The following is sections from the Cuyahoga Community College Dental Hygiene Infection Control Manual.

**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) enforce 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

At least annually, the ECP should be reviewed and reflect changes in employee positions with occupational
exposure (exposure determination). The changes with the ECP also reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

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.

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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:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Department/Location</th>
<th>Tasks and Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising Dentists</td>
<td>Dental Hygiene</td>
<td>Patient treatment, Instrument Processing and Sterilization Procedures, Housekeeping activities, Radiographic processing</td>
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<tr>
<td>Dental Hygiene Faculty (full-time and part-time)</td>
<td>Dental Hygiene</td>
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<tr>
<td>Dental Hygiene Students</td>
<td>Dental Hygiene</td>
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<tr>
<td>Dental Hygiene Service Specialist</td>
<td>Dental Hygiene</td>
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<tr>
<td>Preceptors</td>
<td>Dental Hygiene</td>
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<tr>
<td>Program Director</td>
<td>Dental Hygiene</td>
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</tr>
<tr>
<td>Housekeeping</td>
<td>Plant Ops</td>
<td>Housekeeping activities involving contact with environmental surfaces and articles contaminated with blood and other potentially infectious material.</td>
</tr>
<tr>
<td>Custodial</td>
<td>Plant Ops</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Plant Ops</td>
<td>Repairing equipment and facilities contaminated with blood and other potentially infectious materials.</td>
</tr>
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**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 integrated and expanded the elements of Universal Precautions into a standard of care and it includes practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is based on the principle that **all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents.** Standard Precautions includes hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. Also, equipment or items in the patient environment likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents, (e.g. wear gloves for handling, contain heavily soiled equipment, properly clean and disinfect or sterile reusable equipment before use on another patient).


- **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™ backflow protective device

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 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 is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
- 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
  - leakproof 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.
o Place disposable cup over ultrasonic insert tip when ultrasonic scaler is not in use.
o No eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is likelihood of occupational exposure.
o 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.
o Mouth pipetting/suctioning of blood or OPIM is prohibited.
o 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.
o Protective barriers will be used to cover all equipment and environmental surfaces that are impossible or difficult to disinfect.
o All reusable trash receptacles at the periphery of the clinic will be washed and decontaminated each clinic session and when visible contamination appears.
o A readily observable biohazard label must be attached to equipment stating which portions remain contaminated.
o 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.
o 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.
o Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.
o Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
o Prior to students removing the contents, the Clinic Coordinator or Dental Hygiene Service Specialist must verify completion of the autoclave sterilization cycle.
o 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.
o The CA must verify the chemical indicator changed and packaging has been stamped prior to dispensing the supplies to the clinician.
o The clinician must verify both the internal and external chemical indicators changed prior to use of autoclaved supplies on patient.
o When obtaining autoclaved supplies, the clinician must verify that the packaging is not damaged.
o 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.
o 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:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposable gown</td>
<td>MHCS 106G</td>
</tr>
<tr>
<td>Facial mask</td>
<td>MHCS 106G</td>
</tr>
<tr>
<td>Protective eyewear/side shields</td>
<td>MHCS 106G</td>
</tr>
<tr>
<td>Disposable examination gloves</td>
<td>MHCS 106G, ALL TREATMENT AREAS</td>
</tr>
<tr>
<td>Heavy-duty gloves</td>
<td>MHCS 106F</td>
</tr>
<tr>
<td>Disposable head covering</td>
<td>MHCS 106G</td>
</tr>
<tr>
<td>Pocket masks for resuscitation</td>
<td>MHCS 106 attached to oxygen tank and in First Aid Cart</td>
</tr>
</tbody>
</table>

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.
- 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.
- Removal of PPE must be completed in such a way as to avoid contact with the outer surface.
- 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:
  - 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.
  - Never place the mask under the chin.
- Protective eyewear must include side protection or sideshields.
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.

- All PPE must be removed prior to leaving the clinic/work area (MHCS 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 CLIENT AT THE BEGINNING OF THE DAY AND AT THE END OF THE DAY OR IF GLOVES BECOME TORN, CUT OR PUNCTURED.
  1. Remove ALL wrist and hand jewelry.
  2. Don protective gown, mask, and goggles/loupes.
  3. Wet hands, apply soap; avoid hot water.
  4. Lather hands, wrists and forearms quickly with soap. Use cool/warm water.
  5. Rub all surfaces vigorously; interlace fingers and rub back and forth with pressure.
  6. Rinse thoroughly using cool or tepid water, running the water from fingertips down the hands to the forearms.
  7. Repeat handwash two more times for a total of three short latherings and three rinses in 30 seconds.
  8. Rinse under cool or tepid running water. Use paper towels for drying, taking care not to recontaminate clean areas. Discard towels in trash.
  9. 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**
  1. Wet hands, apply soap; avoid hot water.
  2. Rub hands together for at least 15 seconds; cover all surfaces of fingers, hands, and wrists.
  3. Interlace fingers and rub to cover all sides.
  4. 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**
  1. If hands are visibly dirty, must wash hands.
  2. Apply product to the palm of one hand, and rub hands together.
3. 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., MHCS 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 workshift 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 leakproof on sides and bottom. Containers for contaminated sharps must be located as close as feasible to the immediate area where sharps are used, maintained uprights, 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 & Business Continuity for proper disposal of sharps and regulated waste containers.

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:

  ![BIOHAZARD]

  - 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 Tri-C Occupational Health & Safety Manual 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.

1. 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.
   a. Single bottle eyewash stations are located:
      i. next to the dispensary window (MHCS 106F)
      ii. darkroom (MHCS 106I)
      iii. classroom (MHCS113, south and east walls)
      iv. DAST sterilization (MHCS 108A)
   b. Faucet-mounted eyewash station is located:
      i. across from unit 11 in MHCS 106
2. Report exposure to the Clinic Coordinator and Supervising Dentist.
3. Obtain the post-exposure paperwork packet from either the Safety Manual or the Supervising Dentist office (MHCS 106B).
4. 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.
5. Complete the following protocol according to status within the College:

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

2. Complete the following forms:
   a. Cuyahoga Community College Employee-Reported Exposure to Bloodborne Infectious Disease Screening/Follow-Up Procedure (only complete the top portion-name, dates, position, and description)
   b. Source Exposure Incident Form (source completes form)

3. 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:
   a. Cuyahoga Community College Employee-Reported Exposure to Bloodborne Infectious Disease Screening/Follow-Up Procedure
   b. Post-Exposure Evaluation Form
   c. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
   d. A copy of the OSHA BBP Standard

4. Complete the: Cuyahoga Community College Employee Incident Report form

5. Submit the following forms to the Office of Business Continuity and retain a copy of the forms for the Program Manager:
   a. Cuyahoga Community College Employee-Reported Exposure to Bloodborne Infectious Disease Screening/Follow-Up Procedure
   b. Source Exposure Incident Form (source completes form)
   c. Post-Exposure Evaluation Form
   d. Cuyahoga Community College Employee Incident Report

6. 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.

7. 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.

8. 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)

1. 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.

2. The exposed person brings the following forms to the medical facility:
   a. Post-Exposure Evaluation Form
   b. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
   c. 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.

3. Complete the following forms within 24 hours: Cuyahoga Community College Student Incident Report

4. Submit the following forms to the Program Manager or Clinical Coordinator
   a. Cuyahoga Community College Program Non-Employee Exposure Incident Report
   b. Source Exposure Incident Form (source completes form)
   c. Post-Exposure Evaluation Form
   d. Cuyahoga Community College Student Incident Report

5. 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 source individual with Source Exposure Incident Form.

6. 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)

1. Complete the following forms:
   a. Cuyahoga Community College Non-Employee Incident Report
   b. Source Exposure Incident Form (source completes form)

2. 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:
   a. Post-Exposure Evaluation Form
   b. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
   c. A copy of the OSHA BBP Standard

3. Complete the following forms within 24 hours: Cuyahoga Community college Student Incident Report

4. Submit the following forms to the Program Manager or Clinic Coordinator:
   a. Source Exposure Incident Form (source completes form)
   b. Post-Exposure Evaluation Form
   c. Cuyahoga Community College Student Incident Report

5. The student shall afford the cost for their post-exposure examination and any required testing.

6. 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:
   o Date and time of exposure
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 and Dental Assisting 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 MHCS 106. Various resources will also be 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 MHCS 126F. In regards 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 Manager.

- **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.

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### 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...
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:_________________________

Was the exposed worker sent for medical evaluation? YES__________ NO_________
Comments:_________________________

Corrective Action:

Signature of Exposed Person ____________________________ Date ____________

Signature of Clinic Coordinator or Program Manager ____________________________ 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: ______________________________

Was the exposed person sent for medical evaluation? YES__________ NO_________
Comments: ______________________________

Corrective Action: ______________________________

Signature of Exposed Person __________________________ Date ________________

Signature of Program Manager/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:
Mary Lou Gerosky, CDA, RDH, BSDH M Ed
Dental Hygiene Program Director
Cuyahoga Community College
2900 Community College Avenue MHCS 126 F
Cleveland, OH 44115
Phone: 216-987-4494
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. The 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:

Mary Lou Gerosky, CDA, RDH, BSDH M Ed
Dental Hygiene Program Director
Cuyahoga Community College
2900 Community College Avenue MHCS 126 F
Cleveland, OH 44115
Phone: 216-987-4494

I, ________________________________ received treatment in the Cuyahoga Community College Clinic on _______________________________. During this appointment an exposure incident occurred. I am the source for the ________________________________ 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)
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
HEPATITIS B VACCINE DECLINATION
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 client 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 clients and when handling any body fluid or substance.

1. Standard precautions

   o **Hand washing**: Hands must be washed between procedures and clients. The wearing of gloves does not diminish the need to wash the hands before and after each client contact.

   o **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 client contact.

   o **Gowns**: A clean gown is to be worn whenever contact of student's clothing and a client's body fluid/substance may occur. Gowns are to be removed after each client contact.

   o **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 client contact.

   o **Masks**: Masks must be worn whenever the possibility exists for splashes, spatter or aerosols of hazardous chemicals or blood or other potentially infectious materials.

   o **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.

   o **Resuscitation Equipment**: Individual client 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.

2. 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.

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

4. For health career/nursing students or students engaged in health care that have AIDS, there is an increased danger from infection due to disease they may come in contact with during class in the clinical setting, or in the workplace. Students with AIDS, who have defective immunity, are at risk of acquiring or experiencing serious complications of such diseases. Of particular concern is the risk of severe infection following exposure to clients with infectious diseases that are easily transmitted if appropriate precautions are not taken (e.g., tuberculosis or chicken pox). Students with AIDS will be counseled about potential risk associated with exposure to or taking care of clients with transmissible infections and should continue to follow infection control to minimize their risk of exposure to other infectious agents.

I have read and understand this Infectious Disease Information

Student Signature: __________________________________________________

Date: ________________________________
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.

<table>
<thead>
<tr>
<th>Disease/problem</th>
<th>Work restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis</td>
<td>Restrict from patient contact and contact with patient's environment.</td>
<td>Until discharge ceases</td>
</tr>
<tr>
<td>Cytomegalovirus infection</td>
<td>No restriction</td>
<td></td>
</tr>
<tr>
<td>Diarrheal disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute stage (diarrhea with other symptoms)</td>
<td>Restrict from patient contact, contact with patient's environment, and food-handling.</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Convalescent stage, Salmonella species</td>
<td>Restrict from care of patients at high risk.</td>
<td>Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures</td>
</tr>
<tr>
<td>Enteroviral infection</td>
<td>Restrict from care of infants, neonates, and immunocompromised patients and their environments.</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Restrict from patient contact, contact with patient's environment, and food-handling.</td>
<td>Until 7 days after onset of jaundice</td>
</tr>
<tr>
<td>Hepatitis B Personnel with acute or chronic hepatitis B and surface antigenemia do not perform exposure-prone procedures</td>
<td>No restriction; refer to state regulations. Standard precautions should always be followed.</td>
<td></td>
</tr>
<tr>
<td>Personnel with acute or chronic hepatitis B and e antigenemia who perform exposure-prone procedures</td>
<td>Do not perform exposure-prone invasive procedures until cleared 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.</td>
<td>Until hepatitis B e antigen is negative</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>No restrictions on professional activity.</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital</td>
<td>No restriction</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td>Hands (herpetic whitlow)</td>
<td>Restrict from patient contact and contact with patient's environment.</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td>Orofacial</td>
<td>Evaluate need to restrict from care of patients at high risk.</td>
<td></td>
</tr>
<tr>
<td>Human Immunodeficiency virus; personnel who perform exposure-prone procedures</td>
<td>Do not perform exposure-prone invasive procedures until cleared 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.</td>
<td></td>
</tr>
<tr>
<td>Measles Active</td>
<td>Exclude from duty</td>
<td>Until 7 days after the rash appears</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From fifth day after first exposure through twenty-first day after last exposure, or 4 days after rash appears</td>
</tr>
<tr>
<td>Measles, meningococcal infection</td>
<td>Exclude from duty</td>
<td>Until 24 hours after start of effective therapy</td>
</tr>
<tr>
<td>Measles, parotitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 9 days after onset of parotitis</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From twelfth day after first exposure through twenty-sixth day after last exposure, or until 9 days after onset of parotitis</td>
</tr>
</tbody>
</table>


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

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


*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.

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