

**OREGON INSTITUTE OF TECHNOLOGY
DENTAL HYGIENE DEPARTMENT
BLOODBORNE PATHOGENS POLICY**

The Oregon Institute of Technology (OIT) Dental Hygiene Department recognizes that bloodborne pathogens such as Human Immunodeficiency (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) present a risk to students, faculty, staff and patients.

Preventing the transmission of bloodborne pathogens, including HBV, from patients to healthcare workers and from healthcare workers to patients requires a comprehensive approach that includes administering Hepatitis B vaccine to all susceptible healthcare workers at risk, viewing all blood as potentially infectious, using measures to reduce blood exposures, and having a staff committed to safe work practices. Critical elements to this approach include adherence to universal precautions, appropriate cleaning and disinfection procedures, safe injection practices, and reducing the risks for injuries.

The department's infection control procedures including disinfection and sterilization procedures are outlined in the "**Clinic and Infection Control Manual**". Methods for reducing risk exposure to bloodborne pathogens and post-exposure management are outlined in the "**Exposure Control Plan**".

The purpose of the department's Bloodborne Pathogens Policy (BPP) and Exposure Control Plan (ECP) is to minimize the risk of transmission of bloodborne pathogens. Policies will be reviewed annually and changes recommended as appropriate. This policy is provided to faculty, staff, and students upon entry to the program and is available to others upon request.

STUDENTS

Universal Precautions

Universal precautions, as defined by CDC, are a set of precautions designed to prevent transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of *all* patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens.

Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the health care worker's skin or mucous membranes to potentially infective materials. In addition, under universal precautions, it is recommended that all health care workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.

Provision of Dental Hygiene Services

Because adherence to current and accepted infection control procedures provides adequate protection for patients and health care providers from bloodborne infectious diseases, students and faculty are expected to provide dental hygiene services to and work with persons who have a bloodborne infectious disease. Faculty or students refusing to work with any patient will be counseled as to current medical information. A continued refusal to provide dental hygiene services to, or work with persons who have a bloodborne infectious disease could cause an employee or student to be dismissed from the program.

Bloodborne pathogen and infection control training

Training in infection control procedures begins immediately in the pre-clinical course, fall term of the sophomore year of the dental hygiene program. Current CDC guidelines for infection control serve as the foundation for the infection control training program. Infection control procedures are outlined in the Dental Hygiene Clinic Manual and are reviewed annually.

Immunizations

The OIT dental hygiene program requires students, upon admission, to receive a baseline tuberculosis skin test(s)*; to obtain a varicella titer demonstrating immunity; and to begin the Hepatitis B vaccine series. Over the next six months of classes students will complete the Hepatitis B series followed by a titer to test for Hepatitis B antibodies. This process should be completed before students begin treating patients in the spring term.

*Students taking the tuberculosis skin test for the first time will need to have two tests completed. Students who have tested positive for tuberculosis in the past must schedule a consultation with the OSHA Officer. Following the baseline test(s) subsequent tests will only be required if a student becomes symptomatic for the disease.

Other immunizations that are required are:

- 1) tetanus within the past 10 years
- 2) two mumps, measles, rubella (MMR)

It is also recommended that students receive the following immunizations:

- 1) influenza
- 2) meningitis

Copies of all immunization and titer records are to be submitted to the OIT Dental Hygiene OSHA Officer, in a timely matter. Failure to do so will require consultation with the OSHA Officer.

Medical Conditions

In accordance with the OIT Policy on AIDS (#OIT-30-040), students with HIV/AIDS will be allowed unrestricted classroom attendance, employment opportunities and participation in curricular and extracurricular activities as long as they are physically and mentally able and meet admission requirements.

Any student or applicant to the program who has an acute or chronic medical condition making them susceptible to opportunistic infection should discuss with their personal physician or other qualified health professional whether their condition might affect their ability to safely perform dental hygiene services. The Dental Hygiene Department will follow CDC suggested work restrictions for health-care personnel infected with or exposed to infectious diseases when determining if a student may begin or resume clinical activities.

Clinic Restrictions

The policy of the dental hygiene department for determining the mental and physical status of any dental hygiene student with a positive HIV test or a positive test for HBsAg and HBeAg is as follows:

Any dental hygiene student who learns that he or she has a positive HIV test or a positive test for both HBsAG and HBeAg is to **refrain from providing dental hygiene services** in the OIT Dental Hygiene Clinic until his or her infection status is reported to the department chair.

The following procedures shall be undertaken by the department chair:

1. The student's personal physician or primary health care provider will be contacted within seven days to determine:
 - a. the date of the initial positive test result.
 - b. an estimated date of initial infection.
 - c. the student's current medical status with special emphasis on presence or absence of exudative lesions or weeping dermatitis, pulmonary tuberculosis and cognitive, emotional, behavioral or neurologic impairment.
2. The department chair will review the student's records to determine if the student has ever been non-compliant with the dental hygiene clinic's infection control procedures and whether there was a substantial likelihood that a patient received a substantial exposure to the student's blood.
3. Confidentiality of the student shall be maintained during this investigation.
4. The department chair shall convene a meeting of the infection control panel to make recommendations regarding the student's continued practice in the dental hygiene clinic. The infection control panel shall consist of the dental hygiene department chair, one representative of the dental hygiene department, the Dean of the School of Health and the Arts and Sciences and a representative from the Student Health Services who has expertise in the epidemiology of HIV and Hepatitis B infections. The identity of the student will not be revealed to any of the panel except for the department chair.

The panel may recommend one or more of the following:

1. Restrictions on specific procedures.
2. Monitoring of the student's practice for compliance with the recommendations of the panel.
3. Medical monitoring.
4. Frequency with which the panel should reconvene to reconsider its recommendations in light of the changing medical condition of the student. The panel shall furnish the student with a draft of its recommendations and an opportunity for comment. Before finalizing its recommendations, the panel shall take into account any comments from the student.

Notification of patients as to their possible exposure to HIV or Hepatitis B shall not occur except in any of the following circumstances:

1. HIV or Hepatitis B transmission from student to at least one of his or her patients has occurred;
2. The patient to be notified has had a substantial exposure to the student's blood or body fluids;
3. The student has had significant violations of infection control practices which resulted in a significant risk of a substantial exposure to the patient being notified;
4. The identity of the HIV-infected student shall not be explicitly disclosed during the notification process.

Clinic Dismissal

Any student or health care personnel who engage in unsafe and/or careless clinical practice, which creates risks to the health of patients, employees, or students, shall be subject to disciplinary action. When such actions are brought to the attention of the Department Chair, the student or health care personnel may be suspended immediately from all patient activities pending a full investigation of the matter.

PATIENTS

Dental Hygiene Services

Patients infected with bloodborne pathogens can be safely treated in the dental hygiene clinic. Current epidemiological evidence indicates that there is no significant risk of contracting bloodborne diseases through the provision of dental treatment when universal precautions are routinely followed. Therefore, all patients, regardless of HIV, HBV, or HCV status will be provided dental hygiene services in the OIT Dental Hygiene Clinic. Universal precautions for *all* patients will be followed.

Confidentiality

All information regarding the health status of an individual is confidential and is considered protected health information. It is to be used only for treatment, payment and healthcare operations. A privacy notice explaining the use of health information is provided to patients at the initial appointment.

Specifically, the medical history of all patients is to be kept strictly confidential. The patient chart is only to be removed from the dental hygiene reception area and taken to the clinic during the treatment of a patient. It is to be immediately returned to the reception area following dismissal of the client from the clinic. Patient charts (individual content or the entire chart) are never to be removed from the clinic or reception area. Names of patients must NEVER be used when discussing the significance of a health history. Breach of confidentiality is grounds for dismissal from the program.