

EXPOSURE CONTROL PLAN

LSUHSC SCHOOL OF DENTISTRY

PURPOSE

Dental Health Care Workers (DHCW) potentially can be exposed to a number of pathogens, both blood borne and airborne. These pathogens are 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 prevents disease transmission from patient to DHCW, DHCW to patient, and patient to patient.

All School of Dentistry personnel with occupational exposure to pathogens are required to comply with the guidelines in this plan and can submit suggestions or observations to improve the safe delivery of dental care to the Chair of the Infection Control Committee.

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

The Exposure Control Plan is available on the school's website and is in the clinic dispensaries.

References:

Occupational Safety and Health Administration Regulations. 29 CFR Blood borne Pathogens. – 1910.1030

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

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, CDC, March 2016

EXPOSURE DETERMINATION

Job classifications with occupational exposure

Basic Science and Clinical Faculty
Clinical Staff
Students and Residents

Tasks and procedures with occupational exposure

All clinical dental procedures

- Examination
- Radiographs
- Prophylaxis, scaling and root planning
- Restorative and Prosthodontic procedures
- Endodontics
- Periodontal surgery
- Oral and maxillofacial surgery
- Orthodontics

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 are trained on infection control procedures, rationale and policies at time of employment.
- All employees receive infection control and blood borne pathogens training annually.
- All students are 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 (Blood borne Pathogens) standard and an explanation of its contents;

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

A general explanation of the epidemiology and symptoms of blood borne diseases;

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

An explanation of the modes of transmission of blood borne 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/TRANSMISSION PRECAUTIONS

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

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

SECOND TIER TRANSMISSION-BASED DISEASE MODES IN PATIENTS THAT ARE NOT SEEN IN CLINICAL SETTINGS AT THE DENTAL SCHOOL

Standard Precautions are sometimes referred to as the first tier of precautions because when patients present with documented or suspected infection with highly transmissible pathogens, additional measures, or a second tier of precautions, are necessary to prevent the potential spread of these diseases. In other words, when the routes of transmission cannot be completely interrupted with Standard Precautions alone, it is necessary to use Transmission Based Precautions.

There are three categories of Transmission Based Precautions that mirror the modes of disease transmission:

- Airborne Precautions
- Droplet Precautions
- Contact Precautions

- Diseases/conditions requiring **contact precautions**: Clostridium difficile, Herpes simplex, H1N1 influenza*, Methicillin-resistant Staphylococcus aureus (MRSA), Severe acute respiratory syndrome (SARS)*, Smallpox*, and Varicella Zoster (chicken pox) *

- Diseases/conditions requiring **droplet precautions**: Seasonal Influenza, H1N1 influenza*, Mumps, Rubella, Pertussis, and Severe acute respiratory syndrome (SARS)*

- Diseases/Conditions Requiring **airborne precautions**: H1N1 influenza*, Measles, Severe acute respiratory syndrome (SARS)*, Smallpox*, Tuberculosis (confirmed pulmonary or laryngeal), and Varicella Zoster (chicken pox)*

Patients requiring Second Tier precautions will have their treatment delayed until the condition is resolved. Those requiring emergency treatment will be referred to the hospital clinic.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE are designed to protect the skin and mucous membranes of the eyes, nose and mouth from blood or other potentially infectious material (OPIM) and are worn for all clinical procedures. Required PPE includes:

Surgical mask: Covers both mouth and nose that protects patient from microorganisms generated by the wearer and the DHCW during non-aerosol. Mask should be changed if wet or visibly soiled and between patients.

Protective eyewear: Goggles or a face shield are worn for all clinical procedures. Protective eyewear with side shields is required for the patient to protect their eyes from debris. Eyewear is cleaned and disinfected between patients.

Long-sleeve disposable gowns: Gowns are changed as soon as possible if torn or visibly soiled and between patients. Gowns are removed before leaving treatment areas and are not worn in any areas outside of the clinic (i.e. waiting areas, lounges, elevators, stairwells, between buildings).

Single use, powder free gloves: Patient examination gloves may be worn for non-surgical clinical procedures. Sterile surgical gloves are worn for surgical procedures. Hands are washed before putting on and after removing gloves.

In the pre-clinical and simulation laboratories, all PPE is required when extracted teeth are being used; for all other activities not involving potentially infectious materials, mask, gloves, and eyewear are required.

Central Sterilization Room (CSR) personnel use nitrile utility gloves when cleaning and disinfecting contaminated instruments.

All PPE are removed prior to leaving patient care areas, sterilization areas and pre-clinical/simulation laboratories.

ADMINISTRATIVE CONTROLS

CDC Recommendations for sterilization and disinfection are incorporated into the LSUSD operations protocols:

LSUSD maintains infection prevention and occupational health protocols and provides supplies necessary for adherence to Standard Precautions (e.g., hand hygiene products, safer devices to reduce percutaneous injuries, personal protective equipment).

The Exposure Control Plan is reviewed and updated as needed by the Infection Control Committee. The plan is written appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards.

The facility meets challenges of emerging infections by modifying protocols for each disease outbreak, and works with LSU Health Sciences Center to provide the most effective means to address each challenge.

ENGINEERING CONTROLS

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

WORK-PRACTICE CONTROLS

All burs are removed from hand pieces prior to removing the hand piece from the dental unit to prevent percutaneous injury.

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

Recapping needles is done using a one-hand scoop method or a recapping device. Personnel do not use a two-hand recapping technique or bend or break needles before disposal. Needles are recapped before removing from aspirating syringe, and uncapped needles are not passed.

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 is used whenever possible to cover contact surfaces. Barriers include plastic wrap, bags, adhesive wrap and other moisture impervious materials. All instruments/cassettes are placed in autoclave bags and sterilized. Computers, books and items not used to treat the patient are kept clear of the sterile and/or contaminated areas.

If contact surfaces cannot be barrier-protected or if they become contaminated inadvertently, they must be disinfected following manufacturer's directions with an EPA registered hospital

disinfectant. All surfaces are cleaned and disinfected after each patient. Note: computer keyboards cannot be disinfected and clinicians must use barriers or remove gloves before using clinic computers.

Contaminated Instruments: At the completion of treatment, instruments are placed in the cassette and waste is properly disposed of. Treatment gown and gloves are removed from the inside out and placed in the biohazard bag. The cassette is wrapped in the blue wrap or placed in a puncture proof container and delivered to the dispensary.

Contaminated instruments are transported from dispensaries to the central sterilization room using dumb waiter and properly labeled, covered mobile carts.

STERILIZATION AND DISINFECTION OF PATIENT-CARE DEVICES

Policy for Sterilization and Disinfection of Patient-Care Devices for Dental Settings:

Reusable dental instruments and equipment are cleaned and reprocessed according to manufacturer's instructions.

Processing of contaminated dental equipment is done by appropriately trained employees wearing the required PPE.

Appropriate monitors are used according to manufacturer recommendations to ensure the effectiveness of the sterilization process. Routine maintenance for the sterilization equipment is performed according to manufacturer recommendations.

Sterilization records are maintained in accordance with state and local regulations. Sterilized items are labeled with the sterilizer used and the date of sterilization.

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 are kept in refrigerators, freezers, shelves, cabinets or on counter tops where potentially infectious material may be present.

Dental unit waterlines are treated to control biofilm and reduce micro bacterial count in operatory aerosol and spatter (see page 14).

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.

Use ABHR with 60-95% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.

All involved in patient care will adhere to the following protocols:

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

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

Jewelry that causes tears or cause the person to have to wear an improper glove size must be removed.

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APPENDIX A

DEFINITIONS

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

Blood borne 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 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 blood borne 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 blood borne 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 result 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.

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 needle sticks, 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.

Sars-CoV2 virus or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the name of the new virus that causes the disease ***COVID-19***

Sharps with engineered sharps injury protections means a non-needle 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 blood borne 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 blood borne 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).

APPENDIX B

PROTOCOL FOR SUSPECTED OR ACTIVE TUBERCULOSIS PATIENTS

Patients with confirmed or signs and symptoms of active tuberculosis will not be treated at the School. The patient will be referred to their physician and placed on medical hold pending medical evaluation and treatment, and all elective care will be deferred until the patient is cleared for treatment.

Patients requiring emergency care will be referred to University Medical Center for triage and treatment by the on-call oral surgery or general practice resident.

APPENDIX C

DENTAL UNIT WATERLINE

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.

CDC recommends that duwl water be maintained at least ≤ 500 CFU/ml, the U.S. standard for drinking water. All LSUSD dental units utilize individual water reservoirs facilitating maintenance of a high quality of water delivered for patient care.

DUWL TREATMENT PROTOCOL

DentaPure Cartridges are engineered to produce a shock treatment after initial connection and treatment of dental water. Bottle is filled with water from tap which is treated as it runs through the straw. Cartridges are replaced once per year. New gloves are worn when the bottle is removed, filled and replaced.

WATERLINE TESTING

CDC recommends that duwl water be maintained at least ≤ 500 CFU/ml, which is the U.S. standard for drinking water. All LSUSD dental units utilize individual water reservoirs facilitating maintenance of a high quality of water delivered for patient care.

DUWL water will be tested on a regular basis using an independent testing facility and results will be reported to the Infection Control Committee. All chairs are tested yearly per manufacturer recommendation. Any chair that tests above ≤ 500 CFU/ml will be taken out of use and tested a second time for confirmation. For a second failed test, the chair will be shocked, retested, and put into use after testing below ≤ 500 CFU/ml. with a new treatment straw installed.

LSUSD utilizes DentalPure water treatment cartridges. The DentaPure cartridge is EPA registered as a microbiological dental unit water purifier providing safe and compliant dental unit water for 365 days, ensuring that your practice meets or exceeds water quality having a maximum of 200 CFU/mL³.

APPENDIX D

STERILIZATION PROCEDURES

This Sterilization Procedures narrative describes the policies, responsibilities, and methods for the sterilization process at LSUSD. It covers processing, sterilization, handling, and storage of instruments before, during, and after sterilization with the objective of assuring sterility and delivery of sterile supplies used in patient care.

The supervisor of the sterilization area will ensure that all personnel performing the sterilization process will have orientation to the workspace, necessary on-the-job training, and participation in any in-service programs. Only authorized personnel are allowed in the sterilization area. No food or drink is allowed in the sterilization area.

Instrument Collection

At the end of each patient visit, instruments will be placed back into the cassette. The cassette will be wrapped in a blue instrument wrap or placed in a proper sized sterilization bag or puncture-proof container available in clinic. They will then be brought to the dispensary where it will be collected by clinic staff on the “dirty” side.

If the dispensary window is closed, the cassette will be placed in the collection bin dedicated for contaminated items and collected by CS personnel.

PPE is worn when contaminated items are being prepared to deliver to the dispensary for sterilization.

Transportation and Sterilization

Items to be sterilized from the clinics are transported to the Central Sterilization Room on a cart in puncture-proof sealed containers.

The instrument cassettes are then unwrapped or unbagged and loaded on to the cart that is passed through the automatic washers. After the washing process, CS personnel check all cassettes for missing or broken instruments and replace them as needed. The cassettes are then bagged and put on the cart that is used for sterilization. After sterilization, the cassettes are transported back to the 3rd floor dispensary. Items needed on the 2nd and 4th floors are delivered via the dumbwaiter.

Bur blocks used in clinic are bagged and delivered to the dispensary for sterilization. After they are transported to CS, they are checked by CS personnel, bagged, and sent back to the dispensary for sterilization in the unit in the dispensary on the floor it is used on.

All hand pieces are sterilized after each patient encounter. High speed hand pieces will be purged for 30 seconds after use. After purging, all hand pieces will be wiped down with the

germicidal wipes available in each cubicle, properly lubricated, bagged, and brought to the dispensary for sterilization. Hand pieces are sterilized in the sterilization units in the dispensaries.

Monitoring

Biologic testing is done daily on the Central Sterilization sterilizers. At the beginning of each day, a test is done before any sterilization is done. Additionally, testing is done on each load. Logs of this process are kept.

In the event of a positive biologic test, staff will immediately notify the Chair of the Infection Control Committee and the Coordinator of Clinical Services. Use of the equipment will cease until the problem is determined and corrected. All instruments with questionable sterilization will be re-sterilized once the problem is identified and corrected.

Miscellaneous

All other items will be wiped down with germicidal wipes available in each cubicle, properly bagged, and turned into the dispensary for sterilization.

Dispensary sterilizers

The sterilizers in the dispensaries are used primarily to sterilize hand pieces and other miscellaneous items. The same type of monitoring with logs as described above for the Central Sterilization units is performed on these sterilizers.

Departmental sterilizers

If a sterilizer (STATIM type) is used in a clinic area to meet a specific need, logs of each cycle and results must be maintained and available for review.

APPENDIX E

CENTRAL LABORATORY PROCEDURES

The student, resident or faculty will remove all PPE before leaving the clinic area. Anyone attempting to deliver a case to the Lab while still wearing any PPE will be refused service and their name will be reported to the Infection Control Committee Chair.

Any item that is turned into the Lab will be disinfected prior to leaving the clinic area:

Impressions for fixed or removable prostheses are rinsed with water to remove saliva, blood and debris prior to disinfection. The impressions are sprayed with mid-level disinfectant. The impressions remain in the disinfectant for 10 minutes and are rinsed with water. The disinfected impressions are dried, placed in the lab box, and delivered to the lab.

Any contaminated prostheses will be sprayed with mid-level disinfectant. The prostheses will remain in the disinfectant for 10 minutes, be rinsed, and placed in a clean headrest cover and lab box and delivered to the lab for further cleaning as determined by Central Laboratory personnel.

APPENDIX F

Mandatory Tests and Immunizations

INSTRUCTIONS FOR COMPLETING MANDATORY REQUIREMENTS

All mandatory requirement information must be completed and submitted to the Student Health Department.

1. A titer is a blood test indicating whether someone has immunity to a disease. A positive titer indicates immunity; a negative titer indicates no immunity and vaccinations/boosters are required. An equivocal titer indicates neither positive nor negative and vaccinations/boosters are required. A vaccination/booster (shot) is an additional dose of a vaccine needed periodically to “boost” a person’s immune system.

The following titers are required:

- **Varicella**
 - After a negative varicella titer, LSUHSC requires that the vaccination series (2 doses) be repeated, with the second vaccination at least 28 days after the first
- **Measles, Mumps and Rubella**
 - If 1 of your 3 titers is negative, a booster (1) dose of MMR is required. If more than 1 of your MMR titers is negative, LSUHSC requires that the vaccination series (2 doses) be repeated with the second vaccination at least 28 days after the first
- **Hepatitis B**
 - **After a negative Hepatitis B Surface AB titer, your provider may order the following:** a booster dose OR the 2-dose series OR 3-dose series

Students in progress for completing a vaccination series are compliant with the mandatory requirements. Students past due with the vaccination series are not considered in compliance.

2. **Proof of TB (Tuberculin) PPD (purified protein derivative) skin tests or Quantiferon Gold or T-Spot blood test is required each year.**
 - If the results of the test is known to be positive, a chest x-ray is required. Chest x-ray results must be within 6 months of date submitted. An annual PPD Symptoms Review form (included in student health packet and posted on the Student Health website) must be completed by a healthcare provider.
3. **Documented proof of Tetanus, Diphtheria & Pertussis (TDaP)** within the last 10 years.
4. **Documented proof of Meningococcal (Meningitis) Vaccine** within the last 10 years or a Meningitis Refusal Form, declining the vaccine, must be submitted (form included in student health packet and posted on the Student Health website).
5. **Documented proof of Influenza (flu) vaccine or Influenza (flu) Declination Form is required by the 1st of NOVEMBER each year** (form posted on the Student Health website).

6. **Documented proof of COVID-19 vaccination** or an approved exemption from LSUHSC. Manufacturer name and dates of all doses of the vaccination must be provided.
 - a. Requests for medical, religious or philosophical exemption can be submitted via the LSUHSC COVID page: <https://911.lsuhs.edu/coronavirus/>

Appendix G

EXPOSURE PROTOCOL AND INJURY REPORT

EMPLOYEE/STAFF

1. **Administer initial first aid.** The exposed person should immediately wash the needle stick or cut with soap and hot water. If exposure is by splashes of infectious materials to the nose, mouth, or eyes, the affected area should be flushed extensively with water, saline or sterile irrigating solution.
2. 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 Campus RN.
3. Perform **quick HIV test.** HIV Test and instructions are located in each instrument dispensary on the second, third and fourth floors. Allow 20 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 employee and the source for all exposure injuries. **Seek Medical attention as soon as possible. HIV prophylaxis is most effective if started within two hours of the exposure.**
 - For a **positive quick test** result, the employee will be started on the prophylaxis meds and go to Concentra to have blood work drawn as soon as possible.
 - For a **negative quick test result**, the employee should go the same day for the blood work.
4. Contact Campus 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.
5. Send a copy of the incident report (form DA2000) and the Treatment Authorization form to Campus RN within 24 hours of incident.
6. Send the source to LabCorp or Campus RN to have the blood drawn. Room 4312K, office phone 504-941-8175, 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 New Orleans, La. 70112 Phone 561-1051</p> <p>4015 Jefferson Hwy Jefferson, La. 70121 Phone 837-6447</p> <p>For nearest locations visit: https://www.concentra.com</p>	<p>LabCorp New Orleans or Campus RN for Source</p> <p>To find the nearest patient service center, visit: https://www.labcorp.com or call 888-LABCORP(888-522-2677)</p>
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Students

1. **Administer initial first aid.** The exposed person should immediately wash the needle stick or cut with soap and hot water. If exposure is by splashes of infectious materials to the nose, mouth, or eyes, the affected area should be flushed extensively with water, saline or sterile irrigating solution.
2. 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 Campus RN.
3. Perform **quick HIV test.** HIV Test and instructions are located in each instrument dispensary on the second, third and fourth floors. Allow 20 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 employee and the source for all exposure injuries. **Seek Medical attention as soon as possible. HIV prophylaxis is most effective if started within two hours of the exposure.**
 - a. For a **positive HIV quick** test, contact Dr. Lauren A. Davis, Student Health Director, 504-525-4839; after-hours/holidays 504-412-1366. She will advise the student on the best post exposure treatment options.
 - b. For a **negative HIV quick** test- it is no longer considered an emergency situation.
4. **Blood work** needs to be drawn from student and source either by Campus RN or by LabCorp. The lab orders necessary are found in the exposure packet. The school will be billed for the cost of the source blood work.

LABCORP

**To find the nearest patient service center,
Visit: <https://www.labcorp.com>
or call 888-LABCORP (888-522-2677)**

- a. Faculty/supervising staff will fill out the names on the lab forms and give to the source and student to bring to the lab, if nurse is unavailable for blood draw.
 - b. If the patient refuses to be tested, the consent form needs to be filled out with the proper selection and signed by the patient (this form is in the packet). The student can see Campus RN 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 Campus RN.
5. Counseling and follow up will be done by LSUHSC Student Health.
 6. Student fills out LSUHSC injury/incident report(formDA3000)located in exposure packet within 24 hours and sends the completed packet to Campus RN via campus mail or bring copy to room 4312K

APPENDIX H

PROTOCOL FOR POTENTIAL COVID-19 PATIENTS

NOTE: As of July 1, 2022, all additional protocols that were in place due to COVID-19 and contained in this appendix were discontinued.

Background: SARS-CoV-2, the virus that causes COVID-19, is an airborne infection thought to be spread primarily through respiratory droplets 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. Airborne transmission from person-to-person over long distances is unlikely. However, COVID-19 is a new disease, and we are still learning about how it spreads and the severity of illness it causes. The virus has been shown to persist in aerosols for hours, and on some surfaces for days under laboratory conditions. COVID-19 may be spread by people who are not showing symptoms.

Risk: The practice of dentistry involves the use of rotary dental and surgical instruments, such as hand pieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that can contain particle droplets of water, saliva, blood, microorganisms, and other debris. Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of airborne infectious agents. There are currently no data available to assess the risk of SARS-CoV-2 transmission during dental practice. To date in the United States, clusters of healthcare personnel who have tested positive for COVID-19 have been identified in hospital settings and long-term care facilities, but no clusters have yet been reported in dental settings or among DHCP.

Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

PROTOCOL FOR TRIAGE AND TREATMENT

Patient Management

All patients are contacted prior to dental treatment; patients are telephone screened for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, treatment is delayed until the patient has recovered

The patient's dental condition is assessed it is determine whether the patient needs to be seen in the dental setting.

Patients are asked to limit the number of visitors accompanying the patient to the dental appointment to only those people who are necessary.

Advise patients that they, and anyone accompanying them to the appointment, will be requested to wear a face covering when entering the facility and will undergo screening for fever and symptoms consistent with COVID-19.

Upon arrival temperatures are taken and patients and visitors are systematically assessed; they are asked about the presence of fever or other symptoms consistent with COVID-19.

Patients and visitors are asked to don their own face covering, or a surgical mask is provided if the patient doesn't have their own.

If the patient is afebrile (temperature < 100.4°F)* and otherwise without symptoms consistent with COVID-19, the patient is admitted for dental care.

Patients are asked to re-don their face covering at the completion of their clinical dental care when they leave the treatment area.

Even when DHCP screen patients for respiratory infections, inadvertent treatment of a dental patient who is later confirmed to have COVID-19 may occur. To address this, patients are asked to inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 within 14 days following the dental appointment.

Facility Considerations

- Steps taken to ensure patients and staff adhere to respiratory hygiene and cough etiquette, as well as hand hygiene, and all patients follow triage procedures throughout the duration of the visit.
 - Visual alerts (e.g., signs, posters) are posted at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions (in appropriate

languages) about hand hygiene and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.

- Alcohol-based hand rub (ABHR) with 60– 95% alcohol, tissues, and no-touch receptacles for disposal, are available at healthcare facility entrances, waiting rooms, and patient check-ins.
- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
- Place chairs in the waiting room at least six feet apart.
- Remove toys, magazines, and other frequently touched objects that cannot be regularly cleaned or disinfected from waiting areas.
- The number of persons waiting in the waiting room are minimized.
 - Patients may opt to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.
 - Due to reduced chairs used in clinic, overlapping dental appointments are reduced.
- Patient placement
 - To prevent the spread of pathogens patient cubicles are reduced and spread out so that no adjacent cubicles are used (side-to-side, head-to-foot)
 - At least 6 feet of space between patient chairs.
- Patient volume
 - The maximum number of patients who can safely receive care at the same time in the dental facility are determined by the number of dental chairs, the layout of the clinic, and the time needed to clean and disinfect patient operatories.
 - To allow time for droplets to sufficiently fall from the air after a dental procedure, DHCP should wait at least 15 minutes after the completion of dental treatment and departure of the patient to begin the room cleaning and disinfection process.

Hygiene

Ensure DHCP practice strict adherence to **hand hygiene**, including

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

Universal Source Control

As part of source control efforts, DHCP should wear a facemask **at all times** while they are in the dental setting.

- Cloth face coverings are worn in non-clinical areas until notified that this isn't necessary.

- Some DHCP whose job duties do not require PPE (such as clerical personnel) may continue to wear their cloth face covering for source control while in the dental setting.
- Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their cloth face covering when they are not engaged in direct patient care activities, and then switch to a respirator or a surgical mask when PPE is required.
- DHCP should remove their respirator or surgical mask and put on their cloth face covering when leaving the facility at the end of their shift.
- DHCP should also be instructed that if they must touch or adjust their mask or cloth face covering, they should perform hand hygiene immediately before and after.
- Use ABHR with 60-95% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.

Because facemasks and cloth face coverings can become saturated with respiratory secretions, DHCP should take steps to prevent self-contamination:

- DHCP should change facemasks and coverings if they become soiled, damp, or hard to breathe through.
- Cloth face coverings should be laundered daily and when soiled.
- DHCP should perform hand hygiene immediately before and after any contact with the facemask or cloth face covering.

All DHCP should wear a surgical mask, eye protection (goggles, protective eyewear with solid side shields, or a full-face shield, and a gown or protective clothing during procedures likely to generate splashing or spattering of blood or other body fluids.

Precautions during aerosol-generating procedures conducted on patients assumed to be non-contagious:

Students, faculty and staff wear the school provided N99 respirator with goggles or a full-face shield.

Pre-procedural rinse should be used prior to any aerosol-generating procedure. At this time, the ADA and CDC are only recommending peroxide to destroy the virus. Colgate Proxyl is the rinse used at the dental school.

To clean and disinfect the dental operatory after a patient **without suspected or confirmed COVID-19**, wait 15 minutes after completion of clinical care and exit of each patient to begin to clean and disinfect room surfaces. This time will allow for droplets to sufficiently fall from the air after a dental procedure, and then be disinfected properly.

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces **before** applying an Environmental Protection Agency-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

CONSIDERATIONS FOR ADDITIONAL PRECAUTIONS OR STRATEGIES FOR TREATING PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19

- If a patient arriving at the dental school is suspected or confirmed to have COVID-19, defer dental treatment and take the following actions:
 - If the patient is not already wearing a mask, give the patient a mask to cover his or her nose and mouth.
 - If the patient is not acutely sick, send the patient home, and instruct the patient to call their primary care provider.
 - If the patient is acutely sick (for example, has trouble breathing), refer the patient to a medical facility, or call 911 as needed and inform them that the patient may have COVID-19.