

Bloodborne Pathogens Exposure Control Plan

3.4.17

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**GUIDELINES FOR DELTA DENTAL OF KENTUCKY'S BLOODBORNE
PATHOGENS EXPOSURE CONTROL PLAN**

BLOODBORNE PATHOGENS EXPOSURE CONTROL

DUTIES:

- I. Each CLINIC VOLUNTEER —
 - A. Shall furnish to each of his employee/volunteers a place of service which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employee/volunteers;
 - B. Shall comply with occupational safety and health standards promulgated under this Act.
- II. Each employee/volunteer shall comply with occupational safety and health standards and all rules, regulations and orders issued pursuant to the Act which are applicable to his own actions and conduct.

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BLOODBORNE PATHOGENS EXPOSURE CONTROL COMPLIANCE PLAN

I. Introduction and Summary

Hepatitis B (HBV) has long been recognized as a hazard for health care workers who are exposed to blood. In the mid-1980's reports documenting the transmission of Human Immunodeficiency Virus (HIV) to health care workers were published. Several other diseases carry varying but lesser risk. In response to these concerns, the Occupational Safety and Health Administration, U.S. Department of Labor, on December 6, 1991, published a final standard on the prevention of occupational exposure to bloodborne pathogens.

On November 6, 2000 President Clinton signed the Needlestick Safety and Prevention Act, P.L. 106-430. This Act directed OSHA to revise the Bloodborne Pathogens standards to reflect the requirements of the Act. OSHA subsequently implemented federal regulations (29 Code of Federal Regulations (CFR) Part 1910 Occupational Exposure to Bloodborne Pathogens Needle sticks and Other Sharps Injuries Final Rule on January 18, 2001).

II. Exposure Determination

A. In the following job classifications, all employee/volunteers have occupational exposure as part of their normal work routine:

See the following website for updated job classifications indicated below:

[http://chfs.ky.gov/dph/Sojourn Community Churchmeritclass.htm](http://chfs.ky.gov/dph/Sojourn_Community_Churchmeritclass.htm)

Registered Nurse
Pediatrician
General Practitioner
Physician Assistant
Nurse Practitioner
Dentist
Dental Hygienist
Dental Assistant
Sterilization Supervisor
Licensed Practical Nurse
Phlebotomist

B. In the following job classifications, some employee/volunteers have occupational exposure:

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Public Health Program Specialist
Social Services Aide

Community Outreach Worker
Nutritionist
Speech and Hearing Pathologist
X-ray Technician
Occupational Therapist
Physical Therapist
Health Officer
Medical Director
Janitor
Advocate
Pastor
Chiropractor
Occupational Therapists
Vision testers
Audiologist
Physical Therapist
Respiratory Therapist
Other

C. In the following job classifications, employee/volunteers do not have occupational exposure:

Social service providers
Food workers
Administrative Assistants
Pharmacists/Pharmacy students
Health Education Director
Records Collector
Hospitality workers

In all three classifications, the individual responsibilities of each employee/volunteer must still be reviewed to determine the potential for exposure to bloodborne pathogens.

D. The following tasks and procedures or groups of closely related tasks and

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procedures are performed by volunteers in job classifications listed in II A. and II B., and may result in occupational exposure to bloodborne pathogens:

1. The performance of venipunctures, heel sticks or finger sticks.
2. The performance of intravenous, intramuscular, intrathecal, subcutaneous, or intradermal administration of vaccines or medications.
3. The use and handling of needles, sharp instruments, scalpels or similar devices during routine clinical procedures or diagnostic examinations. The cleaning of used instruments, and the disposal of needles, blades, and other sharps.

The collection and handling of all smears, cultures and specimens of the following fluids: blood and all body fluids, except sweat, regardless if they

4. contain visible blood; and any other fluid. The collection and handling of unfixed tissue from a human, living or deceased.
5. The physical examination of the pelvis, rectum, and genitalia; contact with all mucous membranes, including the nose and mouth.
6. The performance of invasive procedures: the manipulation, cutting or removal of any oral tissue including tooth structures: the handling of intra-oral devices; contraceptive implant and insertion.
7. The performance of wound care or dressing changes.

III. Schedule and Method of Implementation of Clinical Exposure Prevention Plan

A. Methods of Compliance

1. Standard Precautions*

Universal precautions are OSHA's required methods of control to protect employee or volunteers from exposure to all human blood and other potentially infectious materials. The term "universal precautions" refers to a concept of bloodborne disease control which requires that all human blood and other potentially infectious materials be treated as if known to be infectious for HIV, HBV, Hepatitis C Virus (HCV) or other bloodborne pathogens, regardless of the perceived low risk status of a patient or patient population.

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Alternative concepts in infection control, such as Standard Precautions, are acceptable alternatives to universal precautions, provided that facilities utilizing them adhere to all other provisions of the OSHA standard. Based upon the Centers for Disease Control and Prevention (CDC), "Guideline for Isolation Precautions in Hospitals", 1996, the Department for Public Health (DPH) recommends that THE VAN FREE DENTAL CLINIC use Standard Precautions for all patients. These precautions are applied to blood, vaginal secretions, semen, all other body fluids, (except sweat), whether or not they contain visible blood, and non-intact skin and mucous membranes. Therefore, the use of protective barrier precautions are recommended when performing tasks involving contact with blood, body fluids, non-intact skin and mucous membranes.

Standard Precautions is an approach to infection control in which all human blood and human body fluids (See list in II.D.) are always treated as if they contain HIV, HBV, HCV and other bloodborne pathogens.

Standard precautions for health care workers may be summarized by the following principles:

- Treat all blood and body fluids as being potentially infectious.
- Use a barrier appropriate for the interaction. Protective barriers must be appropriate for the type of exposure anticipated and may include latex vinyl gloves, gowns, masks, and protective eyewear.

References and examples of tasks requiring the use of Standard Precautions are also contained in the Public Health Practice Reference (PHPR).

- Do not bend, break, shear, or recap needles. Needles must not be removed from disposable syringes. Disposable needles, syringes and other sharp's items must be placed in puncture-resistant containers for disposal. The containers are to be located as close as practical to the area in which the items were used.
- Wash hands thoroughly before and after patient care, and between patients or sites on the same patient.
- Clean up blood spills immediately.
- Follow nationally published guidelines for sterilization, disinfection, housekeeping, and waste disposal.
- Keep mouthpieces and resuscitation equipment readily available if use is likely.
- Refrain from patient care when the caregiver has weeping dermatitis or exudative lesions.

Additional isolation precautions may be necessary for patients with an infection transmissible by the airborne route (such as tuberculosis, varicella and measles), droplet, or contact. Transmission-based Precautions is the second tier of the CDC, 1996, "Guideline for Isolation Precautions in Hospitals". The DPH recommends that Louisville Dental

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Society & Other Volunteers use Transmission-based Precautions. These precautions should be used in addition to Standard Precautions.

2. Engineering/Work Practice Controls for Health Departments and Home Health Employee/volunteers

Background Information:

The revision of the Bloodborne Pathogens, Needlesticks and other Sharps Injuries standard requires the employer to institute engineering and work practice controls as the primary means of eliminating or minimizing employee/volunteer exposures. “Engineering controls” has been modified to include “safer medical devices, such as sharps with engineered sharps injury protections and needleless systems”. The revised standard adds two additional terms to the definition section “Engineering controls” mean controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples include needleless devices, shielded needle devices, blunt needles, and plastic capillary tubes. A “Needleless System,” is defined as “a device that does not use needles for collection of body fluids or withdrawal of body fluids after initial venous or arterial access is established; the administration of medications or fluids; or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps”.

The bloodborne pathogens standard reflects how employers implement new developments in control technology; requires employers to solicit input from non-managerial (e.g., frontline) health care workers that identifies, evaluates, selects safety-engineered sharp devices (e.g., needleless devices, shielded needle devices, and plastic capillary tubes) and identifies proper work practices (e.g., no-hand procedures in handling contaminated work practices (e.g., no-hand procedures in handling contaminated) Precautions are also contained in the Public Health Practice Reference (PHPR).

- Do not bend, break, shear, or recap needles. Needles must not be removed from disposable syringes. Disposable needles, syringes and other sharp’s items must be placed in puncture-resistant containers for disposal. The containers are to be located as close as practical to the area in which the items were used.
- Wash hands thoroughly before and after patient care, and between patients or sites on the same patient.
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- Keep mouthpieces and resuscitation equipment readily available if use is likely.
- Refrain from patient care when the caregiver has weeping dermatitis or exudative lesions.

Additional isolation precautions may be necessary for patients with an infection transmissible by the airborne route (such as tuberculosis, varicella and measles), droplet, or contact. Transmission-based Precautions is the second tier of the CDC, 1996, "Guideline for Isolation Precautions in Hospitals". The DPH recommends that Delta Dental of Kentucky use Transmission-based Precautions. These precautions should be used in addition to Standard Precautions.

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- c. **needle devices, and plastic capillary tubes) and identifies proper work practices (e.g., no-hand procedures in handling contaminated antiseptic hand cleansers or towelettes are used, hands will be washed with soap and running water when the volunteer returns to a place where hand-washing facilities are available.**
 - d. DELTA DENTAL OF KENTUCKY will instruct volunteers to wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 - e. DELTA DENTAL OF KENTUCKY will ensure that volunteers wash hands, and any other skin with soap water, or flush mucous membranes with water immediately, or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- f. Contaminated needles and other contaminated sharps will not be bent, recapped, or removed from an attached device unless the volunteer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Recapping or needle removal must be accomplished by using a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited.
- g.**
- DELTA DENTAL OF KENTUCKY should also evaluate the safety of using glass capillary tubes. Food and Drug Administration (FDA), National Institute of Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) recommend blood collection devices less prone to accidental breakage including (1) Capillary tubes that are not made of glass (but made of plastic) (2) Glass capillary tubes wrapped in puncture – resistant film (3) products that use a method of sealing that does not require manually pushing one end of the tube into putty to form a plug or (4) products that allow the hematocrit to be measured without centrifugation.
- g. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited for employee/volunteers while in the health center, where there is a reasonable likelihood of occupational exposure to potentially infectious materials.
 - h. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, on countertops or bench tops, or in portable insulated coolers where blood or other potentially infectious materials are present.

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- i. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets.
- j. Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or transporting and will be decontaminated as necessary unless Sojourn Community Church can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

A readily observable label as described in III. C. 1. will be attached to the equipment stating which portions remain

- (1) contaminated.
- (2) DELTA DENTAL OF KENTUCKY will ensure through training and education of staff that appropriate precautions are taken prior to use of or contact with the equipment by volunteers, the servicing representative, and/or the manufacturer, prior to handling, servicing or shipping. Specimens of potentially infectious materials will be placed in a container which prevents leakage. Special care shall also be given to the transport of capillary tubes to prevent leakage.

3. Personal Protective Equipment

The provisions of this subsection will be observed upon adoption of the requirements of the Needlestick Safety and Prevention Act.

- a. Provision. For the employee/volunteers listed in II A. and B. above, DELTA DENTAL OF KENTUCKY will provide, at no cost to the employee/volunteer, personal protective equipment appropriate for the services provided and accessible on-site at the location of use. Examples of protective equipment include gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to reach the employee/volunteer’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes. Barrier protection should be used when contact with blood and all body fluids, except sweat, whether or not there is visible blood, is a possibility.
- b. Use. DELTA DENTAL OF KENTUCKY employee/volunteers will use the equipment as specified in i - k. If a volunteer declines to use the

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equipment, they will not be allowed to serve.

- c. **Accessibility.** DELTA DENTAL OF KENTUCKY will ensure that personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued directly to employee/volunteers. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives will be readily accessible to those employee/volunteers who are allergic to the gloves normally provided.
 - d. **Cleaning, Laundering, and Disposal.** DELTA DENTAL OF KENTUCKY will clean, launder, and dispose of personal protective equipment at no cost to the employee/volunteer.
 - e. **Repair and Replacement.** DELTA DENTAL OF KENTUCKY will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the volunteer.
- e. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) will be removed immediately or as soon as possible.
- g. All personal protective equipment will be removed prior to leaving the DELTA DENTAL OF KENTUCKY MOBILE DENTAL UNIT.
 - h. When personal protective equipment is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
 - i. **Gloves.** Gloves will be worn when it can be reasonably anticipated that the employee/volunteer may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph b; and when handling or touching contaminated items or surfaces. These include procedures a. through g. in I. D. above.
 - (1) Disposable (single use) gloves, such as surgical or examination gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or whenever their ability to function as a barrier is compromised.
 - (2) Disposable (single use) gloves will not be washed or decontaminated for re-use.
 - (3) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or

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whenever their ability to function as a barrier is compromised.

Health Care Workers should always wear gloves when...

Touching blood and body fluids.

Touching mucous membranes (e.g. inside mouth, rectum, vagina).

Touching non-intact skin of all patients (or when the health care worker's skin is not intact). Health care workers with exudative skin lesions or weeping dermatitis should refrain from direct patient contact, or handling patient care equipment, until the skin condition resolves.

Handling items or surfaces soiled by blood or other body fluids when processing blood or any body fluid specimen.

Hands should be washed before gloving.

Gloves must be changed after contact with each patient and hands must be thoroughly washed with soap and water.

Change gloves between tasks and procedures on the same patient after contact with materials that may contain a high concentration of microorganisms.

Hands or other skin must be immediately and thoroughly washed if contaminated with blood or body fluids. Hands must always be washed before and after the examination and before leaving the examination room. Hand washing should be with soap (preferably liquid, not bar) and warm water (not hot). Rub hands together using friction creating lather for 10–15 seconds. Rinse and pat dry with a disposable towel. Waterless antiseptic solutions may be used for cleaning hands, if necessary. However, hands should be washed with clean water and soap as soon as it is available.

j. **Masks, Eye Protection, and Face Shields.** Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated, such as tracheostomy care. Sojourn Community Church does not normally perform these procedures.

k. **Gowns, Aprons, and Other Protective Body Clothing.**

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Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations that are likely to generate splashes of blood or other body fluids. The type and characteristics will depend upon the task and degree of exposure anticipated.

Although saliva has not been implicated in the transmission of HIV, to minimize risks during emergency mouth-to-mouth resuscitation, mouth-pieces, resuscitation bags, or other ventilation devices should be available for use in areas where the need for resuscitation might arise. This includes health department settings where anaphylaxis may develop as a result of parenteral penicillin or other drug therapy.

4. Infectious Waste Management

The provisions of this subsection will be observed as of October 6, 2014:

a. Definitions:

(1) Regulated waste is defined to be consistent with the published OSHA standard, as follows:

- (a) The body fluids listed in II. D. 4. (Blood is the most likely fluid to be encountered in the health clinic setting.)
- (b) Used disposable sharp items (such as needles, blades, and broken tubes.)
- (c) Pathological waste -- any unfixed tissue or organ, other than intact skin, from a human, living or dead. The primary agents of concern in current occupational settings are HIV, HBV, and HCV.

e) Contaminated items that would release blood or other liquids enumerated in II. D. 4. above if compressed.

(f) Items that are caked with dried blood or other liquids - enumerated in II. D. 4. above and are "capable of releasing

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these materials during handling” (this means, enough caked blood to cause a dusty aerosol if shaken, NOT an item like a gauze pad which has been used to cover a finger stick or antecubital venipunctures).

Items in (a) through (d) are defined as infectious by CDC and by Kentucky infectious waste regulations for hospitals, nursing homes, and special clinics. These are referred to as “Class A infectious wastes.” Items (e) and (f) are referred to as “Class B infectious wastes.”

b. Plan of Treatment and Disposal:

(1) Class A: Sharps will be placed in puncture-resistant containers which will be located in each room of the health department where venipunctures or injections are performed, or other places where sharps are expected to be used. The containers will be labeled as per III. C. 1. of this plan. Containers will be maintained upright during use and will not be allowed to overfill. They will be constructed so as to prevent leakage during handling, storage, transport, or shipping and must be closed prior to transport. A contract or arrangement (to be filed with this plan) will be executed with a hospital, medical facility, or waste transporter to take the sharps containers to a site where they will be incinerated or treated by one of the approved alternative technologies.

Blood and other fluids in II. D. 4. will be carefully poured down the sanitary sewers.

Microbiologic wastes will be placed in bags which are closeable and prevent leakage, labeled as per III. C. 1. of this plan, and either autoclaved within the health department, or an arrangement made for transport as for sharps. (If autoclaving option is chosen, check here ____.)

Pathologic wastes (if any) will be placed in bags that are properly labeled and closeable, prevent leakage, and transported to incineration.

When Class A infectious wastes are generated in a setting (such as a correctional facility) where sharps containers cannot safely be left, one will be carried by the employee/volunteer for immediate use and removed when the employee/volunteer leaves the site.

(2) Class B infectious wastes must be placed in closeable and leak proof containers and will be labeled as per III. C. 1. of this plan. They will be transported (as described for class A) at the option of the individual health department, or will be grouped with ordinary solid waste. They are not required to receive special treatment prior to disposal.

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5. Housekeeping, General

DELTA DENTAL OF KENTUCKY will ensure that the work site is maintained in a clean and sanitary condition. A written schedule for cleaning and decontaminating the work site will be observed based on the following criteria:

- a. Location within the department
- b. Type of surface to be cleaned
- c. Type of soil present
- d. Tasks and procedures being performed in the area

All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- a. Contaminated work surfaces will be decontaminated with an appropriate disinfectant, such as Biocide.
 - (1) After completion of procedures.
 - (2) Immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials.
 - (3) At the end of the work day if the surface may have become contaminated since the last cleaning.
- b. Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workday if they may have become contaminated during the day.
- a. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or

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other potentially infectious materials will be:

- (1) Inspected and decontaminated on a regularly scheduled basis;
 - (2) Cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- b. Broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- e. Reusable sharps that are contaminated with blood or other potentially infectious materials will NOT be stored or processed in a manner that requires employee/volunteers to reach by hand into the containers where these sharps have been placed.

6. Laundry

- a. Contaminated laundry will be handled as little as possible with a minimum of agitation.
- (1) Contaminated laundry will be bagged or placed in a leak proof container at the location where it was used. It will NOT be sorted or rinsed in the location of use.
 - (2) Contaminated laundry will be placed and transported in

bags or containers labeled or color-coded as described in III.C.1. When DELTA DENTAL OF KENTUCKY utilizes universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it communicates the information that the containers require compliance with universal precautions.

- (3) When contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry will be placed and transported in bags or containers which prevent soak

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through and/or leakage of fluids to the exterior.

- b. DELTA DENTAL OF KENTUCKY will ensure that employee/volunteers who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment, i.e., gown or apron.
- c. When DELTA DENTAL OF KENTUCKY ships contaminated laundry off-site, DELTA DENTAL OF KENTUCKY will place the laundry in bags or containers which are labeled or color-coded as described in III C. 1.
- d. DELTA DENTAL OF KENTUCKY has a contract/agreement with N/A (We are using Disposable Gowns) to provide laundry services. The contract/agreement will include the required cleaning schedule and which facility will be responsible for transporting the items.

B. Hepatitis B Control

The provisions of this section will be observed as of October 6, 2014.

1. Vaccination

Each volunteer in job classes enumerated in II A. and II B. above will, before serving in the clinic, will:

- a. Provide evidence of having received three doses of hepatitis B vaccine; or
- b. Provide evidence of a positive Antibody to Hepatitis B Surface Antigen (anti-HBs) laboratory marker; or
- c. Specifically decline vaccination by signing a declination form (Appendix V).

For those who do not have an immunocompromised medical condition, booster doses of vaccine are not currently recommended except when there is exposure to a Hepatitis B Surface Antigen (HBsAg)-positive source. If the volunteer has declined vaccination, he must sign a declination form.

Only volunteers that have proof of previous vaccination or sign the refusal to be vaccinated will be allowed to serve. DELTA DENTAL OF KENTUCKY will

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not provide Hepatitis B vaccinations. Appropriate forms will be signed and dated.

2. Post-exposure evaluation

When a employee/volunteer experiences an incident involving parenteral contact or contact of eye, mouth, other mucous membrane, or non-intact skin with a body fluid defined in II. D. 4. a report will be made as described in IV. below. The source patient will be tested on site. Consent will already have been secured on the general consent.

Current references may be found on the CDC website: www.cdc.gov “(Morbidity and Mortality Weekly Report [MMWR], June 29, 2001/Vol.50/No.RR-11 or latest version”); Morbidity and Mortality Weekly Report [MMWR], September 30, 2005/Vol. 54/No. RR-9, update)

C. Communication of Hazards

1. Warning Signs/Labels

Standard Orange Fluorescent Biohazard warning labels (available from the Division of Laboratory Services, Technical Services, Container Room; or private vendors) must be affixed to all regulated waste containers, refrigerators containing blood or other potentially infectious material and any other containers used to store, transport or ship blood or other potentially infectious materials. Containers or vacutainers of blood or blood products that are labeled as to their contents and are being clinically tested within the facility are exempt from the labeling requirements. Red bags or red containers may be substituted for labels. Individual containers that are placed in a larger labeled container for storage, transport, or shipment need not be individually labeled. The labels on regulated waste will have an “A” or “B” underneath the biohazard symbol indicating the class of infectious waste. If the container has a mixture of types, the letter “A” will be used. Labels must be affixed as closely as feasible to containers by string, wire, adhesive, or another method

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to assure that labels are not lost or unintentionally removed. Labels are also required for any contaminated laboratory equipment and must state which portion(s) of the equipment is contaminated. Regulated waste that has been decontaminated does not need to be labeled.

2. Information and Training of Staff

DELTA DENTAL OF KENTUCKY must ensure that all employee/volunteers identified as having the potential for an occupational exposure participate in a training program provided at no cost to the employee/volunteer and during working hours. An initial training program to assure compliance with the new Needlestick Safety and Prevention Act must be provided by DELTA DENTAL OF KENTUCKY within a reasonable time frame after receiving these guidelines. After this time, new staff identified as having the potential for exposure must receive training during the orientation period

- a. or prior to undertaking tasks where exposure may take place. Local health departments are obligated to provide additional training if an employee/volunteer's change in duties increases the chance of exposure. An instructor familiar with infection control theory and practice should be responsible for providing the training and for assessing the effectiveness of the training. Initial and annual training programs must contain (at a minimum) the following components:
 - (1) A general explanation of the epidemiology, modes of transmission, and symptoms of infection with bloodborne pathogens.
 - (2) An explanation of DELTA DENTAL OF KENTUCKY exposure control plan, the location of the plan, and how the employee/volunteer can obtain a copy.
 - (3) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - (4) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering

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- controls, work practices, and personal protective equipment.
- (5) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
 - (6) An explanation of the basis for selection of personal protective equipment.
 - (7) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
 - (8) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - (9) An explanation of the procedure to follow if an exposure incident occurs (as described in III.B.2.), including the method of reporting the incident and the medical follow-up that will be made available. (Note: the source patient may be sent for testing immediately after an exposure incident if the patient signed form CH 22-A (Consent for Health Services) or Appendix III.
 - (10) Information on the post-exposure evaluation and follow-up that DELTA DENTAL OF KENTUCKY provides for an employee/volunteer following an exposure incident.
 - (11) An explanation of the signs and labels and/or color coding in use by the DELTA DENTAL OF KENTUCKY.
 - (12) Ample opportunity for questions and answers.
Additionally, copies of the Blood Borne Pathogen policy outlining the requirements for employers and DELTA DENTAL OF KENTUCKY exposure control compliance plan must be available and easily accessible to each volunteer.

D. Recordkeeping

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Provisions of this subsection as will be observed as of October 6, 2014.

1. Employee/volunteer Medical Records
 - a. DELTA DENTAL OF KENTUCKY must include in the medical file of each employee/volunteer with potential exposure, documentation of an up-to-date hepatitis B vaccination. If the employee/volunteer has no documentation to this effect, they will be asked to sign the refusal document or not be allowed to participate.
2. Records of Training Received by Employee/volunteers
 - a. Information on employee/volunteer training on occupational exposure must be contained on the Summary of Occupational Exposure Training Form. The form is to be completed by the trainer(s) and a copy must be filed in a general training file with a copy in each employee/volunteer's personnel file. This form (see Appendix I) contains the following information:
 - (1) The dates of each training session.
 - (2) Content-specific syllabus and any information distributed to employee/volunteers.
 - (3) The name(s) and qualifications of the person conducting the training.
 - (4) Names and volunteer titles of all persons attending the training.
 - b. Records will be retained for three years from the date of training. Records shall be made available to state agency staff and OSHA representatives upon request. A CH-23 (Release of Information) must be completed should an employee/volunteer terminate employment with DELTA DENTAL OF KENTUCKY and wish to have his records transferred to another employer.

IV. Procedure for Reporting and Managing Exposure Incidents

- A. In the event of any applicable exposure to blood or other potentially infectious material, the health department employee/volunteer will:
 1. Report the date, time and type of exposure to his immediate supervisor.
 2. Initiate an "Unusual Occurrence/Incident Report" (Appendix II) to

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include, but not be limited to:

- a. Employee/volunteer activity at the time of exposure.
 - b. Extent to which appropriate work practices and protective equipment were used.
 - c. Description of the source of the exposure.
3. Initiate a consent form for treatment, if indicated. (See Appendix III)

4. Initiate treatment in accordance with recommended guidelines, based on the type of exposure. (See Appendix IV for physician treatment form.)

5. Adhere to follow-up treatment regimen and/or testing as prescribed by the physician.

6. Report the incident to DELTA DENTAL OF KENTUCKY clinic director or his/her designee.

7. Reporting/Recording of Needlestick and Sharps Injuries:

All work-related Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (human body fluids, tissues, and organs); or other materials infected with HIV, HBV or HCV such as laboratory cultures or tissues must be recorded on the Log of Work-Related Injuries and Illnesses and the Injury and Illness Incident Report as an injury. If an employee/volunteer is splashed or exposed to blood or other potentially infectious materials without being cut or scratched, the incident is recorded on the Log as an illness if it results in the diagnosis of a bloodborne illness (HIV, Hepatitis B, or Hepatitis C) or it meets one or more of the following criteria: days away from work, restricted work, transfer to another job, medical treatment beyond first aid, loss of

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consciousness, death or it involves a significant injury or illness diagnosed by a physician or other licensed health care professional even if it does not meet one or more of the criteria previously listed. To protect the employee/volunteer's privacy, do not record the employee/volunteer's name on the Log. In these instances, enter "privacy case" in the space for the employee/volunteer's name.

The following injuries and illnesses are designated "privacy concern cases":

- a. An injury or illness to an intimate body part or the reproductive system;
- b. An injury or illness resulting from a sexual assault;
- c. Mental illnesses;
- d. HIV infection, hepatitis, or tuberculosis;
- e. Needlestick injuries or cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material;
- f. Other illnesses, if the employee/volunteer independently and voluntarily requests that his/her name not be entered on the Log.

For these "privacy concern cases," DELTA DENTAL OF KENTUCKY must

keep a separate, confidential list of the case numbers and employee/volunteer names so the cases can be updated and the DELTA DENTAL OF KENTUCKY can provide federal and/or state

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government appropriate information if requested to do so.

The “classification of the case” contained on the Log must be updated if the injury later results in days off work, restricted work, job transfer, or death. The description of the case must also be updated to identify the infectious disease and to change the case classification from an injury to an illness. Information must be entered on the OSHA 300 Log and 301 Incident Report within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

8. Retention and Updating:

DELTA DENTAL OF KENTUCKY must retain the Log, the privacy case list, the Annual Summary and the Incident Report for five (5) years following the end of the calendar year. The Logs must be updated over the five year period to include any newly discovered recordable injuries or illnesses and to show any changes that have occurred in the classification of previously recorded injuries and illnesses. If the description or outcome of a case changes, DELTA DENTAL OF KENTUCKY must remove or line out the original entry and enter the new information. Updating the Annual Summary and the Incident Report is voluntary (there is no requirement to update these two documents).

B. The employer or designee will:

1. Report the incident to DELTA DENTAL OF KENTUCKY, if a reportable condition is involved.
2. File and retain the reports in his medical record.
3. Provide the following information to the evaluating physician:
 - a. A copy of this regulation and its appendices and
 - b. Description of the affected employee/volunteer’s duties as they relate to the employee/volunteer’s occupational exposure.
4. Physician’s written opinion. For each evaluation under this section, the employer shall obtain and provide the employee/volunteer with a copy of the evaluating physician’s written opinion within 15 working days of the completion of the evaluation. The written opinion will be limited to the following information:

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- a. The physician's recommended limitations upon the employee/volunteer's Hepatitis B vaccination.

- b. A statement that the employee/volunteer has been informed of the results of the medical evaluation and that the employee/volunteer has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

- c. Specific findings or diagnoses which are related to the employee/volunteer's ability to receive Hepatitis B vaccination. Any other findings and diagnoses shall remain confidential.

C. In the event the employee/volunteer refuses to be treated according to the guidelines for treatment of an exposure incident the employee/volunteer's supervisor will:

1. Complete the "Unusual Occurrence/Incident Report" based on the oral report of the employee/volunteer and have the employee/volunteer sign the report.
2. Have the employee/volunteer indicate on the Incident Report his/her refusal for care.
3. Report the incident and refusal of the employee/volunteer to the appropriate personnel in DELTA DENTAL OF KENTUCKY
4. Report the incident to the Department for Public Health, Division of Epidemiology and Health Planning, if a reportable condition is involved.
5. File and retain the reports in his medical record.

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APPENDIX I

RECORD OF TRAINING ON EXPOSURE GUIDELINES AND REQUIREMENTS

One copy must be maintained in a general file and one copy maintained in each employee/volunteer's personnel file.

Training must be provided each clinic (within 12 months of the last date of training). This form will be used to document the training of volunteers at each of our clinics. The copy of the training agenda and any information distributed to employee/volunteers must be

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APPENDIX II

**UNUSUAL OCCURRENCE / INCIDENT REPORT
EXPOSURE TO BLOOD OR OTHER
POTENTIALLY INFECTIOUS MATERIALS***

(Page 1 of 2)

UNIFORM NEEDLESTICK AND SHARP OBJECT INJURY REPORT

Name: _____ **Date:** _____

Phone #: _____

Job Category:

- DDS/DMD (attending/staff)
- DS
- RDH
- DA
- Dental technician
- Sterilization personnel
- Housekeeping/ laundry worker
- Other _____

Where did injury occur?

- Treatment room
- Outside treatment room (hallway, etc)
- Emergency clinic
- Operating room
- Procedure room (x-ray, sterilization, etc)
- Dental laboratory
- Pathology
- Other _____

Was the source patient identified?

- Yes
- No

Was the injured person the original user of the sharp item?

- Yes
- No

Was the sharp item:

- Contaminated (known exposure to patient or contaminated equipment)
- Uncontaminated (no known exposure to patient or contaminated equipment)
- Unknown

For what purpose was the sharp item originally used?

- Unknown
- Injection (syringe)

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- o To start IV (IV catheter or butterfly-type needle)
- o To draw a venous blood sample
- o To obtain a body fluid or tissue sample
- o Fingerstick
- o Suturing
- o Cutting (surgery)
- o Electrocautery

Name Of Patient(If Known): _____

Contact information of Patient: _____

When and how did the injury occur?

- o Before use of item (item broke or slipped, assembling device, etc)
- o During use of item (item slipped, patient jarred item, etc)
- o Between steps of a multistep procedure (between incremental injections, passing instrument, etc)
- o Disassembling device or equipment
- o In preparation for reuse or reusable instrument (sorting, disinfection, sterilization, etc)
- o While recapping a used needle
- o Withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc)
- o Other after use, before disposal (in transit to disposal, cleaning up, left on table, floor, other place)
- o From item left on or near disposal container
- o While putting the item into the disposal container
- o After disposal, stuck be item protruding from opening of disposal container
- o Item pierced side of disposal container
- o After disposal, item protruded from trash bag or inappropriate waste container
- o Other _____
- o **If the item caused the injury was a needle, was it a “safety design” with a shield, recessed, or retractable needle?**
- o Yes
- o No

Was the injury:

- o Superficial (little or no bleeding)
- o Moderate (skin punctured, some bleeding)
- o Severe (deep stick/cut, or profuse bleeding)

Mark the location of the injury:

Describe the circumstances leading to this injury:

- o To contain a specimen or pharmaceutical _____ (glass items,
local anesthetic cartridge) _____ Other

What device or item caused the injury?

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SECONDARY FORM*

Employee/volunteer Name: _____ Position:

Date of Exposure: _____ Time:

A P
M M

Source of Exposure:

How Exposure Occurred:

Immediate Action Taken:

Comment:

APPENDIX II

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**UNUSUAL OCCURRENCE / INCIDENT REPORT
EXPOSURE TO BLOOD
OR OTHER POTENTIALLY INFECTIOUS MATERIALS**

(Page 2 of 2)

Protective Equipment Being Used? Yes No N/A

If Protective Equipment Was Not Used, Why?

Incident Reported To:

Physician Referral Scheduled:

_____ I understand the potential risks related to the exposure incident which occurred and agree to receive an examination and/or treatment for the exposure, as recommended by my physician. This includes serological testing for HBV and the HIV virus, if indicated.

_____ I understand the potential risks related to the exposure incident which occurred, and DO NOT agree to have an examination or treatment for the exposure.

Employee/volunteer Signature: _____ Date: _____

Supervisor: _____ Date: _____

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APPENDIX III

DELTA DENTAL OF KENTUCKY CLINIC PATIENT CONSENT FORM WE USE THE PATIENT CONSENT FORM LISTED BELOW*

DELTA DENTAL OF KENTUCY PATIENT GENERAL CONSENT FORM 3.17

I, _____, consent to be a patient at the above named Free Mobile/Stationary Dental Clinic and agree to a radiographic and clinical examination. **I also understand and consent to the following: (Please initial each section)**

1. During the course of treatment, I may undergo procedures in all phases of dentistry including gum treatment and surgery, oral surgery, Partials & dentures, restorative dentistry, TMJ treatment, biopsy, photos and analysis, pediatric dentistry, and xrays.
2. I will provide a thorough and complete medical history, supply a full list of my medications with dosages, and consent to my dentist communicating with my other medical practitioners to inquire about any aspect of my health history.
3. No guarantees can be made about treatment outcomes, restoration longevity, or prognoses. I understand that any branch of medicine, including dentistry, can involve unanticipated results & risks
4. My treatment plan may change at any time and I will do my best to approach my dental care with optimism and open communication with my dentist, hygienist, and dental office staff. Procedures may not be completed in one visit and I agree to return for completion of treatment, if advised or, if questions arise.
5. I am welcome to ask questions about any aspects of my dental care and will request information if I am confused or need more information. I am responsible for clarifying any aspects of my treatment that I am unsure about.
6. If a needle-stick/skin puncture injury occurs, I agree to be transported to a medical facility to have any medical tests necessary to allow treatment/evaluation for possible blood borne sicknesses.

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7. () I understand English speech and written word OR () I have had the opportunity to use a translator to translate this document & to answer any questions that I may have.
Translator Initials _____
8. I agree to the release, publication, broadcast, and free-use, in any form, of any Images, Photographs & Quotes given during treatment day or in conjunction with this FREE Clinic.
9. _____ (initial) This is a No-cost clinic staffed by volunteers and made possible through donations of time & funds of many groups. As such, patient agrees not to bring legal action against any parties involved, for any treatment rendered.
Share your kindness & gifts to neighbors, family & strangers.
Make your city a better place.

Thanks!

Patient or Guardian Name

Date

Witness

Date

***SECONDARY FORM**

I, _____, as a patient of the _____ Health Department, agree to be tested for serological evidence of infectious diseases including but not limited to, Hepatitis B and the Human Immunodeficiency Virus (HIV) because an employee or volunteer of DELTA DENTAL OF KENTUCKY MOBILE DENTAL CLINIC has had an unintentional exposure to my blood or other potentially infectious material. The potential physical problems to me are those related to the routine procedure. My signature confirms that I have read this consent form; have received an explanation and understand the reasons for the tests, and; agree to have these tests done.

Patient/Guardian: _____ Date: _____

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Person authorized to sign for
Patient: _____ Witness: _____

I have read the above information and understand why I have been asked to give consent for these tests, but I do not give consent at this time, even though my physician has ordered it.

Patient/Guardian: _____ Date: _____

Person authorized to sign for
Patient: _____ Witness: _____

* (To be used when patient has not signed a General Consent For DELTA DENTAL OF KENTUCKY MOBILE DENTAL CLINIC)

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APPENDIX IV

**PHYSICIAN TREATMENT RELATED TO
UNINTENTIONAL EXPOSURE TO BLOOD
OR OTHER POTENTIALLY INFECTIOUS SUBSTANCES**

Type of exposure:

Location on body:

Wound appearance:

Exposure Source: Known _____ Unknown _____

Infection Evident from Source? Yes _____ No _____

Blood Tests Ordered:

Treatment Provide Additional Care Needed? _____ No _____
Yes _____

Follow-up Visit: No _____ Yes _____ Date:

Explained _____ This individual was treated by me and has been fully informed of the nature and reasons for the care and the follow-up recommended.

_____ This individual refused treatment and has been fully informed of the consequences of refusing the care recommended.

Physician Signature: _____ Date:

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APPENDIX V

**DECLINATION FORM FOR HEPATITIS B VACCINE
THIS INFORMATION IS COLLECTED ON VOLUNTEER SIGN-IN
SHEET)***

Van/Stationary Free Dental Clinic Volunteer Release Ver 3.17

I, _____, as a volunteer at the DELTA DENTAL OF KENTUCKY MOBILE DENTAL CLINIC clinic give consent to the following:

- 1) I agree to the publication and use of any photos or media taken or recorded before, during and after the DELTA DENTAL OF KENTUCKY.
- 2) I agree to hold harmless DELTA DENTAL OF KENTUCKY, or any other sponsoring organizations or other participants, from litigation due to injury or any other loss that occurs before, during or after the DELTA DENTAL OF KENTUCKY MOBILE DENTAL CLINIC.
- 3) I agree to provide copies and evidence of current licensure, malpractice insurance coverage or any other documentation necessary for adequate regulatory compliance
- 4) I agree that I have received the Hepatitis B vaccination _____(initial)
DATE _____
- 5) OR
Decline administration of the Hepatitis B vaccine & have signed this waiver _____(initial).

Are you declining now because you have tested positive for immunity? Yes

No

Would you prefer to work only in an administrative capacity? Yes

No

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I am familiar with the DELTA DENTAL OF KENTUCKY Blood Borne Pathogens policy & understand testing and treatment may be required if a BBP exposure occurs:

YES NO

("NO" response Requires notification of clinic leader & re-training)

Printed Name: _____

Signed: _____ Date: _____

Phone Number: _____

Email: _____

This release is valid for a minimum of 12 months or with express written declination.

For Volunteers providing Direct Dental Treatment only:

License Number: _____ Date of
Expiration: _____

Malpractice Carrier: _____ Date of
Expiration: _____

Other Information:

***SECONDARY FORM**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine in the past, but I declined the hepatitis B vaccination at that time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

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Have you previously declined the hepatitis B vaccination series? Yes No

Are you declining now because you have tested positive for immunity? Yes No

Name: _____

Signature: _____

Date: _____

Volunteer title: _____

Receipt by Manager:

Name, title: _____

Date: _____

APPENDIX VI

**PROOF OF HEPATITIS B VACCINE
(THIS INFORMATION IS COLLECTED ON VOLUNTEER SIGN-IN
SHEET)**

I have received three doses of hepatitis B vaccine.

Name: _____

Signature: _____

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Date: _____

Volunteer title: _____

Receipt by Manager:

Name, title: _____

Date: _____

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LOG OF EXPOSURE INCIDENTS (MAINTAIN FOR 5 YEARS)

DATE **NAME** **REFERED FOR TESTING** **YES** **No**
CLINIC LOCATION: _____
DETAILS: _____

DATE **NAME** **REFERED FOR TESTING** **YES** **No**
CLINIC LOCATION: _____
DETAILS: _____

DATE **NAME** **REFERED FOR TESTING** **YES** **No**
CLINIC LOCATION: _____
DETAILS: _____

DATE **NAME** **REFERED FOR TESTING** **YES** **No**
CLINIC LOCATION: _____
DETAILS: _____

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