

INFECTION CONTROL EXPOSURE CONTROL PLAN
LSUHSC SCHOOL OF DENTISTRY
1100 Florida Avenue
New Orleans, Louisiana 70119

PURPOSE

Dental Health Care Workers (DHCW) potentially can be exposed to a number of pathogens both bloodborne and airborne. These pathogens can be transmitted by direct contact with blood or oral fluids; by indirect contact with contaminated instruments or environmental surfaces; and by conjunctival or mucosal contact or by inhalation of aerosol. This Exposure Control Plan establishes policies and procedures for delivery of dental care at LSUHSC School of Dentistry that prevent disease transmission from patient to DHCW, DHCW to patient and patient to patient. All personnel in the School of Dentistry in job classifications with occupational exposure to pathogens are required to comply with the guidelines in this plan. Everyone is encouraged to submit suggestions or observations to improve the safe delivery of dental care.

The Infection Control Committee is responsible for implementation of the Exposure Control Plan. The plan will be reviewed annually and the committee will seek input from all clinical personnel regarding improvements and new technologies to reduce risk of exposure to infectious agents.

The Exposure Control Plan will be published in the LSUHSC School of Dentistry Clinic Manual and will be available in clinic dispensaries.

References:

Occupational Safety and Health Administration Regulations. 29 CFR Bloodborne Pathogens. – 1910.1030
Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR2003;52(No.RR-17)

DEFINITIONS

Blood means human blood, human blood components, and products made from human blood.

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) and human immunodeficiency virus (HIV).

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

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

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means (1) 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 body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Standard Precautions is the use of personal protective equipment (PPE) to prevent exposure to both bloodborne and airborne pathogens.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

EXPOSURE DETERMINATION

Job classifications with occupational exposure

Clinical Faculty – Dental and Hygiene Schools
Basic Science Faculty – Gross Anatomy
Dental Prosthetic Laboratory School Faculty
Dental Assistant
Dental Radiology Technician
Central Sterilization Assistant
Prosthetic Laboratory Technicians
Students – Dental, Hygiene, Prosthetic Laboratory, Dental Assisting

Tasks and procedures with occupational exposure

Exposure of dental radiographs
All clinical dental procedures – Adult and Pediatric
 Examination
 Prophylaxis, scaling and root planning
 Restorative procedures including operative and prosthodontics
 Removable prosthodontics
 Endodontics
 Periodontal surgery
 Oral and maxillofacial surgery
 Orthodontics
Packaging and sterilization of dental instruments
 Transport of contaminated instruments to Central Sterilization Room
 Cleaning and disinfection of instruments
 Packaging of instruments for sterilization

COMPLIANCE POLICIES AND PROCEDURES

TRAINING

All employees will be trained on infection control procedures, rationale and policies at time of employment.

All employees will receive infection control and bloodborne pathogens training annually.

All students will be trained on infection control procedures early in the first year of their program and annually.

In accordance with OSHA 1910.1030 training will include:

1910.1030(g)(2)(vii)(A)

An accessible copy of the regulatory text of this (Bloodborne Pathogens) standard and an explanation of its contents;

1910.1030(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of bloodborne diseases;

1910.1030(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;

1910.1030(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

1910.1030(g)(2)(vii)(E)

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

1910.1030(g)(2)(vii)(F)

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

1910.1030(g)(2)(vii)(G)

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

1910.1030(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;

1910.1030(g)(2)(vii)(I)

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;

1910.1030(g)(2)(vii)(J)

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

1910.1030(g)(2)(vii)(K)

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

1910.1030(g)(2)(vii)(L)

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

1910.1030(g)(2)(vii)(M)

An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

1910.1030(g)(2)(vii)(N)

An opportunity for interactive questions and answers with the person conducting the training session.

STANDARD PRECAUTIONS

Standard Precautions apply to all patients. They integrate and expand Universal Precautions to include organisms spread by blood and also

- **Body fluids, secretions, and excretions except sweat, whether or not they contain blood**
- **Non-intact (broken) skin**
- **Mucous membranes**

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is designed to protect the skin and mucous membranes of the eyes, nose and mouth from blood or other potentially infectious material (OPIM). Spray and aerosol from handpieces and air-water syringe, patient's cough and other activities in the operatory are possible sources of pathogens. PPE required includes:

Surgical mask that covers both mouth and nose. Protects patient from microorganisms generated by the wearer and the DHCW from splatter and aerosol. Mask should be changed if wet or visibly soiled and between patients. LSUSD has no facility or NIOSH certified masks for treating active tuberculosis patients. For suspected TB patient protocol see **Appendix A**

Protective eyewear with side-shields will be worn for all clinical procedures. Protective eyewear is required for the patient to protect their eyes from debris. Eyewear must be cleaned and disinfected between patients.

Long-sleeve disposable gowns will be worn for all clinical procedures. Gowns should be changed as soon as possible if torn or visibly soiled and between patients. Gowns should be removed before leaving treatment areas and under no circumstances will be worn into waiting areas, lounges or between buildings.

Single use, powder free gloves will be worn for all clinical procedures. Patient examination gloves may be worn non-surgical clinical procedures. Sterile surgical gloves will be worn for periodontal surgery and oral surgery procedures. Hands should be washed before putting on and after removing gloves.

Gowns, gloves and masks must be removed before leaving treatment areas, simulation and technique laboratories.

Central Sterilization Room (CSR) personnel will use nitrile utility gloves when cleaning and disinfecting contaminated instruments. Nitrile gloves should also be used when cleaning with disinfectant solutions as latex gloves do not adequately protect the user. **Gowns, gloves and masks must be removed before leaving CSR**

Non-latex gloves, both nitrile and vinyl are available for providers or patients with latex allergy or sensitivity. For more information on latex allergy see **Appendix B**.

ENGINEERING CONTROLS

Puncture proof, properly labeled sharps containers prevent injury to both clinical staff and housekeeping staff.

Baton Rouge only: All handwashing sinks at the Baton Rouge campus have hands-free controls reducing the possibility of cross-contamination from touch surfaces.

WORK-PRACTICE CONTROLS

All **burs will be removed** from handpieces before removing the handpiece from the dental unit to prevent percutaneous injury.

Tissue retraction for anesthetic injection, incision and suturing will be done with an instrument and not with a finger.

All sharps, including but not limited to **disposable needles, anesthetic carpules, burs, disposable scalpel blades broken instruments** will be disposed of in properly labeled, puncture-resistant **sharps containers** located in each operatory.

Recapping needles will be done using a one-hand scoop method or a recapping device. Personnel will never use a two-hand recapping technique or bend or break needles before disposal. Always recap needle before removing from aspirating syringe. Do not pass an uncapped needle

Surface decontamination. Surfaces in the dental operatory are considered either **contact surfaces** or **housekeeping surfaces**. **Housekeeping surfaces** (floors, walls, and sinks) are not considered risks for disease transmission and can be cleaned with detergent and water or hospital disinfectant/detergent as part of routine housekeeping.

Contact surfaces in the operatory include

Light handles
Switches
radiographic equipment

Computers

Reusable containers
Drawer handles
Mobile cabinet tops
Counter tops

Barrier protection will be used whenever possible to cover contact surfaces. Barriers include plastic wrap, bags, adhesive wrap and other moisture impervious materials. All sterilized instruments and instrument cassettes used in patient care should be placed on the blue paper wraps included in each sterilized pack. The blue paper wrap will cover the mobile cabinet top, bracket table or area of counter top used for patient care. The top part of the drape is considered a sterile field. Computers, books and items not used to treat the patient must be kept clear of the sterile and/or contaminated areas.

If contact surfaces can not be barrier protected or if they become contaminated inadvertently they must be disinfected following manufacturers directions with an EPA registered hospital disinfectant. All surfaces should be cleaned and disinfected at the end of the day. Note: computer keyboards can not be disinfected and clinicians must use barriers or unglove before using clinic computers.

Contaminated Instruments: At the completion of treatment replace all instruments in the cassette and properly dispose of waste. Remove treatment gown and gloves from the inside out and place in the biohazard bag. The cassette is wrapped in the blue wrap with the outside of the wrap now being considered clean and the inside of the wrap, contaminated. Carry the wrapped cassette to the window bare-handed. Avoid holding the wrapped cassette against your body.

Contaminated instruments will be transported from dispensaries to the central sterilization room using properly labeled, covered mobile carts.

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in clinics, laboratories and central sterilization rooms.

No food or drinks will be kept in refrigerators, freezers, shelves, cabinets or on counter tops where and potentially infectious material may be present.

Dental unit waterlines are treated to control biofilm and reduce microbacterial count in operatory aerosol and spatter. Dental Unit Waterlines (DUWL). See **Appendix C**.

HAND HYGIENE

Hand hygiene is **the single most critical measure for reducing the risk of transmitting organisms to patients and DHCW** according to the CDC.

All involved in patient care will:

Wash hands with soap and water for at least 15 seconds before and after beginning donning gloves for clinical procedures and,

Wash hands with soap and water or (if hands are not visibly soiled) an alcohol-based antiseptic hand rub, rubbing hands until the agent is dry, whenever removing and redonning gloves.

Before surgical procedures, personnel will perform a surgical hand scrub with antimicrobial soap for 2-6 minutes (or with plain soap followed by alcohol-based surgical hand-scrub with persistent activity).

Petroleum base hand lotions can weaken latex gloves and increase their permeability and should no be used until the end of the work day.

Fingernails should be short enough to allow thorough cleaning underneath and to prevent glove tears. **Artificial nails** have been shown to harbor gram-negative organisms and have been implemented in fungal and bacteriological infection outbreaks in hospital ICUs and are **not allowed**

Jewelry should not interfere with glove use. If rings may cause tears or cause the person to have to wear an improper glove size they should be removed. Removal of jewelry is recommended.

CENTRAL STERILIZATION ROOM (CSR) STANDARD OPERATING PROCEDURES

APPENDIX D

PROSTHETIC LABORATORY PROCEDURES

APPENDIX E

REQUIRED AND RECOMMENDED VACCINES

APPENDIX F

POST-EXPOSURE EVALUATION AND FOLLOW-UP RECORD KEEPING EXPOSURE INCIDENTS EVALUATION

APPENDIX G

COMMUNICATION OF HAZARDS TO EMPLOYEES



Hazardous medical waste will be placed in red bags in boxes with biohazard labels or in red puncture resistant sharps containers. Hazardous medical waste includes items contaminated with blood or other potentially infectious material and includes but is not limited to gloves, mask, gown, gauze, anesthetic carpules, needles, towels and wraps used in patient treatment.

EXPOSURE CONTROL PLAN REVIEW

The LSUHSC School of Dentistry Exposure Control Plan will be reviewed annually in January by the Infection Control Committee. In addition to a periodic review of the schools infection control program, the committee will also discuss:

Technology changes to eliminate or reduce exposure to blood borne pathogens including staff suggestions

Annual consideration and implementation of appropriate commercial safer medical devices

and Input from non-managerial employees responsible for direct patient care

APPENDICIES

A. Protocol for Suspected Active Tuberculosis Patient	page 12
B. Latex Allergy and Sensitivity	page 13
C. Dental Unit Waterline Treatment Protocol	page 15
D. Central Sterilization Room Standard Operating Procedures	page 17
E. Prosthetic Laboratory Procedures	page 22
F. Mandatory Tests and Immunizations	page 23
G. Exposure Protocol and Injury Report	page 25

APPENDIX A.

PROTOCOL FOR TRIAGE OF SUSPECTED ACTIVE TUBERCULOSIS PATIENTS

Background: *M. tuberculosis* is the bacterium that causes tuberculosis. It is an airborne infection. The bacterium are carried by droplet nuclei generated when an infected person coughs, sneezes or talks. These droplet nuclei can stay suspended in the air for hours. Infection occurs when a susceptible person inhales the droplets. 90% of people infected with *M. tuberculosis* will not develop active disease, 5% will develop active TB in 1-2 years and 5% will develop active TB later in life.

Symptoms of active TB include productive cough, night sweats, fatigue, malaise, fever and unexplained weight loss. Latent TB is asymptomatic and is diagnosed by tuberculin skin test.

There was a tremendous resurgence of TB in the United States from 1985-1992. The “annual TB rate steadily decreased during 1993--2005; however, the decline has recently decelerated, raising concerns that the progress toward eliminating TB is slowing.” In 2003, 71 new active TB cases were reported to the CDC for New Orleans.

Surgical masks do not provide protection for the Dental Health Care Worker against *m. tuberculosis*. The CDC recommends patients suspected of active TB be treated in facilities that can provide airborne infection isolation. LSUHSC School of Dentistry clinics **do not** have this capability.

PROTOCOL FOR TRIAGE AND TREATMENT

A thorough health history and review of symptoms must be performed for every patient. For a patient with medical history or symptoms suggesting possible active TB:

The patient should not remain in the clinic longer than necessary to assess their dental condition and refer for medical evaluation.

The patient should wear a surgical mask when not being examined and should be instructed to cover their mouth and nose when coughing or sneezing.

If emergency care is needed the patient must be seen in a facility that provides airborne infection isolation.

Elective treatment will not be provided until active TB has been ruled out by medical examination.

Any DHCW with symptoms suggesting active TB will not be allowed in clinic until infection has been ruled out.

APPENDIX B

LATEX ALLERGY AND SENSITIVITY

Centers for Disease Control and Prevention. **Guidelines for Infection Control in Dental Health-Care Settings – 2003**. MMWR2003;52(No.RR-17) p19-20

. Taking **thorough health histories** for both patients and DHCP, followed by avoidance of contact with potential allergens can minimize the possibility of adverse reactions. Certain common predisposing conditions for latex allergy include previous history of allergies, a history of spina bifida, urogenital anomalies, or allergies to avocados, kiwis, nuts, or bananas.

The following precautions should be considered to ensure safe treatment for patients who have possible or documented latex allergy:

- Be aware that latent allergens in the ambient air can cause respiratory or anaphylactic symptoms among persons with latex hypersensitivity. Patients with latex allergy can be scheduled for the first appointment of the day to minimize their inadvertent exposure to airborne latex particles.
- Communicate with other DHCP regarding patients with latex allergy (e.g., by oral instructions, written protocols, and posted signage) to prevent them from bringing latex-containing materials into the treatment area.
- Frequently clean all working areas contaminated with latex powder or dust.
- Have emergency treatment kits with latex-free products available at all times.

If latex-related complications occur during or after a procedure, manage the reaction and seek emergency assistance as indicated. Follow current medical emergency response recommendations for management of anaphylaxis (32).

Occupationally related contact dermatitis can develop from frequent and repeated use of hand hygiene products, exposure to chemicals, and glove use. Contact dermatitis is classified as either irritant or allergic. Irritant contact dermatitis is common, nonallergic, and develops as dry, itchy, irritated areas on the skin around the area of contact. By comparison, allergic contact dermatitis (type IV hypersensitivity) can result from exposure to accelerators and other chemicals used in the manufacture of rubber gloves (e.g., natural rubber latex, nitrile, and neoprene), as well as from other chemicals found in the dental practice setting (e.g., methacrylates and glutaraldehyde). Allergic contact dermatitis often manifests as a rash beginning hours after contact and, similar to irritant dermatitis, is usually confined to the area of contact.

Latex allergy (type I hypersensitivity to latex proteins) can be a more serious systemic allergic reaction, usually beginning within minutes of exposure but sometimes occurring hours later and producing varied symptoms. More common reactions include runny nose, sneezing, itchy eyes, scratchy throat, hives, and itchy burning skin sensations. More severe symptoms include asthma marked by difficult breathing, coughing spells, and

wheezing; cardiovascular and gastrointestinal ailments; and in rare cases, anaphylaxis and death (32,225). The American Dental Association (ADA) began investigating the prevalence of type I latex hypersensitivity among DHCP at the ADA annual meeting in 1994. In 1994 and 1995, approximately 2,000 dentists, hygienists, and assistants volunteered for skin-prick testing. Data demonstrated that 6.2% of those tested were positive for type I latex hypersensitivity (226). Data from the subsequent 5 years of this ongoing cross-sectional study indicated a decline in prevalence from 8.5% to 4.3% (227). This downward trend is similar to that reported by other studies and might be related to use of latex gloves with lower allergen content (228--230).

Natural rubber latex proteins responsible for latex allergy are attached to glove powder. When powdered latex gloves are worn, more latex protein reaches the skin. In addition, when powdered latex gloves are donned or removed, latex protein/powder particles become aerosolized and can be inhaled, contacting mucous membranes (231). As a result, allergic patients and DHCP can experience cutaneous, respiratory, and conjunctival symptoms related to latex protein exposure. DHCP can become sensitized to latex protein with repeated exposure (232--236). Work areas where only powder-free, low-allergen latex gloves are used demonstrate low or undetectable amounts of latex allergy-causing proteins (237--239) and fewer symptoms among HCP related to natural rubber latex allergy. Because of the role of glove powder in exposure to latex protein, NIOSH recommends that if latex gloves are chosen, HCP should be provided with reduced protein, powder-free gloves (32). Nonlatex (e.g., nitrile or vinyl) powder-free and low-protein gloves are also available (31,240). Although rare, potentially life-threatening anaphylactic reactions to latex can occur; dental practices should be appropriately equipped and have procedures in place to respond to such emergencies.

DHCP and dental patients with latex allergy should not have direct contact with latex-containing materials and should be in a latex-safe environment with all latex-containing products removed from their vicinity (31). Dental patients with histories of latex allergy can be at risk from dental products (e.g., prophylaxis cups, rubber dams, orthodontic elastics, and medication vials) (241). Any latex-containing devices that cannot be removed from the treatment environment should be adequately covered or isolated. Persons might also be allergic to chemicals used in the manufacture of natural rubber latex and synthetic rubber gloves as well as metals, plastics, or other materials used in dental care

APPENDIX C

DENTAL UNIT WATERLINE TREATMENT PROTOCOL

Background: Narrow-bore dental unit waterlines (duwl) become colonized with microorganisms if not treated to prevent colonization. Colonization is in the form of a biofilm on the internal surfaces of the tubing. The biofilm can be likened to dental plaque, a complex colony of different microorganisms in a polysaccharide slime layer. This biofilm reservoir concentrates the microbial load in duwl water delivered in patient care. Microbial counts of $\geq 10^6$ CFU/ml have been found in untreated duwls. In contrast, the American Public Health Association and American Water Works Association have established ≤ 500 CFU/ml as the standard for drinking water.

While no significant risk from duwls has been established, disease outbreaks have been associated with a grocery store mist machine, whirlpool spas, and potable water supplies (Legionnaires disease). 2 cases of *Pseudomonas aeruginosa* infection in immunocompromised patients potentially are linked to duwl contamination.

CDC recommends that duwl water be maintained at least ≤ 500 CFU/ml, the U.S. standard for drinking water. The School of Dentistry is fortunate in that one facility limitation of South Campus, plumbing limitations, results in none of the dental units connected to a central water supply. All of the dental units utilize individual water reservoirs facilitating maintenance of a high quality of water delivered for patient care.

DUWL TREATMENT PROTOCOL

OLD DENTAL UNITS (Those brought out of the NOLA building)

Before unit can be used for patient care the duwls will be shocked with Sterilex Ultra three times over a one week period following manufacturers directions. The units will then be tested and if within acceptable limits be treated as new Adec units.

NEW DENTAL UNITS AND OLD UNITS FOLLOWING SHOCK TREATMENT

At the start of each day

Wash hands with soap and water and put on exam gloves, the pick-up tube and bottle opening can become contaminated with improper handling. **Don't touch the bottle top or pick-up tube.**

Turn the water bottle to the left until it can be removed. Empty any remaining water.

Drip and ICX tablet into the bottle and fill with water from the tap. Wait 60 seconds for the tablet to dissolve.

Align the full bottle with the water unit cap making sure the pick-up tube extends straight down into the bottle.

Screw the bottle onto the unit until secure.

Operate the air-water syringes and handpiece lines to clear air from the water lines.

WATERLINE TESTING

DUWL water will be tested on a regular basis using an inhouse system and results will be maintained in a log.

Any unit that tests above ≤ 500 CFU/ml will be shocked with Sterilex Ultra and then retested.

APPENDIX D

LSUHSC SCHOOL OF DENTISTRY

Sterile Processing

Standard Operating Procedures

Purpose

- **This Standard Operating Procedures (SOP) manual prescribes the policies, responsibilities, and methods for the sterilization process at LSU SD. It covers processing, sterilization, handling, and storage of instruments before, during, and after sterilization.**
- **The objective is to achieve assurance of sterility and delivery of sterile supplies to user areas of the facilities.**

Responsibilities

- **Supervisors of the sterilization process will ensure that all personnel performing the sterilization process will have:**
 - (1) **Documented competency training**
 - (2) **Orientation to the work space**
 - (3) **On-the-job training**
 - (4) **Active participation in continuing education or in-service programs**

Receiving Area.

- **Access to the processing area is limited to the CSR supervisor and designated assistants only.**
- **ALL other personnel are prohibited from entering this area.**
- **Instruments will be transported in covered carts labeled with the biohazard symbol from the clinic floor to the instrument processing area.**
- **Instrument cassettes will be placed directly into the washer-disinfector units and cleaned following manufacturers directions.**

- **Remove the basket/cassette from the ultrasonic unit and thoroughly rinse under running water. Transfer to the processing area.**
- **No eating, or drinking in this area**

Personal Protective Equipment (PPE)

- **Wear puncture- and chemical resistant heavy duty gloves for instrument cleaning and decontamination procedures.**
- **Wear protective rubber apron, lab coat or other soak-proof clothing.**
- **Eye/face protection. Wear a full face shield with crown and chin protection that wraps around the face to the point of the ear or a combination of ANSI approved splash goggles and face shield.**

(Note: Per NIOSH, “disposable face shields made of light weight films that are attached to a surgical mask or fit loosely around the face should not be relied upon as optimal protection.”)

Cleaning

- **Since a diminished bioburden increases the assurance that an item will be sterilized, thorough cleaning procedures are essential during the presterilization processing.**
- **Cleaning procedures will be carried out in a designated area. This area will have a physical barrier separating it from all other areas of the department.**
- **There MUST be a designated area to perform this function**

Hand pieces

- **Hand pieces will be scrubbed and wiped while wearing personal protective equipment (PPE).**
- **High-speed: Wipe down thoroughly with isopropyl alcohol, paying special attention to the fiber optic areas.**
- **Low-speed: Attachments will be wiped down with isopropyl alcohol , taken apart, lubed and run.**

Processing

- **Wear utility gloves and inspect instruments for cleanliness and damage. Any instruments that are not clean, will be returned to the ultrasonic cleaner and run for an additional 15 minutes. Worn or damaged instruments will be replaced.**
- **Sort all instruments according to sets or packs.**
- **3. All sets/packs not in cassettes will be placed on a tray suitable for sterilization.**
- **4. Place all expendable items such as 2x2 gauze, cotton rolls, cotton pellets, aluminum foil, and needles on the tray.**
- **Inspect bur blocks and replace missing burs, place indicator strip in peel pack.**
- **Place a dosage indicator strip (OK strip) in the pack.**
- **Wrap all packs and cassettes in a double layer of blue paper wrap. Close the pack with a process monitor (striped tape).**
- **Place other critical items to be sterilized in a peel pack with a dosage indicator.**

Labeling Sterile Packs

- **Label ALL packs with:**
 - **1. I.D. number of the sterilizer**
 - **2. Date: Day, Month, Year**
 - **3. The load cycle the package was run in the sterilizer.**
- ****Write on the tape and opening portion of the peel packs only, NEVER on the blue paper or body of the peel pack.****

Event-Related Sterilization

- **Event-related and not time-related**
- *** A storage practice that recognizes that a package and its contents remain sterile until some event (e.g., the packaging becomes wet or torn) causes the items to become contaminated.**

- *** A package is considered un-sterile if the wrapper is torn, punctured, wet or moist (wet appearance or wet and then dried), opened, mishandled or damaged in any other way.**
- ***Packaged or wrapped items are not sterile if the tape is broken.**
- *** Peel pack pouches are not sterile if they are not sealed correctly or if they are excessively wrinkled.**
- *** Items with an external chemical indicator, that has not changed, are not sterile.**
- **Closed container systems that do not have locks, filters, external indicators, or lids that do not fit properly are not sterile.**
- *** Items in plastic dust protectors, which are unsealed, are not sterile.**
- *** If the package has not been handled and stored properly, it is not sterile.**
- **Store sterile items and dental supplies in a covered or closed cabinets, if possible. Every effort must be made to protect sterile items from environmental elements such as moisture and dust.**

Sterilization

- **Arrange packs loosely in the autoclave**
- **Ensure enough space between sets to facilitate transfer of steam throughout the sterilizer**
- **All sterilization will be performed by using medical sterilization equipment cleared by the FDA.**
- **All sterilization times, temperatures, and other operation parameters recommended by the manufacturer of the equipment will be used, as well as instructions for correct containers, wraps, and chemical, and biological indicators.**

Sterilization Monitoring

- **Monitor each load with mechanical indicators**
- **Time**
- **Temperature**
- **Pressure**
- **Use an internal chemical indicator in every package. If the internal indicator is not visible from the outside, then use an external indicator.**

- **Inspect indicator's) after sterilization & at time of use.**
- **Do not use instrument packs if chemical or mechanical monitoring indicate inadequate processing**

Biological Monitoring

Steam Sterilizers

- **Perform biological testing weekly with the initial load on Monday. Place the test in the center of the sterilizer.**
- **Standard sterilization time**
 - *** 5 minutes-sterilization**
 - *** 20 minutes-dry**
- **Standard Temperature**
 - *** 270-275 Degrees Fahrenheit**
- **Interpretation**
 - *** Compare test to control**
 - *** Read and record results at both 3 and 24 hours.**
- **Spore test every load if sterilizing implantable devices**
- **Do not use flash sterilization for reasons of convenience or to save time**

Positive Biological Indicator Recall

- **In the event a biological indicator is read to be positive, immediately notify the Chairman of the Infection Control Committee (Dr Sergent) and repair (Mike Boutte) and secure the sterilizer.**
- **In the event any instrument may have already been used, notify the Director of Clinical Education immediately.**
- **Make appropriate log entry and complete a Risk Management Screen.**
- **Resterilize all packs since the last negative test.**

APPENDIX E

PROSTHETIC LABORATORY PROCEDURES

The LSU School of Dentistry is faced with several unique prosthetic laboratory infection control issues at South Campus. In building 3100, the senior clinic, students and residents must go to the second floor to access the student lab, central lab or the lab school. Students and residents working in building 3010 must exit the building to access the central lab and student lab in building 3005. In both cases the student must pass through at least 2 doorways and traverse high traffic areas with both staff and patients present. It is imperative that infection control procedures be in place to protect the student, laboratory technicians and lab tech students as well as persons in the hallways from a potential exposure incident.

The student or resident will remove mask, gloves and clinic gown before leaving the clinic area. Any student attempting to deliver a case to the prosthetic lab in clinical attire will be refused service and their name will be reported to the infection control committee.

ALL impressions, appliances, dentures, records, anything that will be taken or sent to a prosthetic laboratory for processing **will be disinfected at the chair prior to leaving the clinic area.**

ALL ITEMS will be delivered to the lab bare handed and be labeled “**Disinfected**” or be delivered in a cup containing disinfectant or, in the case of impressions, in a headrest cover sprayed with disinfectant.

Impressions will be gently rinsed with water to remove saliva prior to disinfection. If necessary, stone powder and a sable brush can be used to remove blood and debris. The impressions will then be placed in a headrest cover and sprayed with mid-level disinfectant. The appliance will remain in the disinfectant for **10 minutes** then gently rinsed with water.

Newly fabricated crowns and bridges will be placed in a cup and covered with mid-level disinfectant for **10 minutes** by the clock.

Old, grossly contaminated appliances will be placed in a headrest cover and sprayed with mid-level disinfectant. The appliance will remain in the disinfectant for **10 minutes** then rinsed and placed in a clean headrest cover. The appliance will be delivered to the lab in the headrest cover for further cleaning by ultrasonic or scrubbing as determined by lab personnel.

APPENDIX F

Instructions for Mandatory Tests and Immunizations

Bring this and the purple health form to your physician for completion

COPIES OF ORIGINAL LABS MUST ACCOMPANY PURPLE HEALTH FORM

- #1 Varicella IgG (**CPT code 86787, LabCorp 096206, Quest 4439**)
If titer shows no immunity you must complete 2 varivax injections unless there is a health reason not to be vaccinated as indicated by your physician. A history of chicken pox is **NOT** sufficient.
- #2 VDRL or RPR (**CPT code 86592, LabCorp 006072, Quest 36126**)
If your titer is positive, you must prove that you have been treated for syphilis.
- #3 Measles (Rubeola) IgG (**CPT code 86765, LabCorp 096560, Quest 964**)
- #4 Mumps IgG (**CPT code 86735, LabCorp 096552, Quest 8624**)
- #5 Rubella IgG (**CPTcode 86762, LabCorp 006197, Quest 802**)
OR (1 MMR vaccination after you are at least 12 months old, and a second immunization no sooner than 28 days after the first) unless there is a health reason not to be vaccinated as documented by your physician.
 - a. Documentation of MMR series (2 injections) no titer is required.
 - b. To prove immunity by titer all three tests must be drawn.
 - c. If titers show you are not immune you must receive 2 MMR's.
- #6 Polio
Demonstrate that you have complete polio immunizations (health care/school records of these immunizations will be accepted).
- #7 Tetanus
Documented tetanus booster within the 10-year period before you register (e.g., if you register in 2010, you must have had a tetanus vaccination anytime between the years 2000 and 2010).
- #8 Hepatitis B
Document Hepatitis B vaccination(s), 3 shot series. The second shot is given no earlier than 30 days after the first. The final shot is given no earlier than 6 months after the first (or at least 5 months from the 2nd shot).
 - a. Proving immunity by titer, HepB surface antibody (**CPT code 86706, LabCorp 006395, Quest 34000**). If you have not received all injections you are not likely to be immune, so the titer would be a waste of money. (And, it is **NOT** required).
 - b. You may not have enough time to complete the series before you register. You **MUST** have the 1st injection **BEFORE** registration day. Please keep on schedule to provide the best chance for immunity.
 - c. You must complete the series while at school or you **WILL BE BLOCKED** at future registrations.

#9 TB skin test

You must document that you have not been exposed to tuberculosis (TB results are negative).

- a. All results should be reported in terms of the observed millimeters of induration (e.g. -0- mm induration).
- b. You will need a chest X-Ray **ONLY IF** your TB skin test was positive.
- c. You **MAY** document post-exposure prophylaxis if you wish. We will include this with your student health record.
- d. This test is required annually and can be received at the dental school.

******DENTAL SCHOOL SUPPLEMENT******

This is **ONLY** required for **Doctor of Dental Surgery and Dental Hygiene students, and Dental Residents/Fellows. DENTAL LAB TECH STUDENTS ARE NOT REQUIRED TO DO THIS.**

Hepatitis B IgM-anti-HBc (core) (CPT code 86705, LabCorp 016881, Quest 4848)

Hepatitis B HbsAg (surface antigen) (CPT code 87340, LabCorp 006510, Quest 498)

Hepatitis C EIA for anti HCV (CPT code 86803, LabCorp 143991, Quest 8472)

HIV (HIV1-Ab) (CPT code 86701, LabCorp 083824, Quest 6449)

All of these tests are mandatory to show that you are not a Hepatitis B carrier or have Hepatitis C or HIV.

APPENDIX G
EXPOSURE PROTOCOL AND INJURY REPORT
 Prepared by Linda Smith, RN

Quick reference

EMPLOYEE/STAFF Exposure for New Orleans and Baton Rouge Campus

First Aid- wash with soap and water DO NOT USE BLEACH OR SQUEEZE

1. Review and answer questions in the exposure packet. Ask the patient to sign the consent for obtaining the quick HIV test. Please review each page and follow the directions. The completed packet is to be sent to Linda Smith, RN.
2. Perform **quick HIV test**. (The individual test and instructions are located in the Central Sterilization area in BR and in each instrument dispensary on the second, third and fourth floors in NO. Allow 10 minutes for blood test result. **Perform the test ASAP** since the recommendation is to start medication within 2 hours for a positive test result. **It is required that blood be drawn from the student and the source for all exposure injuries.**
 - For a **positive quick test** result, the employee must go to Concentra to have blood work drawn immediately and to see if medication is indicated.
 - For a **negative test result**, the employee should go the same day for the blood work.
 - Contact Linda Smith, RN for permission to Sign Employer's Authorization for Examination or Treatment and make a copy. Give the original to the employee to take to Concentra.
 - Send a copy of the incident report and the Treatment Authorization form to Linda Smith, box 145.
 - Send the source to Labcorp or Linda Smith, RN to have the blood drawn. Room 4312K, office phone 504-941-8393, cell 504-289-5915, Fax 504-941-8394. The bill will be paid by LSUSD.

<p>Concentra Medical Center for employee M-F 8-5 318 Baronne Street 70112 Phone 561-1051</p> <p>1600 Williams Blvd Kenner 70062 Phone 468-1506</p> <p>4015 Jefferson Hwy 70121 Phone 837-6447</p> <p>3235 Perkins Rd, BR. 70808 Phone 225-387-3030</p>	<p>Labcorp, New Orleans/ Linda Smith, RN for source 1716 St. Charles Ave. 70130. Phone 525-8033 Mon-Fri 8-5pm Lunch 12-1</p> <p>4330 Loveland St., Ste C Metairie, La 70006 Phone 455-5268 Mon-Fri 7:30-4:30pm Lunch 12-1</p> <p>7525 Picardy Baton Rouge, La. Phone 225-766-9489 Mon-Fri 8-5pm Lunch 12-1</p>
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Protocol for Student Exposure Injuries- LSUHSC Dental School in New Orleans and Baton Rouge South Campus

STOP PROCEDURE AND RINSE THE AREA WITH SOAP AND WATER. DO NOT USE BLEACH OR SQUEEZE THE AREA.

- ✚ Review and answer the questions in the exposure packet. These can be found in the central instrument dispensary on the second, third and fourth floors and Central Sterilization in BR. Consents must be signed by both the student and the patient. Student /Faculty please review each page and follow the directions for filling out the forms. Return the completed packet to Linda Smith, RN.
- ✚ Quick HIV test. (The individual test and instructions are located in the CSR in BR and in each instrument dispensary on the second, third and fourth floors. in NO. The quick test is the only step that is urgent. It takes 10 minutes for the blood test results. It is important to perform the test quickly because it is recommended that medication be started within 2 hours if the test result is positive.
 - For a **positive HIV quick** test, contact Dr. McLean, Student Health Director, pager 504-679-8357. Enter *** after you put in the return number. She will advise the student on the best post exposure treatment options.
 - For a **negative HIV quick** test- it is no longer considered an emergency situation.
- ✚ **Blood work** needs to be drawn from student and source either by Linda Smith, RN or by Labcorp. Give the student the lab request forms to bring to Labcorp.

Locations:

Labcorp, New Orleans

1716 St. Charles Ave. Distance 3.81 mi. from school

NO, LA 70130

525-8033

Mon-Fri 8-5pm

Lunch 12-1

Or

4330 Loveland St. Ste C Distance 5.78 mi. from school

Metairie, La 70006

455-5268

7:30-12 1-4:30

Labcorp, Baton Rouge

7525 Picardy
Baton Rouge, La.
225-769-2897
Mon-Fri 8-5pm
Lunch 12-1

Distance 5 mi. from school

- The patient and student should be instructed to return to the NO clinic the following day to have Linda Smith, RN draw the blood work if she is not available at the time of the incident or give the student and source the lab orders found in the packet and send to the nearest Labcorp. The school will be billed for the cost of the source blood work.
 - Fill out the names on the lab forms and give to the student to bring to the lab.
- ✚ If the patient refuses to be tested, a form needs to be signed. The student can see Linda Smith or go to Labcorp to have his/her blood drawn. If the student refuses to go, a paper must be signed for refusing. The lab results will be faxed to Linda Smith, RN.
- Counseling and follow up will be done by LSUHSC Student Health.
 - Student fills out LSUHSC employer injury/incident report within 24 hours and sends the completed packet to Linda Smith, RN via campus mail, box 145 or room 4312K

The student must provide a copy of his/her UnitedHealth Care insurance card and driver's license.

Linda Smith, RN office number 504-941-8393, cell 504-289-5915, email lsmith9@lsuhsc.edu, fax 504-941-8394

Dr. Angela McLean's office 525-4839, pager 504-679-8357 Enter phone number followed by *** to indicate emergency

3235 Perkins Rd, BR. 225-387-3030

LSUHSC School of Dentistry Exposure Control Plan, 2008

OFFICE OF WORKER'S
COMPENSATION
POST OFFICE BOX 94040
BATON ROUGE, LA 70804-9040
(225) 342-7565

EMPLOYER REPORT OF INJURY / ILLNESS LDOL-WC-1007

Employee Social Security Number
Employer UI Account Number
Employer Federal ID Number
Location Code

This report is completed by the Employer for each injury/illness identified by them or their employee as occupational. A copy is to be provided to the employee and the insurer immediately. Forms for cases resulting in more than 7 days of disability or death are to be sent to the OWCA by the 10th day after the incident or as requested by the OWCA.

PURPOSE OF REPORT: (Check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> More than 7 days of disability | <input type="checkbox"/> Possible dispute | <input type="checkbox"/> Medical Only |
| <input type="checkbox"/> Injury resulted in death | <input type="checkbox"/> Lump Sum Compromise/Settlement | (no copy needed by OWCA) |
| <input type="checkbox"/> Amputation or disfigurement | <input type="checkbox"/> Other | |

1. Date of Report MM/DD/YY	2. Date / time of injury: MM/DD/YY Time <input type="checkbox"/> AM <input type="checkbox"/> PM	3. Normal Starting Time Day of Accident: <input type="checkbox"/> AM <input type="checkbox"/> PM	4. If Back to Work Give Date MM/DD/YY	5. At same Wage? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO NOT WRITE IN THIS COLUMN
6. If Fatal injury, Give Date of Death: MM/DD/YY	7. Date Employer Knew of injury: MM/DD/YY	8. Date Disability began: MM/DD/YY	9. Last Full Day Paid MM/DD/YY	Date Received	
10. Employee Name: First Middle Last			11. <input type="checkbox"/> Male <input type="checkbox"/> Female	12. Employee Phone # () -	S.I.C.
13. Address and Zip Code			14. Parish of Injury	State-Parish	
15. Date of Hire	16. Age at illness/injury	17. Occupation	18. Dept./Division Employed:	Occupation	
19. Place of Injury-Employer's Premises ? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. If No, indicate Location-Street, City, Parish and State			Nature
21. What work activity was the employee doing when the incident occurred ? (Give weight, size and shape of material or equipment involved. Tell what he was doing with them. Indicate if correct procedures were followed.)					Part of Body
					Source
					Event
					NCC:
22. What caused the incident to happen? (Describe fully the events which resulted in injury or disease. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led to or contributed to this injury or illness.)					
23. Part of body injured and Nature of Injury or Illness(ex. left leg: multiple fractures)					24. If Occ. Disease- Give Date Diagnosed
25. Physician and Address street city state zip			26. If Hospitalized, give name & address of facility		

EMPLOYER CERTIFICATE OF COMPLIANCE

You must submit this Certification to your workers' compensation insurer. Failure to submit this Certification as required may result in your being penalized by a fine of \$500, payable to your insurer.

You must secure workers' compensation for your employees through insurance or by becoming an authorized self-insured. If you fail to provide security for workers' compensation, you must pay an additional 50% in weekly benefits to your injured workers.

If you willfully fail to provide security for workers' compensation, then you are subject to a fine of up to \$ 10,000, imprisonment with or without hard labor for not more than 1 year, or both. If you have been previously fined and again fail to provide security for workers' compensation, then you are subject to additional penalties, including a court order to cease and desist from continuing further business operations.

You must not collect, demand, request, or accept any amount from any employee to pay or reimburse for the workers' compensation insurance premium. If you violate this provision, you may be punished with a fine of not more than \$500, or imprisoned with or without hard labor for not more than one year, or both.

It is unlawful for you to willfully make, or to assist or counsel someone else to make, a false statement or representation in order to obtain or to defeat workers' compensation benefits. If you violate this provision, you may be fined up to \$10,000, imprisoned with or without hard labor for up to 10 years, or both depending on the amount of benefits unlawfully obtained or defeated. In addition to these criminal penalties, you may be assessed a civil penalty of up to \$5,000.

EMPLOYER CERTIFICATION

I certify that I can read the English language, that I have read this entire document and understand its contents, and that I understand I am held responsible for this information. I certify my compliance with the Louisiana Workers' Compensation Act.

Preparer Name (PRINT)

Signature

Date

Company Name

Company Address

() -

Phone Number

Insurance Policy Number

Employee Name

Employee Social Security Number

STUDENT EXPOSURE FORMS

Source Risk Assessment Questionnaire

Name: _____
 DOB: _____ Date: _____

QUESTION	YES	NO
Have you ever tested positive for HIV?		
Have you ever tested positive for Hepatitis B or Hepatitis C?		
Have you ever had a sexually transmitted disease?		
Did you receive a blood transfusion or blood products between 1978 and 1985?		
Have you ever used needles to inject street drugs?		
Have you ever shared needles to inject street drugs?		
Have you had sex with another person with HIV or Aids?		
Are you a male who has had sex with male partners?		
Have you had sex with a person who injects street drugs?		
Have you ever been a male or female prostitute?		
Have you ever traded sex for money, drugs, food or housing?		
Have you had unprotected sex (of and kind) within the last 10 years with someone other than your spouse?		
Have you ever been sexually assaulted?		
Have you had occupational exposure to blood or body fluids such as a needle stick within the last 10 years?		
Do you have a sex partner with any of the above risks for HIV?		
Are you or may you be pregnant?		
Comments:		

Patient signature _____ Reviewed by:

Date: _____

General Health System-Post Exposure Evaluation

Date: _____

Employee information

Source information

Name _____

Name _____

Address _____

medical record# _____

Home Phone _____

Risk Factors _____

SS# _____

HIV quick test results _____

Work Area _____

Work Phone _____

Hep B Vaccine _____

Body area involved _____

Type/Brand device involved _____

Employee baseline labs:

HIV, Hep B, Hep C, *SGOT, RPR

Follow up Lab_ No Follow up lab indicated_____

6 weeks Lab test Date drawn Results

3 months Lab test Date drawn Results

6 months Lab test Date drawn Results

12 months Lab test Date drawn Results

- Using the algorithm in packet determine the PEP recommendation, if any. Please record any recommendations, treatment or counseling below.

First aid/treatment _____

Follow up/
Counseling _____

**POST EXPOSURE EVALUATION STUDENT
CONSENT**

Name: _____
(print your name)

Date: _____

Consent for Bloodborne pathogen testing

I agree to have my blood drawn for Hepatitis B, HIV, Syphilis, and Hepatitis C. The results will indicate the present status of my blood. These tests results are in no way related to the present incident, and are used as a baseline for future testing.

Signature: _____

Receiving blood test results via telephone

I wish to receive the results of my blood tests via telephone. In order to do so, I have been instructed to contact the Student Health Department during normal business hours at 504-545-4839. I will be asked to supply both my social security number and date of birth for verification.

Signature: _____

Receiving blood test results in person

I wish to receive the results of my blood tests in person. In order to do so, I have been instructed to report to the Student Health Department during normal business hours. I should allow at least one business day to return for my results.

Signature: _____

Declination for bloodborne pathogen testing

I do not wish to have my blood drawn at this time for testing.

Signature: _____

POST EXPOSURE EVALUATION SOURCE CONSENT

Name: _____
(print your name)

Date: _____

Consent for Bloodborne pathogen testing

I agree to have my blood drawn for Hepatitis B, HIV, Syphilis, and Hepatitis C. The results will indicate the present status of my blood. These tests results are in no way related to the present incident, and are used as a baseline for future testing.

Signature: _____

Receiving blood test results via telephone

I wish to receive the results of my blood tests via telephone. In order to do so, I have been instructed to contact the Student Health Department during normal business hours at 504-545-4839. I will be asked to supply both my social security number and date of birth for verification.

Signature: _____

Receiving blood test results in person

I wish to receive the results of my blood tests in person. In order to do so, I have been instructed to report to the Student Health Department during normal business hours. I should allow at least one business day to return for my results.

Signature: _____

Declination for Bloodborne pathogen testing

I do not wish to have my blood drawn at this time for testing.

Signature: _____

Important information GIVE TO STUDENT

Name: _____ Your CDC HIV algorithm code
is: _____

Relative risk for HIV infection in the CDC recommendation for PEP, below. If the HIV risk is significant, PEP is recommended.

CDC recommendation for PEP: Yes No (circle)

The CDC estimates that the average risk of HIV transmission after a percutaneous exposure to HIV-infected blood is approximately 0.3% and 0.09% after a mucous membrane exposure. The risk for transmission is estimated to be less than the risk for mucous membrane exposure.

More information about CDC studies can be found at www.cdc.gov. Use the search function to find specific articles.

PEP will include at least 2 drugs for 4 weeks. We prescribe Combivir which has the 2 Basic PEP medications: Zidovudine 300 mg and Lamivudine 150mg.

PEP is most effective when begun 24-48 hours after exposure, but best when taken within 2 hours. Fill your prescription immediately.

Significant GI symptoms (e.g. nausea/vomiting/diarrhea) are common side effects. Call Student Health if you have side effects that are worrisome.

ALL 4 WEEKS OF TREATMENT ARE REQUIRED FOR PROPHYLAXIS.

Seroconversion usually occurs during the first 6-12 weeks after the exposure, so multiple testing is required.

Blood Monitoring Schedule- GIVE TO STUDENT

Initial Draws

HIV-antibody
Hepatitis B core antigen IgG and IgM
Hepatitis B surface antibody
Hepatitis C antibody
Syphilis

If PEP: CBC- liver and kidney functions
IF PEP: Recheck kidney and liver functions in 2 weeks.

At 6 weeks

HIV-antibody

At 3 months

HIV-antibody
Hepatitis C- antibody
Syphilis

At 6 months and 1 year

HIV-antibody

It is YOUR responsibility to come for testing. Call Student Health in advance, and your lab slip will be waiting for you.

Give to Student

24 hour Needlestick Hotline

(888) 448-4911

**Established by the CDC and
manned by the physicians of San
Francisco General Hospital**

Available for consultation

FREE!