



The Peninsula's Community College

Dental Hygiene Program Bloodborne Pathogen Policy

Thomas Nelson Community College Dental Hygiene Program faculty, staff, and students have the obligation to maintain standards of health care and professionalism that are consistent with the public's expectations of the health professions.

1. All personnel are ethically obligated to provide patient care with compassion and demonstrate respect for human dignity.
2. No personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or Hepatitis B infection. These patients may not be subjected to discrimination.
3. Personnel are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.
4. Thomas Nelson Community College will protect the privacy and confidentiality of any personnel who tests positive for an infectious disease. Dental hygiene personnel who pose a risk of transmitting an infectious agent must consult with the appropriate health care representative to determine whether continuing to provide professional services represents a material risk to the patient. If a faculty member learns that continuing to provide professional health services represents a material risk to patients that person should so inform the dental hygiene Program Director. The Program Director will take steps consistent with the advice of health care professionals and with current federal, state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission.
5. The dental hygiene Program Director has established and will enforce written preclinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous waste disposal. The protocols are consistent with current federal, state, and/or local guidelines, and will be provided to all faculty, students, and support staff in the dental hygiene program. The protocol is complete including the availability and use of gloves, masks, and protective eye wear by faculty, students, and patients in both the preclinical and clinical settings. The protocols will be reviewed annually by the dental hygiene Program Director to insure accuracy and compliance.
6. The dental hygiene Program Director will require personnel to abide by current immunization standards set by clinical agencies. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines, all students in dental hygiene will:
 - (1) Demonstrate proof of immunity to Hepatitis B, or
 - (2) Be immunized against the Hepatitis B virus as part of their preparation for clinical training.

Policy and Procedures Related to Individuals Who Have Bloodborne Infectious Disease(s) and Chronic Communicable Disease

Thomas Nelson Community College places a high priority on the need to prevent the spread of chronic communicable diseases on its campus. The College is committed to educating its staff, students and the community about communicable diseases. Specifically, because there is currently no cure or vaccine for Acquired Immune Deficiency Syndrome (AIDS), education regarding methods by which this virus may be transmitted and how to prevent transmission, is essential. By adopting this policy, it is the intention of Thomas Nelson Community College to promote the health and regular school attendance of our students so that they may attain their maximum potential for learning. In general, students, faculty and staff with a chronic communicable disease are expected to continue to study or work in an unrestricted setting. This policy is based on current epidemiological data and may be modified as required by new scientific and medical information. When a Thomas Nelson Community College class is offered in conjunction or in agreement with an outside agency, students and employees must abide by policies and procedures of the outside agency relating to chronic communicable diseases.

Dental Hygiene Students with Chronic Communicable Diseases

A dental hygiene program student who has a chronic communicable disease or who is a carrier may attend college whenever, through reasonable accommodation, the risk of transmission of the disease and/or the risk of further injury to the student is sufficiently remote in such setting so as to be outweighed by the detrimental effects resulting from the student's exclusion from college. Dental hygiene program placement decisions will be made by using this standard in conjunction with current, available public health department guidelines concerning the particular disease in question. The determination of whether a student with a chronic communicable disease may participate in the dental hygiene program shall be made on an individual basis, according to procedures implemented by the dental hygiene Program Director in consultation with the Dean of Health Professions, Vice President for Student Affairs, Vice President for Academic Affairs, a consulting physician, the student's primary physician, public health personnel, the college's legal counsel, and the student. A student who has a chronic communicable disease or who is a carrier of a chronic communicable disease may be denied admission to, or may be dismissed from, the dental hygiene program whenever such chronic communicable disease has a direct effect on the student's ability to perform so as to render the student not qualified for the program.

The dental hygiene Program Director shall respect the right to privacy of any student who has a chronic communicable disease or is a carrier. The student's medical condition shall be disclosed only to the extent necessary to minimize the health risks to the student and others. Persons deemed to have "a direct need to know" will be provided with the appropriate information; however, these persons shall not further disclose the information. A multidisciplinary team responsible for making a decision on the student's dental hygiene program enrollment status will be also responsible for determining who has "a direct need to know."

Dental Hygiene Program Employees with Chronic Communicable Diseases

Dental hygiene program employees with identified chronic communicable diseases or who are carriers will be permitted to retain their positions whenever, through reasonable accommodation of the employee's physical condition and without undue hardship to the employer, there is no reasonable risk of transmission of the disease to others. Such employees will remain subject to the College's employment policies, personal disability leave, physical examinations, temporary and permanent disability, and termination. Employment decisions will be made by utilizing the general legal standard in conjunction with current, available public health department guidelines concerning the particular disease in question. The determination of whether an employee with a chronic communicable disease will retain his or her position will be made on an individual basis, according to procedures implemented by the College in consultation with the dental hygiene Program Director, Dean of Health Professions, Vice President for Academic Affairs, a consulting physician, the employee's primary physician, the Human Resources Manager, public health personnel, the college's legal counsel, and the employee.

The dental hygiene Program Director will respect the right to privacy of any employee who has a chronic communicable disease or is a carrier. The employee's medical condition will be disclosed only to the extent necessary to minimize the health risks to the employee and others. Persons deemed to have "a direct need to know" will be provided with the appropriate information; however, these persons *will not* further disclose the information. A multidisciplinary team responsible for making dental hygiene personnel decisions will also be responsible for determining who has "a direct need to know."

Chronic Communicable Disease Procedure

Thomas Nelson Community College Dental Hygiene Program Director will be responsible for complying with current standards of medical practice and public health guidelines from recognized authorities (e.g., Centers for Disease Control and Prevention, World Health Organization, etc.) for keeping abreast of pending legislation relevant to these diseases and for keeping others informed, especially those in charge of laboratories.

Students with Chronic Communicable diseases

Section 1: Enrollment Status Change Procedures

A. Temporary Exclusion

Upon being informed that a dental hygiene program student is suspected of having a communicable disease, a staff member shall inform the dental hygiene Program Director or designee who will consult with a dental hygiene program multidisciplinary team consisting of the Dean of Health Professions, Vice President for Student Affairs, the Vice President for Academic Affairs a consulting physician, the student's primary physician, public health personnel, the college's legal counsel, and the student. Pending change of the student's dental hygiene enrollment status, a dental hygiene student who has a chronic communicable disease or is a carrier of a chronic communicable disease, or a dental hygiene student who is reasonably suspected of having a chronic communicable disease or being a carrier, may be temporarily excluded from the dental hygiene program.

B. Initial Evaluation

Each dental hygiene program student's proposed enrollment status change case shall be evaluated by the above mentioned multidisciplinary team convened by the dental hygiene Program Director. The dental hygiene's student's failure to cooperate with the evaluation procedure shall not prevent the multidisciplinary team from performing its job and providing recommendations regarding the case.

C. Placement Decision

Upon completion of a case evaluation, one or more meetings shall be convened for the purpose of determining the dental hygiene enrollment status. Recommendations concerning the student's enrollment status shall be made at these multidisciplinary meetings by consensus of the participating personnel and shall be determined in accordance with the standards set forth in college policy and based upon the following factors:

1. The risk of transmission of the disease to others
2. The health risk to the particular student
3. Reasonable accommodations which can be made without undue hardship to reduce the health risk to the student and others.

The team's placement decision shall be communicated in writing to the student and the dental hygiene Program Director.

D. Appeal

A decision on a dental hygiene student's placement may be appealed in accordance with the Thomas Nelson Community College ADA grievance procedure.

E. Subsequent Evaluations

The student shall be reevaluated on a regular basis by the multidisciplinary team to determine whether the student's enrollment status continues to be appropriate. The frequency for the reevaluations shall be determined by the team, but in no event shall the student be reevaluated less frequently than twice per academic year. In the event of a change in the student's medical condition or a change in the college environment, the multidisciplinary team shall determine if a change in the enrollment status is appropriate. If an emergency occurs, the dental hygiene Program Director shall have the right to take appropriate action. Any such action will be reviewed by the multidisciplinary team as soon as possible.

Employees with Chronic Communicable Disease

Section I: Personnel Decisions

1. Temporary Exclusion

Upon being informed that a dental hygiene program employee is suspected of having a communicable disease, personnel will inform the dental

hygiene Program Director who will consult with a multidisciplinary team consisting of the Dean of Health Professions, Vice President for Academic Affairs, Human Resources Manager, a consulting physician, the employee's primary physician, public health personnel, the college's legal counsel, and the employee. Pending determination of a personnel decision, a dental hygiene program employee who has a chronic communicable disease or is a carrier of a chronic communicable disease, or a dental hygiene program employee who is reasonably suspected of having a chronic communicable disease or being a carrier, may be temporarily excluded from working in the dental hygiene program.

2. Initial Evaluation

Each dental hygiene program employee's case will be evaluated by the dental hygiene Program Director. The dental hygiene program employee's failure to cooperate with the evaluation procedure will not prevent the multidisciplinary team from performing its job and providing recommendations regarding the case.

3. Placement Decision

Upon completion of a case study evaluation, one or more meetings will be convened for the purpose of determining the dental hygiene program employee's personnel decision. Recommendations concerning the dental hygiene program employee's personnel decision will be made at these multidisciplinary meetings by consensus of the participating personnel and will be determined in accordance with the standards set forth in the college policy and based upon the following factors:

- a. The risk of transmission of the disease to others;
- b. The health risk to the particular employee;
- c. Reasonable accommodations which can be made without undue hardship to reduce the health risk to the employee and others.

The team's personnel decision will be communicated in writing to the dental hygiene program employee and the appropriate dental hygiene Program Director.

4. Appeal

A decision on a dental hygiene employee's personnel decision may be appealed in accordance with the College's grievance procedures.

5. Subsequent Evaluations

The dental hygiene program employee will be reevaluated on a regular basis by the multidisciplinary team to determine whether the employee's personnel decision continues to be appropriate. The frequency for the reevaluations will be determined by the team, but in no event will the employee be reevaluated less frequently than twice per academic year. In the event of a change in the employee's medical condition or a change in the College environment, the multidisciplinary team will determine if a change in the personnel decision is appropriate. If an emergency occurs, the dental hygiene Program Director will have the right to take appropriate

action. Any such action will be reviewed by the multidisciplinary team as soon as possible.

Bloodborne Pathogens Training (conducted yearly at the beginning of fall semester--mandatory)

HBV AND HIV are most commonly transmitted through:

- Sexual contact
- Sharing of hypodermic needles
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other sharps
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids

Accidental puncture from contaminated needles and other sharps can result in transmission of Bloodborne pathogens.

Unbroken skin forms an impervious barrier against Bloodborne pathogens. However, infected blood can enter your system through:

- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters

Bloodborne pathogens may also be transmitted through the mucous membranes of the

- Eyes
- Nose
- Mouth

For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

HYGIENE PRACTICES (CLEANLINESS)

Hand washing is one of the most important (and easiest) practices used to prevent transmission of Bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores.

Hands should also be washed immediately (or as soon as feasible) after removal of gloves or other personal protective equipment (PPE). Because hand washing is so important, you should familiarize yourself with the location of the hand washing facilities nearest to you. Laboratory sinks, public restrooms, janitor closets and so forth may be used for hand washing if they are normally supplied with soap. If you are working in an area without access to such facilities, you may use an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as possible.

If you are working in an area where there is reasonable likelihood of exposure, you should never:

Dental Hygiene Clinical Manual 2018-2019

- Eat
- Drink
- Smoke
- Apply cosmetics or lip balm
- Handle contact lenses

No food or drink should be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or potentially infectious materials are present.

You should try to minimize the amount of splashing, spraying, splattering, and generation of droplets when performing any procedures involving blood or potentially infectious materials, and you should NEVER pipette or suction these materials by mouth.

Decontamination and Sterilization

All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials must be decontaminated and sterilized as soon as possible. Equipment and tools must be cleaned and decontaminated before servicing or being put back to use.

Decontamination should be accomplished by using Lysol or some other EPA-registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement.

Sharps

Far too frequently, housekeepers, custodians and others are punctured or cut by improperly disposed needles, and broken glass. This, of course, exposes them to whatever infectious material may have been on the glass or needle. For this reason, it is especially important to handle and dispose of all sharps carefully in order to protect yourself as well as others.

Needles

- Should be recapped with capping device or the one handed scoop method.
- Never break or shear needles.
- Needles shall be disposed of in red labeled sharps containers only.
- Sharps containers shall be closable, puncture-resistant, leak-proof on sides and bottom, and must be labeled or color-coded.
- When sharps containers are being moved from the area of use, the containers should be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.

Broken Glassware

- Broken glassware that has been visibly contaminated with blood must be sterilized with an approved disinfectant solution before it is disturbed or cleaned up.
- Glassware that has been decontaminated may be disposed of in an appropriate sharps container: i.e. closable, puncture resistant, leak-proof on sides and bottom, with appropriate labels.

- Broken glassware will not be picked up directly with the hands. Sweep or brush the material into a dustpan.
- Uncontaminated broken glassware may be disposed of in a closable, puncture resistant container such as a cardboard box or coffee can.

BY USING UNIVERSAL PRECAUTIONS AND FOLLOWING THESE SIMPLE ENGINEERING AND WORK PRACTICE CONTROLS, YOU CAN PROTECT YOURSELF AND PREVENT TRANSMISSION OF BLOODBORNE PATHOGENS.

Signs, Labels & Color Coding

Warning labels need to be affixed to containers of **regulated waste**, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious materials. Bags used to dispose of regulated waste must be red or orange red, and they, too, must have the biohazard symbol readily visible upon them. Regulated waste should be double bagged to guard against the possibility of leakage if the first bag is punctured.

Regulated Waste

- Any 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 other potentially infectious materials

All regulated waste must be disposed in properly labeled containers or red biohazard bags. These must be disposed at an approved facility. Thomas Nelson Community College waste is handled by Potomac Environment Inc. They will pick up waste when called.

Non-regulated waste (i.e., does not fit the definition of regulated waste provided above) that is not generated by a medical facility may be disposed in regular plastic trash bags if it has been decontaminated or autoclaved prior to disposal. However, all bags containing such materials must be labeled, signed, and dated, verifying that the materials inside have been decontaminated according to acceptable procedures and pose no health threat.



The material contained in this bag meets the definition of “treated biomedical waste.” The material has undergone steam sterilization or chemical disinfection to render the waste harmless and biologically inert. I further certify by my signature that this container DOES NOT contain sharps, glass, or needles which might puncture this bag or container

Signed: _____ Date: _____

Emergency Procedures After Exposure

In an emergency situation involving blood or potentially infectious materials, you should always use Universal Precautions and try to minimize your exposure by wearing gloves, splash goggles, pocket mouth-to-mouth resuscitation masks, and other barrier devices.

If you are exposed, however, you should:

1. Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap if possible.
 2. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
 3. Report the exposure to your supervisor or faculty as soon as possible so that they may instruct you as to follow-up medical care.
1. Fill out an exposure report form, if you desire--see *Post Management Exposure Procedures*.

HEPATITIS B VACCINATIONS

It is **STRONGLY** recommended for all students and healthcare providers to have the Hepatitis B vaccination series. If you choose to not have the vaccination, you **MUST** have a *Declination Form* in your student personnel records and approval from the dental hygiene Program Director.

If you are exposed to blood or potentially infectious materials, you may request a Hep B vaccination at that time. If the vaccine is administered immediately after exposure, it is extremely effective at preventing the disease.

The Hepatitis B vaccination is given in a series of three shots. The second shot is given one month after the first, and the third shot follows five months after the second. This series gradually builds up the body's immunity to the Hepatitis B virus. Once vaccinated, a person does not need to receive the series again. There are booster shots available, however, and in some instances these may be recommended if there is an outbreak of Hepatitis B at a particular location.

DENTAL RADIOLOGY CLINIC INFECTION CONTROL PROCEDURES FOR BWX, FMX, AND PERIAPICALS

(See Radiology Guidelines in Clinic Manual)

Infection Control for Panoramic and Cephalometric Radiographs

PPE: Gloves and Mask

1. Be sure machine has been disinfected and new bite stick is ready.
2. Prep your patient by having them remove all jewelry (earrings, necklaces, piercings, removable appliances and place in paper towel or cup).

Dental Hygiene Clinical Manual 2018-2019

3. Drape patient with lead shield.
4. Place bite stick in machine.
5. Position patient and explain what will be happening with the machine.
6. Make exposure.
7. Return to patient have them step back from machine.
8. Give patient back their personal belongings and take them to your cubicle. Excuse yourself and return to machine
9. Remove bite-stick from machine to re-sterilize.
10. Wipe machine with disinfectant.
11. Turn off machine.
12. Return to pt and bring Panorex film up on computer for viewing.

If you are taking a Cephalometric film, you will need to follow the processing and developing steps and reload the cassette in the darkroom.

Infections Control in Expanded Functions

Prophy Jet (Air Polisher)

1. Assemble all necessary armamentarium.
2. Place Prophy Jet on counter or assistant round table and assemble hoses, fill powder.
3. Don gown, mask, eyewear, and gloves.
4. Water filled hose should be flushed for 2 minutes prior to use.
5. Sterile sheath and nozzle should be placed on unit.
6. Disinfect prophy jet, including on/off switch, power adjustment dial, and powder reservoir cover.
7. All hoses should be disinfected.
8. To minimize aerosol spray, cup mouth and pull cheek/lips over area when using the device.
9. Following use, hoses should be flushed with water for 2 minutes and purged.
10. Nozzle and sheath are removed and bagged in clear view bags to be sterilized.
11. All other surfaces are disinfected (see room clean-up).
12. Return machine to supply room or dental assistant.

Alginate Impressions

1. Seat patient in prepared cubicle.
2. Place patient bib.
3. Don your gown, mask, eyewear, and gloves.
4. Depending on what the impressions are for, you may have to have patient remove appliances and place on paper towel.
5. Use a mouth mirror to do a quick check of the patients' mouth. Look for tori, or other anomalies that might interfere with an impression tray. Guesstimate the size and retrieve a couple of size trays to try in for the impression.
6. Pre-try impression trays for fit making sure they extend a little past the last molar and clear any tori if present. (Make note in chart of size)
7. Any unused trays are returned for sterilization if the pack has been opened.
8. Explain to patient the procedure.

Dental Hygiene Clinical Manual 2018-2019

9. Mix and place alginate (generally easier to take lower impression first to ease patient into process).
10. Immediately after taking impression, rinse it under running water in the operatory sink to remove any blood or saliva.
11. After rinsing, shake to remove excess water.
12. Spray the rinsed and shaken impression and tray with disinfectant.
13. Seal the impression in a plastic baggy for 15 minutes.
14. Remove impression from the bag, rinse with water, shake or blow out excess water with air syringe thoroughly and pour model with appropriate gypsum material.
15. After models harden and are removed from alginate, the bulk of the alginate is removed from the tray with lab knife and the tray placed in the alginate remover solution before rinsing and bagging for sterilization.

Amalgam Polishing

1. Wear standard PPE.
2. Check out a contra-angle handpiece and polishing burs, or polishing kit.
3. After the procedure, the contra angle will be oiled, bagged, and sterilized.
4. The polishing burs or polishing kit used will be ultrasonic (or Miele) cleaned, rinsed, dried, bagged and sterilized.

Sealant Applications

1. Set up light curing unit in your cubicle and wipe with disinfectant then cover with barrier. Be sure all armamentarium needed is in the cubicle (i.e. sealant kit, light curing unit, cotton roll holders, handpiece, articulating paper holder, and articulating paper).
2. Cover patient with bib.
3. Don standard PPE.
4. Dental hygiene handpiece is needed to pumice teeth prior to placing sealants. After placing sealants, discard single use materials such as saliva ejectors, HVE tips, cotton rolls, syringe tips, etc. in appropriate containers.
5. Sealant materials will be disinfected on the outside prior to being placed back into sealant kit container.
6. Laminated sealant instructions will be disinfected prior to being returned to the appropriate cabinet.
7. Curing lights and amber shield are disinfected by wiping with gauze sprayed with appropriate disinfectant or wipes.
8. Dental hygiene handpiece is wiped, oiled, bagged. Cotton roll holders, articulating paper holder are run through Miele instrument washer then bagged for sterilization.