

**West Virginia University
School of Dentistry**

Infection and Biohazard Control Policy
Revised 2015

INTRODUCTION

The purpose of the School of Dentistry's infection control program is to protect all faculty, staff, students, and patients from cross infection related to dental procedures.

An effective infection control policy will require the cooperation of students, faculty, and staff. This must be achieved through education, demonstration, monitoring, and evaluation. The enforcement of infection control in the preclinical, laboratory, and clinical areas is primarily that of the faculty.

Recommended infection control practices are applicable to all settings involved in providing dental care. These recommended practices should be observed in addition to the precautions and procedures for employee protection required by the Occupational Safety and Health Administration (OSHA) final rule on Occupational Exposure to Bloodborne Pathogens published in the Federal Register on December 6, 1991, and revised January 18, 2001.

A set of infection control strategies common to all health-care delivery settings should reduce the risk of transmission of infectious diseases caused by bloodborne pathogens such as the HBV (hepatitis-B virus) and the HIV (human immunodeficiency virus). Because all infected patients cannot be identified by medical history, physical examination, or laboratory tests, **Standard Precautions** must be observed routinely in all preclinical, clinical, laboratory, and equipment maintenance areas. This means that the same infection control policies and procedures must be used for all patients. Standard precautions, however, do not preclude the use of additional infection control procedures to protect a patient who is so severely medically compromised that additional precautions are needed to provide safe treatment (i.e., patients with active tuberculosis).

MEDICAL HISTORY

Infection control begins with an initial appraisal of the patient's overall physical and mental health, followed by a thorough medical history and review. The medical history should be updated at all subsequent visits. Specific questions should be asked regarding medications, current and recurrent illnesses, unintentional weight loss, lymphadenopathy, oral soft tissue lesions, other infections, history of hepatitis, and latex allergy. Medical consultation may be indicated when a history of active infection or systemic disease is elicited or suspected.

Not all patients with infectious diseases can be identified by the medical history, physical examination, or readily available laboratory tests. Therefore, each patient must be considered as potentially infectious, and the same infection control procedures and **standard precautions** should be observed for all patients.

IMMUNIZATIONS

The OSHA Bloodborne Pathogens Standard requires that employers make hepatitis-B vaccinations available without cost to their employees who may be exposed to blood or other infectious materials. Since 1987, the WVU School of Dentistry has provided this vaccination without cost to School employees and continues to strongly encourage all dental health care employees who might be exposed to blood or blood-contaminated substances in an occupational setting to be vaccinated.

All students must provide written documentation from a physician of immunity to tetanus, polio, measles, chickenpox and hepatitis-B, and results of an annual tuberculosis skin test. The WVU Health Sciences Center faculty, staff, and students are provided the PPD test annually from WVU Employee Health and the School of Dentistry. In addition, all dental health care providers are encouraged to get an annual flu vaccination. Hepatitis B vaccine and antibody testing for seroconversion is offered all faculty and staff; they, however, are offered a declination form if they so choose.

Although vaccines play an important role in the infection hazards in the dental environment that are not transmitted by blood. Microorganisms spread via nasopharyngeal secretions, e.g., represent a host of diseases that pose constant threats to the dental care worker.

HANDS AND SKIN

Intact skin is recognized as infection control's best first-line-of-defense for dental care workers. Healthy, intact skin is an excellent barrier against microorganisms that represent infectious hazards in the dental care environment.

Dental care workers with weeping, eczematous lesions of the hands should not engage in patient care, or handle dental instruments, prostheses, or materials until the condition has healed.

Avoid dried, chapped, cracked hands caused by repeated washing by using a quality hand lotion daily. However, a non-petroleum based lotion must be used if the dental care provider wears latex gloves.

Keep nails cut short and hands well manicured.

Any splash or exposure of blood or other body fluid to non-intact skin or mucous membrane should be considered an occupational exposure, and appropriate follow-up should be immediately initiated in accordance with OSHA's Bloodborne Pathogens Standard, and WVU Health Sciences Center Management Policy on Exposure to Blood or Body Fluid. (See Exhibit 5).

HANDWASHING

Handwashing will normally remove microorganisms from the skin but may not remove them from around rings and under fingernails. Make certain handwashing is as effective as possible by keeping nails cut short and well manicured, and do not wear rings, fingernail polish, or acrylic fingernails.

Always wash your hands and wrists before donning treatment gloves, after glove removal, before leaving the operatory or laboratory, and after visiting the restroom.

For most dental procedures, the following non-surgical handwashing technique is adequate:

1. Lather your hands and wrists well with liquid antimicrobial soap and water.
2. Rub hands vigorously together for at least 15 seconds so that all surfaces are scrubbed.
3. When hands are visibly soiled, rub the lather over them for longer than 15 seconds, or wash and rinse them two or three times.

4. Rinse under a stream of water.
5. Dry with a disposable paper towel.
6. If you use a hand-operated faucet, do not touch the handle with bare skin. Instead, use a clean paper towel to avoid contaminating the handle or your hands.
7. If hands are not visibly soiled, the alcohol hand rub (Sanityze) provided at each unit may be used. Dispense enough solution onto hands and rub together vigorously for at least 15 seconds. Use of alcohol hand rubs do not replace handwashing with soap and water. It is suggested that hands be washed prior to donning gloves and the hand rub used between changing gloves.

PERSONAL HYGIENE

1. Keep nails trimmed short and hands well manicured.
2. Facial hair must be covered by a pleated mask.
3. Any hair that falls below the operator's cheeks when his/her head is facing down must be secured neatly back and up.
4. Wear disposable protective headgear during surgical procedures.

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND ATTIRE

COVER GOWNS

1. Disposable fluid-resistant long-sleeve high-neck cover gowns must be worn at all times within the School's patient care areas by all faculty, residents, staff, and students during patient treatment.
2. Gowns must be secured around the collar and closed in the back. The long sleeves will be kept in place around the wrists, and gloves will either extend under or cover the sleeves.
3. Gowns must be changed daily, or more often if visibly soiled. Gowns must be removed immediately whenever they have been splashed or penetrated by blood or other potentially infectious material.
4. The gowns must not be worn outside the clinical/patient treatment areas.
5. When removing the cover gown at the end of the day's use or treatment, fold the exposed surfaces inside while keeping gloves on, and immediately place it in a non-infectious, non-regulated disposable waste container.
6. If the cover gown is visibly/grossly contaminated, remove and fold exposed areas to the inside, and immediately disposable infectious/regulated waste container.

GLOVES

1. For the protection of dental care personnel and patients in dental-care settings, medical type gloves (latex, nitrile, or vinyl) must always be worn by dental care personnel when there is a potential for contacting blood, blood-contaminated saliva, or mucous membrane. Therefore, all dental care personnel will wear gloves while treating all patients and handling patient prostheses, tissue, and non-sterile instruments or surfaces.
2. Non-sterile gloves are acceptable for procedures involving contact with teeth and intact mucous membrane.
3. Sterile gloves must be worn for contact with primarily sterile body areas and for invasive dental procedures.
4. Before treatment of each patient, dental care personnel should wash their hands and don new gloves; after treatment of each patient or before leaving the dental treatment area, the gloves should be removed, discarded, and the hands washed again.
5. If gloves are torn, cut, or punctured, remove them immediately and dispose of them.

6. **Surgical examination gloves should not be washed before use; nor should they be washed, disinfected, or sterilized for reuse.**
7. Deterioration of gloves may be caused by disinfecting agents, oils, certain oil-based lotions and should either be thoroughly inspected for damage or replaced prior to continuing treatment or the procedure.
8. Treatment gloves must be removed when leaving the clean field of the treatment area (e.g. handling patient charts/ radiographs, obtaining items from Central Processing).
9. General purpose heavy utility gloves must be worn when cleaning instruments, equipment, or contaminated surfaces, and must be decontaminated before re-used.

FACE MASKS, SHIELDS, EYEWEAR

1. Wear both a mask and protective glasses/goggles with side shields, or a chin-length face shield during all patient treatment and disinfection of the dental unit.
2. Wear a surgical mask or full-length shield with face mask in the dental treatment area and central sterilization room where aerosols are a problem, especially on the dirty side of the central sterilization area.
3. When a mask is used, it should be changed between patients or during patient treatment if it becomes wet or moist. A wet mask will not provide an effective barrier to microorganisms.
4. Remember: even the best surgical mask is perhaps 90% efficient, so use them properly. Be certain to properly adapt the metal nose piece in order to realize maximum protection, and keep the bottom of mask well secured under the chin.
5. Face shields or protective eyewear should be washed with an appropriate cleaning agent and disinfected between patients.

EYE WASH STATIONS

1. If a splash occurs to the eyes during patient treatment or any occupational exposure to the eyes, go immediately to the nearest EYE WASH STATION and flush the eye(s) with clean, cool water for 10-15 minutes.
2. If the splash had the potential for being infectious, consider this an occupational exposure and follow the WVU HSC Management Policy on Exposure to Blood or Body Fluid.
3. Faucet activated eye wash stations that meet OSHA requirements are strategically placed in all clinical, laboratory, central sterilization, and equipment service areas.

SHARPS

Handle all sharp instruments and objects with care to avoid accidental injury and blood exposure. Dispose of all sharp items into hard plastic “sharps” containers which are located at each dental unit and in each laboratory. Examples of sharps include the following:

1. Needles
2. Scalpels
3. Explorers
4. Scalers
5. Rotating burs
6. Endodontic files
7. Rotating pumice and stone wheels
8. Laboratory knives
9. Orthodontic wire
10. Irrigating syringes

NEEDLES AND SYRINGES

1. A sterile syringe, a new disposable needle, and new anesthetic cartridge should be used for each patient.
2. Needles should be handled extremely carefully. Most dental occupational exposures are the result of needle sticks.
3. Since an individual patient may require multiple injections of anesthetic or other medications from a single syringe, a number of techniques can be used to minimize the likelihood of an injury.
 - a. **Uncapped needles should not be left on dental trays** where they are more likely to cause injury.
 - b. Recap the needle by laying the cap on the tray or placing the cap in a holder so that the needle can be guided into it.
 - c. Recap the needle by using the one-hand “scoop” method, or using a needle barrier.
NEVER USE BOTH HANDS TO RECAP NEEDLES!
4. Disposable needles should not be bent or broken after use. Before attempting to remove needles from non-disposable aspirating syringes, they should be recapped.
5. Needles should not be manually removed from disposable syringes or otherwise handled manually.
6. Discard disposable needles, syringes into puncture-resistant containers located as close as is practical to the area in which they have been used.

HANDPIECES AND COMPONENTS

1. A sterile handpiece must be used for each patient.
2. All handpieces (high, low speed, and sonic) are heat sterilized by the School of Dentistry Central Processing. Sterile handpieces are obtained from the “clean” area of Central Processing, and contaminated handpieces are returned to the “dirty” area for processing.

WATER LINES

1. Water at each dental unit is supplied by a 2 liter water bottle in which the water has been treated with an Adec 1Cx tablet. Each morning, the water bottles are checked and replenished with fresh water in which 1 Adec tablet is added.
2. In addition, these lines must be purged for a minimum of 20-30 seconds after use on each patient. This will aid in flushing out patient material that may have entered the air or water lines.

EVACUATION SYSTEM

1. After each patient use, the HVE (High Velocity Evacuation) system and saliva ejector should be flushed with at least 6 ounces (two 3 oz paper cups) of fresh water from a clean cup.
2. Flush the HVE system with at least one quart of water at the end of the day.
3. Clean the HVE system with an HVE cleaner at least once a week. Use the E-Vac solution available in the “wet” area of the large clinic.

ENVIRONMENTAL SURFACES

1. All environmental touch surfaces in the dental treatment area must be cleaned and disinfected before treatment of each patient.
2. The general procedures for environmental surface disinfection is to use CaviWipes XL for both precleaning and disinfection.
First, clean all touch surfaces with a CaviWipe towelette. Use more than one, if necessary. Then, disinfect the surfaces by wiping them with a new towelette (more than one, if necessary) and allow the surface to remain wet for 5 minutes. After 5 minutes, the surface may be wiped dry to avoid transfer of any residual disinfectant to the patient or dental care worker.
3. Plastic barrier covers are used to aid in preventing surface contamination.

CLEANING, DISINFECTION, STERILIZATION

Cleaning is the basic first step of decontamination, wherein debris is physically removed in order to reduce the number of microorganisms present. Cleaning must always precede disinfection or sterilization.

Sterilization is a process that kills all microorganisms, including bacterial spores which are the most difficult microbe to kill.

Disinfection is a process that kills most disease causing microorganisms, but not necessarily all microorganisms.

There are three different levels of disinfection: low, intermediate, and high.

1. Low-level disinfection is the least effective disinfection process. It do not kill bacterial spores or the bacterium that caused tuberculosis.
2. Intermediate-level disinfection is a process that does kill the tuberculosis microorganisms. This is significant because it is almost as difficult to kill the TB organism as it is to kill spores.
3. High-level disinfection is a disinfection that kills some, but unfortunately not all, bacterial spores.

As with other medical and surgical instruments, dental instruments are classified into three Categories – critical, semicritical, or noncritical, depending on their risk of transmitting infection and the need to sterilize them between uses. Examples of the three:

Critical: surgical and other instruments used to penetrate soft tissue or bone. Must be heat sterilized after each use.

Semicritical: instruments such as mirrors and amalgam condensers that do not penetrate soft tissues or bone, but do contact oral tissues. Must be heat sterilized or sterilized in a high level disinfectant (gluteraldehyde).

Noncritical: instruments or medical/dental devices such as X-ray heads that come into contact only with intact skin. Because these noncritical surfaces have a low risk of transmitting infection, they should be cleaned and disinfected with an EPA registered chemical agent (ex., Cavicide or CaviWipes).

1. Before sterilization or disinfection, instruments should be cleaned thoroughly to remove bioburden.
2. All critical and semicritical dental instruments that are heat stable should be sterilized routinely between uses by steam under pressure (autoclaving), dry heat, or chemical vapor. Critical and semicritical instruments that will not be used immediately must be packaged before sterilization.
3. Proper functioning of sterilization cycles should be verified by conducting weekly biologic spore indicator testing. Heat-sensitive chemical indicators do not ensure adequacy of a sterilization cycle, but simply indicate that the pack/instrument has been processed through the heating cycle.
4. In all dental health care settings, indications for the use of liquid chemical germicides to sterilize instruments (cold sterilization) are limited. This procedure usually requires 10 hours of exposure to a fresh solution of a high level disinfectant.

This sterilization process should be followed by aseptic rinsing with sterile water, drying, and, if the instrument is not used immediately, placement in a sterile container. It must be remembered, however, there is no practical way to verify the sterility of instruments treated in this manner.

CENTRAL STERILIZATION AND DISPENSING

The School of Dentistry maintains and operates a Central Sterilization and Dispensing facility within the School proper, wherein all sterilization and dispensing of treatment packs, cassettes, instruments, handpieces, materials, etc. is accomplished and provided from one restricted area. This facility is considered the center of the School's infection control program and guarantees the uniformity and continuity of sterility so vitally important to the control and elimination of cross-contamination or spread of bloodborne infectious diseases.

Central Sterilization and Dispensing's infection control policies and protocol are thorough and all-encompassing, and are on file in that department.

INFECTION CONTROL IN RADIOLOGY

Preparation of the X-Ray Room and Unit

At the beginning of the day and before the first patient in the afternoon, clean and disinfect with an EPA registered surface disinfectant (ex. CaviWipes) all environmental surfaces that will be touched during exposure of radiographs. Clean the dental chair after each patient's use.

Before Seating Each Patient When Exposing Intraoral Radiographs Using PSP Plates

1. With clean hands donned in clean gloves, place a paper towel on the counter top and open the plastic bag containing the pre-packaged PSP plates.
2. Empty the PSP plates onto the paper towel and set the empty plastic bag aside for collection of the contaminated exposed PSP plates.
3. Place plastic barrier covers on the exposure control switch and exposure timer selection buttons, and a plastic bag over the tube head.
4. Place a new plastic barrier cover on the headrest.

Before Seating Each Patient When Exposing Intraoral Radiographs Using Digital Sensors

1. With clean hands donned in clean gloves, place the provided plastic barriers over the digital sensor(s) to be used.
2. Place plastic barrier covers on the exposure control switch, exposure timer selection buttons, laptop keyboard, laptop mouse, and a plastic bag over the tube head.
3. Place a new plastic barrier cover on the headrest.

Exposing Intraoral Radiographs Using PSP Plates (Contained in Envelopes)

1. Don powder-free exam gloves.
2. After each PSP plate is exposed, open the PSP plate envelope over the original bag, allowing the PSP plate to drop inside without contacting contaminated gloves/surfaces. Discard the empty PSP plate envelopes as they are emptied.
3. At the conclusion of exposing the radiograph(s), remove and discard the contaminated gloves from your hands and use the provided alcohol hand rub (Sanityze).
4. Don hands with a clean pair of powder-free exam gloves and transport the bag containing the PSP plates to the scanning room.
5. Place a paper towel on the counter adjacent to the PSP scanning tower.
6. Gently invert the plastic bag, allowing the PSP plates to "drop" onto the paper towel and discard the plastic bag.
7. Remove and discard the contaminated gloves from your hands and use the provided alcohol hand rub (Sanityze).
8. With ungloved hands, utilize the computer and scanning tower to process the exposed PSP plates.
9. After you have completed processing your PSP plates, return to the radiographic operator, don a new pair of exam gloves, collect the image receptor holding devices, and return them to the image receptor cold sterilization cart.
10. Remove and discard the contaminated exam gloves and utilize the alcohol hand rub (Sanityze).
11. Proceed to the protocol for cleaning and disinfecting the radiographic operator.

Exposing Intraoral Radiographs Using Digital Sensors

1. Don powder-free exam gloves.
2. Use the plastic barrier covered laptop keyboard and mouse to navigate the patient's chart and MiPACS software.
3. At the conclusion of the radiographic exam, remove and discard the contaminated gloves from your hands and use the provided alcohol hand rub (Sanityze).
4. Escort your patient to the waiting room.
5. Return to the operatory and don a new pair of exam gloves, collect the image receptor holding devices, and return them to the image receptor cold sterilization cart.
6. Remove and discard the contaminated gloves from your hands and use the provided alcohol hand rub (Sanityze).
7. Return to the operatory and proceed to the protocol for cleaning and disinfecting the radiographic operatory.

Exposing Digital Panoramic Images

1. Clean and disinfect with an EPA registered disinfectant (ex. CaviWipes) the chin cup, temple support rods, and handles of the unit before and after positioning each patient.
2. Wash and dry hands.
3. Place plastic barriers over the bite-block, on the laptop keyboard and mouse, exposure setting control panel, and the exposure button.
4. Use the plastic barrier covered laptop keyboard and mouse to navigate the patient's chart and MiPACS software.
5. Position the patient and expose the radiograph(s).
6. Remove and discard the contaminated gloves from your hands and use the provided alcohol hand rub (Sanityze) and escort the patient to the waiting room.
7. Return to the operatory and proceed with the protocol for cleaning and disinfecting the radiographic operatory.

Exposing Tomographic Films

1. **Wash and dry contaminated ear rod tips and sterilize** by soaking in a fresh high level disinfectant for the appropriate time (10 hours for Cidex Plus). Store in a clean bag until ready for use.
2. **Before and after each patient**, clean and disinfect ear rods, supports, and the chin cup with an EPA registered surface disinfectant (ex. CaviWipes).
3. **Wash and dry hands.**
4. Place plastic barriers over the bite-block, on the laptop keyboard and mouse, exposure setting control panel, and the exposure button.
4. Position the patient and expose the ~~film~~ radiograph.
5. Don overgloves, remove the ear rod tips and place them in appropriate pre-sterilization collection container.
7. Remove and discard the contaminated gloves from your hands and use the provided alcohol hand rub (Sanityze).
8. Return to the operatory and proceed to the protocol for cleaning and disinfecting the radiographic operatory.

Radiographic Operatory Cleansing and Disinfection Protocol

1. Don a clean pair of exam gloves.
2. Remove all plastic barrier devices
3. Discard all plastic barrier devices in the non-hazardous waste container.
4. Remove and discard the contaminated exam gloves.

5. Don a clean pair of exam gloves.
6. Clean and disinfect all contaminated surfaces using an EPA registered disinfectant (CaviWipes).
 - a. With one disinfecting wipe, wipe all contaminated surfaces.
 - b. With a second disinfecting wipe, wipe all cleansed surfaces, ensuring that all of the cleansed surfaces appear “wet”, and allow to air dry for 5 minutes.
 - c. If, at the conclusion of 5 minutes, the surfaces remain wet and another provider is waiting to use the radiographic operator, surfaces may be dried with a clean paper towel.

WEST VIRGINIA UNIVERSITY SCHOOL OF DENTISTRY PROTOCOL FOR DISINFECTING IMPRESSIONS AND DENTAL PROSTHESES

All dental health care providers (faculty, students, and staff) must clean and disinfect dental impressions and prostheses before sending these items to a dental laboratory or working with them in a laboratory. Likewise, dental appliances must be disinfected before they are returned to the patient.

1. Upon removal from the mouth, clean the impression or dental prosthesis by rinsing under running water. Dental prostheses may need to be brushed with a new (unused) toothbrush.
2. Shake excess water from the impression/prosthesis.
3. Generously **spray** all surfaces of the impression/prosthesis with an acceptable surface disinfectant (ex. Cavicide).
4. Immediately, place impression/prosthesis in a zippered plastic bag or plastic headrest cover that is sealed with tape.
5. Leave the impression/prosthesis in the sealed bag for **at least 5 minutes** before removing to handle. **Note: The dental laboratory technician will not accept these items unless they are in a disinfectant in a sealed plastic bag.**
6. After the appropriate disinfection time, with **clean gloved hands**, remove the impression/prosthesis from the plastic bag, and rinse thoroughly under running water before handling it in the laboratory or returning it to the patient.

**WEST VIRGINIA UNIVERSITY SCHOOL OF DENTISTRY
PROTOCOL FOR STERILIZATION/DISINFECTION OF LABORATORY ITEMS
UTILIZED FOR MANIPULATION OF DENTAL MATERIALS AND PROSTHESES**

1. **Metal impression trays, burs, rag wheels, and disks, metal spatulas, and glass mixing slabs** that directly or indirectly contact oral tissues **must be heat sterilized.**
 - a. **Clean** by washing or rinsing the item.
 - b. **Dry** item.
 - c. **Bag and label for steam or dry heat sterilization by Central Processing.**

2. **Items which cannot be heat sterilized** (some rubber and plastic) must be sterilized by **immersing in glutaraldehyde for 10 hours.**
 - a. These items **must then be rinsed thoroughly** under running water and dried before use.
 - b. **Store in a clean bag.**

3. **Rubber mixing bowls may be disinfected with a surface disinfectant (ex. CaviWipes).**
 - a. Wash bowl, rinse, and dry it.
 - b. Wipe with a CaviWipe, and allow surface to remain wet for at least 5 minutes.
 - c. Dry and store in a clean plastic bag

4. **Protocol for care, use and maintenance of rag wheels and the dental lathes.**
 - a. **Obtain sterile rag wheel** and package of fresh pumice **from Central Processing.**
 - b. **Line pan with aluminum foil** available in clinical lab.
 - c. **Use fresh pumice and a sterile rag wheel for each patient's disinfected prosthesis.**
 - d. **When finished** with rag wheel, **remove used pumice by removing foil lining** from the pan and **throw pumice and foil away** in waste can.
 - e. **Clean the rag wheel** by thoroughly rinsing with running water and dry by blotting with paper towels.
 - f. **Wrap and label rag wheel for autoclaving, and leave with Central Processing for sterilization.**

5. **Polishing prosthesis with abrasive sticks or bars.**
 - a. Make sure that prosthesis is properly disinfected before polishing.
 - b. Line pan with aluminum foil and discard foil after use.

****Note: Change patient care gloves when adjusting or polishing patient prostheses in the laboratory. Change gloves again before handling disinfected prostheses that are to be returned to the patient in the clinic.**

INFECTION CONTROL AND SAFETY GUIDELINES FOR WVU SCHOOL OF DENTISTRY

PATIENT TREATMENT AREAS

1. All personal protective equipment (masks, glasses with side shields, gloves, and cover gowns) must be worn by the dental operator, assistant, faculty shadowers, and observers during any intra-oral patient treatment. Patients also must wear goggles.
2. Cross contamination must be avoided while treating patients or handling contaminated material.
3. All objects that touch mucous membranes must be clean. Those objects that penetrate mucous membranes must be sterile.
4. Gloves must be changed between patients, or sooner if torn or if their texture changes.
5. Units must be properly cleaned and disinfected before and after treatment of each patient.
6. The operator's and assistant's hair must be contained so that it does not fall forward in front of their faces.
7. Impressions must be rinsed and properly disinfected before taken to the lab.
8. Application of make-up or lip balm is prohibited.
9. Contact lenses should not be handled.
10. All food and drink is prohibited.
11. Cover gowns should be worn only in patient treatment areas, while escorting patients between treatment areas, or while going between treatment areas. **Gowns may not be worn in reception areas, restrooms, or other non-clinical areas.**
12. All sharps must be disposed of into sharps (needles, irrigation tips, ortho wire, and other sharp objects) containers.
13. All regulated infectious waste (blood soaked, or tissue) must be disposed of into infectious waste containers, **not in sharps or regular trash containers.**
14. All water lines at a dental unit must be purged for 2 minutes prior to their first use of the day and for 30 seconds between each patient during a day.
15. Student coats, backpacks, or any other personal belongings may not be stored at the entrance to the patient treatment areas or outside of dental unit drawers in the treatment areas.
16. Items used for patient treatment (napkins, anesthetic carpules, masks, etc.) may **not** be stored in the unit cabinet under the sink.
17. Additional guidelines may be required in some treatment areas (ex: Oral Surgery).
18. If necessary for an individual to accompany a patient during treatment, that individual must wear personal protective equipment and **may not** assist operators in providing patient care.

PRE-CLINICAL AND CLINICAL LABORATORIES

1. All must wear eye protection when any laboratory procedures are being performed.
2. Hair must be contained so that it does not fall forward in front of face.
3. All food and drink is prohibited.
4. Contact lenses should not be handled.
5. Application of make-up or lip balm is prohibited.
6. Cross contamination must be avoided while handling objects that have previously been in a patient's oral cavity.
7. Impressions and/or appliances must be rinsed and properly disinfected before they are transferred to the laboratory and before returned to the patient.
8. Coats, backpacks, or other personal belongings must be kept either in the open area under the student's work station, or in the personal assigned locker out of the laboratory. Storage of these items in other areas of the laboratory is prohibited as per directive from the Vice President's Office of the Health Sciences Center.

FIRST VIOLATION:

A letter will be sent to the violator/s delineating the infraction. This will serve as a counseling letter.

SECOND VIOLATION:

The Associate Dean of Clinical Education and Patient Care meets with the individual. A first letter of warning is generated as a result of this meeting.

THIRD VIOLATION:

The individual must attend a 45 minute OSHA training session with the Chair of the OSHA Committee. A second letter of warning is generated as a result of this session.

FOURTH VIOLATION:

The Dean of the School of Dentistry will meet with the individual. This will result in a disciplinary action up to and including dismissal.

WVU HSC MANAGEMENT POLICY ON EXPOSURE TO BLOOD OR BODY FLUID

An exposure incident is defined as follows:

- Skin pierced, cut, or scratched by a sharp object contaminated with blood or other potentially infectious body fluid
- Spills or splashes of blood or other potentially infectious material onto non-intact skin (cuts, hangnails, abrasions, chapped skin) or onto any mucous membrane.

When an exposure occurs, stop the dental procedure and wash wound immediately with soap and water. If eyes are exposed to blood or contaminated body fluids, flush with water at an eyewash station for 15 minutes. Notify School of Dentistry(SOD) supervisor of incident and proceed with the following.

WEEKDAY EXPOSURES (6:30 a.m.-4:00 p.m. M-F):

All WVU employees and students must immediately report the incident to Employee Health, 2B04 (second floor), Ruby Memorial Hospital, 598-4160 (pick no option).

Explain the incident to the patient and that it is our protocol to request that they have their blood tested. **Obtain a Patient Exposure Packet from the marked white envelope in Oral Diagnosis, Oral Surgery, or Pediatric Dentistry. Have the patient sign all consent forms in the packet, and take the patient and exposure packet immediately to the laboratory on the fourth floor of the Physicians' Office Center (POC) for appropriate tests. If the patient does not have a hospital number, take him/her first to register at Ruby Memorial Hospital Admissions on the third floor before going to the lab.**

The employee/student must then go for testing to Employee Health, Ruby Hospital, 2nd floor.

AFTER HOURS EXPOSURES (4:00 p.m.-6:30 a.m. weekdays, or weekends and holidays):

The supervising dental/dental hygiene faculty must immediately call the Clinical Laboratories in Ruby (598-4232). Inform the lab that an after hours bloodborne exposure has occurred in the School of Dentistry, and give them the patient's name, hospital number (if known), and the supervising School of Dentistry faculty to notify with the blood test result.

Obtain an "After Hours Exposure Packet" from Oral Diagnosis or Pediatric Dentistry, have the patient sign the enclosed patient consent forms for testing, and take him/her to the fourth floor POC Lab(Mon. – Thurs., 7:30am – 7:00pm/6:00pm Friday), or to the Clinical Labs on the Third Floor of Ruby. If the patient does not have a hospital number, take him/her to register at the Admissions Desk, first floor of Ruby, before going to either lab.

The lab will call the supervising SOD faculty with the patient's lab results. **If the patient's HIV result is positive, the employee/student must take the signed employee/student consent forms and immediately report to the Emergency Department of Ruby Hospital. If the HIV result is negative, the employee/student must report to Employee Health, 2nd Floor of Ruby the next morning or business day.**

*** WVU Employee Health will direct all follow-up on exposure incidents which occur in the School of Dentistry. All laboratory testing expenses incurred for the employee or student and the source person will be paid by WVU. Immediately after blood is drawn by the lab, the employee or student must complete an Incident Report obtained at the office of Donna Haid, Director of Clinical Education and Patient Care.**