Post-Exposure

- Preparedness
- Protocols
- Procedure

Onsite

- Updated bloodborne pathogen standard
- Updated exposure control plan
- Accident report form
- Sharps injury log
- Worker’s comp face sheet

Prevent Mucous Membrane and Skin Exposures

With PPE

Personal Protective Equipment

POST EXPOSURE CHECKLIST

Date Post Exposure Follow-up Init.

Remove the instrument from the area (in the identification area)

Accident Report/Sharps Injury Log completed

Consent to test the source individual identified and obtained

Exposed employee tested for HCV, HBV and HIV (if tested)

Exposed employee referred to a designated healthcare provider and given

- A copy of the Bloodborne Pathogen Standard
- A copy of the Accident Report/Sharps Injury Log
- Results of the source individual’s testing (if applicable)
- Exposed employee’s medical record relevant to this incident (HIV, HCV, HBV)

Healthcare provider gives the source individual’s test results.

Written opinion from healthcare provider received within 15 days of the evaluation. Include:

1. Whether HBV vaccination was recommended and whether or not the employee received the first shot in the series
2. Identification that the employee has been informed of the results of the evaluation and any medical conditions resulting from exposure

All testing results and treatment recommendations are placed in the employee’s medical record. Any further information about the results of the employee’s evaluation and medical conditions must be conveyed to the employee and not included in the record without the written consent of the employee.

Employee medical record (including written opinion above) is shared in a confidential* location and is not made available to an employee’s employer.

Circumstances of the exposure incident are reviewed to determine whether modifications are needed to bloodborne pathogen policies and procedures.

*No information on this page is considered protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

Signature

I have reviewed this document and have been trained on bloodborne pathogens.
Accident Report & Sharps Injury Log

* Accident Report
  * Description of the incident
  * Who; what; why; where; when; how

* Sharps Injury Log
  * Mandated by OSHA

Instrument Transport

* Containment
* The Container
* PPE
* Labeling

Types of Occupational Exposures to Bloodborne Pathogens

* Percutaneous injury (PI)
  * Mucous membrane
  * Non-intact skin
  * Human bites

What to do now?????

Remove the instrument from the area (to the sterilization area)

* Prevents cross contamination
  * The identified instrument
  * Any other instrument that may be present
Report Injury to Supervisor/Coordinator

- Must report
- No negative repercussions
- Severe implications if unreported or unrecorded

Whopper of a Fine!

OSHA cites Nashua Dental office for allegedly violating occupational health standards after an employee suffered a needlestick injury. The office faces $76,500 in proposed fines.

The OSHA inspection, conducted by OSHA’s Concord area office, found that a dental office in Nashua, NH did not provide the injured employee with no-cost, post-exposure medical evaluation and follow-up and did not have the blood of the source individual tested, as required under OSHA’s bloodborne pathogens standard.

Attempt to obtain consent to test the source individual

- Mandated
  - Ask discreetly
  - Office will pay for the service
  - Do not coerce
  - Suggest it is for everyone’s benefit
- They do not have to agree to be tested

DISEASES

- HEPATITIS B
- HEPATITIS C
- HIV

Source individual tested* (If they consent)

- HCV
- HBV
- HIV

- Ideally within the first two hours

Exposed employee tested if indicated.*

- HCV
- HBV
- HIV

*Can be declined via declination form. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
Risk of Bloodborne Virus Transmission after Needlestick

<table>
<thead>
<tr>
<th>Source</th>
<th>Risk</th>
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</thead>
<tbody>
<tr>
<td>HBV</td>
<td>22.0 - 30.0% 1/3</td>
</tr>
<tr>
<td>HBeAg +</td>
<td>1.0 - 6.0% 1/300</td>
</tr>
<tr>
<td>HBeAg -</td>
<td>1.8%</td>
</tr>
<tr>
<td>HCV</td>
<td>0.3%</td>
</tr>
<tr>
<td>HIV</td>
<td>1/300</td>
</tr>
</tbody>
</table>

Exposed employee offered

- HBV vaccination again
- If initially declined

Employee referred to a designated healthcare provider

- Hospital
- Occupational healthcare facility
- Infectious disease specialist

Note: this facility must be able to provide appropriate consultative aspects and post exposure prophylactic treatment as required

Employee must bring to the designated healthcare provider

- A copy of the Bloodborne Pathogens Standard
- A copy of the Exposure Incident Report/Accident Report
- Results of the source individual’s testing (if applicable)
- Exposed employee’s medical record relevant to this incident (SSN, HBV status, test results)

Written opinion from healthcare provider

- Within 15 days of the evaluation
- Important part of the process
- Documentation

Written opinion from healthcare provider

- Whether HBV vaccination was recommended and whether or not the employee received the first shot in the series
- Verification that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure requiring further evaluation and treatment
Written opinion from healthcare provider

- All added findings or diagnoses must be kept confidential and not included in the written opinion, which goes to the employer. Any further information about the results of the employee’s evaluation and medical conditions must be conveyed to the employee only and not included in the written opinion that goes to the employer.

Employee medical record

- Stored in a confidential location
- Not made available to employee’s employer
- Includes written opinion

Employee medical record

- The employee must give specific written consent for anyone to see his/her record. Maintain this confidential medical record for the length of employment plus 30 years.

Employee medical record

- Document the Incident
  - Use the accident investigation report in the manual
  - Immediately direct the employee to the evaluating healthcare professional designated by the facility
  - Arrange for Source Patient testing
    - If patient is known
    - If patient consents
  - Pay for treatment
    - All post-exposure evaluation
    - Prophylaxis if indicated
  - Receive written opinion from evaluating healthcare professional
    - File copy of written opinion in employee’s confidential medical record
    - Provide copy of written opinion to employee

Safer device evaluation

- Required by OSHA
- Annually (at a minimum)
- Whenever newer devices become available
- Must include various staff members

- Perform First Aid
  - Clean Area w/soap and water
  - Avoid the use of caustic agents; bleach etc.

- Report the injury
  - To employer
  - To designated infection control officer

- Receive a copy of the healthcare provider’s written opinion
### Example

<table>
<thead>
<tr>
<th>Diagram</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Diagram 1" /></td>
<td>Example 1</td>
</tr>
<tr>
<td><img src="image2.png" alt="Diagram 2" /></td>
<td>Example 2</td>
</tr>
</tbody>
</table>

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### Safety Dental Syringe

#### Safety Feature Evaluation Form

<table>
<thead>
<tr>
<th>Feature</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate visibility of the syringe needle</td>
<td>1</td>
</tr>
<tr>
<td>Hand-held syringe with a built-in injection site</td>
<td>2</td>
</tr>
<tr>
<td>Device is safe to handle with a second person</td>
<td>3</td>
</tr>
<tr>
<td>Device prevents accidental needlestick injuries</td>
<td>4</td>
</tr>
</tbody>
</table>

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### No Finger, No Needle, No Resheathing, No Injury

- **No Finger**: Ensure the device is finger-safe.
- **No Needle**: Avoid accidental needlestick injuries.
- **No Resheathing**: Prevent resheathing of the needle.
- **No Injury**: Minimize injury to the patient.