

**MISSOURI SOUTHERN
STATE UNIVERSITY - JOPLIN**

**DEPARTMENT
OF
DENTAL HYGIENE**

**COMMUNICABLE DISEASE
POLICY HANDBOOK
2006—2007**

COMMUNICABLE DISEASE POLICY HANDBOOK

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COMMUNICABLE DISEASE POLICY

MISSOURI SOUTHERN STATE UNIVERSITY - JOPLIN DENTAL HYGIENE PROGRAM

General Policy

The purpose of this notice is to inform the students, faculty and staff that our facility is complying with OSHA Instruction CPL 2-2.60 by performing exposure determinations, implementing an infection control program, recommending HBV vaccination, postexposure evaluation and follow up, and providing training. This program applies to all work operations within our facility where you may be exposed to blood or other potentially infectious materials under normal working conditions.

The infection control coordinators have the overall responsibility for the program review and update as necessary.

Copies of the written program may be obtained from the coordinators.

Under this program you will be informed of the contents concerning policies related to:

1. Admission and retention of persons:
 - a. Testing positive for Hepatitis viruses transmitted through body fluids
 - b. Having diseases transmitted by methods other than body fluids
 - c. Testing positive for HIV (carrier)
 - d. Having Acquired Immune Deficiency Syndrome (AIDS)

2. Policies regarding:
 - a. Hepatitis B Vaccine
 - b. Tuberculin Test
 - c. Tetanus Immunization
 - d. Rubella Immunization
 - e. Exposure to body substances
 - f. Health Insurance
 - g. Postexposure evaluation
 - h. Meningitis Vaccine

3. Curriculum Plan including
 - a. Body substance and Universal Precautions
 - b. Care of patients with communicable diseases
 - c. Care of patients with AIDS

ADMISSION AND RETENTION POLICY

Missouri Southern State University - Joplin Department of Dental Hygiene admits students and hires faculty/staff into the program with the following exceptions; Those who:

1. Are unable to wash their hands.
OR
2. Have a communicable disease spread by airborne particles.

In the event of diseases spread by airborne particles, the student, faculty and staff must meet the current state of Missouri guidelines. The list below is a partial listing as published in Prevention and Control of Communicable Diseases, Missouri Department of Health, Jefferson City, Missouri, 1993. Students, faculty and staff may return to classes and clinical duties when:

<u>Communicable Disease</u>	<u>When student may return to classes</u>
Influenza	exclude for duration of fever
Chickenpox (Varicella)	6 days after first vesicles appear: when crusts have dried
Measles (Rubeola)	five days after the appearance of rash
Mumps	nine days after swelling begins
Pertussis (Whooping Cough)	three weeks after onset with antibiotic therapy exclude five days
Rubella (German Measles)	five days after rash appearance
Tuberculosis and physician consent	following initiation of antibiotic therapy

Retention: Students will be retained in the program based on the following:

1. Students must maintain an optimum health status level, which permits them to meet the classroom and clinical objectives with reasonable accommodations.
2. Students, faculty and staff must be able to practice universal precautions, and comply with the guidelines described by state policy, (Prevention and Control of Communicable Diseases).

INFECTION CONTROL PLAN

UNIVERSAL PRECAUTIONS

Because not all patients with infectious diseases can be identified by medical history, physical examination, or laboratory tests, the blood and saliva of all dental patients should be treated as if they were infective. As a result, the same infection control practices should be used with all patients. This approach is known as "Universal Precautions."

PERSONAL PROTECTIVE EQUIPMENT

When there is a potential for occupational exposure, the faculty, students and staff will use appropriate personal protective equipment such as, but not limited to, gloves, gowns or laboratory coats, face shields or masks and eye protection, and pocket masks or other ventilation devices.

GLOVES

Gloves should be worn when the faculty/students/staff has the potential for the hands to have direct skin contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling items or surfaces soiled with blood or other potentially infectious materials.

Disposable, single-use-gloves, such as surgical or examination gloves, should be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. **THEY SHOULD NOT BE WASHED OR DISINFECTED FOR REUSE.**

MASKS

Masks and eye protection with side shields or chin-length face shields should be worn whenever any treatment procedures are utilized including splashes, spray, spatter, droplets or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose, or mouth contamination.

PROTECTIVE CLOTHING

Appropriate protective clothing should be worn when the faculty, students and staff have a potential for occupational exposure.

Scrubs with long sleeve lab coat must be worn during all clinical procedures. Disposable gowns should be worn if there is a potential for soiling of clothes with blood or other potential infectious materials.

Soiled scrubs are to be placed in the biohazard laundry container and then taken to T100 where they will be laundered. Refer to Bloodborne Pathogens Exposure Plan for

procedure. Soiled scrubs are NOT to be laundered at home.

CLEANING AND DISINFECTION

All faculty/students/staff should wear utility gloves when cleaning and disinfecting surfaces or items contaminated with blood or other potentially infectious materials. A solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water or other suitable disinfectant should be used for disinfection of surfaces contaminated by spills of blood or other potentially infectious materials following the initial precleaning.

All equipment and environmental and working surfaces should be properly cleaned and disinfected after contact with blood or other potentially infectious materials.

Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper will be used to cover equipment and environmental surfaces. These coverings will be replaced with each patient.

INFECTIOUS WASTE DISPOSAL IN CLINIC

According to OSHA, "Infectious waste means blood and blood products, contaminated sharps, pathological wastes, and microbiological waste." In most dental settings only sharps, extracted teeth, and blood-soaked items fit the OSHA definition of infectious waste.

All infectious wastes except for sharps are to be taken to central sterilization and placed in the biohazard bag (a fluorescent orange or orange-red bag with lettering or symbols of contrasting color) and all sharps are to be placed in the sharps container (red box on central's cabinet) at the end of each patient procedure.

The biohazard bag will be taken to the storage room and placed in a biohazard box lined with another biohazard bag.

LABELING PROCEDURES

Warning labels should be affixed to containers of infectious waste; refrigerators and freezers containing blood and other potentially infectious materials; and other containers used to store or transport blood or other potentially infectious materials.

The labels required by OSHA should be used and include the following legend:

BIOHAZARD

STERILIZATION

All items used for patient care will be sterilized or disposable. For specific information on instrument preparation and sterilization procedures consult the Missouri Southern State University - Joplin (MSSU) Clinic Manual, pages 101-116 and 193.

HANDWASHING

Faculty and students will perform a short surgical scrub at the beginning of each clinical session. This will be followed by a thorough handwashing before and after each patient and the use of alcohol based hand rub as well as throughout the appointment as necessary. Refer to the proficiency on page 213 of the MSSU Clinic Manual for dental hygiene.

EXPOSURE DETERMINATION

Performance of the following tasks may result in occupational exposure to blood or other potentially infectious materials.

1. Patient treatment procedures
2. Radiographic procedures
3. Cleaning, disinfection, and sterilization of instruments
4. Laboratory procedures that require handling of items contaminated with blood or other potentially infectious materials
5. Preparation of soiled scrubs for laundry
6. Handling of patient charts

The following personnel hold indicated positions in the dental hygiene facility.

Position	Names
1. Supervising Dentist	1. William E. Rice, DMD
2. Director Dental Programs	2. Sandra A. Scorse DeTar, DDS
3. Dental Hygiene Faculty	3. Diane Moore, RDH, MS, Ed. Sp. Kim Rogers, RDH, BS Rhonda L. White, RDH, BS Erica Little, RDH, BS
4. Secretary	4. Harvetta Way, BA, MSAS
5. First Year Dental Hygiene Students	5. Changes each school year
6. Second Year Dental Hygiene Students	6. Changes each school year

EXPOSURE TO COMMUNICABLE DISEASES CURRICULUM PLAN

The Department of Dental Hygiene will instruct students, faculty and staff in the knowledge and technical skills to protect them from exposure to communicable diseases.

The curriculum will include the theory, technical and psychosocial skills to care for patients with communicable diseases.

The following curriculum has been approved.

Fundamentals of Dental Hygiene I

1. Bloodborne pathogen training
 - a. Transmissible Diseases
2. Infection Control: Barriers for patient and clinician
 - a. Personal protection of the dental team
 - b. Clinical attire
 - c. Immunizations and periodic tests
 - d. Hand care
3. Taking a personal, medical and dental history
4. Universal Procedures for the Prevention of Disease Transmission
5. Aseptic Technique
6. Preparation for Instrument Sterilization
7. Sterilization Techniques
8. Chemical Disinfectants

Fundamentals of Dental Hygiene II

1. Review body substance and universal precautions
2. Extraoral and Intraoral examination
 - a. Hard and soft tissue examination for disease
3. Oral Disease Control
4. Communicable Diseases
5. Hepatitis B, C, D, E
6. HIV infection
 - a. High risk groups
 - b. Risk behaviors

- c. Seroconversion time interval
 - d. Laboratory tests
 - e. Counseling before and after HIV infection
 - f. Medical treatment for the person with HIV infection
 - g. Ethical, legal, and policy issues
7. Most common sexually transmitted diseases
 8. Tuberculosis

Dental Radiology

1. Increased necessity for infection control
 - a. Guidelines As Low As Reasonably Achievable (ALARA)
2. Guidelines for infection control
3. Benefit of infection control
4. Infection control terminology review
5. Infection control procedures
6. Review body substance and universal precautions

Dental Materials

1. Necessity for infection control
 - a. Review body substance and universal precautions
2. Benefit of infection control
3. Infection control terminology
4. Infection control procedures
 - a. Barrier wraps
 - b. Disinfection of finished impression

Perio-Pathology

1. Recognition of signs and symptoms of oral conditions that may be infectious

Clinical Dental Hygiene II

1. Bloodborne pathogen training
2. Universal Precautions
3. Exposure incident protocol
 - a. needle stick
 - b. puncture wounds
 - c. splashes
 - d. proper handling and disposal of sharps
4. Integration of Universal Precautions

Ethics and Community Dentistry

1. Ethics of caring for patients that are HIV positive

**MISSOURI SOUTHERN STATE UNIVERSITY - JOPLIN
DEPARTMENT OF DENTAL HYGIENE**

STUDENT/FACULTY EXPOSURE POLICY

Dental Hygiene students/faculty/staff will receive information in the dental hygiene courses at Missouri Southern State University - Joplin for Infection Control Rationale and Regulations, Bloodborne Pathogens and Other Disease Agents, Immunizations, Protective Barriers, Aseptic Techniques, Sterilization Methods, Waste Management and Hazard Communication.

In the event of an exposure by needle-stick, other puncture wounds, or by other means such as splashes, the student/faculty/staff will follow the following departmental policy. This policy will be given to students in the first dental hygiene course in the program, to transfer students and readmission students upon admission to the program, and upon hiring of new faculty and staff.

Following an exposure, it will be the student/faculty/staff responsibility to:

1. Clean the wound thoroughly with soap and water, allow to bleed freely and flush with running water.
2. If exposure is to the mucous membranes flush with water or normal saline.
3. Report the incident immediately to the faculty member in charge of the clinical session or clinical rotation.
4. Report the incident to the appropriate person at the health care facility immediately after the exposure occurs.
5. Complete the appropriate incident forms for the institution where incident occurred and the Missouri Southern Dental Hygiene exposure form.
6. Report the incident to the dental hygiene department's infection control coordinator(s) within 3 hours of exposure.

The procedure followed by the Infection Control Coordinator(s) will be:

1. Assure that the wound has been properly cleansed and medical treatment is secured if necessary.
2. Review the data recorded on the student/faculty/staff exposure form.
3. Determine the risk of the source of exposure. (see attached guidelines)
4. Counseling the exposed person following the Missouri State Guidelines.
5. HIV testing will be done through the Joplin City Health Department.
6. Hepatitis B vaccine and HBIG injections will be available at the student's expense. Missouri Southern State University - Joplin will provide these injections for faculty and staff.
7. The student/faculty/staff will receive a copy of the recommended injections and testing, and will sign a copy which will be on file in the dental hygiene department as part of the student's permanent record validating the protocol has been received.
8. The student/faculty/staff accepts full responsibility for completing the procedures recommended upon signing exposure incident form.
9. A student/faculty/staff who does not wish further treatment will sign a release form for the dental hygiene department following counseling by the Infection Control Coordinator(s).
10. If, at any time during the course of the dental hygiene program, any student has come in contact with or has been exposed to any communicable diseases which could possibly result in a positive test, they should notify faculty as soon as possible.

HEPATITIS B IMMUNIZATION POLICY

STUDENTS

Dental Hygiene students will be encouraged to take the series of hepatitis B vaccine at their own expense when they are accepted into the program. The Occupation Safety and Health Administration recommends hepatitis B vaccine for persons with a potential blood exposure of at least one time per month. Student who have received the vaccine will need to provide documentation of immunization and have a titer drawn in accordance with current recommendations (one year after the completion of the vaccine series).

If a student chooses not to take the vaccine, the student will be required to sign a release of liability form.

FACULTY/STAFF

Dental Hygiene faculty/staff will be given the opportunity to receive the hepatitis B vaccine through the campus nurses office. If the faculty/staff elects not to receive the HBV vaccination after being informed of the availability and benefits of vaccination, then the faculty member should complete the informed refusal form.

TUBERCULIN TEST POLICY

Dental Hygiene students/faculty/staff must complete a yearly tuberculin test or if already positive, must have a yearly chest x-ray.

RUBELLA IMMUNIZATION POLICY

Dental Hygiene students/faculty/staff will be having contact with females in the child bearing years and therefore must fit in one of the following categories.

1. Receive rubella immunization.
2. Provide evidence of a positive screen or birthdate prior to 1957 (considered immune since measles was a universal infection before the availability of the vaccine).

HEALTH INSURANCE POLICY

Health insurance is mandatory for all students. In the event of illness or accidents during class or clinical hours, neither the school nor the clinical facilities can assume financial responsibility. The student will provide the school with the name of the health insurance company and policy number prior to the first clinical session.

Meningitis Immunization Policy

Students who have taken the vaccine will need to provide documentation of the immunization.

If a student chooses not to take the vaccine, the student will be required to sign a release of liability form.

**STUDENT/FACULTY/STAFF MEDICAL RECORD FORM
CONFIDENTIAL**

STUDENT/FACULTY/STAFF NAME _____

STUDENT/FACULTY/STAFF ADDRESS _____

STUDENT/FACULTY/STAFF SOCIAL SECURITY NUMBER _____

STUDENT/FACULTY/STAFF STARTING DATE _____

STUDENT/FACULTY/STAFF TERMINATION DATE _____

HISTORY OF HBV VACCINATION _____

(date received, or if not received, a brief explanation of why not)

HISTORY OF EXPOSURE INCIDENTS _____

(dates, brief explanation)

RESULTS OF MEDICAL FOLLOW-UP PROCEDURES REGARDING EXPOSURE
INCIDENT, HEPATITIS B IMMUNITY, ETC.

(dates, brief explanation)

**MISSOURI SOUTHERN STATE UNIVERSITY - JOPLIN
DENTAL HYGIENE DEPARTMENT**

NAME (print) _____ SSN _____

STUDENT/FACULTY/STAFF RESPONSIBILITIES SIGNATURE FORM

I, _____, hereby, acknowledge that I have received the Infectious Disease Policies Handbook and that I am responsible for the contents and information in the handbook.

SIGNATURE _____ DATE _____

BLOODBORNE PATHOGEN PROTOCOL

I have been instructed in the bloodborne pathogen curriculum and understand my responsibility in carrying out these precautions for the protection of my patients, classmates, and myself.

SIGNATURE _____ DATE _____

RUBELLA IMMUNIZATION

Rubella immunization Date _____

Record of positive titer Date _____

TETANUS IMMUNIZATION

Tetanus immunization Date 1st _____
2nd _____
3rd _____

Booster (every 10 years) Date _____

CONFIDENTIAL

HEPATITIS B VACCINATION FORM

I, _____, am a student/faculty/staff of Missouri Southern State University - Joplin Dental Hygiene Program as a dental hygiene student/faculty/staff personnel. I have received training regarding hepatitis B vaccine from the faculty. I understand the effectiveness of the vaccine.

I have received the vaccine on the following dates:

First Vaccine: _____

Second Vaccine: _____

Third Vaccine: _____

Titer: _____
(copy of results)

Signature _____

Witness _____ Name _____

Address _____

City _____ State _____ Zip _____

Date _____

CONFIDENTIAL

INFORMED REFUSAL FOR HEPATITIS B VACCINATION

I, _____, am a student/employee of Missouri Southern State University - Joplin Dental Hygiene Program as a dental hygiene student/faculty/staff. The faculty has provided training to me regarding the hepatitis B vaccine. I understand the effectiveness of the vaccine, the risks of contracting hepatitis B in the dental hygiene clinical facilities and the importance of taking active steps to reduce the risk.

However, I, of my own free will and volition and despite the faculties urging, have elected not to be vaccinated against hepatitis B. I have personal reasons for making the decision not to be vaccinated.

Signature _____

Witness _____

Name _____

Address _____

City _____ State ____ Zip _____

Date _____

CONFIDENTIAL

MENINGOCOCCAL (MENINGITIS) VACCINATION FORM

I, _____, am a student/faculty/staff of Missouri Southern State University - Joplin Dental Hygiene Program as a dental hygiene student/faculty/staff personnel. I have received training regarding Meningococcal (meningitis) vaccine from the faculty. I understand the effectiveness of the vaccine.

I have received the vaccine on the following date:

Vaccine: _____

Signature _____

Witness _____

Name _____

Address _____

City _____ State ____ Zip _____

Date _____

CONFIDENTIAL

**INFORMED REFUSAL FOR MENINGOCOCCAL (MENINGITIS)
VACCINATION**

I, _____, am a student/employee of Missouri Southern State University - Joplin Dental Hygiene Program as a dental hygiene student/faculty/staff. The faculty has provided training to me regarding the Meningococcal (Meningitis) vaccine. I understand the effectiveness of the vaccine, the risks of contracting Meningococcal (Meningitis) in the dental hygiene clinical facilities and the importance of taking active steps to reduce the risk.

However, I, of my own free will and volition and despite the faculties urging, have elected not to be vaccinated against Meningococcal (Meningitis). I have personal reasons for making the decision not to be vaccinated.

Signature _____

Witness _____

Name _____

Address _____

City _____ State _____ Zip _____

Date _____

CONFIDENTIAL

EXPOSURE INCIDENT FORM

Student/Faculty/Staff Name _____

Student/Faculty/Staff Address _____

Patient Name and Address _____

Patient Physician _____

Exposure incident circumstances _____
(Describe what happened) _____

Route of exposure _____
(e.g., needlestick, splash, puncture wound, abraded skin)

Source patient's antibody status/physician's name _____

Date of incident: _____

Recommendations by faculty: _____

Signature _____

Title _____

Date _____

Faculty Signature _____

CONFIDENTIAL

TUBERCULIN TEST FORM

FIRST YEAR TEST

Student/Faculty/Staff Name: _____

Student/Faculty/Staff Address: _____

Date Administered: _____

Date Read: _____

Result: _____

Signature of person reading test: _____

Name of Facility: _____

SECOND YEAR TEST

Student/Faculty/Staff Name: _____

Student/Faculty/Staff Address: _____

Date Administered: _____

Date Read: _____

Result: _____

Signature of person reading test: _____

Name of Facility: _____