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## OkMOM BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

### General policy

The Oklahoma Mission of Mercy (OkMOM) is a volunteer driven effort to provide free dental care to those in need. At this time, there are no paid OkMOM employees providing direct patient care to individuals receiving dental care at OkMOM events. All direct patient care is provided by non-paid volunteers. However, OkMOM is committed to providing a safe and healthful environment for it's' volunteers through compliance with applicable OSHA standards.

This written exposure control plan has been developed to comply with OSHA's Bloodborne Pathogens Standard. The standard is designed to protect volunteers from occupational exposure to HIV, HBV and other bloodborne pathogens.

The exposure control plan is accessible to all volunteers and will be reviewed at least annually and updated as often as changes in positions, tasks or procedures require.

This exposure control plan manual is kept onsite during an actual mission event in the OkMOM Business Office. At all other times, this manual is kept in the office of the Special Projects Manager of the Oklahoma Dental Association. The Chairman of OkMOM has been designated the OSHA compliance manager for OkMOM and is responsible for implementing the exposure control plan. The compliance manager will provide volunteers with a copy of the plan upon request.

### Exposure determination

**Occupational exposure** is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a volunteer's duties. **Other potentially infectious materials** include saliva in dental procedures and *unfixed* tissue. Occupational exposure must be determined without regard to the use of personal protective equipment.

The following exposure determination has been prepared for OkMOM events:

**All volunteers in the following job classifications have occupational exposure** (write "none," if none):

Job Classification	
Dentists	Waste Management workers
Dental Hygienists	
Dental Assistants	
Sterilization Assistants	
EMT's	
Nurses	
Physicians	
Physician Assistants	

**Some volunteers in the following job classifications have occupational exposure, and the tasks/procedures that give rise to the exposure are listed** (write “none,” if none):

<b>Job classification</b>	<b>Name (optional)</b>	<b>Task or procedure</b>
None		

### **Schedule and methods of implementation**

OkMOM implemented all sections of the Bloodborne Pathogens Standard by the dates shown below:

<b><u>Provision</u></b>	<b><u>Implemented by</u></b>
Standard precautions	2-1-2014
Exposure control plan	2-1-2014
Information and training	2-1-2014
Recordkeeping	2-1-2014
Engineering/work practice controls	2-1-2014
Personal protective equipment	2-1-2014
Housekeeping	2-1-2014
HBV vaccination/post-exposure evaluation and follow-up procedures	2-1-2014
Labels and signs	2-1-2014

### **Standard Precautions**

The OSHA Bloodborne Pathogens Standard adopted an approach to infection control called *universal precautions* that treats all human blood and other potentially infectious materials as if they were infectious for HIV and HBV or other bloodborne pathogens.

**The CDC<sup>1</sup> recommends implementation of *standard precautions*, which expands**

<sup>1</sup> Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003 MMWR 2003;52(No.RR-17).

**coverage to include all body fluids and substances (except sweat).** No operational difference exists in clinical dental practice when implementing universal or standard precautions, because saliva has always been considered a potentially infectious material in dental infection control.

**Engineering controls** isolate or remove a hazard from the workplace. Examples of engineering controls that might be used in dentistry are sharps containers, rubber dams, needleless or shielded needle devices, and high volume evacuators.

***Engineering Controls Evaluation Record***

For OkMOM, the following engineering controls have been evaluated and/or implemented for appropriate usage in a dental setting:

<b>Engineering control</b>	<b>Date evaluated</b>	<b>Person evaluated</b>	<b>Results of evaluation (i.e. implemented or not appropriate)</b>
Sharps Containers	1-15-2014	Tim Fagan DDS C.R. Wood DDS	Implemented
High volume evacuators	1-15-2014	Tim Fagan DDS C.R. Wood DDS	Implemented
One hand scoop needle recapping technique	1-15-2014	Tim Fagan DDS C.R. Wood DDS	Implemented
Rubber dams	1-15-2014	Tim Fagan DDS C.R. Wood DDS	Implemented (Volunteer dentists are encouraged to use)

Input has been solicited from OkMOM Lead volunteers responsible for direct patient care in the identification, evaluation and selection of effective engineering and work practice controls, using the following processes: meetings and volunteer suggestions.

Input has been solicited from OkMOM Lead volunteers responsible for direct patient care in the evaluation of safer needle devices and, where necessary, to implement them.

Engineering controls must be examined routinely and maintained or replaced as needed to ensure their effectiveness (e.g., inspecting sharps containers daily to make sure they are not overfilled.)

***Current Engineering Controls Maintenance Schedule***

At OkMOM, engineering controls are inspected and maintained or replaced as follows:

<b>Engineering Control</b>	<b>Inspection/Maintenance Schedule</b>	<b>Who is responsible</b>
Sharps containers	Inspected daily and disposed of when full	Waste Manager
Rubber dams	Disposed of after patient use	Treating dentist or dental assistant
High volume evacuator tubing & lines; saliva ejector tubing & lines	Disinfected after each patient with AMOM recommended disinfecting solution	Patient care provider: Dentist, hygienist or dental assistant
High speed handpieces	At conclusion of patient treatment, run high speed with water running for 30 seconds, then return to central sterilization for sterilization	Dentist or dental assistant

Air water syringe	At conclusion of patient treatment, run water thru syringe tip for 30 seconds before removing tip and returning tip to central sterilization for sterilization; clean and disinfect air water syringe body	Patient care provider: Dentist, hygienist or dental assistant

**Handwashing**

Handwashing facilities are readily accessible to volunteers in restrooms in the facility hosting an OkMOM event.

- Volunteers must wash their hands with soap and water:
  - At the beginning of each shift
  - When hands become visibly soiled
  - If hands or other skin comes in contact with blood or other potentially infectious materials (OPIM's)
  - Before eating or drinking.
- Volunteers must wash their hands and any other skin with soap and water, and flush mucous membranes (eyes, nose, and mouth) with water immediately or as soon as possible after contact with blood or OPIM's.
- Volunteers will be provided an alcohol based hand sanitizer for:
  - when hand washing is not feasible
  - use between gloving's.

**Handling contaminated needles and other sharps**

**Contaminated sharps** are defined as any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Contaminated sharps are handled as follows to minimize volunteer exposure:

- In general, contaminated sharps must not be bent, recapped or removed.
- Recapping/removal is permitted for the procedures listed below because there is no feasible alternative or recapping/removal is required by the specific dental procedure (e.g., administering multiple doses of an anesthetic to the same patient).
- In cases where recapping/removal of contaminated sharps is permitted, volunteers must use a mechanical device or one-handed technique.
- Immediately recap needles after use, do not lie on tray or table uncapped.
- Best practice, do not pass used syringes.

At OkMOM, recapping/removal of contaminated sharps is only permitted for the following procedures using the mechanical device or one-handed technique indicated:

<b>Procedure</b>	<b>Device or technique</b>
Administering multiple doses of an anesthetic to the same patient	Mechanical device or one-handed technique

- Used sharps must *always* be discarded in an appropriate sharps container if it is feasible to do so.
- Shearing or breaking of contaminated sharps is never permitted.

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Immediately or as soon as possible after use, contaminated **reusable** sharps (such as scaler or explorer) must be placed in appropriate containers until they are processed. Containers provided for this purpose are puncture resistant, marked with the biohazard label or color-coded red, leakproof on the sides and bottom and handled in a manner that does not require volunteers to reach by hand into the containers.

The procedures used at OkMOM to ensure that volunteers do not reach by hand into containers of contaminated, reusable sharps include: the instruments are placed in a strainer-type basket for soaking; the contents are removed with a forceps; and/or the container is turned on its side and the contents are carefully emptied onto a towel on the countertop.

### ***Eating and drinking***

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in the following work areas where there is a reasonable likelihood of occupational exposure: dental operatories, laboratory, sterilization area, medical waste storage area, triage/routing, radiograph stations.
- Food and drink may not be stored in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present. At OkMOM, food and drink may be stored in the designated Volunteer Hospitality food preparation and eating areas.

### ***Techniques to minimize splashing and spraying***

- Procedures involving blood or other potentially infectious materials are performed in a manner to minimize splashing, spraying, spattering and generating droplets of these substances. Methods that may be used to accomplish this goal include high volume evacuation and the use of dental dams.

### ***Specimens***

Specimens of blood or other potentially infectious materials are handled at OkMOM as follows:

- Specimens are placed in a container that prevents leakage during collection, handling, processing, storing, transporting, or shipping.
- Containers provided for this purpose are marked with the biohazard label or color-coded red and are closed before they are stored, transported, or shipped.
- If outside contamination of the primary container occurs, it must be placed inside a secondary container that prevents leakage. Any specimen that could puncture the primary container must be placed in a secondary container that is puncture resistant. The secondary container must also be marked with the biohazard label or be color-coded red.

### ***Contaminated equipment***

- Equipment that becomes contaminated with blood or other potentially infectious materials must be examined before servicing or shipping and decontaminated as necessary, unless decontamination is not feasible.
- Equipment that cannot be completely decontaminated before servicing or shipping must be marked with a biohazard label that states which parts are still contaminated. This information must be conveyed to volunteers, service people, and others who handle the contaminated equipment.

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## **Personal protective equipment (PPE)**

**Personal protective equipment (PPE)** is specialized clothing or equipment worn by a volunteer to protect against a hazard. General work clothes that are not intended to function as protection against a hazard are not regarded as PPE.

- Volunteers are provided with appropriate PPE at no cost to the volunteer. Examples of PPE are gloves; gowns; laboratory coats or clinical jackets; face shields or masks and eye protection; and resuscitation bags and mouthpieces.
- The specific PPE used will depend on the task and degree of exposure anticipated. In general, PPE is appropriate if it prevents blood or other potentially infectious materials from passing through or reaching volunteers' undergarments, clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

### ***Use of PPE***

- Volunteers **must** use appropriate PPE whenever there is occupational exposure.
- The only exception is in rare and extraordinary circumstances where, in the volunteer's judgment, using the PPE would: 1) expose the volunteer to greater hazard or 2) prevent the volunteer from delivering patient care.
- Generally, this exception would only apply in cases of extreme emergency. When a volunteer makes this judgment, the circumstances will be investigated and documented to determine whether changes can be made to prevent such occurrences in the future.

### ***Gloves***

- Gloves must be worn whenever hand contact with blood or other potentially infectious materials, mucous membranes, or nonintact skin can reasonably be anticipated. Gloves must also be worn when touching contaminated items or surfaces.
- Disposable (single-use) gloves, such as surgical or examination gloves, must be replaced as soon as practical when they become contaminated (e.g., between patients) or as soon as feasible if they are torn or punctured or their ability to function as a barrier is compromised.
- Disposable (single-use) gloves should **never** be reused.
- Utility gloves may be decontaminated for reuse as long as the integrity of the gloves is not compromised. However, they must be discarded if they become cracked or torn or show any other sign that their ability to function as a barrier is compromised.
- Gowns are not allowed where food or drinks are served. Volunteers are to remove contaminated gowns when leaving the clinic floor.

### ***Masks, protective eyewear and face shields***

- A surgical mask that covers the nose and mouth in combination with protective eyewear (such as goggles or glasses with solid side shields) must 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 reasonably be anticipated. When using a face shield, a mask should also be worn.

### ***Gowns and other protective clothing***

- Gowns, lab coats, clinic jackets, or some other form of protective clothing must be worn whenever the volunteer's skin, street clothing or underwear is subject to occupational exposure. The fabric and style selected depend on the task and degree of exposure anticipated. OSHA considers the standard cotton, cotton/poly clinic jacket, or lab coat to be appropriate for most routine dental procedures. An ordinary shirt or blouse may also be appropriate, depending on the task and degree of exposure anticipated. Additional personal protective clothing, such as surgical caps or boots, may be required when gross *contamination* can reasonably be anticipated. Gowns are not allowed where food or drinks are served. Volunteers are to remove contaminated gowns when leaving the clinic floor.

At OkMOM, volunteers must use the PPE indicated when performing the following tasks and procedures (list general categories of tasks/procedures, e.g., providing routine patient care; decontaminating equipment/surfaces; administering CPR):

<b>Task/procedure</b>	<b>Type of PPE required</b>
Providing dental care to patients	Gloves, masks, protective eyewear, protective clothing
Sterilizing dental instruments	Utility gloves, masks, protective eyewear, protective clothing
Decontaminating equipment/surfaces	Gloves, masks, protective eyewear, protective clothing
CPR	Resuscitation bags and/or mouthpieces

Volunteers should contact the OkMOM Chairperson or designated OkMOM Infection Control Lead if additional PPE is required by unusual circumstances involving large quantities of blood or other potentially infectious materials.

**Accessibility**

- PPE in appropriate sizes is made readily available in the following locations:

<b>Type of PPE</b>	<b>Location</b>
Gloves	Central supply
Masks	Central supply
Protective eyewear	Central supply
Protective clothing (gowns)	Central supply
Gloves, utility	Sterilization area
Resuscitation bags Mouthpieces	Central command post or with EMS unit

- Glove liners, powderless gloves, or other similar alternatives will be made readily available to volunteers who are allergic to the gloves normally provided.

**Cleaning, disposal, repair and replacement**

- PPE will be cleaned, laundered, repaired, replaced and/or disposed of at no cost.
- PPE must be removed immediately or as soon as feasible after blood or other potentially infectious materials penetrate it.
- All PPE must be removed before volunteers leave the treatment area.
- After PPE is removed, it must be placed in the designated area or container for storage, washing, decontamination, or disposal. The following areas/containers have been designated at OkMOM for PPE after it is removed:

<b>Type of PPE</b>	<b>Area/Container</b>
Disposable gowns	Clinic treatment area/designated trash receptacles Sterilization area/designated trash receptacles

Gloves	Clinic treatment area/designated trash receptacles Sterilization area/designated trash receptacles
Masks	Clinic treatment area/designated trash receptacles Sterilization area/designated trash receptacles

### **Laundry**

**Contaminated laundry** is defined as laundry that has become soiled with blood or other potentially infectious materials or may contain sharps. OkMOM volunteers should not take contaminated laundry home to clean. However, volunteers are permitted to take uniforms or clothing they wear under PPE home to clean, as long as clothing has not become contaminated. The following work rules apply at OkMOM to contaminated laundry:

- Handle as little as possible
- Remove where used and place in the bag or container provided
- Store or transport in bags/containers that are marked with the biohazard label or color-coded red
- Never sort or rinse laundry where it is used
- Handle laundry with gloves, mask, protective eyewear, protective clothing.

At OkMOM, contaminated laundry is cleaned by an outside laundry service.

### **Housekeeping**

The following work rules apply at OkMOM to housekeeping tasks:

- All dental units, clinical contact and environmental work surfaces must be cleaned and disinfected after contact with blood or other potentially infectious materials.
- Contaminated dental units and clinical contact surfaces must be cleaned and disinfected with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials. Environmental surfaces are to be cleaned at the end of the workday or if the surface has become contaminated since the last cleaning.
- Contaminated dental units and clinical contact surfaces should be cleaned with an appropriate disinfectant. Appropriate disinfectants include a diluted bleach solution and EPA-registered tuberculocides, sterilants or products registered against HIV/HBV. Lists of these EPA-registered products are available from the EPA website at [www.epa.gov/oppmpmsd1/PPISdata/index.html](http://www.epa.gov/oppmpmsd1/PPISdata/index.html).
- If they are used, protective coverings or barriers, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper must be removed and discarded after each patient. Surfaces that had a barrier will need to be disinfected before a new barrier is to be placed.
- All bins, pails, cans and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials must be inspected on a regular basis, then cleaned and disinfected immediately or as soon as feasible upon visible contamination.
- Spills of blood or other potentially infectious materials must be cleaned up immediately or as soon as feasible using an appropriate cleaner and disinfectant.
- Volunteers must wear utility gloves when cleaning contaminated equipment and surfaces.
- Volunteers must use mechanical means (e.g., brush and dustpan or forceps) to pick up broken glassware that may be contaminated. Broken contaminated glassware may never be picked up by hand, even if gloves are used.

OkMOM treatment areas are cleaned and disinfected according to the following housekeeping schedule:

<b>Area or receptacle</b>	<b>Schedule (e.g., between patients, daily)</b>	<b>Method and cleaning solution/disinfectant used</b>
Dental unit/clinical contact surfaces	Between patients	Wipe discard wipe or spray wipe spray techniques
Environmental surfaces	When visibly contaminated or daily	Wipe discard wipe or spray wipe spray technique
Sterilization area	When visibly contaminated or daily	Wipe discard wipe or spray wipe spray technique

### **Regulated Medical Waste**

**Regulated medical waste** is defined as:

- Liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- Contaminated sharps (including dental wires)
- Pathological and microbiological wastes containing blood or other potentially infectious materials (including extracted teeth)

#### ***Contaminated disposable sharps***

Immediately, or as soon as feasible after use, contaminated sharps must be disposed of in sharps containers. Containers provided for this purpose are closable, puncture resistant, leakproof on the sides and bottom and marked with the biohazard label or color-coded red. Sharps containers are located as close as feasible to the immediate area of use.

Containers for contaminated sharps must be kept upright while in use. They must be replaced routinely to prevent overfilling.

If the sharps container has an unwinder to separate needles from reusable syringes, the device must be used in a safe, one-handed manner.

Containers of contaminated sharps must be closed before they are moved to prevent spills. If leakage is possible, the first container must be placed in a second container with the same characteristics as the first. Reusable sharps containers may not be opened, emptied, or cleaned manually or in any other manner that would expose volunteers to the risk of percutaneous injury.

#### ***Other regulated waste***

Other regulated waste must be placed in containers that are:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping
- Marked with the biohazard label or color-coded red

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- Closed before removal to prevent the contents from spilling or protruding from the container during handling, storage, transport, or shipping. If outside contamination of the regulated waste container occurs, the container must be placed in a second container with the same characteristics as the first
  - Extracted teeth without amalgam will be placed in the biohazard waste
  - Extracted teeth with amalgam will be placed in the hazardous waste container.

Containers for other regulated waste at OkMOM are located as close as feasible to the immediate area of use.

All regulated waste is disposed of according to applicable local, state and federal laws.

NOTE: This standard does not prohibit giving an extracted tooth to the patient, but the tooth should be handled with precautions.

### **Hepatitis B vaccination**

All volunteers involved in direct patient care and/or are identified as having occupational exposure will complete the OkMOM Hepatitis B Vaccination Form indicating whether or not they have completed the Hep B vaccination series.

### **Postexposure Evaluation and Follow-Up**

An exposure incident is defined as a specific eye, mouth, or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from performance of a volunteer's duties.

Any volunteer who suffers an exposure incident must **immediately** wash the area and then report the incident to the Lead of that area.

Volunteers who experience an exposure incident will be offered postexposure evaluation per the current protocol of the OkMOM Postexposure document.

The circumstances of the exposure incident will be reviewed to determine if procedures, protocols, and/or training need to be revised to prevent the incident from happening again.

### **Exposure Incident Procedure**

If a volunteer sustains an exposure incident (such as a stick with a contaminated needle/scalpel/dental wire or a splash of potentially infectious material in the eye, mouth, mucous membrane, or non-intact skin), the exposed person should immediately:

1. Clean the wound with soap and water; flush mucous membranes with water or normal saline solution;
2. Notify the area lead, infection control lead, or other designated individual. The volunteer will complete an OKMOM incident form.
3. Notify source patient, if known.
4. Proceed for treatment as soon as possible, preferably within 1-2 hours of the exposure.
5. The volunteer and source patient will proceed to the OKMOM designated facility for testing. A designated driver from OKMOM will transport the source patient and the exposed if needed.
6. The responding health care professional will manage the exposure or possible exposure according to the current CDC guidelines or protocol.

Source Blood Procedures:

The source blood is critical to obtain for determining the need of postexposure prophylaxis. Source blood testing should be initiated immediately to determine the need for post-exposure prophylaxis (PEP) for the exposed volunteer. PEP's should be initiated as soon as possible (preferably within 1-2 hours).

Information that must be provided to the responding healthcare professional includes:

1. Results of the source individual's blood testing, if available
2. All medical records relevant to the appropriate treatment including vaccination status.

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Post-Exposure Follow up:

1. Following an exposure incident, a confidential examination will be made available to the volunteer to address such infectious diseases as HBV, HCV, and HIV.
2. The volunteer will be financially responsible for all treatment associated with the exposure including but not limited to: initial blood draw and testing, PEP, if indicated, additional counseling and physician follow-up appointments. This should include confidential post-exposure prophylaxis and counseling in accordance with current CDC protocol.

## **Labels**

At OkMOM, potentially biohazardous materials are color-coded red or identified with the following biohazard symbol and the word “biohazard” in contrasting color on a fluorescent orange or orange-red label:

### **BIOHAZARD SYMBOL**



## **Training**

All volunteers will be offered initial training before they begin work involving occupational exposure. Training is available via video presentations available on site at an OkMOM event, or via the internet on YouTube. OkMOM Leads involved in direct patient care are available in their respective work areas of the event for training of volunteers assigned to their work areas. Refresher training will be offered at least annually and whenever changes in tasks or procedures require. Volunteers will have the opportunity for interactive questions and answers with their work area’s Lead or with the event’s designated Lead for Infection Control. All volunteers are encouraged to read this manual prior to working an OkMOM event for:

- An explanation of the Bloodborne Pathogens Standard and where a copy of the standard is filed
- An explanation of this exposure control plan and how to obtain a copy
- How to recognize tasks involving occupational exposure
- The use and limits of engineering controls, work practice controls and personal protective equipment
- Where PPE is located and how to use, remove, handle, decontaminate, and dispose of it
- How to select appropriate PPE
- What to do if there is an emergency spill of blood or other potentially infectious material
- What to do if an exposure incident occurs
- Postexposure evaluation will be made available to volunteers in case of an exposure incident
- The system of labels and color-coding used to warn volunteers of biohazards

Any volunteer who has a question about this exposure control plan or how it is implemented at OkMOM is encouraged to contact the current OkMOM Chairperson or the OkMOM Infection Control Lead for more information.

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**Annual Document Update Certification Page**

The signature below certifies that the OkMOM Bloodborne Pathogen Exposure Control Plan has been reviewed annually and updated as needed.

OkMOM Chairperson Signature

Name Printed

Date