

Bloodborne Pathogens Manual

**University of Washington
School of Dentistry**



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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

A. 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 the 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 Task Force is to identify individuals on the department level to evaluate equipment (e.g. sharps containers).

B. Departmental Responsibilities

Responsibility for compliance at the departmental faculty and staff level rests with each chair and with the individuals who engage in activities that create a potential for occupational exposure to bloodborne pathogens. This responsibility includes notification by the department to central Administration that a new employee has been hired that requires training and appropriate immunizations. It also includes the facilitation of training of appropriate employees in their department in accordance with state and federal regulations.

C. Health and Safety Committee Responsibilities

The Health and Safety Committee is responsible for revising the *Bloodborne Pathogens Manual*, the Bloodborn Pathogens Policy and the *Hazard Control Manual* of the school. The Chair of the Committee is

responsible for delegating these and other related activities to its members.

Office of Clinical Services (OCS) Responsibilities

The Director of Health and Safety (543-3367) along with the Safety Coordinator (221-6839) serve as the coordinators for the School of Dentistry on health and safety matters with the University of Washington Office of Environmental Health and Safety as well as governmental agencies. In addition, they are responsible for coordinating appropriate Bloodborne Pathogen and Safety training, updating safety protocols and notices, and coordinating required immunizations for employees and students. The Office of Compliance and Credentialing (OCC) maintains all training records.

D. Campus Preventive Health Clinic Responsibilities

The Campus Preventive Health Clinic (formerly Employee Health Clinic) 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 lists the job classifications of employees who can reasonably anticipate skin, mucosa, eye, or parenteral contact with blood and other potential infectious *material*, such as saliva and any body fluid visibly contaminated with blood.

BIOHAZARD COMMUNICATIONS

A. Training Requirements

Training in 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 Office of Compliance & Credentialing (OCC) shall notify such individuals when they are due for the annual training activity.

Training can be obtained through either the Office of Environmental Health or Safety, or through the OCC at no cost to a student, volunteer, or employee. The training will be made available during working hours.

B. Training Records

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

1. Dates of training sessions;
2. Contents or summary of the training;
3. Name and credentials of the person conducting the training;
4. Names of all persons attending the training.

The OCC 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.

C. 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 Pathogen 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:

1. The epidemiology, symptoms, modes of transmission, and prevention of bloodborne disease including HIV, Hepatitis B, Hepatitis C;
2. Hepatitis B vaccine's availability, efficacy, safety, and benefits;
3. Methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials;
4. Discussion of universal precautions and barrier techniques. It shall also include the selection, proper use, and limitations of personal protective equipment;
5. The decontamination and/or disposal of personal protective equipment;
6. The existence and use of engineering controls and safe work practices;

7. 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;
8. 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;
9. The information required of the University to provide and to maintain following an exposure incident;
10. A review of the *Bloodborne Pathogens Manual* of the School of Dentistry and how it may be obtained; and
11. A question and answer session with the trainer.

PROTECTIVE ACTION SUMMARY

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

A. 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. 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 gloves, disposable face-mask (or face shields), protective eyewear, and clinic attire. The School of Dentistry manages the laundering of all School-owned clinic attire.

**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.

B. 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, and re-capping 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 section 4 F.) 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. These same features limit the use of safe 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.***

C. Needle Recapping and Sharps Disposal

1. Anesthetic needles should only be recapped with the use of the "Stik-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.
2. 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.
3. Needles must not be bent or broken following use.

4. 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.

5. Items to be placed in the sharps containers include:

- a. used and unused anesthetic carpules
- b. worn out burs
- c. anesthetic needles
- d. broken instruments
- e. syringe or butterfly needles
- f. orthodontic wires and ligatures
- g. suture needles
- h. scalpel blades
- i. or any other sharp items which may injure individuals handling waste

6. 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.

D. 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:

Hand washing 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. Hand washing is also required following restroom use, after contact with the hair, face, or glasses, before eating, and when gloves are torn prior to regloving.

1. Jewelry shall not interfere with patient treatment. (Necklaces with long chains, bracelets, and watches must be worn inside the clinic gown.)
2. Fingernails must be clean and trimmed short.

3. Individuals with injured, cracked skin, or dermatitis should exercise particular caution and use appropriate barriers when treating patients until the lesions are healed.
4. Keep hair pulled back. It should not contact the patient or area of operation.

Hand washing:

1. 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.
 - a. 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.
 - b. Hand washing is required following toilet use, before eating, and after contact with your hair, face, or glasses.
2. Routine hand washing for dental clinical and laboratory procedures should involve the following:
 - a. Remove visible debris (e.g., cements, impression material, etc.) from hands and arms using appropriate solvents or cleaners if required.
 - b. Skin must not be abraded with brushes or sharp instruments.
 - c. Wet hands and wrists under cool running water.
 - d. Rub antibacterial soap gently into all areas, especially between fingers and around nails, for at least 15 seconds before rinsing under cool water.
 - e. Repeat the washing and rinsing, and thoroughly dry with paper towels.

E. Housekeeping

Work surfaces must be decontaminated with Biocide 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.

State law requires that all health care facilities be maintained in a sanitary condition. A publication entitled, *Physical Plant Department Custodial*

Services, lists the routine services provided by the custodial staff in clinical, laboratory and adjacent support areas as follows:

1. Daily Tasks
 - a) Trash removal
 - b) Floor sweeping, spot mopping, spot vacuuming
 - c) Sanitizing restrooms, repairing dispensers, and replenishing supplies
 - d) Dusting uncluttered cabinet tops, window sills, banisters, etc.
 - e) Recycle collection
2. Regular Tasks (non-daily)
 - a) Sweeping stairwells (twice weekly)
 - b) Stripping and finishing floors
3. Biennial Tasks
 - a) Window washing (Note: The dental school supplements this service with an additional cleaning every other year so that windows are washed annually.)
 - b) Carpet cleaning

All other housekeeping is the responsibility of the facility staff under the direction of their supervisors.

F. 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. (See Treating Patients with Known Highly Infectious Diseases <http://dental.washington.edu/wp-content/media/policies/clinical-policy/Treating-Pt-Diseases-HighRisk.pdf>)

G. Immunization Management

All employees, volunteers, and students with occupational exposure to bloodborne pathogens are required to have the immunizations (and subsequent boosters).

For workforce: <http://www.ehs.washington.edu/forms/chs/sodimms.pdf>

For students: <http://depts.washington.edu/chsweb/#NSFORM>

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 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 by signing an informed refusal form. However, signing such a refusal does not waive the individual's right to University-sponsored vaccinations if there is future reconsideration. (See Appendix C for complete information.)

EXPOSURE INCIDENT MANAGEMENT

The University of Washington will authorize payment for treatment of bloodborne injuries only if the exposure resulted from the performance of an employee's (student's) duties.

A. Exposure Incident Protocol

Exposure incident protocol is as follows:

- 1. Eye or Facial Exposure: If the incident involves spatter to eyes, mucous membrane or face, emergency eyewash stations are located in each clinical area and should be used to flush exposed eyes as soon as possible and prior to seeking additional medical care.**
- 2. Parenteral Exposure: For needlesticks and non-intact skin Exposures: wash area thoroughly and report as soon as possible to UWMC Employee Health (NE 265). If the potential exposure to human body fluid occurs outside the above mentioned hours, report to the UWMC Emergency Room.**
- 3. Perform First Aid.**
- 4. Contact the Exposure Control Hotline for follow up with post exposure patient counseling (206-351-2268)**

**** 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; post-test counseling and referral for treatment should be provided.***

B. Post-exposure Medical Evaluation Procedure

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:***

1. The treating health care provider will be provided a copy of the Bloodborne Pathogen Standard.
2. Documentation of the route of exposure and related circumstances of the exposure.
3. 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.
4. Testing of source individual's blood (with consent) for HIV, HBV, and Hepatitis C. 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.*
 - i. Exposed employee's "evaluating physician" will be provided a copy of the results of the source individual's blood test if one is available.
 - ii. The exposed employee will be informed confidentiality of all test results by the evaluating physician. The employer (University) does not have the right to see the test results.
 - iii. 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.
 - iv. When medically indicated, the exposed employee must receive an appropriate prophylaxis as recommended by the USPHS along with counseling.
 - v. An evaluation of reported illness in the immediate weeks following the exposure incident.

C. Follow-up Information

The following information will be provided by the University of Washington Employee Health Clinic (UW EHC) clinical staff 206-616-6281 or 206-685-1026

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

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

H. Records of Injuries or Exposures

1. 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.
2. Employee medical records shall be retained for the duration of employment plus 30 years.

RECORD KEEPING

A. Record Retention

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
UW-Employee Health Clinic (UW EHC)	Employee Students*	Immunization Records	Duration of education plus 30 years
UW EHC	Employees Students*	Post Exposure Medical Records	Duration of employment plus 30 years

- Student records have different retention requirement, 7 years duration from date of last being enrolled

B. 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.

C. Injury Log Locations

Sharps Injury Log maintained Campus Preventive Health

The Online Accident Reporting System (OARS) forms are documented by the individual injured or supervisor and reported & reviewed by the Health Sciences Group 4 OARS subcommittee and the SOD Health & Safety Committee.

Appendix A

Exposure Prone Job Classifications

WORKER	TASKS PERFORMED	PROTECTIVE ACTION
Dentist Dental Student Surgical Nurse (RN) Dental Hygienist Dental Assistant Student Student Clinic Aides	<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 • Maintain “good house-keeping” rules
Records Room Staff	<ul style="list-style-type: none"> • Handling patient items 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* • 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* • 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 Coordinators 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 • Sterilize instruments prior to sharpening • Maintain “good house-keeping” rules
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*** Note: Basic Protective Actions include the following:**

1. Receive training in personal protection from bloodborne pathogens.
2. Get immunizations.
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>Billing Staff</i>	<ul style="list-style-type: none"> • Handling patient items which may have been exposed to body fluids 	<ul style="list-style-type: none"> • Educational Awareness Training
<i>Patient Care Coordinators</i>	<ul style="list-style-type: none"> • Handling patient items which may have been exposed to body fluids 	<ul style="list-style-type: none"> • Educational Awareness Training • Basic Protective Actions*
<i>Director of Clinic Operations</i>	<ul style="list-style-type: none"> • 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 Staff</i>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Educational Awareness Training
<i>Clinical Psychologist</i>	<ul style="list-style-type: none"> • 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"> • Handling patient items which may have been exposed to body fluids • Conversations with patients in clinic 	<ul style="list-style-type: none"> • Educational Awareness Training • Basic Protective Actions*

Appendix B

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.
- Clinic Gowns must not be worn in restrooms. Hooks are provided outside restrooms 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 and stockings (nylon hose are acceptable) 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 all white 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. Student and Staff Gowns (Figures 1 and 2)

Moisture resistant gowns will be used by all students and staff during patient care. The garments are designed to provide additional protection to skin and clothing from potentially saturating contamination. Name tags should be either clipped on or worn around the neck.



Figure 1 A properly attired student using a moisture resistant gown, surgical mask, protective eyewear, and examination gloves.



Figure 2 A properly attired staff member using a moisture resistant gown, surgical mask, protective eyewear, and examination gloves.

will reduce the moisture resistant protection. They are professionally laundered, and should be changed daily or when visibly soiled. They are to be placed in the appropriate laundry bags or designated cabinet located in each clinic prior to leaving the clinic. Clinic garments must not be taken home.

c. Faculty Gowns (Figures 3 and 4)

Faculty can wear the moisture resistant gowns mentioned above during a clinic session or white laboratory coats with long sleeves and Velcro collars which can be closed if spatter or aerosol is anticipated during a procedure. These garments will be laundered professionally by each department. These garments must **not** be taken home for laundering. Clinic attire which is actually used for patient care should not be used as “street clothing” to attend meetings, perform office work, or during meals.



Figure 3 A properly attired faculty member using a white gown with the collar in the non-spatter position, surgical mask, protective eyewear, and examination gloves.



Figure 4 A properly attired faculty member using a white gown with the collar in the spatter position, surgical mask, protective eyewear, and examination gloves.

2. Laboratory Attire

- a. Laboratory gowns or coats should be worn during laboratory procedures producing splatter, aerosols, or dust in order to protect clothing from contamination. Gowns designated for use in the clinic are not to be used as laboratory attire. Users must wear a clean white jacket or coat with long sleeves to minimize skin and clothing exposure to aerosols. The garment must be closed (buttoned, zipped, or snapped) during use. Laboratory coats or jackets are not to be worn outside of either laboratory or clinical areas, and must be changed daily or when visibly soiled.

B. Gloves

1. All persons involved in patient care will wear disposable medical gloves (latex or vinyl) 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 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 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

If problems persist, contact the Employee Health 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.
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.

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.

- a. Patient Safety Glasses

A disinfected pair of safety glasses for patient use may be obtained by exchanging the previously issued pair at the sterilization room. Dark glasses are not to be used on patients sedated for treatment.

- b. Student and Employee Safety Glasses

A disinfected pair of safety glasses may be obtained by exchanging a previously used pair at the sterilization room. Alternately, an individual's personal safety glasses may be reused by washing thoroughly with soap and water, Bleach (use conc) as a disinfectant, and allowing to remain wet for at least 10 minutes. After the 10 minute period, the glasses may be rinsed, dried, and reused.

3. 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.
4. 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.

Appendix C: Bloodborne Pathogens Standard, 2002

<http://www.leg.wa.gov/WAC/index.cfm?fuseaction=section§ion=296-62-08001>