Bloodborne Pathogens Manual

University of Washington
School of Dentistry

2024-2025

Last Revised August 2024

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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 bodily 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 plays a central role in developing and maintaining policies and procedures related to bloodborne pathogen safety. The Health and Safety Committee includes up to twelve members appointed by the dean and composed of faculty and staff, to include representation from the clinical and research departments, the Office of Clinical Services, and the Health Sciences Group 4 Health and Safety Committee members. Input from front-line workers is valuable for developing strategies for the evaluation of new devices and how to better train staff, faculty, and students.

   Responsibilities of the Health and Safety Committee related to bloodborne pathogen safety include:

   - To provide oversight by advising and assisting the Health & Safety Manager with implementation of the School's Health and Safety Program.
   - To determine appropriate strategies to promote compliance with clinic safety, detect potential violations, and develop educational and training materials for the various stakeholders.
   - To make procedure decisions and approve and recommend policies for final review by Clinical Services Committee.
   - To ensure relevant CODA accreditation standards are met on an ongoing basis.
   - To review, monitor, and disseminate/enforce Health and Safety regulations and School procedures and policies.
   - To ensure Infection Control guidelines and policies are (1) updated as per CDC guidelines, (2) clearly outlined in an Infection Control Policy (or similar document), (3) disseminated to relevant units, and (4) followed.
   - To participate in developing the Health and Safety Work Plan and prioritizing projects.

- To review materials from Health Sciences Group 4 Health and Safety Committees.
- To perform outcomes assessment for risk management.

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 include:
   - 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 must 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 incidents to their supervisor in-person and through the OARS reporting system.

4. Student Responsibilities
   - Students engaged in activities involving biohazards are responsible for complying with the occupational health requirements and guidelines as specified by faculty, staff, and EH&S.
   - Students 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.

- Students must be aware of the hazards in their workplace and able to bring concerns to the staff and faculty.
- Students 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. Students with medical concerns should arrange for a consultation with their primary care physician or Employee Health provider for guidance.
- If exposures occur, students are responsible for following the SoD protocol for first aid and exposure management.
- Students are responsible for reporting incidents to their faculty in-person and through the OARS reporting system. Faculty should then communicate the incident to clinic leadership.

5. Health and Safety Committee Responsibilities

   The Health and Safety Committee is responsible for revising the *Bloodborne Pathogens Manual*, the Bloodborne Pathogens Policy, the *Hazard Control Manual*, and the Hazard Control Policy of the School. The Chair of the Committee is responsible for delegating these and other related activities to committee members when appropriate.

6. Office of Clinical Services (OCS) Responsibilities

   The Associate Dean for Clinical Affairs (206-616-5931) and the Health & Safety Manager (206-543-3367), 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.

7. Campus Preventive Health Clinic Responsibilities

   The Campus Preventive Health Clinic (also known as the UW Employee Health Center) at the Husky Health Center shall make available all required immunizations for university employees at no cost to those individuals. Clinic volunteers must pay for their own required immunizations through their primary care provider (SOD Immunization Policy). Husky Health maintains the records of all immunizations and blood titer tests which have been

administered through their program. Records of compliance are sent to the School.

EXPOSURE DETERMINATION

Appendix A 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 in the summer quarter during normal working hours.

2. Training Records

   Training logs are maintained in the Relias system. Records are kept for the duration of an employee's employment, plus an additional three years. The logs include the dates and topics of the training sessions. Additionally, a database of training records is maintained and certificates of completion can be provided to attendees upon request.

3. Training Course Content

   All students, staff, and faculty at risk for occupational exposure to bloodborne diseases are required to complete Bloodborne Pathogen training**.** Workforce members not directly at risk are encouraged to complete the same training, to increase overall awareness of safe practices.

   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). A summary of these actions includes:

1. Use of Personal Protective Equipment

   All students, faculty, staff, and volunteers 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. 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 disposable masks, gloves, protective eyewear (or face shields), hair bonnets and clinic attire.

The School of Dentistry manages the laundering of clinic gowns when disposable gowns are not worn.

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 as well as UW EH&S Lab Safety Manual, no food or drink may be stored, prepared, or consumed in clinic or laboratory areas. 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.

3. Needle Recapping and Sharps Disposal

   **** 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, faculty, staff, and volunteers and is continually looking for the safest devices and strategies.***

   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.

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.

b. Needles must not be bent or broken following use.

c. 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.

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.

Items to be placed in the sharps containers include:

- 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 carpule disposal./';

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. Hand washing is mandatory before and after treatment (before gloving and after de-gloving), or after handling items that may have been contaminated by patient contact, and when hands are obviously soiled.

b. 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.

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.

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 MyChem 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.) No rings should be worn that can tear the gloves.

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., bandage under a glove) when treating patients until the lesions are healed.

k. Keep hair pulled back and up. 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.

When a bloodborne spill occurs, contact Facilities at (206) 685-1900 for immediate assistance 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.

6. Training in Disease Transmission and Infection Control

Faculty, students, and staff complete 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.

7. Immunization Management

All employees with occupational exposure to bloodborne pathogens must be offered the Hepatitis B immunization. See UW Employee Health Center: https://www.ehs.washington.edu/workplace/employee-health-center

Volunteers and students must receive information about Hepatitis B immunization and be informed they can obtain this at their own healthcare provider. See the Health Sciences Immunization Program: https://www.ehs.washington.edu/workplace/health-sciences-immunization-program-hsip

Health Sciences students are assessed a health fee which covers immunizations. 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."

According to WAC 296-823-13005, 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 exposure counselor of your location. A counselor 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:
   Exposure Type:

   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.

   - Parenteral Exposure: For needlesticks and non-intact skin. Wash area thoroughly with soap and running water for 15 minutes, then immediately report the exposure. Dental students and residents (AGD, OS, Radiology, and Pedo) go to UWMC Employee Health in BB306 from 8 AM-3:15 PM Monday through Friday. Staff, faculty and graduate students go to UW EHC at Husky Health Center from 8 AM-3:15 PM Monday through Friday.

   - If the potential exposure to human body fluid occurs outside the above-mentioned hours, report to the UWMC Emergency Room.

   - The Exposure Cunselor will escort the patient to the blood draw at UWMC or will call the following day to request blood draw if the patient oonsents
   -

- If the source patients appears to be HIGH RISK, employees and grad students should go to the Emergency Room to obtain post-exposure prophylaxis.

** NOTE: Once an exposure has occurred, the blood of the individual from whom exposure occurred should be tested for hepatitis B surface antigen (HBsAg), hepatitis C antibody (HCV), and antibody to human immunodeficiency virus (HIV antibody). Local laws regarding consent for testing source individuals are 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. <u>Post-exposure Medical Evaluation Procedure for HIV, HBV & Hep B</u>

   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 UWMC 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 for Clinical Affairs 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 Manager will document injury or exposure reports into the Online Accident Reporting System (OARS) who will then provide reports to the Associate Dean for Clinical Affairs. 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

A Sharps Injury Log is 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 Committee and presented in UW Group 4 Health & Safety Committee.

Appendix A **Exposure Prone Job Classifications**

WORKER	TASKS PERFORMED	PROTECTIVE ACTION
Dentist Dental Student Surgical Nurse (RN) Dental Hygienist Dental Assistant	• 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	• Basic Protective Actions* • Use clean technique when processing radiographic film • Maintain "good house-keeping" rules
Dental Laboratory Technician	• Performing laboratory procedures with devices and materials which may have been exposed to blood and saliva • Handling infectious waste	• Basic Protective Actions* • Maintain "good house-keeping" rules
Dental Laboratory Researcher Dental Research Assistant	• 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	• Basic Protective Actions* • Work under a ventilated hood when handling potentially infectious material • Maintain "good house-keeping" rules
Dental Equipment Repair Mechanic	• Performing maintenance and repair procedures on dental and dental laboratory equipment which has been exposed to blood and saliva • Handling infectious waste	• Basic Protective Actions* • Disinfect contaminated dental equipment parts prior to handling • Maintain "good house-keeping" rules
Dental Dispensary Clerk	• Handling dental materials, devices, and equipment which may have been contaminated with saliva, or blood • Handling infectious waste	• Basic Protective Actions* • Maintain "good house-keeping" rules
Dental Radiology Technician	• Direct patient care and handling of radiologic film and devices which have been exposed to blood and saliva • Handling infectious waste	• Basic Protective Actions* • Use clean technique when processing radiographic film • Maintain "good house-keeping" rules
Dental Clinic Manager Dental Sterilization Employees	• Handling contaminated instruments, devices, solutions, equipment, clinic gowns and potentially infectious waste	• Basic Protective Actions* • Ultrasonically clean contaminated instruments prior to handling • 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,drink, or store consumables in clinical, reception, sterilization, or laboratory areas.
9. Do not smoke in clinical, reception, sterilization, or laboratory areas.

Other Job Classifications

Patient Care Coordinators, Patient Relations Staff, and Director of Clinical Operations	• Handling patient items which may leak body fluids (from container) or may have been exposed to body fluids •	• Educational Awareness Training • Basic Protective Actions* •	Patient Care Coordinators, Patient Relations Staff, and Director of Clinical Operations	• Handling patient items which may leak body fluids (from container) or may have been exposed to body fluids •	• Educational Awareness Training • Basic Protective Actions* •
Department Administrative/Billing Staff				• As above; Handling patient items which may have been exposed to body fluids	• Educational Awareness Training
Continuing Dental Education Staff				• Escort visitors into clinics (and they inadvertently have nosebleed or injury with blood release)	• Educational Awareness Training
Clinical Psychologist				• As above; Meeting with / treating patients in clinical setting	• Educational Awareness Training

	• Talk with patients	
Patient Services Specialist	• 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)	• 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 in restrooms.
   - Name tags or photo ID badges are required and 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 are provided to all students, faculty and staff for use during patient care. Gowns have closed collars to protect against spatters. Name tags should be worn under the gown.

   Gowns are 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. 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.

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 operatory, 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 papers or the computer components.

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 ensure 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 are to be worn for all patient care. The mask must cover the nose and mouth and must fit snugly with no gaps.

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 or safety glasses must be used for patient care. Dark glasses are not to be used on patients who are 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 Donning PPE (reference**:** Best Practices for Personal Protective Equipment | Dental Infection Prevention and Control | CDC)

Donning PPE:

1. Perform Hand Hygiene
2. Don gown
3. Don mask
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