

Bloodborne Pathogens Manual

**University of Washington
School of Dentistry**



2021-2022

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PURPOSE OF THE BLOODBORNE PATHOGENS MANUAL

The purpose of the **Bloodborne Pathogens Manual** is to protect employees, volunteers, and students in the School of Dentistry who are reasonably anticipated to be subject to occupational exposure to blood and other potential infectious material such as saliva and any body fluid visibly contaminated with blood. Such "exposure prone" individuals are identified as those with "anticipated occupational exposure to bloodborne pathogens" (microorganisms which can cause disease).

ADMINISTRATION

1. Plan Development and Maintenance

The Health and Safety Committee was established in 2000, to manage safety issues of the School of Dentistry. This task force is made up of members appointed by the Health and Safety Director and has the responsibility for the formulation and updating of an infection control policy, an infection control manual, needlestick safety, and an exposure control plan.

Members of the Health and Safety Committee include front-line staff and faculty who work in clinics and a representative from the Administration. The input from front-line workers is valuable for developing strategies for the evolution of new devices and how to better train staff, faculty and students. One of the key functions of this team is to identify individuals on the department level to evaluate equipment.

2. Departmental Responsibilities

Compliance at the departmental faculty and staff level rests with each chair and with the workforce who engage in activities that create a potential for occupational exposure to bloodborne pathogens. Responsibilities includes:

- Notification by the department to central Administration of new hires requiring training and immunizations.
- Facilitation of BBP employee training (in person or online).
- Reporting events in the Online Accident Reporting System (OARS).
- Investigation of incidents and accidents.
- Implementation of BBP and infection control policies and processes.

3. Employee Responsibilities

Employees engaged in activities involving biohazards are responsible for complying with the occupational health requirements and guidelines as specified by their managers and EH&S.

- Employees are responsible for attending the annual BPP training and knowing the exposure follow-up protocol and wear or have access to their Body Fluid Exposure lanyard cards.
- Employees should be aware of the hazards in their workplace and able to bring concerns or suggestions for improvement to the attention of their supervisors.
- Employees who may be at higher risk for severe illness should an exposure incident occur should be aware of how their health status may be impacted. Employees with medical concerns should arrange for a consultation with their primary care physician or Employee Health provider for guidance.
- If exposures occur, employees are responsible for following the SoD protocol for first aid and exposure management.
- Employees are responsible for reporting incidences to their supervisor in-person and through the OARS reporting system.

4. Health and Safety Committee Responsibilities

The Health and Safety Committee is responsible for revising the *Bloodborne Pathogens Manual*, the Bloodborne Pathogens Policy and the *Hazard Control Manual* of the school https://dental.washington.edu/wp-content/media/health-and-safety/haz_control.pdf The Chair of the Committee is responsible for delegating these and other related activities to its members.

5. Office of Clinical Services (OCS) Responsibilities

The Director of Health and Safety (206-543-3367), along with the Safety Manager (206-221-6839), serve as the coordinators for the School of Dentistry on health and safety matters with the University of Washington Department of Environmental Health and Safety as well as governmental agencies.

In addition, they are responsible for coordinating appropriate Bloodborne Pathogens and Safety training, updating safety protocols and notices, and coordinating required immunizations for employees and students. The Relias Learning Management System (RLMS) maintains all training records.

NOTE: There is a special Safe Start Team and a COVID Task Force lead by the Dean to manage all COVID policies and procedures.

6. Campus Preventive Health Clinic Responsibilities

The Campus Preventive Health Clinic (also known as the UW Employee Health Center) at Hall Health shall make available all required immunizations

for university employees at no cost to those individuals. Clinic volunteers must pay for their own required immunizations. Hall Health maintains the records of all immunizations and blood titer tests which have been administered through their program. Records of compliance will be sent to the School.

EXPOSURE DETERMINATION

Appendix A, Exposure Probe Job Classifications, lists the job classifications of employees who can reasonably anticipate skin, mucosa, eye, or parenteral contact with blood and other potential infectious materials, such as saliva and any body fluid visibly contaminated with blood.

BBP AND HEALTH & SAFETY TRAINING

1. Training Requirements

Training in infectious disease transmission and biohazards control is required for all employees, volunteers, and students with occupational exposure to bloodborne pathogens before engaging in exposure-related job and/or educational activities. This training is required annually thereafter. The Relias Learning Management System (RLMS) shall notify such individuals when they are due for the annual training activity. Training is obtained online at no cost to a student, volunteer, or employee. An in-person annual Bloodborne Pathogens training is also available summer quarter. The training will be made available during working hours.

2. Training Records

The OCS will maintain training logs for the duration of the employees' employment plus three years. The training log will include the following:

- Dates of training sessions;
- Contents or summary of the training;
- Name and credentials of the person conducting the training;
- Names of all persons attending the training.

The OCS shall maintain a database of training records and issue certificates of completion to all attendees upon request. The certificates contain a listing of all topics covered in the training session.

3. Training Course Content

All students, staff, and faculty at risk for occupational exposure to bloodborne diseases will receive Bloodborne Pathogen training. ***In our belief that all staff should be made aware of the potential risks present in the clinic setting, those staff members not directly at risk will be provided with the same Bloodborne Pathogens training in an effort to increase overall staff awareness.***

New personnel shall be trained prior to being assigned to tasks where potential for exposure exists. This training will be provided using audiovisuals and/or seminars and will include the following:

- a. The epidemiology, symptoms, modes of transmission, and prevention of bloodborne disease including HIV, Hepatitis B, Hepatitis C;
- b. Hepatitis B vaccine's availability, efficacy, safety, and benefits;
- c. Methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials;
- d. Instruction on universal precautions and barrier techniques. It shall also include the selection, proper use, and limitations of personal protective equipment;
- e. The decontamination and/or disposal of personal protective equipment;
- f. The existence and use of engineering controls and safe work practices;
- g. The meaning of any warning signs, symbols, or labels used in the facility to identify infectious waste or contaminated items, as well as explanation of other signs, labels, and color coding required by the bloodborne pathogen standard;
- h. The procedures to follow when an injury or accidental exposure occurs, including follow-up medical care to be provided by the University and reporting requirements by an employee;
- i. The information required of the University to provide and to maintain following an exposure incident;
- j. A review of the *Bloodborne Pathogens Manual* of the School of Dentistry and how it may be obtained; and
- k. Questions are taken during the training session and may follow up via email with the trainer.

PROTECTIVE ACTION SUMMARY

The protective actions for exposure prone employees and students with occupational exposure are outlined in (Appendix A, Exposure Prone Job Classifications). A summary of these actions includes:

1. Use of Personal Protective Equipment

All students, faculty, and staff will use appropriate personal protective equipment (PPE), and mechanical protective devices or procedures to minimize skin contact with potentially infectious or contaminated materials. Proper donning/doffing of PPE training is required of all clinical workforce upon hire and annually thereafter. Training and the records are maintained in the Relias Learning Management System. All clinical workforce must be fit-tested annually for proper N 95 use.

These precautions will be maintained during the treatment of patients or in laboratory procedures with items potentially contaminated with blood, saliva, or gingival fluids. Such equipment shall include the use of masks, gloves, disposable face-mask (or face shields), protective eyewear, hair bonnets and clinic attire. The School of Dentistry manages the laundering of all School-owned clinic attire when disposable gowns are not worn. **Refer to the UW SOD COVID Protocol located under the COVID-19 Resources on the SOD Intranet for PPE updates:** <https://uwnetid.sharepoint.com/sites/sod/covid19>

**NOTE: Gowns shall not be worn outside patient treatment or laboratory areas, including restrooms. See Appendix B for Clinic Attire and Proper Donning of PPE.*

2. Use of Safe Work Practices and Engineering Controls

Employees shall familiarize themselves with the engineering controls unique to their work environment and use them as instructed during training sessions. **(e.g., sharps,* safe needles, stick shields, mechanical protection devices, recapping equipment).** **Employees shall also familiarize themselves with Safety Equipment located in their work environment and use them as instructed during training sessions.** (e.g., eyewash stations, First-Aid kits, drug emergency kits, fire extinguishers, and emergency showers).

Employees shall also familiarize themselves with safe work practices related to their job assignments in order to minimize exposure to potentially infectious hazards to themselves and others in the work environment (e.g., nitrous and oxygen tanks, re-capping, and disposal of needles).

In compliance with OSHA/WISHA regulations, the School of Dentistry has a no food or drink policy in clinic, reception, and laboratory areas. (Refer to Clinic Policy Manual for Faculty and Staff: <https://dental.washington.edu/policies/clinic-policy-manual/infection-control/> .)

In keeping with the Health and Safety and Fire Safety Plan, the School of Dentistry mandates/enforces a “good-housekeeping” policy which includes office spaces. Food and drink in these non-patient care areas should be stored in sealed containers rather than left out.

*** NOTE: Due to the unique requirements of the field of dentistry, the recapping of needles is a universal and essential work practice. See next section for details. These same requirements limit the use of needle technique. The School of Dentistry is committed to the health and safety of students and is continually looking for the safest devices and strategies.**

3. Needle Recapping and Sharps Disposal

- a. Anesthetic needles should only be recapped with the use of the "Stick-shield" cardboard barrier, which is supplied with each syringe, or with a one-handed "scoop" technique. Two-handed needle recapping without a protective device is not permitted. Recapping of needles used in conjunction with intravenous sedation is not permitted.
- b. The Stik-shield is installed before the needle is unsheathed and should be kept on the needle sheath until the needle is placed in the sharps container in the unit. The needle is removed from the syringe with the sheath and shield in place, the carpule puncturing end of the needle is placed over the opening of the sharps container, and the sheath (and needle) is pushed backwards through the shield and into the container. The shield itself is then discarded with ordinary clinical waste. See the following demonstration:
<https://www.youtube.com/watch?v=vgYhW6HLEMw>
- c. Needles must not be bent or broken following use.
- d. After dismissing the patient, the "sharps" from the procedure must be cleared from the area first and then placed in the red, puncture-proof sharps containers found in each operatory. Immediately after treatment syringes and scalpel handles must be disassembled and replaced into the cassettes for sterilization processing.

Items to be placed in the sharps containers include:

- worn out burs
- anesthetic needles
- broken instruments
- syringe or butterfly needles
- orthodontic wires and ligatures
- suture needles
- scalpel blades
- or any other sharp items which may injure individuals handling waste

ALL carpules used and any with anesthetic remaining in them, must be disposed of in the designated **black** containers which are marked for carpules disposal.

Never attempt to force sharps into a filled container. Obtain a new one from the clinic staff and report the filled container. A container should be replaced when it is 3/4 full.

4. Personal Hygiene

All individuals with patient contact will adhere to high standards of personal hygiene and will dress in a clean, professional manner appropriate to the care provided. The following protocols must be followed when engaged in patient care, or when handling potentially infectious items:

- a. Handwashing is mandatory before and after treatment (before and after changing gloves), or after handling items that may have been contaminated by patient contact, and when hands are obviously soiled. Handwashing is also required following restroom use, after contact with the hair, face, or glasses, before eating, and when gloves are torn prior to regloving.
- b. Hand washing is mandatory before gloving, after de-gloving, after handling items that may have been contaminated by patient contact, or when hands are obviously soiled.
- c. Hands are to be washed during the appointment after gloves are removed, before leaving the operatory, and again on re-entering the operatory prior to re-gloving. They should also be washed prior to re-gloving if gloves are torn.
- d. Hand washing is required following toilet use, before eating, and after contact with your hair, face, or glasses.
- e. Routine hand washing for dental clinical and laboratory procedures should involve the following:
 - Remove visible debris (e.g., cements, impression material, etc.) from hands and arms using appropriate solvents or cleaners (e.g., orange solvent) if required. The 'MY Chem' database should be consulted for users to review precautions of using the solvents. Refer to: <https://ehs.washington.edu/chemical/mychem> Skin must not be abraded with brushes or sharp instruments.
 - Wet hands and wrists under cool running water.

- Rub antibacterial soap gently into all areas, especially between fingers and around nails, for at least 15 seconds before rinsing under cool water.
 - Repeat the washing and rinsing, and thoroughly dry with paper towels.
- f. Hand sanitizer may be used when re-gloving on a given patient if hands are not visibly soiled. **Hand washing is required between patients.**
 - g. **If hands are dry, chapped or cracked, apply moisturizing lotion or hand cream *right after the hand sanitizer dries, or after washing then drying hands.***
 - h. Jewelry shall not interfere with patient treatment. (Necklaces with long chains, bracelets, and watches must be worn inside the clinic gown.)
 - i. Fingernails must be clean and trimmed short.
 - j. Individuals with injured, cracked skin, or dermatitis should exercise particular caution and use appropriate barriers (e.g., bandaid under a glove) when treating patients until the lesions are healed.
 - k. Keep hair pulled back. It should not contact the patient or area of operation.

5. BBP Spills

Work surfaces must be decontaminated with CaviWipes or CaviCide as soon as possible after contamination with blood or Other Potentially Infectious Material (OPIM); and at the end of the work shift if the surface may have become contaminated since the last cleaning (See clinic operations manual.)

When a bloodborne spill occurs, contact Facilities at (206) 685-1900 or place a work order at careteam@uw.edu to cordon off the area. UW custodial services provides basic services such as trash removal and floor and restroom cleaning. For complete detail see the Clinic Operations Manual.

6. Training in Disease Transmission and Infection Control

Faculty, students, and staff are to receive annual training in personal protection against bloodborne pathogens at University expense and during working hours as described previously in the BBP & Health and Safety Training Section. See SOD policy link:

<https://dental.washington.edu/policies/clinic-policy-manual/treating-diseases-high-risk-patients/>

7. Immunization Management

All employees with occupational exposure to bloodborne pathogens are required to be offered the Hepatitis B immunization. For workforce: <https://www.ehs.washington.edu/workplace/employee-health-center>

Volunteers and students must receive information about Hepatitis B immunization and informed they can obtain this at their own healthcare provider. And more at next link for students, re: the Health Sciences Immunization Program: <https://www.ehs.washington.edu/workplace/health-sciences-immunization-program-hsip>

Health Sciences students are assessed a health fee. Clinical volunteers must pay for these required immunizations. Temporary health care workers who are employees of an employment service must provide certification by their employing agency that they are in compliance with the OSHA "Bloodborne Pathogens Standard."

Hepatitis B vaccination shall be offered to employees after the training in infection control and within 10 days of assignment to a position of occupational exposure without any prescreening as a prerequisite to qualify for the vaccination. Individuals may decline the vaccine and must sign a declination (informed refusal) form. However, signing such a declination/refusal does not waive the individual's right to University-sponsored vaccinations if there is future reconsideration, without penalty.

EXPOSURE INCIDENT MANAGEMENT

The School of Dentistry has a comprehensive exposure control Program which includes steps for handling and reporting exposures, school and employee responsibilities, follow-up and record keeping.

1. Exposure Incident Protocol

Contact the exposure control hotline at 206-351-2268 and inform the BBP counselor of your location. Someone will come to your location and assist you and your patient through the process of obtaining the blood draw and follow up once results are known.

Exposure incident protocol is as follows:

- a. Eye or Facial Exposure: If the incident involves spatter to eyes, mucous membranes or face, emergency eyewash stations are located in each clinical area and should be used to flush exposed eyes immediately and continue for 15 minutes, prior to seeking additional medical care.
- b. Parenteral Exposure: For needlesticks and non-intact skin

Exposures: wash area thoroughly with soap and running water for 15 minutes.

- Then contact the Exposure Hotline Monday – Friday, 8:00am – 5:00pm
- **If the potential exposure to human body fluid occurs outside the above-mentioned hours, report to the UWMC Emergency Room.**
- Dental students, and residents (AGD, OS, Radiology and Pedo) go to UWMC Employee Health in BB306. Staff, faculty and grad students go to UW EHC at Hall Health.
- IF the source patients appear to be HIGH RISK, employees and grad students should go to the ED to obtain PEP.

** NOTE: Once an exposure has occurred, the blood of the individual from whom exposure occurred should be tested for hepatitis B surface antigen (HBsAg) and antibody to human immunodeficiency virus (HIV antibody). Local laws regarding consent for testing source individuals should be followed. Testing of the source individual should be done at a location where appropriate pretest counseling is available which is typically at the UWMC laboratory services for main campus exposures; post-test counseling and referral for treatment should be provided.*

2. Post-exposure Medical Evaluation Procedure for HIV, HBV & Hep B

All post-exposure medical evaluations and laboratory tests are confidential and will be provided at no charge to the employee. They will be provided by either a licensed physician or nurse practitioner in accordance with the United States Public Health Service (USPH) recommendations. **After hours evaluations will be provided by the emergency room. The exposed employee will be managed using the protocol guidelines listed below:**

- a. The treating health care provider will be provided a copy of the Bloodborne Pathogens Standard.
- b. Documentation of the route of exposure and related circumstances of the exposure.

- c. The identification and documentation of the source individual (i.e., the patient), unless the University of Washington finds that the source individual's identity is not feasible or prohibited by either state or local law.
 - d. Testing of source individual's blood (with consent) for HIV, HBV, and Hepatitis C.
 - e. If consent is not conveyed by the patient for testing, the documentation shall indicate the consent refusal. *Established protocols by the King County Department of Public Health, Employee Health, and Urgent Care Clinic to obtain a sample if the source individual refuses to provide one will be implemented.*
- Exposed employee's "evaluating physician" will be provided a copy of the results of the source individual's blood test if one is available.
 - The exposed employee will be informed confidentially of all test results by the evaluating physician. This report is to be provided to the employee within 15 days of the incident. The employer (University) does not have the right to see the test results.
 - With the exposed employee's consent, the evaluating physician will collect blood and test for HIV, HBV, and Hepatitis C. If consent is given only for collection but not testing, the physician must save the blood sample for at least 90 days in case the exposed employee should change his/her mind.
 - When medically indicated, the exposed employee must receive an appropriate prophylaxis as recommended by the USPHS along with counseling.
 - After an evaluation of reported illness in the immediate weeks following the exposure incident, the Associate Dean of Clinics will determine whether or not the provider is cleared to return to provide patient care or to their workstation.

3. Follow-up Information

The following information will be provided to the exposed individual by the Occupational Health Nurse Practitioner (206-616-6281):

- The results of testing of the source individual's blood; and laws relating to disclosure of source identity.
- Results of employee baseline testing and Hepatitis B status.

** NOTE: An employee may decline, in writing, to participate in the post-exposure evaluation process.*

4. Records of Injuries or Exposures

The supervisor or Health & Safety Coordinator will document injury or exposure reports into the Online Accident Reporting System (OARS) who will then provide reports to the Associate Dean of Clinic Services & Director of Health & Safety. The employee/student will confidentially be informed of any conditions resulting from the incident that may require further evaluation or testing.

5. Payment

The University of Washington will authorize payment for treatment of bloodborne injuries only if the exposure resulted from the performance of an employee's duties in which case a Labor & Industries Claim should be filed.

RECORD KEEPING

1. Record Retention

Employee medical records shall be retained for the duration of employment plus 30 years. The University of Washington will maintain the following records for its employees and students for the duration indicated:

RETENTION AREA	PROVIDERS	TYPE	DURATION
School of Dentistry	Employees Students	Training Records	Three years
Hall Health Primary Care Center	Employee Students	Immunization Records	Duration of education plus 30 years
Office of Occupational Health Nurse (UWMC)	Employees Students	Post Exposure Medical Records	Duration of employment plus 30 years

2. Access to Employee Records

Employees are entitled to review and obtain copies of his/her own medical record and training during normal business hours. The medical record shall be confidential and managed in accordance with Washington state law. WISHA can seek access through a written access order and the employee will be notified of such an order.

3. Injury Log Location

Sharps Injury Log maintained by Campus Health Services. The Online Accident Reporting System (OARS) forms are documented by the individual

injured or supervisor and reported & reviewed by the SOD Health & Safety Team.

Appendix A

Exposure Prone Job Classifications

WORKER	TASKS PERFORMED	PROTECTIVE ACTION
Dentist Dental Student Surgical Nurse (RN) Dental Hygienist Dental Assistant	<ul style="list-style-type: none"> • Direct patient care • Radiographic procedures • Dental laboratory procedures • Handling of contaminated instruments and devices as well as extracted teeth in preclinical laboratory courses • Handling infectious waste 	<ul style="list-style-type: none"> • Basic Protective Actions* • Use clean technique when processing radiographic film <ul style="list-style-type: none"> • Maintain “good house-keeping” rules
Registration & Records Management Staff	<ul style="list-style-type: none"> • Handling patient devices, teeth, tissue etc. which may have been exposed to body fluids • Contact with work surfaces in a clinical setting 	<ul style="list-style-type: none"> • Basic Protective Actions* <ul style="list-style-type: none"> • Maintain “good house-keeping” rules
Dental Laboratory Technician	<ul style="list-style-type: none"> • Performing laboratory procedures with devices and materials which may have been exposed to blood and saliva • Handling infectious waste 	<ul style="list-style-type: none"> • Basic Protective Actions* <ul style="list-style-type: none"> • Maintain “good house-keeping” rules
Dental Laboratory Researcher Dental Research Assistant	<ul style="list-style-type: none"> • Handling laboratory samples which may have been exposed to, or contain blood, saliva or other body fluids containing blood • Obtaining blood draws, salivary extractions, and plaque samples • Handling infectious waste 	<ul style="list-style-type: none"> • Basic Protective Actions* • Work under a ventilated hood when handling potentially infectious material • Maintain “good house-keeping” rules
Dental Equipment Repair Mechanic	<ul style="list-style-type: none"> • Performing maintenance and repair procedures on dental and dental laboratory equipment which has been exposed to blood and saliva • Handling infectious waste 	<ul style="list-style-type: none"> • Basic Protective Actions* • Disinfect contaminated dental equipment parts prior to handling • Maintain “good house-keeping” rules
Dental Dispensary Clerk	<ul style="list-style-type: none"> • Handling dental materials, devices, and equipment which may have been contaminated with saliva, or blood • Handling infectious waste 	<ul style="list-style-type: none"> • Basic Protective Actions* • Maintain “good house-keeping” rules
Dental Radiology Technician	<ul style="list-style-type: none"> • Direct patient care and handling of radiologic film and devices which have been exposed to blood and saliva • Handling infectious waste 	<ul style="list-style-type: none"> • Basic Protective Actions* • Use clean technique when processing radiographic film • Maintain “good house-keeping” rules
Dental Safety Manager Dental Sterilization Employees	<ul style="list-style-type: none"> • Handling contaminated instruments, devices, solutions, equipment, clinic gowns and potentially infectious waste 	<ul style="list-style-type: none"> • Basic Protective Actions* • Ultrasonically clean contaminated instruments prior to handling <ul style="list-style-type: none"> • Sterilize instruments prior to sharpening • Maintain “good house-keeping” rules

*** Note: Basic Protective Actions include the following:**

1. Receive training in personal protection from bloodborne pathogens.
2. Get immunizations if you want the protection (Hepatitis B).
3. Use personal protective equipment.
4. Use safe work practices and engineering controls.
5. Use proper waste disposal techniques.
6. Disinfect contaminated work surfaces.
7. Heat sterilize instruments and devices whenever possible.
8. Do not eat or drink in clinical, reception, sterilization, or laboratory areas.
9. Do not smoke in clinical, reception, sterilization, or laboratory areas.

Other Job Classifications

<i>Patient Care Coordinators & Patient Relations Staff</i>	<ul style="list-style-type: none"> • Handling patient items which may leak body fluids (from container) 	<ul style="list-style-type: none"> • Educational Awareness Training • Basic Protective Actions*
<i>Director of Clinic Operations</i>	<ul style="list-style-type: none"> • As above; Handling items which may have been exposed to body fluids 	<ul style="list-style-type: none"> • Educational Awareness Training • Basic Protective Actions*
<i>Department Administrative/Billing Staff</i>	<ul style="list-style-type: none"> • As above; Handling patient items which may have been exposed to body fluids 	<ul style="list-style-type: none"> • Educational Awareness Training
<i>Continuing Dental Education Staff</i>	<ul style="list-style-type: none"> • Escort visitors into clinics (and they inadvertently have nosebleed or injury with blood release) 	<ul style="list-style-type: none"> • Educational Awareness Training
<i>Clinical Psychologist</i>	<ul style="list-style-type: none"> • As above; Meeting with / treating patients in clinical setting • Talk with patients 	<ul style="list-style-type: none"> • Educational Awareness Training
<i>Dental Receptionist</i>	<ul style="list-style-type: none"> • As above; Handling patient items which may have been exposed to body fluids • Conversations with patients in clinic (and they inadvertently have nosebleed or injury with blood release) 	<ul style="list-style-type: none"> • Educational Awareness Training • Basic Protective Actions*

Appendix B

Clinic Attire and Proper Donning of PPE

A. Clinic and Laboratory Attire

Clinical attire for dental procedures should always be used to protect against contamination of other clothing and should be changed daily or when visibly soiled. Attire for those involved in patient care shall include the following:

1. Clinic Attire

a. General Dress Requirements

- A neat, clean professional appearance while engaged in patient care is required. Such a professional appearance communicates an image of quality work, and respect for the patient's well-being. Scrubs worn under clinic gowns are acceptable.
- Clinic Gowns must not be worn outside of clinic. Hooks are provided in clinics to hang clinic gowns before entering.
- Name tags or photo ID badges will be required and will include the individual's name and *UW School of Dentistry* designation.
- Faculty, students and staff must wear shoes when *entering* a clinic or laboratory. Shoes must be clean and well-maintained and appropriate, (e.g., no torn or dirty athletic shoes, work shoes/boots, open toed shoes, sandals, or shoes without socks or nylons). Clean athletic shoes are acceptable.
- Clinical or laboratory attire used in the patient care process is only to be worn in the clinics and adjacent hallways.
- Persons with facial or head hair of a length that may contact operating instruments, materials, or the operative field while the operator is in working position or during treatment room preparation, must contain the hair using a hair net on the head and a face shield with a face mask to contain facial hair.

b. Provider Gowns

Moisture resistant gowns will be provided to all students, faculty and staff for use during patient care. Gowns have Velcro collars closed to protect against spatters. Name tags should be either clipped on or worn around the neck.

Gowns will be professionally laundered and should be changed daily or when visibly soiled. They are to be placed in the laundry bags designated 'soiled laundry' located in each clinic prior to leaving the clinic. Clinic garments must not be taken home.

Lab coats are not appropriate for any patient care.

Clinic attire should not be used as "street clothing" to attend meetings, perform office work, or during meals.

2. Laboratory and Simulation Clinic Attire

- a. Clinic gowns should also be worn during laboratory procedures and in the D1 Simulation Clinic and Labs for protection. Gowns are not to be worn outside of either laboratory or clinical areas and must be changed daily or when visibly soiled. The other PPE (i.e., glasses, mask) is required.

The workforce is trained on appropriate donning and doffing of PPE during annual orientations, and at time of onboarding for new employees. The correct sequence for donning and doffing dental PPE is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

B. Gloves

1. All persons involved in patient care will wear disposable medical nitrile gloves when there is contact with blood, blood-contaminated saliva, or mucous membranes. Gloves will also be worn when handling material which previously contacted these substances, or surfaces.
2. Non-sterile gloves are appropriate for examinations and other non-surgical procedures, but sterile gloves must be used for surgical procedures.
3. Gloves will be removed and hands washed prior to leaving the operator, and hands will be rewashed on returning prior to regloving.
4. *Only items which are to be sterilized, have surface covers, or items which are to be disinfected following use, are to be touched with contaminated gloves.* Gloves are to be removed when getting supplies, removing materials from the cart, or handling the chart.
5. Puncture-resistant utility gloves shall be used by students and employees when handling contaminated instruments. When performing housekeeping duties where risk of accidental puncture wounds are minimal, latex or nitrile gloves may be used.

6. Gloves are never to be washed and reused. They are to be removed by grasping the cuff and pulling the glove off while turning it inside out so that the contaminated surface is now inside the used glove.
7. Individuals with dermatitis related to use of gloves should insure that they are:
 - using cool water when washing hands
 - using an antimicrobial hand wash
 - drying the hands thoroughly
 - changing gloves often

Wearing moisturizing lotion or cream after hands are washed then dried

If problems persist, contact the Employee Health Center (206-685-1026) for advice on optional hand washes or gloves for use on those with sensitive skin.

8. Gloves will be used during laboratory procedures on materials that may be contaminated with human body fluids. Care should be taken to avoid snagging gloves in rotary instruments or equipment such as lathes or model trimmers.

C. Face Masks

1. Disposable face masks or chin-length plastic face shields are to be worn for all patient care where spatter or aerosols are produced, or when a care provider or patient has a respiratory infection. The mask must cover the nose and mouth and must fit snugly with no gaps. **Check the SOD Pandemic Protocol's PPE chart for the current recommendations for type of mask / respirator to use for specific procedure types. Most aerosol generating procedures (AGP) require use of an N95 respirator.**
2. Masks must be changed between patients or treatment sessions, or when contaminated by touch.
3. Masks are to be worn in the laboratory when procedures create dust, shavings, or aerosols. If there is a question about the appropriate mask to use, contact EH&S (206-543-7262).
4. Masks should not be worn around the neck, instead remove if not in use.

D. Eyewear/Face Shields

1. Protective eyewear is required during all procedures for patients, students, faculty, and staff.
2. Safety glasses, goggles or face shields with top and side coverage offer more protection than prescription eyewear, and many types can be worn with or

without prescription glasses. Prescription eyewear with solid side shields, however, is the minimum standard of protection for patients, students, and employees.

3. Providers are responsible for washing their eyewear with hot soapy water.

E. Patient Safety Glasses

1. A disinfected pair of safety glasses for patient use may be obtained by exchanging the previously issued pair at the dispensary. Dark glasses are not to be used on patients sedated for treatment.
2. Face Shields may be used in place of safety glasses, particularly in procedures where significant spatter is anticipated. Masks should be used in combination with face shields as the shields offer minimum protection from inhalation of aerosols. Disposable shields should be discarded after patient treatment. Shields may also be used during lab procedures where there is potential for dust or particle inoculation or injury.
3. Masks and eyewear, or face shields should be placed and adjusted prior to gloving. They also should not be adjusted during treatment with contaminated gloves. This is to protect against accidentally touching mucous membranes with contaminated gloves. If needing to adjust the shield, doff, wash hands, then don a clean pair of gloves.

Summary of Donning & Doffing PPE (reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>)

Donning PPE:

1. Perform Hand Hygiene
2. Don gown
3. Don mask; perform user check for N95
4. Don bonnet
5. Don face shield or goggles
6. Don gloves

Doffing PPE:

1. Remove your gloves & place in waste
2. Doff gown & dispose of it

3. Perform hand hygiene
4. Remove eyewear or face shield & place in sink or container (avoid touching the front of shield or goggles)
5. Doff hair bonnet
6. Remove mask & dispose of or place in paper bag (if reusing N95) (avoid touching the front of mask)
7. Lastly perform hand hygiene