

4. Employer's Exposure Control Plan An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.

Our Office Exposure Control Plan (ECP)

- Is written in accordance with California Code of Regulations, Title 8, and Section 5193. (CCR, T8, 5193) The outline and format were taken from Cal/OSHA and designed by the Education Unit, Cal/OSHA Consultation Service, and California Department of Industrial Relations - Published in 2001.
- Our ECP is located in the *OSHA Compliance Made Easy Manual (OCPI Manual)* which is kept at the workplace and is available at all times for employee review.
- Our ECP is titled: **Bloodborne Pathogens Exposure Response, Prevention and Control** and begins on Page 2.1 of the OCPI Manual.
- Our ECP consists of the following sections:

Purpose - Page 2.1 of OCPI Manual

- The purpose of our ECP is to provide a safe and healthful workplace for employees.
- Our company's policy is to establish, implement, and maintain an effective ECP as required by (T8 CCR 5193) Bloodborne Pathogens Standard, (BBP)
- This written plan is designed to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials (OPIM). The plan is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (T8 CCR 3203).
- Our ECP is made available upon request, for examination and copying, to our employees, the Chief of Cal/OSHA, and NIOSH (or their respective designees) in accord with (T8 CCR 3204), "Access to Employee Exposure and Medical Records."

Assignment of Responsibility – Page 2.1 of OCPI Manual

The person responsible for implementing and maintain our ECP is the OSHA Coordinator (OC). Her name and duties are spelled out on Page 2.1 along with her signature of acceptance of those duties and responsibilities.

The ECP Includes:

- Methods of Compliance – General and Specific – Page 2.2
 - Engineering Controls
 - Work Practice Controls

- Engineering and Work Practice Controls – Specific Requirements are included in our office ECP on Pages 2.2A thru 2.16. of the OCPI Manual.
- Engineering and Work Practice Controls in our ECP include:
 - Needleless Systems, Needle Devices and Non-Needle Sharps
 - Exceptions for Use
 - Actions to Take Before We Treat Our Patients
 - How To Decontaminate Treatment Rooms
 - The Location of OSHA Required Items
 - How To Handle Contaminated Sharps
 - Policy on Eating and Drinking
 - Specimen Handling in Our Office
 - How To Protect Employees in the Laboratory
 - Sterilization Methods and Sport Testing
 - Personal Protective Equipment (PPE)
 - Handwashing
 - Laundry Procedures
 - Housekeeping
 - Regulated Waste Management
 - Hepatitis B and Hepatitis C Information
 - AIDS Information
 - Our Hepatitis B Vaccination Program
 - Exposure Incident and Follow-up in Our Office
 - Recordkeeping
 - Review of ECP
 - Adoption of ECP

5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or OPIM.

Exposure determination –Our employees have occupational exposure to bloodborne pathogens.

- Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee's duties.
- Parenteral contact means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV).

Our policy is to conduct exposure determinations throughout the facility without regard to the use of personal protective equipment (PPE).

The OC assigns person(s) who conduct, evaluate, and periodically review exposure determinations. This process involves identifying all the job classifications, tasks, or procedures in which our employees may have occupational exposure to blood or OPIM.

Employee Assignment to Risk Category - employees are assigned to one of three work categories based on potential of exposure to blood or OPIM. (See Page 1.2 of the OCPI Manual)

- Employees assigned to Category 1 – High Risk , have occupational exposure to blood or OPIM.
- Job classifications in Categories 1 – High Risk, include:
 - Dentists
 - Dental Hygienists
 - Registered Dental Assistants
 - Dental Assistants
 - Lab Technicians and Lab workers
- Employees assigned to Category 2 – Moderate Risk. Some employees in this category may occasionally have occupational exposure to blood or OPIM. Therefore, exposure or potential exposure may be required as a condition of employment.

- Job classifications in Category 2 – Moderate Risk, include some employees that have occupational exposure such as front office staff that on occasion move to the back and handle impressions or other contaminated items during operatory clean-up.
- Employees assigned to Category 3 – Low Risk are persons with no risk of contact with blood or OPIM as a requirement of employment.
- Job classifications in Category 3 – Low Risk, include persons that work outside of the office

In addition, we perform regular physical inspections of the workplace in accordance with the office's ECP and Injury Illness and Prevention Plan (IPP) using *Form #1 – Our Mock OSHA Inspection Checklist* in the OCPI Manual. Through this process we can identify additional hazards that may develop and can cause employee exposure to blood or OPIM.

6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, administrative or work practice controls and personal protective equipment.

In our office we strive to create a culture of safety which includes team evaluation of available engineering controls, review of work practice controls, providing administrative controls and by the use of appropriate personal protective equipment or PPE.

- Engineering controls isolate or remove the blood-borne pathogen hazard from the workplace.
- Work practice controls reduce the likelihood of exposure by altering the manner in which a task is performed.
- Administrative controls include training, education, and application of Standard Operating Procedures for preventing occupational exposure to blood and other potentially infectious fluids.
- Personal protective equipment adds an additional layer of protection.

Engineering controls

Engineering Controls include devices such as sharps disposal containers, syringes that do not need to be recapped, sharps with engineered sharps injury protection, and needle recapping devices. The Needlestick Safety and Prevention Act (ACT) became law in 2000. It requires dental practices to evaluate and select safer sharps devices as they become available. It also requires that the evaluation be conducted annually, and that employers solicit

input from non-managerial staff (the clinical team). Then the documentation must show the decision to use or not use the devices. Forms #17A, B, and C, in the OCPI Manual, provide directions for safety device evaluation as required by the ACT.

Work practice controls

Work Practice Controls reduce the chance of exposure by altering the manner in which a task is performed. An example of a common work practice control is to recap a needle with a “one-handed scoop” technique. OSHA prohibits recapping needles by holding the cap in one hand and the sharp in the other. Other work practice controls include using instruments instead of fingers to retract tissue during suturing or injections, announcing instrument passes, and keeping sharp ends pointed away from dental workers.

Administrative controls

Administrative Controls include education, training, and written plans to help dental professionals understand how to avoid accidental exposure to blood and body fluid. OSHA annual bloodborne pathogen training and ongoing infection-control education are essential to office safety. The office’s written exposure control plan can serve as the Standard Operating Procedures for preventing occupational exposures. All clinical employees should review these written plans at least annually.

Personal Protective Equipment

According to the Centers for Disease Control and Prevention (CDC),

“PPE is designed to protect the skin and the mucous membranes of the eyes, nose, and mouth of dental health-care personnel from exposure to blood or other potentially infectious material. A visible spray is created during the use of rotary dental and surgical instruments (e.g., handpieces, ultrasonic scalers) and air-water syringes. This spray primarily consists of a large-particle spatter of water, saliva, blood, microorganisms, and other debris. Spatter travels only a short distance and settles out quickly, landing either on the floor, nearby equipment and operatory surfaces, dental health-care personnel, or the patient. The spray may also contain some aerosol (i.e., particles of respirable size: 10 microns). Aerosols take considerable energy to generate and are not typically visible to the naked eye. Aerosols can remain airborne for extended periods and can be inhaled. However, they should not be confused with the large-particle spatter that makes up the bulk of the spray from handpieces and ultrasonic scalers. Appropriate work practices such as the use of dental dams and high-velocity air evacuation should minimize droplets, spatter, and aerosols. OSHA mandates that dental health care workers wear gloves,

surgical masks, protective eyewear, and protective clothing in specified circumstances to reduce the risk of exposures to bloodborne pathogens.”

7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

Proper Use - Employees must:

- Utilize protective equipment in occupational exposure situations.
- Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
- Remove all personal protective equipment before leaving the work area.
- Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

PPE Location - Your supervisor will point out the location in your facility.

Types of PPE - We provide PPE based upon the task and degree of exposure anticipated. In most offices the following PPE is routinely provided: surgical mask, eye wear (both goggles and face shields) protective clothing and gloves (both sterile and exam). In some offices surgical caps, shoe covers and gowns may be required. All PPE must be removed prior to leaving the work area.

Disposal - Disposable PPE shall be placed in covered and plastic lined designated containers. Non-disposable gowns and jackets shall be placed in covered and plastic lined designated containers and handled as outlined on Page 2.9 “Laundry Procedures” of the OCPI Manual. Re-usable goggles and face shields shall be cleaned and disinfected as described in the ECP.

PPE Selection, Use, Removal

- Surgical Mask - During patient-care activities that are likely to generate splashes or sprays of blood or body fluids dental office staff should wear a surgical mask that covers both their nose and mouth. A surgical mask protects the patient against microorganisms generated by the wearer and also protects dental health care personnel from large-particle droplet spatter that may contain bloodborne pathogens or other infectious microorganisms. When a surgical mask is used, it should be changed between patients or during patient treatment if it becomes wet.
- Eye Wear - Dental personnel should wear protective eyewear with solid side shields or a face shield during procedures and patient-care activities likely to

generate splashes or sprays of blood or body fluids. Protective eyewear protects the mucous membranes of the eyes from contact with microorganisms. Protective eyewear for patients also can protect their eyes from spatter or debris generated during dental procedures. Reusable protective eyewear should be cleaned with soap and water, and when visibly soiled, disinfected between patients.

- Protective Clothing - (e.g., gowns, jackets) are worn to prevent contamination of street clothing and to protect the skin of personnel from exposure to blood and body fluids. When the gown is worn as personal protective equipment (i.e., when spatter and spray of blood, saliva, or OPIM is anticipated), the sleeves should be long enough to protect the forearms. Protective clothing should be changed daily or sooner if visibly soiled. Personnel should remove protective clothing before leaving the work area.
- Gloves - Dental office staff wear disposable gloves to prevent contamination of their hands when touching mucous membranes, blood, saliva, or other OPIM and to reduce the likelihood that microorganisms on their hands will be transmitted to patients during dental patient-care procedures. Glove use does not replace the need for handwashing. Personnel should wash their hands immediately before donning gloves and immediately after removal. Gloves may have small, unapparent defects or may be torn during use, and hands can become contaminated during removal of gloves. In addition, bacteria can multiply rapidly in moist environments underneath gloves. If the integrity of a glove is compromised (e.g., if the glove is punctured), the glove should be changed as soon as possible. Disposable gloves should not be washed and reused.
 - Effect of Dental Materials on Gloves - Exposure to glutaraldehyde, hydrogen peroxide, and alcohol preparations may weaken latex, vinyl, nitrile, and other synthetic glove materials. Other chemicals associated with dental materials that may weaken gloves include acrylic monomer, chloroform, orange solvent, eugenol, cavity varnish, acid etch, and dimethacrylates. Because of the diverse selection of dental materials on the market, glove users should consult glove manufacturer about the compatibility of glove material with various chemicals.
 - Types of Gloves – Glove choice depends on the type of procedure to be performed (e.g., surgical vs. nonsurgical, housekeeping procedures). Medical-grade nonsterile examination gloves and sterile surgical gloves are medical devices regulated by the U.S. Food and Drug Administration (FDA). General-purpose utility gloves are not regulated by the FDA because they are not promoted for medical use. Sterile surgical gloves must meet standards for sterility assurance

established by the FDA and are less likely than nonsterile examination gloves to harbor pathogens that may contaminate an operative wound.

CDC Glove Selection Chart – Downloaded from the internet 3/5/2011

Glove Type	Indications	Comments	Common Glove Materials
Patient examination gloves	Examinations and other nonsurgical procedures involving contact with mucous membranes; laboratory procedures	Medical device regulated by the FDA. Nonsterile and sterile, single-use disposable. Use for one patient and discard appropriately.	Natural rubber latex (NRL) Nitrile Polyvinyl chloride (vinyl) and other synthetics Polyethylene (plastic)
Surgeon's gloves	Surgical procedures	Medical device regulated by the FDA. Sterile and single-use disposable. Use for one patient and discard appropriately.	Natural rubber latex (NRL) Nitrile Combinations of latex and/or synthetics
Non medical gloves	Housekeeping procedures (e.g., cleaning and disinfection) Handling contaminated sharps or chemicals Not for use during patient care	Not a medical device regulated by the FDA. General purpose utility gloves that are puncture or chemical resistant. Sanitize after use.	NRL and nitrile or chloroprene blends Neoprene Nitrile Butyl Rubber

CDC. Update: Universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings. *MMWR* 1988;

8. Personal Protective Equipment (PPE). An explanation of the basis for selection of personal protective equipment.

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

All personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

9. Hepatitis B Vaccination. 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.

The information for this section was taken directly from Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - cdcinfo@cdc.gov <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.

Efficacy, Safety and Method of Administration

- How is the Hepatitis B vaccine series given?

The Hepatitis B vaccine is usually given as a series of 3 or 4 shots over a 6-month period.

- Is the Hepatitis B vaccine series effective?

Yes, the Hepatitis B vaccine is very effective at preventing Hepatitis B virus infection. After receiving all three doses, Hepatitis B vaccine provides greater than 90% protection to infants, children, and adults immunized before being exposed to the virus.

- Is the Hepatitis B vaccine safe?

Yes, the Hepatitis B vaccine is safe. Soreness at the injection site is the most common side effect reported. As with any medicine, there are very small risks that a serious problem could occur after getting the vaccine. However, the potential risks associated with Hepatitis B are much greater than the risks the vaccine poses. Since the vaccine became available in 1982, more than 100 million people have received Hepatitis B vaccine in the United States and no serious side effects have been reported.

- Is it harmful to have an extra dose of Hepatitis B vaccine or to repeat the entire Hepatitis B vaccine series?

No, getting extra doses of Hepatitis B vaccine is not harmful.

- What should be done if Hepatitis B vaccine series was not completed?

Talk to your health professional to resume the vaccine series as soon as possible. The series does not need to be restarted.

- Who should not receive the Hepatitis B vaccine?

The Hepatitis B vaccine is not recommended for people who have had serious allergic reactions to a prior dose of Hepatitis B vaccine or to any part of the vaccine. Also, it is not recommended for anyone who is allergic to yeast because yeast is used when making the vaccine. Tell your doctor if you have any severe allergies.

- Are booster doses of Hepatitis B vaccine necessary?

It depends. A “booster” dose of Hepatitis B vaccine is a dose that increases or extends the effectiveness of the vaccine. Booster doses are recommended only for hemodialysis patients and can be considered for other people with a weakened immune system. Booster doses are not recommended for persons with normal immune status who have been fully vaccinated.

- What is Hepatitis B immune globulin (HBIG)?

Hepatitis B immune globulin is a substance made from human blood samples that contains antibodies against the Hepatitis B virus. It is given as a shot and can provide short-term protection (approximately 3 months) against Hepatitis B.

Pregnancy and Hepatitis B

- Are pregnant women tested for Hepatitis B?

Yes. When a pregnant woman comes in for prenatal care, she will be given a series of routine blood tests, including one that checks for the presence of Hepatitis B virus infection. This test is important because women infected with this virus can pass Hepatitis B to their babies during birth. But this can be prevented by giving the infant HBIG and the first Hepatitis B vaccine at birth, and then completing the series.

- What if a pregnant woman has Hepatitis B?

If a pregnant woman has Hepatitis B, she can pass the infection to her baby during birth. But this can be prevented through a series of vaccinations and HBIG for her baby beginning at birth. Without vaccination, babies born to women with Hepatitis B virus infection can develop chronic infection, which can lead to serious health problems.

Overview

“Hepatitis” means inflammation of the liver. Toxins, certain drugs, some diseases, heavy alcohol use, and bacterial and viral infections can all cause hepatitis. Hepatitis is also the name of a family of viral infections that affect the liver; the most common types are Hepatitis A, Hepatitis B, and Hepatitis C.

- What is the difference between the three most common types of hepatitis?

[Hepatitis A](#), [Hepatitis B](#), and [Hepatitis C](#) are diseases caused by three different viruses. Although each can cause similar symptoms, they have different modes of transmission and can affect the liver differently. Hepatitis A appears only as an acute or newly occurring infection and does not become chronic. People with Hepatitis A usually improve without treatment. Hepatitis B and Hepatitis C can also begin as acute infections, but in some people, the virus remains in the body, resulting in chronic disease and long-term liver problems. There are vaccines to prevent Hepatitis A and B; however, there is not one for Hepatitis C. If a person has had one type of viral hepatitis in the past, it is still possible to get the other types.

- What is Hepatitis B?

Hepatitis B is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness. It results from infection with the Hepatitis B virus. Hepatitis B can be either “acute” or “chronic.”

Acute Hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis B virus. Acute infection can — but does not always — lead to chronic infection.

Chronic Hepatitis B virus infection is a long-term illness that occurs when the Hepatitis B virus remains in a person's body.

Statistics

- How common is acute Hepatitis B in the United States?

In 2007, there were an estimated 43,000 new Hepatitis B virus infections in the United States. However, the official number of reported Hepatitis B cases is much lower. Many people don't know they are infected or may not have symptoms and therefore never seek the attention of medical or public health officials.

- Has the number of people in the United States with acute Hepatitis B been decreasing?

Yes, rates of acute Hepatitis B in the United States have declined by approximately 82% since 1990. At that time, routine Hepatitis B vaccination of children was implemented and has dramatically decreased the rates of the disease in the United States, particularly among children.

- How common is chronic Hepatitis B in the United States?

In the United States, an estimated 800,000 to 1.4 million persons have chronic Hepatitis B virus infection.

- How common is chronic Hepatitis B outside the United States?

Globally, chronic Hepatitis B affects approximately 350 million people and contributes to an estimated 620,000 deaths worldwide each year.

Transmission / Exposure

- How likely it is that acute Hepatitis B will become chronic?

The likelihood depends upon the age at which someone becomes infected. The younger a person is when infected with Hepatitis B virus, the greater his or her chance of developing chronic Hepatitis B. Approximately 90% of infected infants will develop chronic infection. The risk goes down as a child gets older. Approximately 25%–50% of children infected between the ages of 1 and 5 years will develop chronic hepatitis. The risk drops to 6%–10% when a person is infected over 5 years of age. Worldwide, most people with chronic Hepatitis B were infected at birth or during early childhood.

- How is Hepatitis B spread?

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus during activities such as:

- Birth (spread from an infected mother to her baby during birth)
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Sharing items such as razors or toothbrushes with an infected person
- Direct contact with the blood or open sores of an infected person
- Exposure to blood from needlesticks or other sharp instruments

- Can a person spread Hepatitis B and not know it?

Yes. Many people with chronic Hepatitis B virus infection do not know they are infected since they do not feel or look sick. However, they still can spread the virus to others and are at risk of serious health problems themselves.

- Can Hepatitis B be spread through sex?

Yes. Among adults in the United States, Hepatitis B is most commonly spread through sexual contact and accounts for nearly two-thirds of acute Hepatitis B cases. In fact, Hepatitis B is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.

- Can Hepatitis B be spread through food?

Unlike Hepatitis A, it is not spread routinely through food or water. However, there have been instances in which Hepatitis B has been spread to babies when they have received food pre-chewed by an infected person.

- What are ways Hepatitis B is not spread?

Hepatitis B virus is not spread by sharing eating utensils, breastfeeding, hugging, kissing, holding hands, coughing, or sneezing.

- Who is at risk for Hepatitis B?

Although anyone can get Hepatitis B, some people are at greater risk, such as those who:

- Have sex with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual contact with other men
- Inject drugs or share needles, syringes, or other drug equipment

- Live with a person who has chronic Hepatitis B
 - Are infants born to infected mothers
 - Are exposed to blood on the job
 - Are hemodialysis patients
 - Travel to countries with moderate to high rates of Hepatitis B
- If I think I have been exposed to the Hepatitis B virus, what should I do?

If you are concerned that you might have been exposed to the Hepatitis B virus, call your health professional or your health department. If a person who has been exposed to Hepatitis B virus gets the Hepatitis B vaccine and/or a shot called “HBIG” (Hepatitis B immune globulin) within 24 hours, Hepatitis B infection may be prevented.

- How long does the Hepatitis B virus survive outside the body?

Hepatitis B virus can survive outside the body at least 7 days. During that time, the virus can still cause infection if it enters the body of a person who is not infected.

- How should blood spills be cleaned from surfaces to make sure that Hepatitis B virus is gone?

All blood spills — including those that have already dried — should be cleaned and disinfected with a mixture of bleach and water (one part household bleach to 10 parts water). Gloves should always be used when cleaning up any blood spills. Even dried blood can present a risk to others.

- If I had Hepatitis B in the past, can I get it again?

No, once you recover from Hepatitis B, you develop antibodies that protect you from the virus for life. An antibody is a substance found in the blood that the body produces in response to a virus. Antibodies protect the body from disease by attaching to the virus and destroying it. However, some people, especially those infected during early childhood, remain infected for life because they never clear the virus from their bodies.

Symptoms

- Does acute Hepatitis B cause symptoms?

Sometimes. Although a majority of adults develop symptoms from acute Hepatitis B virus infection, many young children do not. Adults and children over the age of

5 years are more likely to have symptoms. Seventy percent of adults will develop symptoms from the infection.

- What are the symptoms of acute Hepatitis B?

Symptoms of acute Hepatitis B, if they appear, can include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Clay-colored bowel movements
- Joint pain
- Jaundice (yellow color in the skin or the eyes)

- How soon after exposure to Hepatitis B will symptoms appear?

On average, symptoms appear 90 days (or 3 months) after exposure, but they can appear any time between 6 weeks and 6 months after exposure.

- How long do acute Hepatitis B symptoms last?

Symptoms usually last a few weeks, but some people can be ill for as long as 6 months.

- Can a person spread Hepatitis B without having symptoms?

Yes. Many people with Hepatitis B have no symptoms, but these people can still spread the virus.

- What are the symptoms of chronic Hepatitis B?

Some people have ongoing symptoms similar to acute Hepatitis B, but most individuals with chronic Hepatitis B remain symptom free for as long as 20 or 30 years. About 15%–25% of people with chronic Hepatitis B develop serious liver conditions, such as cirrhosis (scarring of the liver) or liver cancer. Even as the liver becomes diseased, some people still do not have symptoms, although certain blood tests for liver function might begin to show some abnormalities.

- How will I know if I have Hepatitis B?

Talk to your health professional. Since many people with Hepatitis B do not have symptoms, doctors diagnose the disease by one or more blood tests. These tests

look for the presence of antibodies or antigens and can help determine whether you:

- have acute or chronic infection
 - have recovered from infection
 - are immune to Hepatitis B
 - could benefit from vaccination
-
- How serious is chronic Hepatitis B?

Chronic Hepatitis B is a serious disease that can result in long-term health problems, including liver damage, liver failure, liver cancer, or even death. Approximately 2,000–4,000 people die every year from Hepatitis B-related liver disease.

Tests

- What are antigens and antibodies?

An antigen is a substance on the surface of a virus that causes a person's immune system to recognize and respond to it. When the body is exposed to an antigen, the body views it as foreign material and takes steps to neutralize the antigen by producing antibodies. An antibody is a substance found in the blood that the body produces in response to a virus. Antibodies protect the body from disease by attaching to the virus and destroying it.

- What are the common blood tests available to diagnose Hepatitis B?

There are many different blood tests available to diagnose Hepatitis B. They can be ordered as an individual test or as a series of tests. .But remember: only your doctor can interpret your individual test results.

Prevention / Vaccination

- Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting the Hepatitis B vaccine. The Hepatitis B vaccine is safe and effective and is usually given as 3-4 shots over a 6-month period.

- What is the Hepatitis B vaccine series?

The Hepatitis B vaccine series is a sequence of shots that stimulate a person's natural immune system to protect against HBV. After the vaccine is given, the body makes antibodies that protect a person against the virus. An antibody is a substance found in the blood that is produced in response to a virus invading the

body. These antibodies are then stored in the body and will fight off the infection if a person is exposed to the Hepatitis B virus in the future.

- Who should get vaccinated against Hepatitis B?

Hepatitis B vaccination is recommended for:

- All infants, starting with the first dose of Hepatitis B vaccine at birth
- All children and adolescents younger than 19 years of age who have not been vaccinated
- People whose sex partners have Hepatitis B
- Sexually active persons who are not in a long-term, mutually monogamous relationship.
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have close household contact with someone infected with the Hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or blood-contaminated body fluids on the job
- People with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients
- Residents and staff of facilities for developmentally disabled persons
- Travelers to [regions with moderate or high rates of Hepatitis B](#)
- People with chronic liver disease
- People with HIV infection
- Anyone who wishes to be protected from Hepatitis B virus infection

In order to reach individuals at risk for Hepatitis B, vaccination is also recommended for anyone in or seeking treatment from the following:

- Sexually transmitted disease treatment facilities
- HIV testing and treatment facilities
- Facilities providing drug-abuse treatment and prevention services
- Health care settings targeting services to injection drug users
- Health care settings targeting services to men who have sex with men
- Chronic hemodialysis facilities and end-stage renal disease programs
- Correctional facilities
- Institutions and nonresidential day care facilities for developmentally disabled persons

Our Office Hepatitis B Vaccination Procedures

- Our office follows BBP regulations concerning the management of the vaccination and follow-up programs.

- The requirements for vaccination and post-exposure evaluation and follow-up, including prophylaxis, are as follows:
 - Available at no cost to the employee;
 - Within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
 - Available at a reasonable time and place;
 - Provided under the supervision of a licensed healthcare provider;
 - Provided according to BBP recommendation.
 - Employees shall contact their supervisor to make arrangements for the hepatitis B vaccination series.
 - Employees that wish to decline the vaccination will be instructed to sign *Form #9 – Hepatitis B Vaccination Declination* in the OCPI Manual. (A copy of the required verbiage for declination follows.)
 - Employees with occupational exposure must complete *Form #8 – Bloodborne Pathogen Exposure Incident Report* in the OCPI Manual with their supervisor and seek medical attention as required.

Hepatitis B Vaccine Declination (MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D) of the Bloodborne Pathogens Standard:

I understand that due to my occupational exposure to blood or OPIM 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, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____ Date: _____

Print Name: _____

10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM

- Any employee that suffers an exposure incident must report it to their immediate supervisor immediately.
- Depending upon the severity of the injury, first aid or medical attention should be obtained immediately.
- As soon as possible, the supervisor and the employee will fill out *Form #8 – Bloodborne Pathogen Exposure Incident Report* in the OCPI Manual.
- If the exposure incident involved a sharp, *Form #15 – Sharps Injury Log* in the OCPI Manual will be completed as well.

11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log.

- Following an exposure incident and after the administration of first aid or medical attention, if required, the exposed employee should contact his or her immediate supervisor.
- The proper forms should be completed, including the Sharps Injury Log if the exposure incident involved a sharp.
- The employer will make available, at no cost, medical follow-up.
- Completion of *Form #8 – Bloodborne Pathogen Exposure Incident Report* and *Form #15 – Sharps Injury Log* in the OCPI Manual, will direct the exposed employee through the process.

12. Post Exposure Evaluation and Follow-up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

- Bloodborne Pathogen Exposure Incidents

OSHA's BBP requires employers to make immediate confidential medical evaluation and follow-up available for workers who have an exposure incident, such as a needlestick. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other

potentially infectious materials (OPIM), as defined in the standard that results from the performance of a worker's duties.

- Reporting an Exposure Incident

Exposure incidents should be reported immediately to the employer since they can lead to infection with hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), or other bloodborne pathogens. When a worker reports an exposure incident right away, the report permits the employer to arrange for immediate medical evaluation of the worker. Early reporting is crucial for beginning immediate intervention to address possible infection of the worker and can also help the worker avoid spreading bloodborne infections to others. Furthermore, the employer is required to perform a timely evaluation of the circumstances surrounding the exposure incident to find ways of preventing such a situation from occurring again.

Reporting is also important because part of the follow-up includes identifying the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law, and determining the source's HBV and HIV infectivity status. If the status of the source individual is not already known, the employer is required to test the source's blood as soon as feasible, provided the source individual consents. If the individual does not consent, the employer must establish that legally required consent cannot be obtained. If state or local law allows testing without the source individual's consent, the employer must test the individual's blood, if it is available. The results of these tests must be made available to the exposed worker and the worker must be informed of the laws and regulations about disclosing the source's identity and infectious status.

- Medical Evaluation and Follow-up

When a worker experiences an exposure incident, the employer must make immediate confidential medical evaluation and follow-up available to the worker. This evaluation and follow-up must be: made available at no cost to the worker and at a reasonable time and place; performed by or under the supervision of a licensed physician or other licensed healthcare professional; and provided according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedures take place. In addition, laboratory tests must be conducted by an accredited laboratory and also must be at no cost to the worker. A worker who participates in post-exposure evaluation and follow-up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, the employer must ensure that the worker's blood sample is preserved for at least 90 days in case the worker changes his or her mind about HIV testing.

Post-exposure prophylaxis for HIV, HBV, and HCV, when medically indicated, must be offered to the exposed worker according to the current U. S. Public Health Service recommendations. The post-exposure follow-up must include counseling the worker about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.

Post-Exposure Evaluation and Follow-up

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following:

- A copy of the BBP
- *Form #8 – Bloodborne Pathogen Exposure Incident Report* in the OCPI Manual which will include:
 - Description of the exposed employee's duties as they relate to the exposure incident;
 - Documentation of the route(s) of exposure and circumstances under which the exposure occurred
- Results of the source individual's blood testing, if available;
- And, all medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility.

Healthcare's Professional's Written Opinion

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

- The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - That the employee has been informed of the results of the evaluation; and
 - That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section and for 30 years plus employment.

13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1);and

Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM.

2. Labels required by this section shall include either the following legend as required by Section 3341:



Or in the case of regulated waste the legend: BIOHAZARDOUS WASTE or SHARPS WASTE as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

4. Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g).

7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs -

PLEASE NOTE: Sign requirements for subsection (e), HIV, HBV and HCV Research Laboratory and Production Facilities has been removed because it does not apply to our audience.

14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

The personal conducting the trainer is Ms. Paula Thomas. She can be contacted by email – _pthomas9811@bellsouth.net

TEST

Annual OSHA Employee Training for Dental Personnel

True or False

1. Persons with occupational exposure to blood and other potentially infectious materials (OPIM) must receive annual training as outlined in §5193. *Bloodborne Pathogens* commonly referred to as OSHA's Bloodborne Pathogens Standard or (BBP). (T) (F)

2. The contents for the annual training class is optional and may be designed by the employer. (T) (F)

3. It is necessary to review the BBP during the annual osha training. (T) (F)

4. "Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). (T) (F)

5. "Engineered Sharps Injury Protection" (ESIP) means either:

(1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or

(2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

In dentistry we do not have products with ESIP. (T) (F)

6. "Exposure Incident" means a specific eye, mouth, other mucous membrane, non- intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Front office staff could suffer an exposure incident. (T) (F)

7. Employees are not assigned to a specific risk category in our office because they all perform the same tasks. (T) (F)

8. "Other Potentially Infectious Materials" means: The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response. (T) (F)
9. Everyone in the office is responsible for the implementation and maintenance of the office Exposure Control Plan (ECP). (T) (F)
10. "Source Individual" or Source Patient, means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. When an exposure incident occurs, it is not always possible to determine the source individual or source patient. (T) (F)
11. Our ECP is located in the *OSHA Compliance Made Easy Manual (OCPI Manual)* which is kept at the workplace and is available at all times for employee review. (T) (F)
12. When we conduct exposure determinations, we always take into consideration the use of personal protective equipment (PPE) because the employee should be wearing it. (T) (F)
13. Employees assigned to Category 2 – Moderate Risk. Some employees in this category may occasionally have occupational exposure to blood or OPIM. Therefore, exposure or potential exposure may be required as a condition of employment. Job classifications in Category 2 – Moderate Risk, include some employees that have occupational exposure such as front office staff that on occasion move to the back and handle impressions or other contaminated items during operatory clean-up. (T) (F)
14. Engineering controls isolate or remove the blood-borne pathogen hazard from the workplace. Work practice controls reduce the likelihood of exposure by altering the manner in which a task is performed. Administrative controls include training, education, and application of Standard Operating Procedures for preventing occupational exposure to blood and other potentially infectious fluids. PPE is not required if the office has good engineering controls, work practice controls and administrative controls. (T) (F)
15. Glove use does not replace the need for handwashing. (T) (F)
16. PPE may be worn outside of the operatory. (T) (F)
17. It is ok to keep a covered water bottle in the operatory or lab. (T) (F)

18. All PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the PPE will be used. (T) (F)

19. The Hepatitis B vaccine is usually given as a series of 3 or 4 shots over a 6-month period and is mandatory for all dental office employees. (T) (F)

20. The cost of the Hepatitis B vaccination series can be split between the employer and the employee. (T) (F)

21. Annual OSHA training must be done on the employee's time. (T) (F)

22. The best way to prevent Hepatitis B is by getting the Hepatitis B vaccine. The Hepatitis B vaccine is safe and effective and is usually given as 3-4 shots over a 6-month period. (T) (F)

23. Many people with chronic Hepatitis B virus infection do not know they are infected since they do not feel or look sick. However, they still can spread the virus to others and are at risk of serious health problems themselves. (T) (F)

24. [Hepatitis A](#), [Hepatitis B](#), and [Hepatitis C](#) are diseases caused by three different viruses. Although each can cause similar symptoms, they have different modes of transmission and can affect the liver differently. Hepatitis A appears only as an acute or newly occurring infection and does not become chronic. People with Hepatitis A usually improve without treatment. Hepatitis B and Hepatitis C can also begin as acute infections, but in some people, the virus remains in the body, resulting in chronic disease and long-term liver problems. There are vaccines to prevent Hepatitis A and B; however, there is not one for Hepatitis C. If a person has had one type of viral hepatitis in the past, it is still possible to get the other types. (T) (F)

25. The employer must make available the hepatitis vaccination series within 60 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. (T) (F)

26. Following an exposure incident and after the administration of first aid or medical attention, if required, the exposed employee should contact his or her immediate supervisor. In most cases it is not necessary to complete any forms because our office is very small and everyone knows what happened. (T) (F)

27. In big offices only, Completion of *Form #8 – Bloodborne Pathogen Exposure Incident Report* and *Form #15 – Sharps Injury Log* in the OCPI Manual, will direct the exposed employee through the process. (T) (F)

28. The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following:

- A copy of the BBP Standard,
- *Form #8 – Bloodborne Pathogen Exposure Incident Report* in the OCPI Manual which will include: Description of the exposed employee's duties as they relate to the exposure incident; Documentation of the route(s) of exposure and circumstances under which the exposure occurred,
- Results of the source individual's blood testing, if available; and,
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility.

(T) (F)

29. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM. Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color. (T) (F)

30. It is a requirement that annual training be inter-active. The speaker must be knowledgeable of the subject and available to answer questions. (T) (F)

