

ISU Department of Dental Hygiene Exposure Control Plan (Bloodborne Pathogens Policy)

POLICY

The Idaho State University Department of Dental Hygiene is committed to providing a safe and healthy work environment for our students, faculty, and staff. In pursuit of this endeavor, 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.” This policy is reviewed and updated annually. Students, faculty, and staff members receive education about the OSHA Bloodborne Pathogens Standards in an annual refresher training session and have access to this policy at any time. The ECP is kept in two locations; above the clinic reception desk in the clinical facility, and above the administrative assistant’s desk in the Dental Hygiene Sciences building.

The ECP is a key document to assist the Department of Dental Hygiene in implementing and ensuring compliance with the standard, thereby protecting our students, faculty, and staff. This ECP includes:

- OSHA Standard
- Exposure Determination
- Infection Control Policy
- Exposure Incident Policy
- Vaccination Policy
- Record Keeping

PROGRAM ADMINISTRATION

Several faculty members in the Department of Dental Hygiene are responsible for the ECP which include the Health and Safety/Infection Control Coordinator, the Department Chairperson, and the faculty member teaching the course “Prevention and Management of Medical Emergencies.” These faculty will maintain, review, and update the ECP at least annually, and whenever new information needs to be disseminated.

EXPOSURE DETERMINATION

Listed below are examples of tasks and procedures that might result in occupational exposure to students, faculty, and staff. (This is not a comprehensive list) All dental hygiene students are considered to have equal occupational risks when performing tasks as the clinical dental hygiene faculty listed on the next page.

Position	Tasks that may result in exposure
Dentist	Radiographic procedures Examination Periodontal procedures Restorative procedures Local anesthesia
Dental Hygienist	Radiographic procedures Examination Periodontal procedures Restorative procedures Local anesthesia Cleaning, disinfection, sterilization of instruments and equipment
Dental Hygiene Clinic Manager	Radiographic procedures Laboratory procedures involving contaminated items Handling of contaminated laundry Cleaning, disinfection, sterilization of instruments and equipment
Dental Hygiene Clinic Assistant and/or Work Study Students	Handling of contaminated laundry Cleaning, disinfection, sterilization of instruments and equipment
Lab Materials Supervisor	Maintain and repair all equipment Laboratory procedures involving contaminated items Collection of used instruments

INFECTION CONTROL POLICY

Specifics of the Infection Control Policy can be found in the ISU Department of Dental Hygiene *Policies and Procedures Manual*. This policy is reviewed and updated annually.

As our knowledge about infectious diseases has increased, the dental profession has become more concerned with the potential for transmitting diseases in the dental environment. Dental personnel may be exposed to a wide variety of microorganisms through the blood and saliva of patients they treat in the dental operatory. Although rare, there are also documented cases of dental personnel transmitting disease to their patients. Infections may be transmitted in the dental environment by blood or saliva through direct contact, droplets, or aerosols. There is also the potential for transmission of infection through indirect contact.

Because of the number of people (patients, faculty, students) using the clinical facility, it is critical that every student and faculty who provides and receives patient care practice effective infection control procedures. In order to minimize the possibility of transmitting disease in the clinical environment, the following procedures must be practiced in the ISU Dental Hygiene Clinic. These procedures follow the recommended Infection Control Practices for Dentistry as outlined by the Occupational Safety and Health Administration (OSHA), Centers for Disease Control (CDC), Organization for Safety, Asepsis, and Prevention (OSAP) and the American Dental Association (ADA).

Infection Control Protocols apply to all patients (universal precautions/standard precautions). Dental hygiene faculty and students must continually consider the potential for contamination and cross contamination. Treatment for patients who report active infection(s) will be planned on a case by case basis, with respect for the person's right to privacy, and with consideration for protecting the patient's own welfare and the welfare of others. The clinical coordinator will be consulted in cases of active communicable disease. The ISU Department of Dental Hygiene Patient Referral Guidelines will be used to make a decision regarding the most appropriate mode of treatment.

Components of the Infection Control Policy include:

Engineering Controls and Work Practice Controls, Personal Protective Equipment (PPE), Hand Hygiene, Dental Unit Waterline Maintenance (DUWL), Waste Disposal, Labeling, and Cleaning, Disinfection, and Sterilization. Each will briefly be discussed here. Specifics can be found in the ISU Department of Dental Hygiene *Policies and Procedures Manual*.

Engineering Controls and Work Practice Controls

Hands are not to be exposed to the needle point. Needles shall not be recapped, purposely bent or broken by hand, or otherwise manipulated by hand. The use of a mechanical device (cardboard needle protectors provided for use in the ISU Dental Hygiene Clinic) along with a one-handed scoop technique is used for recapping. This makes the needle available for possible reuse on the same patient and facilitates safe disposal.

Sharps, which include disposable syringes, needles, scalpel blades, orthodontic wire, glass tubing and glass cartridges, acid etch syringe tips, and other items that can penetrate skin, are contained for storage, collection, transportation and disposal in leak proof, puncture resistant red containers. Special red containers for sharps only are mounted on the wall located halfway down on each side of the clinic and are also located in operatory. Dispose of all contaminated sharps as soon as feasible after use in the red containers. Do not overfill sharps containers; there is a designated line indicating

when the container is full. **Do not place contaminated sharps in any waste receptacle other than the red puncture resistant sharps container.**

Personal Protective Equipment (PPE)

Gloves (examination, overgloves, or utility)

- examination gloves should fit snugly but comfortably on the hand without being tight
- examination gloves are for single use and must not be reused or washed, disinfected or sterilized
- overgloves must be large enough to slip on over examination gloves or bare hands and not used for more than one patient
- utility gloves must be worn when disinfecting the unit and processing instruments

Facemask

- protects mucous membranes of nose and mouth
- use a new mask for each patient
- change mask when it becomes moist by aerosols, spatter or breath
- avoid handling the body of the mask; when removing mask, handle by periphery (elastic) only
- do not dangle mask around neck or under chin or put in lab coat pocket for reuse

Protective eyewear (safety glasses, goggles or face shields)

- protects against aerosols, splatters, chemicals and debris
- lens frame must cover the entire eye area from the eyebrow to the cheekbone, and on each side of the face beyond the temple area.
- side shields must be solid (not vented)
- may be worn over prescription glasses
- if a face shield is worn it must be chin length and provide top and side protection

Protective barrier clothing (labcoat)

- protects skin and clothing from contamination
- barrier clothing must have a high collar that fits closely around neck, long sleeves with fitted cuffs and extends past knees
- contaminated barrier clothing should never be worn out of clinic setting, restroom, or while sitting in the patient reception area
- must be changed daily or more often if visibly contaminated

Hand Hygiene

Hand hygiene is the most important behavior in the prevention of disease transmission. Recognizing the need to reduce the incidence of transmission of pathogenic microorganisms to patients and personnel, the ISU Department of Dental Hygiene utilizes guidance from the Centers for Disease Control and Prevention (CDC). References are listed in the ISU Department of Dental Hygiene *Policies and Procedures Manual*.

Dental Unit Water Line Maintenance (DUWL)

Dental waterlines provide well-suited conditions for biofilm formation because of the narrow bore of the plastic tubing and have been attributed to contamination and disease transmission. Low water pressure, low flow rates, and frequent periods of stagnation encourage biofilm formation. Disease transmission from contaminated dental water appears to be minimal for healthy individuals, but the potential appears high for immunocompromised individuals. Numerous studies have identified the presence of substantial amounts of pathogens in dental unit water. These findings provide reason for concern because the primary goal of infection control is to eliminate or reduce exposure to microorganisms. Therefore, exposing patients to water of uncertain microbiological quality is not consistent with accepted infection control principles.

Standards exist for safe drinking water quality established by the Environmental Protection Agency (EPA), the American Public Health Association (APHA), and the American Water Works Association (AWWA). These agencies have set limits for heterotrophic bacteria of ≤ 500 CFU/mL of drinking water. The Centers for Disease Control and Prevention (CDC) recommends that dental unit water meet the standard set for drinking water, which is a limit of 500 colony forming units of bacteria per milliliter of water. The American Dental Association recommends that dentists follow the infection control guidelines of the CDC. Thus, the number of bacteria in water used as a coolant/irrigant for nonsurgical dental procedures should be “as low as reasonably achievable and, at a minimum, ≤ 500 CFU/mL.”

In accordance with ADA recommendations and CDC guidelines, the ISU Dental Hygiene Clinic follows the manufacturer’s recommendations with regard to the self-contained water system on the dental units in our clinic. The A-dec self-contained water system features either a 0.7 or 2.0 liter external reservoir water bottle depending upon the model of A-dec delivery system. Cleaning agents are easily introduced into the system both periodically and continuously in our clinic. ICX tablets are added to the water reservoir bottle used for routine continuous cleaning while Sterilex Liquid Ultra® is used twice yearly (during the first week of August and January after water testing) for periodic cleaning of DUWLs.

Water Quality Monitoring in the the ISU Dental Hygiene Clinic

IAS Envirochem provides laboratory testing of water samples for ISU Dental Hygiene. Periodic water testing occurs two times annually. The first week in August and January are the selected months for periodic testing to occur. Two random units are selected from each clinic wing (east and west) and water samples are taken directly to the IAS Envirochem Laboratory for testing. Results of the water testing are kept in the binder located in the cabinet above the Clinic Reception desk area.

Waste Disposal/Labeling

- Clinic garbage is divided into "contaminated" and "uncontaminated" waste. Contaminated waste is identified by a biohazardous waste label.
- The sink counter waste receptacle is for uncontaminated waste (no biohazardous waste label is located here).
- The red biohazard container located in the mechanical room on the west wing, is the contaminated waste receptacle.
- "Contaminated" waste is disposable items that are blood and blood-saturated waste. Examples: saturated 2x2 gauze wipes and cotton rolls. A white paper bag can be taped to the mobile cart for these items when anticipated.
- "Uncontaminated" waste is waste which is a "limited risk" even though it has had patient contact. Examples: paper towels used by clinician after washing his/her hands, autoclave bags, empty boxes (tissues, gloves), saliva ejectors, plastic bags, cotton tip applicators, paper cups, gloves, masks and fluoride trays.
- At the end of each clinic session (a session is a 3 1/2 - 4 hour clinic) contaminated and uncontaminated waste at the clinician's unit is disposed of in the appropriate waste receptacle at the front of each clinic wing. Uncontaminated waste is placed in the white waste receptacles. Contaminated waste is placed in the red biohazardous waste receptacles. Empty boxes (from gloves or masks) must be flattened before placement into waste receptacles or recycling containers.

Cleaning, Disinfection, and Sterilization

A variety of methods, equipment, and chemicals have been approved for cleaning, surface disinfection, disinfection, and sterilization. The following procedures and chemicals have been selected for infection control at Idaho State University, Department of Dental Hygiene.

1. All instruments and equipment that are heat tolerant are heat sterilized via autoclave in either a Chemiclave autoclave (chemicals under pressure) or a steam autoclave (steam under pressure).
2. The proper functioning of sterilization equipment is checked by the clinic receptionist and the results recorded once per week through the use of a spore test. A spore test is run through each sterilizer on a weekly basis and the results mailed to Crosstex/Patterson Dental (a Biological Monitoring Service Provider). The results of the spore tests are accessible through the online service provided by Crosstex. A hard copy will be kept by the clinic receptionist in the red binder labeled *Biological Monitoring Log* located above the clinic reception desk.
3. Any equipment/items, which cannot be heat sterilized, will be properly disinfected with a high level disinfectant (chemical immersion for 6-10 hours).
4. Surface cleaning and disinfection is accomplished using an intermediate level disinfectant (Tuberculocidal) and paper towels. A surface disinfectant is poured on to paper towels then wiped then left wet for the manufacturers contact time.

5. Products currently used for cleaning and surface disinfection at the ISU Dental Hygiene Clinic:

- Dawn[®]-Placed in stainless steel tray, dilute with water to keep instruments moist as a holding solution until they can be cleaned and bagged for autoclaving.
- Pro-Spray[™]- Intermediate level disinfectant used for surface cleaning/disinfection (EPA registered). Used as described in #5 above.
- OR-EVAC[®] - Mild detergent which is run through the saliva ejector and high speed suction at the end of each clinic day or session to prevent “clogging” of the vacuum/suction system.
- ICX Tablets- For use with distilled water in self-contained water reservoirs (bottles on unit) as part of Dental Unit Water Line (DUWL) protocol. See DUWL protocol for further instructions.
- Purvac[®] -A solution which is run through the saliva ejector and high speed suction by the Friday Clinic Assistant. Serves the same purpose as OR-EVAC.
- Alcohol - Used to wipe the working ends of instruments after sharpening during patient treatment.
- Limeaway[®]- Used to remove water stains from the sink, outside of ultrasonic cleaner and stainless steel container (bard parker).
- Softscrub[®] - Solution used for surface cleaning.

EXPOSURE INCIDENT POLICY

Following an exposure incident, the policy and procedures to be followed for ISU dental hygiene students, faculty, and staff is located in the in the ISU Department of Dental Hygiene *Policies and Procedures Manual* in the Infection Control Section. A flowchart for managing an exposure incident is attached below as the full policy is 17 pages in length. The policy includes the steps that are involved with handling the exposure incident with guidance for student, source patient, faculty, Health and Safety Coordinator, and the Health Care Professional treating the exposed individual. Exposure incident packets with forms and instructions are located in the faculty office desk.

DEFINITION OF EXPOSURE INCIDENT: A specific eye, mouth or other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of a student's or an employee's duties. Exposure incidents are considered a medical emergency.

When the exposure incident occurs after the patient has left the clinic facility, i.e. during cleaning of instruments, the faculty member will notify the Clinical Coordinator. Every attempt will be made to make immediate contact with the source by either the section instructor or clinical coordinator.

When the exposed individual consents to medical evaluation for the exposure the referral and consultation will occur:

- a. First Choice: ISU Student Health Service until 5:00
- b. Second Choice after 5:00 p.m: ISU Family Medicine until 8:00 p.m

FLOWCHART for MANAGING OCCUPATIONAL EXPOSURES

When an Exposure Incident Occurs...

Exposed Individual (Student/Faculty/Staff)	Section Instructor	Infection Control Coordinator	Qualified Healthcare Provider
<p>1. Perform first aid</p> <p>2. Report injury to section instructor.</p> <p>3. Complete exposure incident packet with section faculty (see instructions).</p> <p>4. Report to designated healthcare professional for medical evaluation and follow-up care, as indicated.</p>	<p>1. Discuss exposure incident with student.</p> <p>2. Discuss exposure incident with source patient if possible.</p> <p>3. Complete exposure incident packet with student (see instructions).</p> <p>4. Refer student & source patient (with completed exposure incident packet) to healthcare professional for medical evaluation.</p> <p>5. Submit all forms to Healthcare Professional & Infection Control coordinator (see instructions).</p>	<p>1. Provide information on student's vaccination status in consultation with section instructor for completion of exposure incident packet.</p> <p>2. Maintain confidentiality of exposure incident information.</p> <p>3. Receive HCP written opinion within 15 working days and discuss results with student.</p>	<p>1. Completion of pretest counseling and blood test collection of exposed individual (and source patient if known and provides consent).</p> <p>2. Provide a confidential written opinion (on forms provided) within 15 working days to Infection Control Coordinator and exposed individual.</p>

VACCINATION POLICY

Policies and procedures for vaccinations, testing, and post-exposure incidents have been developed to comply with Occupational Safety and Health Administration (OSHA), Centers for Disease Control (CDC), American Dental Association (ADA), American Dental Hygienists' Association (ADHA), the Advisory Committee on Immunization Practices (ACIP), and extramural/off-campus site recommendations or policies. Specifics of this policy are located in the ISU Department of Dental Hygiene *Student Handbook*.

Idaho State University dental hygiene students, in the course of their clinical/academic duties have significant exposure to blood, blood products, tissue, secretions or body fluids of patients potentially containing Hepatitis B or other infectious diseases. Additionally, despite careful technique, unintentional punctures of the skin with contaminated instruments or needles sometimes occur. These factors increase student risk for contracting infectious diseases.

Vaccination is one of the recommendations for decreasing the risk of contracting some of the infectious diseases. The following vaccinations, and/or testing or completion of a “Vaccination Declination” form are required by the Idaho State University Department of Dental Hygiene for safety and compliance, failure to complete required vaccinations and/or declinations will preclude students from participating in clinical and preclinical activities. The Department of Dental Hygiene requires:

1. Hepatitis B recombinant vaccination and antibody titer (anti-HBs) testing identifying proof of immunity.
2. Measles, mumps, and rubella live virus vaccination (MMR) and antibody testing identifying proof of immunity.
3. Annual Tuberculosis skin test (PPD) and verification of the results (positive or negative).
4. Annual Influenza vaccine with documentation indicating vaccine was received.
5. Completion of a “Vaccination Declination” form for each of the preceding vaccinations or testing which the student or employee refuses. This form can be obtained from the Department Chairperson.

Procedure for Cases of a Prospective Student or Student with an Infectious Disease

For a detailed description of this policy, refer to “Policy and Procedure Related to Individuals Who Have Bloodborne Infectious Diseases” located in the ISU Department of Dental Hygiene *Student Handbook*.

When a student has or contracts an infectious disease, he/she should consider how that status would affect his/her future in healthcare. Information to help make decisions about one’s future as a student or healthcare worker is available through a district health department or personal physician.

In cases when a student discloses that he/she has an infectious disease, the case will be reported to the State Epidemiologist who will assess if the student performs invasive procedures. When the assessment determines that exposure-prone procedures are performed, the Idaho Department

of Health and Welfare will assess, through an expert review panel, the risk of the worker-to-client exposure. When the panel determines that the risk of client exposure is high, the individual will be referred to the Idaho State Board of Dentistry for evaluation of the procedures performed, fitness to practice, and future practice restrictions. All evaluations and assessments remain confidential. The determination of whether an individual poses a significant risk to clients will be considered on a case-by-case basis. It may be necessary to modify educational methods, employment responsibilities and/or treatment protocols based on the results of the expert review panel and the licensing board review.

In the absence of a review board/panel or other legal requirement, the Department of Dental Hygiene follows CDCP recommendations. Refer to “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” for Center for Disease Control and Prevention recommendations.

POLICY AND PROCEDURES RELATED TO INDIVIDUALS WHO HAVE BLOODBORNE INFECTIOUS DISEASE(S)*

Any prospective applicant, currently enrolled student, faculty, staff member or client who discloses his/her infectious disease status shall not be denied educational, employment and/or treatment opportunities. The Idaho State University Department of Dental Hygiene adheres to the recommendations of the U.S. Department of Health and Human Services Public Health Service, Centers for Disease Control and Prevention for the prevention of transmission of infectious diseases such as HIV, HBV and HCV to clients during exposure-prone invasive procedures. In addition, the department follows, where appropriate, the recommendations of the Idaho Department of Health and Welfare for the prevention of transmission of infectious diseases in the delivery of health care services. The Department of Dental Hygiene has a responsibility to ensure a safe environment for clients, students, faculty and staff while maintaining an ethical commitment to quality client care.

A client will not be denied treatment based upon his/her sero-status, but treatment may be postponed if such treatment poses a potential harm to the client. The client may be referred when the indicated treatment is beyond the scope of expertise of the provider. All decisions will be made on a case by case basis with the client’s consent, respecting the client’s right to confidentiality and health interests.

Should a prospective applicant, student, faculty or staff member disclose his/her infectious disease status, a case by case review, rather than application of a strict approach, will be taken. It may be necessary to modify educational methods, employment responsibilities and/or treatment protocols once assessment of specific risks, confidentiality issues and available resources is made.

All clients and health care personnel who have been potentially exposed to HIV, HBV, and HCV through personal risk behaviors, blood products or occupational accidents are strongly advised to voluntarily seek HIV, HBV and HCV testing. Cases of infectious diseases in health care workers are reported to the State Epidemiologist who will assess if the health care worker performs invasive procedures based on the information gathered in the performance of the routine epidemiologic investigation conducted by the District Health Department Epidemiologist. Upon the individual’s disclosure of an infectious disease, and as appropriate, the individual will be referred to the District Health Department Epidemiologist.

If in the opinion of the State Epidemiologist, after review of the epidemiologic investigation information, the infected health care worker performs exposure-prone procedures, the Idaho Department of Health and Welfare will assess, through an expert review panel, the risk of worker-to-client exposure. The review will be based upon the premise that infection alone does not justify limiting the worker's professional duties. They will instead focus upon compliance with universal cautions, the nature of the work performed and the techniques used by the individual and the consequent risk of client exposure to the worker's blood.

In an effort to maintain confidentiality, initial presentation of the case to the review panel will be by case number and will allow the infected health care worker to provide written information for review without physically appearing before the review panel. However, if necessary, the health care worker may be required to appear in person to clarify questions or issues raised by the panel.

The Idaho Department of Health and Welfare will develop uniform evaluation criteria for consideration by the expert panel in reviewing procedures performed by the infected health care workers. Among the questions to be addressed in determining the possibility of risk to the public and thus one's ability to pursue education training and/or current job responsibilities are the following:

- a. What is the functional ability of the individual to perform assigned tasks or regular duties?
- b. Does the illness interfere significantly with the individual's ability to provide quality care?
- c. What is the health status of the individual, including his/her immunologic status and susceptibility to infectious disease?
- d. Are exudative or weeping lesions present?
- e. Is the individual capable of complying with established universal precaution guidelines to prevent transmission of disease?
- f. Are invasive procedures, as defined by the CDC, performed and, if so, what techniques are used by the caregiver?
- g. If so, are these procedures essential to the role of the individual?
- h. Are specific clients more vulnerable?
- i. What is the skill and competency level of the individual?

Practice restrictions recommended by the review panel may be appealed by the infected health care worker; however, any appeal must be based on presentation of new, substantive material which would demonstrate a reduced risk of disease transmission to clients.

The Idaho Department of Health and Welfare may refer names of infected health care workers, who in the opinion of the expert review panel perform exposure-prone procedures which place clients at risk of infection, to their appropriate licensing board for evaluation of the procedures performed and fitness to practice. Furthermore, these individuals are encouraged to discontinue performance of potentially exposure-prone procedures until they have met with the licensing board.

Based on the report from the Idaho Department of Health and Welfare and findings of the expert

review panel, the licensing boards will assess the risk of the worker-to-client exposure and consider imposing any practice restrictions recommended by the expert review panel.

The evaluation will remain confidential. The determination of whether an individual poses a significant risk to clients will be considered on a case by case basis. The board may require adjustments of practice, restrictions or other appropriate measures consistent with existing board procedures. Any violation of practice restrictions may constitute misconduct by a health care professional and may result in revocation of the individual's professional license.

Infected health care workers are entitled to the same confidentiality protection under state and federal law, as are all citizens. Such worker's infectious disease status shall not be disclosed to clients or employers/program administrator except as may be ordered by the licensing board or the State Epidemiologist. The Department of Dental Hygiene will work with the applicant, student, and faculty or staff member to implement such recommendations and/or restrictions while adhering to strict confidentiality.

Definitions

As defined by the Idaho Department of Health and Welfare. Health care workers are defined as persons, including students and trainees, who perform invasive procedures.

As defined by the CDC. Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's (Health Care Worker) fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined percutaneous injury to the HCW. If such an injury occurs, the HCW's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes.

As defined by the CDC. An invasive procedure is defined as "surgical entry into tissues, cavities, or organs or repair of major traumatic injuries" associated with any of the following:

- a. an operating or delivery room, emergency department, or outpatient setting, including physician's and dentist's offices;
- b. cardiac catheterization and angiographic procedures;
- c. a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur;
- d. the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

As defined by the CDC. The review panel should include experts who represent a balanced perspective. Such experts might include all of the following:

- a. the HCW's personal physician(s);
- b. an infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission;
- c. a health professional with expertise in the procedures performed by the HCW;
- d. state or local public health official(s).

If the HCW's practice is institutionally based, the expert panel might also include a member of the infection control committee. Panels must recognize the importance of confidentiality and the

privacy rights of infected HCW's.

As defined by the Idaho Department of Health and Welfare, Division of Health. The committee will be composed of a consistent membership core which might include the following representation:

- a. the HCW's personal physician(s);
- b. an infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission;
- c. a health professional with expertise in the procedures performed by the HCW;
- d. a representative of the Idaho State Board of Dentistry;
- e. a state or local public health official(s).

Other professional expertise may be required in specific cases.

If the HCW's practice is institutionally based, the expert panel might also include a member of the infection control committee. Panels must recognize the importance of confidentiality and the privacy rights of infected HCW's.

RECORD KEEPING

TRAINING

All students, faculty, and staff who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Health and Safety Coordinator.

All students, faculty, and staff who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge to employees (not students).
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM

- 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 the standard and used at this facility
- an opportunity for interactive questions with the person conducting the training session.

Training Records

- are kept in the ECP binder
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions
- Copies of the training materials used

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records." These are kept in a locked confidential file within the employees personnel file located in the department chairperson's office. These records are kept for the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.