personnel, 1998. *Am J Infect Control* 1998;26:289-354.

^a Modified from recommendations of the Advisory Committee on Immunization Practices (ACIP).

^b Unless epidemiologically linked to transmission of infection.

^c Those susceptible to varicella and who are at increased risk of complications of varicella (e.g., neonates and immunocompromised persons of any age).

^d Patients at high risk as defined by ACIP for complications of influenza.

TABLE 1. (Continued) Suggested work restrictions for health-care personnel infected with or exposed to major infectious diseases in health-care settings, in the absence of state and local regulations*

Disease/problem	Work restriction	Duration
Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice
Pertussis		
Active	Exclude from duty	From beginning of catarrhal stage through third week after onset of paroxysms, or until 5 days after start of effective antibiotic therapy
Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended	
Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after start of effective antibiotic therapy
Rubella		
Active	Exclude from duty	Until 5 days after rash appears
Postexposure (susceptible personnel)	Exclude from duty	From seventh day after first exposure through twenty-first day after last exposure
Staphylococcus aureus infection		
Active, draining skin lesions	Restrict from contact with patients and patient's environment or food handling.	Until lesions have resolved
Carrier state	No restriction unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, and food-handling.	Until 24 hours after adequate treatment started
Tuberculosis		
Active disease	Exclude from duty	Until proved noninfectious
PPD converter	No restriction	
Varicella (chicken pox)		
Active	Exclude from duty	Until all lesions dry and crust
Postexposure (susceptible personnel)	Exclude from duty	From tenth day after first exposure through twenty-first day (twenty-eighth day if varicella-zoster immune globulin [VZIG] administered) after last exposure.
Zoster (shingles)		
Localized, in healthy person	Cover lesions, restrict from care of patients [§] at high risk	Until all lesions dry and crust
Generalized or localized in immunosuppressed person	Restrict from patient contact	Until all lesions dry and crust
Postexposure (susceptible personnel)	Restrict from patient contact	From tenth day after first exposure through twenty-first day (twenty-eighth day if VZIG administered) after last exposure; or, if varicella occurs, when lesions crust and dry
Viral respiratory infection, acute febrile	Consider excluding from the care of patients at high risk [¶] or contact with such patients' environments during community outbreak of respiratory syncytial virus and influenza	Until acute symptoms resolve

Source: Adapted from Bolyard EA, Hospital Infection Control Practices Advisory Committee. Guidelines for infection control in health care personnel, 1998. Am J Infect Control 1998;26:289-354.

* Modified from recommendations of the Advisory Committee on Immunization Practices (ACIP).

† Unless epidemiologically linked to transmission of infection.

§ Those susceptible to varicella and who are at increased risk of complications of varicella (e.g., neonates and immunocompromised persons of any age).

¶ Patients at high risk as defined by ACIP for complications of influenza.

Source: CDC. (2003). Guidelines for Infection Control in Dental Health Care Settings. Retrieved from <https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>. Pgs. 8-9.