

**BRADFORD SCHOOL
DENTAL ASSISTING CLINIC**

**NOTICE OF BLOODBORNE AND
INFECTIOUS DISEASE EXPOSURE POLICY**

POLICY

The dental assisting clinic at Bradford School has bloodborne infectious disease policies and procedures designed to provide a safe environment for students, faculty and staff, and patients in the dental clinic.

Bradford School does not discriminate on the basis of infectious disease status for admission to the college or for employment by the college.

PROCEDURES

1. The policies and procedures for bloodborne infectious diseases are documented in dental assisting program documents.
2. Students entering the dental assisting program will be asked to provide documentation of a health exam using a program developed Health Form. This document will be confidentially reviewed by the program director and faculty and included in a confidential student file.
3. All students, staff and faculty that are at risk for exposure to bloodborne infectious pathogens must either complete and document the Hepatitis B vaccine series or sign a waiver documenting their decision to refuse receiving the vaccine. To document compliance, students must complete a "Hepatitis B Vaccine Verification" form and submit it to the program director to be included in the confidential student file, while the faculty/staff members must complete a "Hepatitis B Vaccine Verification" form and submit it to HR.
4. A "Universal Precautions/Standards" policy has been implemented throughout the dental clinic for use by all students, faculty and staff.
5. All students enrolled in dental assisting are at a potential risk of exposure to infectious diseases and will be trained in infectious disease prevention.
6. All dental labs and clinics have access to bloodborne infectious disease and hazardous materials spill kits along with instructions for their use.
7. All college faculty and staff receive annual training regarding bloodborne infectious disease through the college training program. Documentation of the training will be maintained by the Program Manager.

**BRADFORD SCHOOL
DENTAL ASSISTING PROGRAM**

**OCCUPATIONAL EXPOSURE
AND NEEDLE STICK INJURY PLAN**

IF AN EXPOSURE OCCURS:

1. The student should wash the affected area immediately and thoroughly. If the eye is exposed, flush it with large amounts of water. If the mouth is exposed, rinse it.
2. Students should report the incident to their externship supervisor **and** instructor immediately after washing, flushing, or rinsing.
3. After reporting the incident, students should complete Part I of the incident report and seek medical attention (bring the incident report to the college) (MedCheck type facility, NOT an Occupational Health facility, or personal physician).
 - A. If the incident occurs during externship, an HBsAg, anti-HCV, and HIV antibody should be ordered on the source patient by the externship practice's dentist on his or her prescription pad indicating that it is for Source patient Testing. The student should proceed to **their** physician or the health care facility designated by their externship supervisor.
 1. The externship practice's dentist should promptly notify the student's physician of the source patient's results when received so post exposure prophylaxis can be initiated if needed. Since the dentist is requesting these tests the results will be sent to him or her.
 2. The exposed student's physician should order a hepatitis B surface antibody on the student to prove immunity to hepatitis B.
 - a. If the hepatitis B surface antibody does not prove immunity another series of hepatitis vaccine should be initiated.
 - b. HIV and hepatitis prophylaxis should be initiated as needed after reviewing the source patient's test results. (see attached tables)
 - B. If the incident has occurred in the classroom, the source patient (student) should proceed with the exposed student to their physician or the health care facility designated by the instructor or program manager.
 1. The exposed student's physician should order an HBsAg, anti-HCV, and HIV antibody on the source patient (student). A hepatitis B surface antibody should be ordered on the exposed student to prove immunity to hepatitis B.

- a. If the hepatitis B surface antibody does not prove immunity another series of hepatitis vaccine should be initiated.
 - b. HIV and hepatitis prophylaxis should be initiated as needed after reviewing the source patient's test results. (see attached tables)
- C. If the source patient is unknown (example: a stick from a contaminated instrument during pre-cleaning for sterilization) or the source patient refuses testing, the student should proceed to their physician or the health care facility designated by their instructor/program manager or externship supervisor.
 1. The exposed student's physician should order a baseline HIV antibody (to prove the student is starting out HIV neg.) and a hepatitis B surface antibody on the student to prove immunity to hepatitis B.
 - a. If the student has not received hepatitis B vaccine or the hepatitis B surface antibodies do not prove immunity, the series should be initiated.
 - b. The need for HIV and hepatitis prophylaxis should be assessed by the student's physician. (see attached tables)
 - c. The student should be instructed when to return for results and/or follow-up.
 4. The physician should complete Part II of the incident report, make a copy for their records, and give the entire original incident report back to the student immediately.

***Student is to bring the completed incident report to Bradford School and give it to their instructor or program manager as soon as possible.**



STUDENT INCIDENT REPORT

Part I (To be completed by the student)

Name _____

Date and Time of Exposure _____

Date and Time Exposure Reported _____

Route of Exposure _____

Description of Event _____

Where did the exposure occur? (Location including address) _____

What first aid was provided/performed immediately after the incident? _____

Please list the dates of your hepatitis B vaccinations. _____

Source Patient Information:

_____ Source patient could not be identified.

_____ Source patient was identified but refused to contribute blood.

_____ Source patient was identified and has agreed to source patient testing.

I have notified my instructor/externship supervisor of the above incident. I understand that my health insurance will be billed, and Bradford School's liability policy is secondary coverage. .

Student Signature _____ Date _____

Instructor/Supervisor Signature _____ Date _____

Part II (To be completed by health care provider)

Show this to Registration at physicians' office

Health care facilities should bill the student's insurance for their medical care. If the student does not have health insurance, Bradford School's liability policy will cover the expenses. Please give the student an itemized bill so a claim can be filed. Bradford School's liability policy will also provide secondary coverage on students that have health insurance. If students with health insurance receive a bill from the place of service, a copy of the bill and a copy of the explanation of benefits from their insurance company should be brought in to Bradford School so a claim can be filed. Authorization for treatment for students without health insurance can be obtained by calling the Director of Education, _____ or the Dental Assistant Program Manager, _____.

Facility name and address _____

Was source patient testing needed and performed? If needed and not performed, explain. _____

Was serological testing needed and performed on the student? If needed and not performed, explain. _____

Was the student **counseled** regarding HIV, hepatitis, and other relevant communicable diseases according to the type of exposure he/she had? If no, explain. _____

Was the student informed of all vaccinations, medication, or treatment he/she needed for this exposure? If no, explain. _____

Did the student refuse any vaccinations, medication, or treatment he/she needed for this exposure? If yes, explain. _____

Has the student been **counseled** regarding when to return for or how to receive test results? If no, explain. _____

Has the student been **counseled** regarding any follow-up testing/treatment that is needed? If no, explain. _____

Student Signature _____ Date _____

Physician Signature _____ Date _____

Please send this completed form back to Bradford School with the student. Feel free to make a copy for your records.