

School-Based Dental Prevention Program



Policy & Procedures Manual

Revised June 2016

SBDPP POLICY AND PROCEDURES MANUAL

Tennessee Department of Health Oral Health Services Section

Section

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SECTION 1

Description of Program,
Definitions & TDH Protocol

Description of Program, Definitions and TDH Protocol

Description of Program

The SBDPP (School-Based Dental Prevention Program) is a statewide, year-round dental prevention program funded by TennCare and administered by the Department of Health, Oral Health Services. Offered are preventive services to include, but not limited to, screenings, referrals for care, immediate need follow-ups, oral health education, oral evaluations, fluoride varnish, prophylaxis, and dental sealants to children in grades K-8 in the school setting. **Schools with 50% free and reduced lunch populations are targeted for these services but all children in these schools are eligible for the program.** Exceptions must be approved by the state dental director after review of data. Portable dental equipment is used to provide these services in the school setting. Each target school must receive all phases of the preventive program to be considered complete. At **no** time will the school based staff bill for any services they provide or be associated with billing for services provided.

Working in the school setting requires a very close and comfortable working relationship with teachers, school nurses, and office staff. Effective communication is key to providing these services as well as follow-up of the “immediate need” cases.

Definitions

Oral Evaluation/Sealant Screenings – Parental/guardian consent is required for participation in the sealant aspect of this preventive program. An oral evaluation by a dentist or a sealant screening by a hygienist is completed on every child who returned a completed and signed consent “SBDPP Information and Consent Form” (PH 4294/PH 4294S) form. A signed Treatment record is required and should include the type and date of service as well as any findings. This constitutes a legal medical record. A “Report of Dental Inspection (PH 1688)” is completed and sent home with each student. Any student(s) receiving an “immediate need” rating is to receive follow-up in addition to the “Report of Dental Inspection (PH 1688).” This follow-up is mandatory and should consist of at least one follow-up letter of referral to the parents at a later date.

Dental Screenings – Provision of dental screenings for children not participating in the preventive aspect of this program is optional.

Referred for Treatment – All students with a rating of “immediate need” or “treatment at an early date” on the “Report of Dental Inspection (PH-1688)” have unmet dental treatment needs and should be referred to private or public dental offices for care. It is important that the dental staff in the schools work closely with the nursing and office staff to insure proper referral.

Oral Health Education – Students in grades K-8 receive oral hygiene and preventive education prior to the application of sealants. Explanation is provided to the students as to what sealants are, how they are applied, proper tooth-brushing, etc. Usually during this education session, the permission for oral evaluation and sealant application “SBDPP Information and Consent Form (PH 4294/PH 4294S) ” is handed out to the students. Dentists, dental hygienists, or dental assistants can provide the classroom oral health education.

Sealant Application – Sealants are applied after an oral evaluation by a dentist or a sealant screening by a hygienist working under remote supervision. Sealant application by a hygienist working under remote supervision follows TDH protocol. Sealant application after an oral evaluation by a dentist can be performed by a dentist, dental hygienist working under general supervision of a dentist or dental assistant certified for sealant application by the Board of Dentistry and under direct supervision of a dentist. A signed, dated progress note is required by the staff member placing the sealants. When a registered dental assistant has been the staff member to place dental sealants, the supervising dentist is required to sign the progress notes as well as the dental assistant.

Fluoride Varnish Programs – When “fluoride varnish” programs are conducted, Form PH-0172 must be completed and kept as this procedure requires consent and progress note documentation. An example of this type of program would be to a daycare in the summer months. There are no permanent teeth to seal so the only service offered is fluoride varnish and education. This would be coded as a community project but a consent and record of fluoride varnish application are required. This is a medical record and is maintained according to RDA 150 guidelines.

Tennessee Department of Health (TDH) Protocol

The following protocol is in response to the amended language of the Dental Practice Act effective July 1, 2013. TCA § 63-5-109 adding subsections (15) and (16). Click [here](#) for access to TCA § 63-5-109.

Definition – *Remote supervision* – a Tennessee Department of Health (TDH) dentist has regular, periodic communications with a TDH dental hygienist regarding patient treatment, without requiring an evaluation by a dentist prior to application of a dental sealant or application of topical fluoride.

Management – Program guidance and quality assurance shall be provided by Oral Health Services Section in the Community Services Division of the Tennessee Department of Health for public health dentists providing supervision under this protocol. Guidance for all TDH dental hygienists providing services through remote supervision is outlined below:

- TDH annual training by the public health dentist will include didactic and on-site components utilizing evidence based protocols, procedures and standards from the Standards of Practice Manual for Dental Public Health and the School Based Dental Prevention Program Manual.
- TDH monitoring by the public health dentist during remote supervision activities shall include tracking locations of planned service delivery and review of reports of services

provided. Phone or personal communication between the public health dentist and the dental hygienist will occur at a minimum of every 14 days.

- TDH monitoring by public health dentist of each hygienist during remote supervision will include at least semi-annually on-site visits with completion of all categories of Quality Assurance review checklist at each visit.
- No limit shall be placed on the number of full or part time TDH dental hygienists that may practice under the remote supervision of a public health dentist.

Remote Supervision Practice Requirements – The dental hygienist shall have a current unrestricted Tennessee dental hygiene license and provide services in a Tennessee Department of health public health dental program or Metropolitan Health Department program.

Scope of Services:

- Provide educational services
- Conduct needs assessment and referral for all children with unmet dental needs
- Assess patients to determine appropriateness of sealant placement according to TDH Oral Health Services guidelines and apply sealants as indicated
- Chart teeth eligible for sealants and teeth sealed
- Application of topical fluoride varnish
- Participate in data collection activities and surveys as needed

SECTION 2

Guidelines & Criteria For Standards of Acceptable Quality Public Health

I. PREVENTIVE PROGRAMS

A. PROJECT AREA

1. Students have as much privacy for oral evaluations and sealant screenings, treatment and confidential conversations as possible in the treatment area of the school.
2. Facilities are as neat and clean as possible.
3. Disabled students have access to the area.

B. STAFF

1. Staff maintains current Tennessee licensure or registration. **Current licenses must be displayed at each project and visible to the public at all times. Licenses cannot be worn around the neck.**
2. Staff never violates the Tennessee Dental Practice Act and the Rules of the Tennessee Board of Dentistry which govern the practice of dentists, dental hygienists and assistants.
3. All personnel rules, regulations and policies promulgated by the state, the Department of Health and appropriate local authorities are followed.
4. Dentist has a current TennCare provider number.
5. Staff adheres to the Standards of Practice for Dental Public Health.

C. STAFF DUTIES

1. Education is completed by a Registered Dental Assistant or a Registered Dental Hygienist.
2. Oral Evaluations are only completed by a licensed dentist.
3. Sealant screenings are completed by a dental hygienist working under remote supervision following TDH Protocol.
4. Sealants are applied by a:
 - a) Dental hygienist after an oral evaluation by a dentist or after a sealant screening by a dental hygienist.
 - b) Dental assistant certified for sealant application by the TN Board of Dentistry and under direct supervision of a dentist.
5. A signed, dated progress note is required by the staff member placing the sealants. When a registered dental assistant has been the staff member to place dental sealants, the supervising dentist is required to sign the progress notes as well as the dental assistant.

D. ACCESS

1. Students with dental emergencies are referred the same day.
2. There is follow-up on all immediate need students after screening.
3. There is no discrimination of any kind in the school-based dental prevention program.

E. INFECTION CONTROL

1. Staff complies with OSHA Bloodborne Pathogens Standard.

2. A written Exposure Control Plan (Section 7 in SBDPP Manual) is accessible to staff. It is reviewed and updated annually. Pages 1-4, 1-18, & 1-27 in the Exposure Control Plan must be filled out and updated on an annual basis.
3. Staff participates in bloodborne pathogens and infection control training at least annually.
4. Staff adheres to the infection control practices for dentistry recommended by CDC (MMWR Dec 19, 2003, Vol. 52 No.RR-17) in the treatment of all patients.
5. Critical and semi-critical instruments are heat sterilized. Handpieces to include micromotors must be sterilized before the first use and between patients. Disposables used at **all** possible times and are discarded properly.
6. Barriers are used at **all** possible times. Manufacturers contact time for all surface disinfectants must be followed.
7. Disposable covers and disposable supplies are used whenever possible and are **never** reused. Acid etch and sealant material tips are changed between patients.
8. Autoclave is present at work site and available for use.
9. Proper functioning of sterilization cycles is verified by **weekly** use of biological indicators. Findings are kept in a log, to include the date the test was read and the result of the test. If the sterilizer is not used on a particular day, an entry must be made in the log. The log **must** be maintained and kept in the SBDPP Manual. Biological indicator logs must be maintained for 2 years. Only the current year log must be kept in the SBDPP Manual, the previous years' logs must be kept in a binder in the Regional Office. **All SBDPP will use the Spore test log from CO.**
10. Chemical indicator strips must be used in each package prior to sterilization or have a built in indicator strip.
11. Ultrasonic unit is present at the work site and available for use.
12. Utility gloves are to be used when placing and removing non-sterile instruments into the ultrasonic and while bagging non-sterile instruments.
13. Sterilized instruments are stored in sterilizing bags with date of sterilization written on bag.
14. Sterilized instruments should be stored in a manner that preserves the integrity of the sterilized packages.
15. Disposal of waste (liquid, sharp or contaminated) is in accordance with local, state, or federal requirements.
16. Hands are washed thoroughly or hand sanitizer is used before placement of gloves and after removal of gloves.
17. Contaminated gloves should be removed prior to opening cabinet doors/containers and hands washed or hand sanitizer must be used prior to redonning gloves.
18. Personal protective equipment is worn by the dental staff. This should include scrubs (long or short sleeve), lab jacket (long sleeve & disposable), jackets must be buttoned at all times, face mask, closed toe shoes, and safety glasses or a face shield. If a face shield is worn a mask must still be worn under the face shield. Safety glasses are required for the patient during treatment.
19. Latex free gloves should always be kept in set-ups for use on patients with latex allergy.

20. Gloves are to be worn when disinfecting patient treatment area and when setting up patient treatment area.
21. No personal food or drinks are allowed in work area.
22. Transportation of non-sterile autoclavable dental instruments is not allowed.
23. There should be no expired materials.

F. WATERLINES AND PORTABLE DENTAL UNITS

1. All school based dental staff will be regionally trained regarding water quality, biofilm formation, water treatment methods, and appropriate maintenance protocols for water delivery systems in portable dental units. Waterline treatment is **required** for all portable dental units used in the school based dental prevention program.
2. **Only distilled water is to be used in the portable dental units. Waterlines must be flushed 20-30 seconds between each patient and one minute at the beginning of each day.** Water must be drained from the self-contained water systems at the end of every day and the lines bled with air to remove any remaining water in the lines.
3. Water treatment and monitoring protocols require strict adherence to maintenance protocols, and noncompliance with treatment regimens has been associated with persistence of microbial contamination of treated systems.
 - a) An approved waterline treatment will be used. “Waterline testing must be done every 6 months, if a line fails then you must immediately “shock” the line(s) that failed by using an approved water treatment per manufacturer’s instructions. The lines are then retested prior to use to ensure that the lines are within the acceptable guidelines of <500 CFU’s (colony forming units). Waterline Treatment and monitoring form **will** be completed and maintained in the SBDPP manual. These forms must be kept for 2 years.

For more dental unit water quality information consult “Guidelines for Infection Control in Dental Health-Care Settings – 2003” from the CDC, MMWR, vol. 52, No. RR-17. You may access this document by clicking [here](#).

G. SCREENING AND REFERRAL PROGRAMS

All dental screening and referral programs require written consent from the parent or guardian prior to services. Staff will comply with all requirements of the SBDPP Manual and Standards of Practice for Dental Public Health Manual.

H. MEDICAL EMERGENCY AND EMERGENCY PREPAREDNESS

1. Staff will familiarize themselves with all school emergency procedures and policies upon arrival at each school project.
2. Staff reviews the emergency management protocol in Section 4 of Standards of Practice for Dental Public Health and Section 6 of SBDPP Manual at least annually.

I. CHEMICAL HAZARDS

1. Staff complies with the OSHA Hazard Communication Standard.

2. A written Hazard Communication Program (HCP) is located in this manual (Section 8) and is accessible to staff. The HCP is reviewed at least annually.
3. Staff participates in hazardous communication training annually. This training must be documented in the Hazard Communication Manual.
4. SDS sheets, chemical inventory list, and a Hazardous/Non-Hazardous list for products used are on file at each project site.

II. RECORDS REVIEW

A. PERFORMANCE AND DOCUMENTATION OF THE MEDICAL/DENTAL HISTORY

1. A *Report of Dental Inspection* form (PH-1688) is completed for each child screened. This report is sent home to the parent/guardian.
2. The health questionnaire (medical history) contains **no** unanswered questions.
3. The SBDPP Information and Consent form (PH4294/PH 4294S) (which includes the medical history) is signed and dated by parent or guardian.
4. A *Preventive Oral Evaluation and Treatment Record* (PH-1937) or the current *Patient Treatment* tool is required for each child receiving an oral evaluation or a sealant screening.
5. Possible compromising conditions are followed-up and documented.
6. Medical conditions or medications requiring an alert are flagged.
7. All personal medical/dental information is held in confidence in accordance with HIPAA regulations. **All forms sent home to parents and guardians will be folded and stapled/taped with the child's name written on the outside of form.**

B. PERFORMANCE AND DOCUMENTATION OF THE ORAL EVALUATION OR SEALANT SCREENING

1. Written (signed & dated) parental consent for oral evaluations, sealant screenings, and treatment is obtained for all patients. If signed but not dated by the parent/guardian the hygienist can write "received consent form today" then they will sign and date.
2. Oral conditions including restorations, caries, occlusion, previously sealed teeth and those teeth to be sealed are charted per dentist oral evaluation on form PH-1937.
3. Sealant screening charting will include which teeth are to be sealed and which teeth were sealed. Any findings or concerns are noted in the comments section or progress note on PH-1937.
4. If only fluoride varnish is offered as a program, then PH-0172 must be completed by parent and staff. An example of this would be a day care where the patient population does not have any permanent teeth to seal. Fluoride varnish is the only service offered and education is provided.

C. PROGRESS NOTES

1. All progress notes are legible, chronologically dated, and signed by provider using signature on Legal Signature Page, and credentials. A copy of the Legal Signature Page is to be kept at the front of the SBDPP Manual.

2. Progress notes should include: Acid Etch, type of sealant material used and type of fluoride varnish used, if any.
3. When using PH-1937, date of Service for oral evaluation and sealant screening must go on the top line in Date Block. Tooth Numbers must be placed in TOOTH NUMBER block.
4. When using PH-1937, charting treatment, using standardized charting, is completed in the appropriate tooth grid using red/blue pencil or ink.
5. CID (correction in documentation) is written immediately above the mistake, along with the initials and date (if different from original entry).
6. Progress notes are written in black or blue ink only.

D. TREATMENT

1. Sealants should not interfere with occlusion.
2. Sealant recommendations as supplied by the CDC¹ are as follows:
 - a) Seal pit-and-fissure tooth surfaces that are sound or have early decay, prioritizing first and second permanent molars,
 - b) Use visual assessment to differentiate surfaces with the earliest signs of tooth decay from more advanced lesions,
 - c) X-rays are not needed solely for sealant placement,
 - d) A toothbrush can be used to help clean the tooth surface before acid etching,
 - e) When resources allow, have an assistant help the dental professional place sealants,
 - f) Provide sealants to children even if follow-up examinations for every child cannot be guaranteed.
3. Sealants should also be applied to all permanent premolars, following the above recommendations.
4. It is recommended that each staff member, applying sealants, **average ten (10) children** per day and/or the placement of **fifty (50) sealants** in a school setting.
5. Sealant placement must be attempted on all children who are identified as needing sealants. If treatment was documented and no services were provided to the child, it must be documented why no services were provided. **If the child is absent or has moved this must be documented in the non-treatment progress note section, signed and dated.**
6. All children having an oral evaluation or a sealant screening will receive a Dental Report form (PH 3782) advising parents of any services rendered.
7. Sealant Application:
 - a) Wear gloves and have non-latex gloves available to protect those who may be allergic to latex.

¹ "Preventing Dental Caries Through School-Based Sealant Programs: Updated Recommendations and Review of Evidence", Journal of the American Dental Association, November 2009.

- b) Wear safety glasses (required for staff and patients); have eye wash available. Avoid etchant (phosphoric acid) contact with eyes, skin or oral soft tissues.
- c) **Prepare tooth surface** – Clean teeth to be sealed with a toothbrush or prophy cup. Thoroughly rinse with water.
- d) **Isolation** – Position child’s head to avoid salivary pooling on working side. Place cotton rolls, with or without cotton roll holders. You may supplement the cotton rolls with dry angle-type shields over the parotid duct opening opposite the upper first permanent molars. Thoroughly dry the teeth with compressed air.
- e) **Etching** – Either liquid or gel etchant material can be used. Apply the etchant so it is in contact with each tooth for at least 20 seconds. Apply the etchant so it is in contact with each tooth for at least 20 seconds. Extend the etchant at least two millimeters up the cuspal inclines, beyond the anticipated sealant margins. Include buccal pits and lingual fissures, if free of gingival contact.

Note:

- If etchant inadvertently contacts skin or soft tissue, rinse immediately with water.
 - Because protective eyewear is worn, contact with the eyes is unlikely. However, in the unlikely event that etchant does contact the eye(s), immediately initiate the emergency eyewash procedure as follows: Injured person should flush their eye(s) with eyewash solution or water for 15 minutes. Seek medical attention.
- f) **Rinsing** – Thoroughly rinse to remove all etchant from surfaces. This should take at least 10-15 seconds. It is critical that saliva does not contact teeth. Use high volume evacuation (HVE) to help keep teeth dry. Either exchange wet cotton rolls for dry ones in a manner that does not contaminate etched surfaces with saliva or place dry cotton rolls and/or dry angle-type shields over moist ones that may be suctioned first to remove excess saliva.
 - g) **Drying** – Check air/water syringe by blowing a jet of air onto glove or mirror. If small droplets are seen, adjust so only air is expressed. Dry the teeth until etched enamel appears frosty or chalky. Any teeth that do not gain the frosty/chalky appearance or are contaminated by saliva at any time, must be re-etched for 20 seconds, rinsed and dried.

h) **Applying Sealant** – Follow manufacturer's instructions for delivering sealant (light-cured) to the tooth surface, e.g., via syringe with disposable applicator tip, or sponge-tipped applicator. For Embrace Sealant Application Instructions see Section 2. Embrace should be applied to **slightly** moist surfaces.

i) **Basic principles of sealant application** – Carefully flow sealant from one end of the fissure to the other to avoid air bubbles. Air bubbles that do occur can be teased out with an explorer tip or the applicator tool prior to curing. Do not overfill or underfill and do not cover the marginal ridges with sealant.

Note:

- A small percentage of the population is known to have allergy to acrylate resins, such as those used in sealant materials. Avoid use of this product on patients with known acrylate allergies. In general, avoid contact of uncured sealant with skin, eyes and soft tissue. If uncured sealant inadvertently contacts skin, rinse immediately with soap and water. If uncured sealant contacts glove, remove it, wash with soap and water immediately and re-glove. If contact with eyes or prolonged contact with oral soft tissues, flush with large amounts of water. If irritation persists, consult a physician.

j) **Tips:**

- (1) Seal most posterior tooth first.
- (2) If isolation can be maintained, wait 15 seconds after placement of light-cured sealant to allow resin to penetrate fissure and enamel pores before curing.
- (3) Use of the applicator/delivery system that comes with the manufacturer's product is not required. You can choose to purchase different or additional applicators than those supplied with the sealant product.

k) **Curing** – For light-cured sealants:

- (1) Hold light tip as close to surface as possible without touching sealant material.
- (2) Follow manufacturer's instructions for curing time, which should be considered the minimum.
- (3) Manufacturer's instructions assume proper wavelength and intensity for each type of curing light. Check light with meter for output and intensity regularly. (Quarterly basis).

l) **Check Sealants** – Inspect sealants for voids (bubbles) and **complete coverage** of pits and fissures. Attempt to dislodge the sealant with the explorer to ensure good retention. If incomplete coverage or voids, apply

more sealant and cure if the tooth has not been contaminated. Otherwise, re-etch for at least 10 seconds, wash, dry, and add additional sealant and cure.

- m) **Final treatment of surface** – To remove the oxygen-inhibited layer and reduce the possibility of unpolymerized bisphenol A (BPA) remaining on the tooth (from a sealant material that contains BPA, usually in trace amounts or as a byproduct):
 - (1) rinse sealed teeth for 30 seconds with water and HVE
 - (2) use a mild abrasive, such as pumice, on a cotton applicator
 - (3) have student gargle with tepid water for 30 seconds

- n) **Occlusion** – Occlusal adjustment is not undertaken because sealants are expected to self-adjust in a short time (one to two days).

E. FOLLOW-UP and OUTREACH

1. Follow-up forms for children with priority needs are completed and given to the designated school staff member upon conclusion of the project.
2. Follow-up treatment is assured by the addition of contact numbers on the follow-up forms in order for parents/guardians to access treatment for their children with priority needs.
3. TennCare Outreach is assured in that all children screened receive form PH-1688, Report of Dental Inspection with TennCare contact information.

F. HEAD START

When target school children are not accessible, Head Start children can be seen. No charges can be generated when seeing these or any children.

G. REGIONAL DENTAL DIRECTORS

Regional Dental Directors must use cost allocation procedures to identify time spent in SBDPP vs. clinic/regional duties. Metros should follow their municipalities cost allocation protocol. This is to ensure that costs unrelated to directing or providing services for the SBDPP are not charged to the SBDPP.

H. PROGRAM MONITORING

Semi-annual program monitoring will be conducted by the Regional Dental Directors on all hygienists using the SBDPP On-Site 6 Month Checklist (located in the front of the SBDPP Manual).

1. After the review, both the Regional Dental Director and the hygienist must sign the checklist.
2. The Regional Dental Director must check each item as “Yes” or “No” on the list and if a discrepancy is found a comment concerning the discrepancy must be made in the corresponding comment section.

III. STANDARDIZED FORMAT FOR SBDPP MANUALS

- A. All Manuals in the SBDPP will be standardized and will follow the same format.
 - 1. Section 1 – Description of Program, Definitions, and TDH Protocol
 - 2. Section 2 – Guidelines and Criteria for Standards of Acceptable Quality Public Health Preventive Program Services
 - 3. Section 3 – SBDPP Forms
 - 4. Section 4 – Autoclave & Spore Testing and Water Line Logs
 - 5. Section 5 – Protocol for Management of Medical Emergencies
 - 6. Section 6 – Infection Control
 - a) *For Metro Regions ONLY* – if you are required to have your own Exposure Control Manual, it must be placed in this section of the SBDPP Manual
 - 7. Section 7 – Hazard Communications
 - a) *For Metro Regions ONLY* – if you are required to have your own Hazard Communication, it must be placed in this section of the SBDPP Manual
 - 8. Section 8 – Safety Data Sheets (SDS) and Chemical Inventory and Hazardous/Non-Hazardous lists
 - 9. Section 9 – Hyperlinks to the Dental Practice Act
 - 10. Section 10 – New Data System

- B. Metropolitan Regions
 - 1. All metropolitan forms used in the SBDPP must be reviewed and approved by Oral Health Services

SECTION 3

School-Based Dental Prevention Program Forms

SBDPP Information and Consent Form – English (PH 4294)

SBDPP Information and Consent Form – Spanish (PH 4294S)

SBDPP Patient Treatment Record Tool

"Preventive" Oral Evaluation and Treatment Record - English (PH 1937)

"Preventive" Oral Evaluation and Treatment Record - Spanish (PH1937S)

Dental Report (PH 3782)

Report of Dental Inspection (PH 1688)

Dental Sealants (DH 3056)

Fluoride Varnish Application Consent (PH 0172)

- I. SBDPP On Site Checklist**
- II. Target Schools List**
- III. Contract Monitoring Tool**
- IV. Legal Signature Form**

DENTAL SEALANT PROGRAM



Keeping your child's smile healthy!

Tennessee Department of Health's School Based Dental Prevention Program offers dental preventive services to your child for **FREE!**

- Screenings and Education
- Sealants
- Fluoride Varnish



Complete the back of this form to help your child have healthy teeth! **ALL** children are eligible who return this completed consent form. No child is turned away. Services are **FREE!**

A referral note will be sent home after the visit explaining services provided and information to help find a dental home, if needed.

PREVENTION VS. TREATMENT



Sealants, free and at your school



Treatment, a costly trip to the dentist

Getting sealants are as easy as brushing your teeth and painless too!



For more information about our program and dental health, visit us on our website.

My child has already had sealants and sees a dentist regularly, should they participate?

YES!

Sealants can last for many years but if your child's sealants come off, we can replace them on all permanent back teeth as needed for **FREE!**

Tooth Decay: *The Problem*

- Tooth decay is the single most common chronic childhood disease.
- About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.

Dental Sealants: *The Solution*

- Dental sealants are thin plastic coatings applied to the grooves on the chewing surfaces of the back teeth.
- Sealants prevent tooth decay and also stop cavities from growing.

Prevention vs. Treatment

- Preventive sealants are a short and easy process. The chewing surfaces of teeth are cleaned to help the sealant stick to the tooth. The sealant is painted into the grooves of the chewing surface, where it bonds to the tooth.
- Treatment requires an appointment with the dentist and may include (drilling) removing tooth structure/ replacing tooth structure.

The Tennessee Department of Health has placed over **3.5 million sealants** on children in Tennessee schools since 2001. Visit us at: TN.gov/health/section/oralhealth

DENTAL SEALANT PROGRAM PARENT CONSENT FORM

Dental Sealant & Fluoride Varnish Program

About Your Child

Child's Name: _____
First Middle Last Sex Birth Date Age

Home Address: _____
Street City State Zip Code

Best Number to Reach You _____ Name of School _____ Grade _____ Teacher _____

Race (Please check all that apply): White Black/African American Asian American Indian/Alaska Native
 Hispanic Native Hawaiian/Pacific Islander Other

_____ Does your child have TennCare? Yes No
Child's Social Security Number

Tooth decay is one of the most common diseases found in children. Fluoride varnish can be painted on teeth to protect teeth from cavities. Fluoride varnish can be applied up to four times a year.

Health History

Has your child seen a dentist within the past 12 months? Yes No

Does your child have allergies? Yes No

If yes, what? _____

Is your child taking any medications? Yes No

If yes, what? _____

Is there anything else we should know about the health/behavior of your child? Yes No
(Examples: ADHD, Autism, Seizure Disorders, etc.)

If yes, what? _____

Parent Consent

I give consent for my child to participate in the school-based dental preventive program conducted by Tennessee Department of Health. To the best of my knowledge, the medical history questions have been answered accurately. I have been given a copy of the health department's notice of privacy practices, or it is available to me through the school nurse or by calling my local health department.



Signature of Parent or Guardian

Date



Unprotected
No Sealant



Protected
After Sealant

PROGRAMA DE SELLADORES DENTALES



¡Manteniendo sana la sonrisa de su hijo!

¡El Programa de Prevención Dental Ubicado en la Escuela del Departamento de Salud de Tennessee ofrece servicios dentales preventivos a su hijo **SIN COSTO ALGUNO!**

- Despistajes y Educación
- Selladores
- Barniz de Fluoruro



¡Complete el reverso de este formulario para ayudar a su hijo a tener dientes sanos! **TODOS** los niños que devuelvan este formulario de consentimiento completado son elegibles. No se rechaza a ningún niño. ¡Los servicios son **GRATUITOS!**

Se enviará a casa una nota de referencia después de la visita, explicando los servicios proporcionados e información para ayudar a encontrar un sitio dental, si es necesario.

PREVENCIÓN VS. TRATAMIENTO



Selladores, gratuitos y ubicados en su escuela



Tratamiento, una visita costosa al dentista

¡Recibir selladores es tan fácil como cepillarse los dientes y sin dolor, también!



Para más información sobre nuestro programa y la salud dental, visítenos en nuestro sitio de web.

Las Caries Dentales: El Problema

- Las caries dentales son la enfermedad crónica más común de la niñez.
- Aproximadamente 1 de 5 (20%) de niños entre las edades de 5 a 11 tiene al menos un diente cariado no tratado

Selladores Dentales: La Solución

- Los selladores dentales son capas finas de plástico aplicadas a las surcos de las superficies para masticar de los dientes posteriores.
- Los selladores previenen las caries dentales y también detienen el crecimiento de las caries.

Prevención vs. Tratamiento

- Los selladores preventivos son un proceso corto y fácil. Se limpian las superficies para masticar de los dientes para ayudar al sellador adherirse al diente. Se pinta el sellador a los surcos de la superficie de masticar, donde se pega al diente.
- El tratamiento requiere una cita con el dentista y puede incluir (perforación), extraer estructura del diente/reponer estructura del diente.

Mi hijo ya ha tenido selladores y se ve con un dentista periódicamente, ¿debe participar?

¡Sí!

Los selladores pueden durar muchos años pero si los selladores de su hijo se caen, podemos reponerlos en todos los dientes posteriores permanentes, según sea necesario,

¡SIN COSTO ALGUNO!

El Departamento de Salud de Tennessee ha puesto **3.5 millones de selladores** en niños de las escuelas de Tennessee desde 2011. Visítenos al TN.gov/health/section/oralhealth

FORMULARIO DE CONSENTIMIENTO DE LOS PADRES PARA EL PROGRAMA DE SELLADORES DENTALES

Programa de Selladores Dentales y Barniz de Fluoruro

Acerca de su Hijo

Nombre del (de la) Hijo(a): _____
Primer Segundo Apellido Sexo Fecha de Nacimiento Edad

Dirección de Domicilio: _____
Calle Ciudad Estado Código Postal

Mejor Número para Contactarle _____ Nombre de la Escuela _____ Grado _____ Maestro(a) _____

Raza (Por favor marque todo lo que corresponda): Blanco Negro/Afro-Americano Asiático Hispánico
 Indígena Estadounidense/Nativo de Alaska
 Nativo de Hawai/de las islas del Pacífico Otro

Número del Seguro Social del Hijo **¿Su hijo(a) tiene TennCare?** Sí No

Las caries dentales son una de las enfermedades más comunes encontradas en niños.
 El barniz de fluoruro puede ser pintado en los dientes para proteger los dientes de las caries.
 El barniz de fluoruro puede ser aplicado hasta cuatro veces al año.

Historial de Salud

¿Ha ido su hijo(a) al dentista dentro de los últimos 12 meses? Sí No

¿Su hijo(a) tiene alergias? Sí No

De ser "sí", ¿cuáles? _____

¿Su hijo está tomando algún medicamento? Sí No

De ser "sí", ¿cuál? _____

¿Hay algo más que debemos saber sobre la salud/ el comportamiento de su hijo(a)? Sí No
(Ejemplos: ADHD, Autismo, Trastornos de Convulsivos, etc.)

De ser "sí", ¿qué? _____

Consentimiento del Padre

Doy consentimiento para que mi hijo participe en el programa preventivo dental ubicado en la escuela realizado por el Departamento de Salud de Tennessee. De acuerdo a mi conocimiento, las preguntas del historial médico han sido contestadas precisamente. Se me ha dado una copia del aviso de prácticas de privacidad del departamento de salud, o me está disponible mediante la enfermera escolar o llamando al departamento de salud local.



Firma de Padre/Madre/Tutor Legal

Fecha



Sin protección
Sin Sellador



Protegido
Con Sellador

DEPARTMENT DE SALUD DE TENNESSEE
SERVICIOS DE SALUD ORAL

a ser llenado por padre/madre

CONSENTIMIENTO PARA SERVICIOS DENTALES PREVENTIVOS

Personal licenciado de salud dental pública estará próximamente en la escuela de su hijo(a) para proporcionar un programa odontológico preventivo durante horas escolares normales. Su hijo(a) podrá recibir uno o más de los siguientes servicios como parte de este programa dental: educación en salud dental, evaluación, transferencia y seguimiento, limpieza dental, selladores dentales*, aplicación de fluoruro.

**selladores dentales: material plástico colocado en las superficies de masticación de dientes posteriores (molares y premolares), que actúa como barrera contra bacterias causantes de caries. Los selladores son seguros, efectivos e importantes para la salud dental de su hijo(a).*

Todo niño(a) es elegible para participar en este programa. Participación en este programa es voluntaria y sin costo alguno a Ud. Personal licenciado de salud dental pública evaluará o hará despistaje de los dientes de su hijo(a) para determinar si hay presentes dientes permanentes que puedan ser sellados, y de ser así se sellarán esos dientes. Si su hijo(a) participó en nuestro programa previamente, es posible que le hayan salido dientes nuevos que puedan ser sellados. Si bien los selladores ayudarán a prevenir caries, una buena higiene oral, beber agua fluorurada, la debida dieta y cuidados periódicos por su dentista son esenciales. Al final de este programa, Ud. recibirá un informe sobre las necesidades dentales de su hijo(a) en general. No se tomarán rayos-X dentales.

Para que su hijo(a) participe en este programa dental preventivo, proporcione por favor la información que aquí se solicita y devuelva este formulario al(a) maestro(a) lo antes posible.

Tiene que completar la información de historial médico y firmar el formulario de consentimiento antes que su hijo(a) pueda recibir este servicio.

USE SOLAMENTE TINTA AZUL O NEGRA.

Información sobre su hijo(a): (Recuerde firmar este formulario si su hijo(a) ha de recibir servicios dentales.)

PrimerNombre	SegundoNombre	Apellido	FechaNacim.	Sexo	Raza	Edad
Domicilio _____						
Calle		Ciudad		Código Postal		
# Teléfono	Nombre de la Escuela		Grado	Maestro(a)		
Número de Seguridad Social (SSN) del Niño(a)				Su hijo(a) tiene TennCare: Sí ___ No ___		

INFORMACIÓN DE SALUD DE SU HIJO(A) (Responda todas las preguntas)

<p>SU HIJO(A) (marque en el recuadro)</p> <p>¿Toma algún medicamento? <input type="checkbox"/> Sí <input type="checkbox"/> No De ser sí, ¿cuál(es)? _____</p> <p>¿Tiene alguna alergia? <input type="checkbox"/> Sí <input type="checkbox"/> No De ser sí, ¿cuál(es)? _____</p> <p>¿Ha tenido cualquier otra enfermedad seria u operación? <input type="checkbox"/> Sí <input type="checkbox"/> No De ser sí, ¿cuál(es)? _____</p> <p>¿Alguna otra cosa que debieramos saber sobre la salud de su hijo(a)? <input type="checkbox"/> Sí <input type="checkbox"/> No De ser sí, ¿qué? _____</p> <p>¿Necesita su hijo(a) antibióticos antes de la limpieza dental? <input type="checkbox"/> Sí <input type="checkbox"/> No</p>
--

Doy consentimiento para que mi hijo(a) participe en el programa odontológico preventivo, con sede en la escuela, conducido por el Departamento de Salud deTennessee. Por lo que sé y de lo que tengo conocimiento, las preguntas del historial médico han sido respondidas con exactitud. Se me ha dado una copia del Aviso de prácticas de Privacidad del Departamento de Salud de Tennessee.

X _____ Fecha _____
(tiene que ser firmado) FIRMA DEL PADRE/MADRE O APODERADO(A)



OFFICE USE ONLY

Tennessee Department of Health - Oral Health Services "Preventive" Oral Evaluation And Treatment Record

Name: _____
(First) (Middle) (Last)

TennCare eligibility verified by data match: ___ Yes or ___ No
Student currently on TennCare: ___ Yes or ___ No

Date	Non-Treatment Progress Note	Signature/Title

ORAL EVALUATION RECORD															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
UPPER RIGHT															UPPER LEFT
LINGUAL			A	B	C	D	E	F	G	H	I	J			LINGUAL
LOWER RIGHT			T	S	R	Q	P	O	N	M	L	K			LOWER LEFT
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DENTAL TREATMENT RECORD															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
UPPER RIGHT															UPPER LEFT
LINGUAL			A	B	C	D	E	F	G	H	I	J			LINGUAL
LOWER RIGHT			T	S	R	Q	P	O	N	M	L	K			LOWER LEFT
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DATE	TOOTH NUMBER	SERVICE RENDERED	SIGNATURE/TITLE
		Oral Evaluation (D0120), Caries Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Caries Status: <input type="checkbox"/> Incipient <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
		Restorations Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Defective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Oral Hygiene: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	
		Soft Tissue Status: <input type="checkbox"/> Within normal limits <input type="checkbox"/> Abnormal	
		Oral Cancer Screening: <input type="checkbox"/> Within normal limit <input type="checkbox"/> Abnormal	
		Occlusion <input type="checkbox"/> Normal <input type="checkbox"/> Malocclusion	
		Malocclusion: <input type="checkbox"/> Cross-bite <input type="checkbox"/> Overbite <input type="checkbox"/> Overjet <input type="checkbox"/> Crowding	
		Treatment Needs: <input type="checkbox"/> Immediate <input type="checkbox"/> Early date <input type="checkbox"/> Regular	
		Comments:	
		Sealant Screening D0191	
		Treatment Needs: <input type="checkbox"/> Immediate <input type="checkbox"/> Early date <input type="checkbox"/> Regular	



TENNESSEE DEPARTMENT OF HEALTH
ORAL HEALTH SERVICES

DENTAL REPORT

To the parent or guardian of: _____

____ Your child received the following preventive services:

- ____ Sealants
- ____ Fluoride Varnish
- ____ Prophy (Cleaning)

____ Your child did not receive sealants because:

- ____ Your child may have cavities.
- ____ Your child has fillings or sealants in back permanent teeth.
- ____ Your child's back permanent teeth have not grown in enough to be sealed.
- ____ Your child turned in his/her permission slip too late.
- ____ Your child was absent on the day of the exam or sealant placement.
- ____ Your child was uncooperative (unable to treat).

____ Your child needs the following dental treatment with a dentist: ____ (Routine) ____ (Early) ____ (Immediate)

Brushing: ____ (Good) ____ (Needs Improvement)

If your child does not have TennCare and you feel they may qualify, please apply online at www.healthcare.gov or call 1-800-318-2596.

If you have questions or concerns, please call _____. Date: _____

Please visit your dentist regularly



DEPARTAMENTO DE SALUD DE TENNESSEE
SERVICIOS DE SALUD ORAL

INFORME DENTAL

Para el padre, madre o tutor legal de: _____

____ Su hijo(a) recibió los siguientes servicios preventivos:

____ Selladores dentales

____ Barniz de fluoruro

____ Profilaxis (limpieza)

____ Su hijo(a) no recibió selladores dentales porque:

____ Es posible que su hijo(a) tenga caries.

____ Su hijo(a) tiene rellenos o selladores dentales en dientes posteriores permanentes.

____ Los dientes posteriores permanentes de su hijo(a) no han crecido lo suficiente para ser sellados.

____ Su hijo(a) entregó su formulario de permiso demasiado tarde.

____ Su hijo(a) estuvo ausente el día del examen o de la colocación de selladores.

____ Su hijo(a) no cooperó con nosotros (no fue posible tratarle).

____ Su hijo(a) necesita el siguiente tratamiento dental mediante un dentista: _____ (*de rutina*) _____ (*tempranamente*)
_____ (*de inmediato*)

Cepillado de dientes: _____ (*bueno*) _____ (*necesita mejorarlo*)

Si su hijo(a) no tiene TennCare y le parece que pudiera cualificar, por favor presente una solicitud por internet en www.healthcare.gov o llame al 1-800-318-2596.

Si tiene preguntas, preocupaciones o inquietudes, por favor llame a _____ . Fecha: _____

Por favor visite a su dentista periódicamente



TENNESSEE DEPARTMENT OF HEALTH ORAL HEALTH SERVICES

Report of Dental Inspection

To the parent or guardian of _____

Your child recently participated in a dental screening program. The purpose of the screening is to assess your child's overall dental health status and is not meant to take the place of a thorough dental examination that might reveal additional treatment needs. Some children may require dental sealants. **(The results of the screening may be subject to interpretation because no dental x-rays were made, and we do not know your child's dental history).**

Our observations for your child are listed below. If your child is not under the care of a dentist or has not visited a dental office within the past year, we strongly encourage you to make an appointment with the dentist of your choice to receive a complete examination and any needed treatment for your child.

- Your child has a need for *immediate* professional dental care. It is recommended that a dentist be consulted as soon as possible to initiate treatment.
- Your child has a need for *early* professional dental care. It is recommended that a dentist be consulted at an early date to initiate treatment.
- Your child should continue with routine dental care. We suggest that your child visit a dentist at least once a year for a complete dental examination.

If your child does not have TennCare and you feel they may qualify, please contact your local Department of Human Services (DHS) office.

An annual well-child physical is an important step in maintaining your child's health. Contact your family physician or Health Department to arrange a physical for your child. The cost of a well-child physical is covered for children enrolled in the TennCare program.



**DEPARTAMENTO DE SALUD DE TENNESSEE
SERVICIOS DE SALUD BUCAL**

Informe de inspección dental

Al padre, la madre o el tutor de: _____

En fecha reciente, su hijo participó en un programa de exámenes dentales. El objetivo del examen es evaluar la salud dental general de su hijo, y no tiene como fin sustituir un examen dental minucioso que podría poner de manifiesto otras necesidades de tratamiento. Es posible que algunos niños necesiten selladores dentales. **(Los resultados del examen pueden ser sometidos a interpretación porque no se toman radiografías, y desconocemos los antecedentes dentales de su hijo.)**

A continuación, se indican las observaciones del examen de su hijo. Si su hijo no recibe atención dental o no ha acudido al consultorio del dentista en el último año, recomendamos encarecidamente que haga una cita con el dentista que usted prefiera para que lleve a cabo un examen completo y proporcione todo tratamiento que su hijo necesite.

- Su hijo necesita atención dental profesional inmediata. Se recomienda la consulta con un dentista lo antes posible para comenzar el tratamiento.
- Su hijo necesita atención dental profesional temprana. Se recomienda la consulta con un dentista en fecha próxima para comenzar el tratamiento.
- Su hijo debe continuar su atención dental de rutina. Recomendamos que su hijo acuda al dentista al menos una vez al año para un examen dental completo.

Si su hijo no tiene TennCare, y usted considera que puede reunir los requisitos, comuníquese con la oficina local del Departamento de Servicios Humanos (DHS).

Es importante realizar una revisión física anual del niño sano (*well-child*) para mantener la salud de su hijo. Comuníquese con su médico familiar o con el Departamento de Salud para programar una exploración física para su hijo. El costo de la revisión física del niño sano está cubierto para los niños inscritos en el programa TennCare.

Dental Sealants

What are dental sealants?



A dental sealant is a type of plastic material that is applied to the chewing surfaces of teeth in children and young adults to prevent tooth decay. Most of the decay found in school-age children occurs on these surfaces because they have small depressions, called pits and fissures, where germs and food can hide. The sealant acts as a barrier to protect these chewing surfaces. Sealants have been found to be both safe and effective and are an important part of a child's total oral health prevention program. Sealants are cosmetically pleasing because they are clear or white in color. The American Dental Association has recommended sealant use since 1972.

Who should receive sealants?

The American Dental Association recommends dental sealants for all children with newly erupted permanent molars and premolars. Sealants should be applied as soon as these teeth appear in the mouth and before they have a chance to decay. Findings reveal that children who drink fluoridated water and have dental sealants applied to their teeth experience significantly less tooth decay as compared to children who do not have access to these preventive services.



How effective are sealants?

Sealants that remain intact on the chewing surfaces of teeth are 100 percent effective in protecting pits and fissures from decay. They act as a physical barrier to decay when properly applied to the tooth surfaces. Therefore, small food particles and bacteria cannot get through the sealant to cause cavities in the pits and fissures of the tooth. Research shows that sealants actually stop decay when placed on top of a beginning cavity by sealing off the supply of nutrients that cavity-causing bacteria need. A sealant should last for many years if properly maintained, by regular brushing, flossing, and routine dental check-ups.

Selladores dentales

¿Qué son los selladores dentales?



Un sellador dental es un tipo de material plástico que se aplica a la superficie de masticación de los dientes de los niños y los jóvenes para prevenir las caries. La mayoría de las caries que sufren los niños de edad escolar ocurren en estas superficies, debido a que tienen pequeñas depresiones, llamadas fosas y fisuras, donde se pueden esconder microbios y comida. El sellador actúa como barrera de protección para estas superficies de masticación. Se ha determinado que los selladores son seguros y eficaces y que constituyen una parte importante del programa completo de salud oral preventiva del niño. Los selladores son atractivos desde el punto de vista cosmético, debido a su color transparente o blanco. La Asociación Dental Estadounidense (*American Dental Association*) ha recomendado el uso de selladores desde 1972.

¿A quiénes se les deben aplicar estos selladores?

La Asociación Dental Estadounidense recomienda la aplicación de selladores dentales a todos los niños a los que les acaban de salir sus molares y premolares permanentes. Los selladores deben ser aplicados tan pronto como aparezcan estos dientes en la boca y antes de que tengan la oportunidad de cariarse. Múltiples estudios han concluido que los niños que toman agua fluorada y a los que se les han aplicado selladores dentales sufren de una cantidad significativamente menor de caries, en comparación con los niños que no tienen acceso a estos servicios preventivos.



¿Qué tan eficaces son los selladores?

Si el sellador permanece intacto en la superficie de masticación de los dientes, entonces tiene una eficacia del 100 por ciento como protección de las fosas y fisuras contra las caries. Dichos selladores actúan como barrera física contra las caries si son aplicadas apropiadamente a las superficies dentales. Por tanto, las pequeñas partículas de alimentos y las bacterias no pueden atravesar el sellador y causar caries en las fosas y fisuras del diente. Los estudios han demostrado que, de hecho, los selladores, cuando son colocados sobre una caries que está comenzando, la detienen, pues bloquean el suministro de nutrientes que requieren las bacterias que causan las caries. El sellador debe durar muchos años, siempre y cuando se le dé el mantenimiento adecuado mediante el cepillado y la limpieza con hilo dental regulares y a través de los chequeos dentales de rutina.

**TENNESSEE DEPARTMENT OF HEALTH
ORAL HEALTH SERVICES**



CONSENT FOR TOPICAL APPLICATION OF FLUORIDE

It has been shown that topical fluoride preparations, such as bi-annual fluoride varnish application and weekly mouthrinses significantly reduce dental decay.

A program utilizing one of these fluorides will be conducted at your child's school very soon. This program will be under the supervision of dental personnel from the Oral Health Services Section.

If you would like for your child to participate in, and receive the benefits of this program, at no cost to you, please fill in the information requested below. Sign and return this form to the teacher as soon as possible.

If your child does not have TennCare and you feel they may qualify, please apply online at www.healthcare.gov or call 1-800-318-2596.

IMPORTANT NOTE: This program does not replace regular care by your dentist, but is only an aid in preventing cavities from developing in teeth. Your child should be encouraged to practice good oral hygiene habits daily at home.

PARENT COMPLETION			
I would like my child to participate in the fluoride program. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Student:			
(Last)	(First)	(Middle)	(Age)
County	School	Grade	Homeroom Teacher
I have been given a copy of the Department of Health's Notice of Privacy Practices. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature: _____		Date: _____	

STAFF USE ONLY	
Rinse Program <input type="checkbox"/>	Initial treatment date _____ School Year _____
Fluoride Varnish <input type="checkbox"/>	Initial treatment date _____
Notes: _____	
Signature: _____ Date: _____	

**DEPARTAMENTO DE SALUD DE TENNESSEE
SERVICIOS DE SALUD BUCAL**



CONSENTIMIENTO PARA APLICACIÓN TÓPICA DE FLUORURO

Está comprobado que preparaciones tópicas de fluoruro, tales como la aplicación bianual de barniz de fluoruro y enjuagues bucales semanales reducen significativamente la caries dental.

Muy pronto, en la escuela de su hijo(a), se llevará a cabo un programa que utiliza uno de estos fluoruros. Este programa estará bajo la supervisión de personal dental de la Sección de Servicios de Salud Bucal.

Si quisiera que su hijo(a) participe y reciba beneficios de este programa, sin algún costo alguna para usted, por favor complete la información requerida líneas abajo. Firme y devuelva este formulario a la maestra lo más antes posible.

Si su hijo(a) no tiene TennCare y Ud. siente que puede estar habilitado(a), por favor presente una solicitud en el sitio de web www.healthcare.gov o llame al 1-800-318-2596.

AVISO IMPORTANTE: Este programa no reemplaza al cuidado normal con su dentista, pero es solamente una ayuda para prevenir el desarrollo de caries dental. Su hijo(a) debe ser exhortado(a) a practicar hábitos de higiene bucal diariamente en casa.

PARA SER COMPLETADA POR EL PADRE (LA MADRE)			
Quisiera que mi hijo(a) participe en el programa de fluoruro. <input type="checkbox"/> Sí <input type="checkbox"/> No			
Nombre de Estudiante:			
(Apellidos)	(Nombre)	(Segundo Nombre)	(Edad)
Condado	Escuela	Grado	Maestro Asignado
Se me ha dado una copia del Aviso de las Prácticas de Privacidad del Departamento de Salud. <input type="checkbox"/> Sí <input type="checkbox"/> No			
Firma:		Fecha:	

STAFF USE ONLY			
Rinse Program	<input type="checkbox"/>	Initial treatment date _____	School Year _____
Fluoride Varnish	<input type="checkbox"/>	Initial treatment date _____	
Notes: _____			
Signature:		Date:	

SBDPP On Site 6 Month Checklist

Hygienist:										Rev 8/16			
Reviewer:													
Criteria								Y/N/NA	Date	Comments	Y/N/NA	Date	Comments
Curing light within limits (record radiometer reading)													
SDS manual included in set up													
Haz/Non Haz listing updated annually (record last update)													
Chemical Inventory list updated annually (record last update)													
Written exposure control plan in place, signed and onsite													
Autoclave on site													
Autoclave spore test log maintained and onsite													
Spore tests completed weekly and results present													
Autoclave cleaning documented													
Documentation of non-use													
Chemical indicator used inside the bags													
Semi-Critical instruments sterilized													
Instruments maintained in dated sterilized bags													
Supplies dated with no expired items													
Ultrasonic and utility gloves onsite and properly used													
Hand washing available and/or hand sanitizer; properly used													
Licenses displayed at all times													
Waterline treatment and monitoring log onsite													
Waterline treatment used (record product used)													
Waterline monitoring documented													
Sealant application observed													
Record Review conducted of at least 25 records													
Dental Director Signature													
Hygienist Signature													

IV. TARGET SCHOOL LIST (Place current school list in this section)

V. CONTRACT MONITORING TOOL

ENTRANCE CONFERENCE MEMORANDUM

AGENCY: _____

DATE: _____

PERSONS ATTENDING

TITLE

EXPLANATION OF REVIEW BY: _____

QUESTIONS OR CONCERNS:

DEPARTMENT OF HEALTH
Oral Health Services
Subrecipient Monitoring Review

Subrecipient: _____ **Date:** _____

Subrecipient Representative(s): _____ **Monitor:** _____

Contract number: _____ **Contract period:** _____ **Contract amount:** _____

SCOPE OF SERVICES	YES	NO	N/A	COMMENTS
The Grantee shall: A.1.a				
Provide oral disease prevention services for school children grades K-8				
Services provided in schools with approximately 50% or more free and reduced lunch participation				
Provision of oral health education				
Protocol for Remote Supervision				
Provision of dental screenings for children returning forms				
Referral and follow up for children who need urgent dental treatment				
Provision of dental sealants with consent of parent/guardian				
Provision of approved scope of services, D0120, D0191, D1206, D1110, D1120 for TennCare enrollees with consent of parent/guardian				
Identification and outreach services for children who qualify, but are not enrolled in TennCare				
HIPAA compliant				

NOTES: PROGRAM AUDIT

DEPARTMENT OF HEALTH
Oral Health Services
Subrecipient Monitoring Review

Subrecipient: _____ **Date:** _____

Subrecipient Representative(s): _____ **Monitor:** _____

Contract number: _____ **Contract period:** _____ **Contract amount:** _____

SCOPE OF SERVICES				COMMENTS
The Grantee shall: A.1.a				
TennCare members names				
TennCare members social security number				
Dates of services (exam and sealant)				
TennCare Provider number				
Total number of dental screenings				
Total number of children receiving sealants				
Total number of teeth sealed				
Total number of children receiving oral health education				
Total number of children receiving TennCare outreach				
Data accurate and on time to Central Office				

NOTES: DATABASE

DEPARTMENT OF HEALTH
Oral Health Services
Subrecipient Monitoring Review

Subrecipient: _____ **Date:** _____

Subrecipient Representative(s): _____ **Monitor:** _____

Contract number: _____ **Contract period:** _____ **Contract amount:** _____

SCOPE OF SERVICES	YES	NO	N/A	COMMENTS
The Grantee shall: A.1.a				
Cross Contamination				
SDS manual included in school set-up				
Written Exposure Control plan in place and onsite				
Autoclave kept onsite				
Spore tests completed weekly and results documented				
Chemical indicator strip used during sterilization cycles				
Critical instruments sterilized				
Personal protective equipment worn by staff				
Handpieces and micromotors are sterilized between each patient use				
Hand washing area available or hand sanitizer used				
Ultrasonic onsite and instruments free of debris prior to sterilization				
Disposables properly discarded				

Barriers used whenever possible				
Waterlines flushed for at least 1 minute at beginning of day				
Licenses displayed at work site				
Waterlines bled 20-30 seconds between patients				
Biofilm treatment for patient water used				
Waterline treatment and monitoring log onsite				
Utility gloves onsite and worn at appropriate times				
SBDPP 6 month checklists completed				

NOTES: INFECTION CONTROL

EXIT CONFERENCE MEMORANDUM

AGENCY: _____

DATE: _____

PERSONS ATTENDING

TITLE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EXPLANATION OF REVIEW RESULTS BY: _____

RESULTS DISCUSSED:

AGENCY CONCERNS EXPRESSED:

VI. Legal Signature Form

Section 4

Autoclave and Spore Test Log & Waterline Treatment and Monitoring Form

- I. **Autoclave and Spore Test Information and Logs**
- II. **Waterline Treatment and Monitoring Information and Logs**

Run Date	Instruments Dental	Autoclave Not in Use	Date Attest & Time In Incubator/Initials	Date Attest & Time Out Incubator/Initials	Spore Test* (circle one)		Date Autoclave Cleaning (every month, every 25-30 loads)	Initials	Comments
					Results	Control			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			

*The autoclave indicator should be negative; the control indicator should be positive.

Run Date	Instruments Dental	Autoclave		Date Attest & Time In Incubator/Initials	Date Attest & Time Out Incubator/Initials	Spore Test*		Date Autoclave Cleaning (every month, every 25-30 loads)	Initials	Comments
		Not in Use	Use			Results (-) is purple (+) is yellow	Control			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>	<input type="checkbox"/>			-	-			

*The autoclave indicator should be negative; the control indicator should be positive.

Section 5

Protocol for Management of Medical Emergencies

ACUTE ASTHMA ATTACK

SUBJECTIVE

History of:

- Current/past medications and efficacy
- Recent contact with irritant
- Previous asthma attack
- Acute or chronic infection

Symptoms may include:

- Severe wheezing, difficulty breathing, chest tightness, coughing
- Anxiety, apprehension and breathlessness

OBJECTIVE

- Use of the neck, chest, or abdominal muscles in breathing
- Rapid pulse and respiration
- Systolic blood pressure usually rises
- Heavy perspiration
- Prolonged expiration with expiratory and occasionally inspiratory wheezes
- During severe distress, wheezing may be absent and breath sounds may be diminished and lip and fingernail cyanosis may be present

ASSESSMENT

Acute asthmatic attack

PLAN

- Call 911
- Assure adequate airway - administer CPR if indicated
- Question regarding most recent weight, medication use and allergies. Avoid Inhaler overuse.
- Locate and use Emergency Kit
- Keep patient's head/chest elevated
- Administer aqueous epinephrine 1:1000, **INTRAMUSCULARLY** according to Emergency Drug Chart; may repeat epinephrine dosage in 15-20 minutes if necessary
- Observe closely for signs of Status Asthmaticus (cyanosis, confusion, and lethargy)
- Reassure and calm patient
- Administer oxygen, 4-6 liters per minute by nasal catheter or cannula, or 6-12 liters by mask
- Transfer to hospital as soon as possible and send report of care given to receiving providers.
- After transfer, document actions in patient record.

Reference

Simons, F., MD, FRCPC. Anaphylaxis: Rapid Recognition and Treatment. In: UpToDate, Feldweg, A., (Ed), UpToDate, Waltham, MA, 2016

ANAPHYLAXIS

SUBJECTIVE

History of:

- Ingestion of medication or recent injection, often within minutes
- Recent insect bite or sting
- Food consumption
- Previous allergic reaction

Symptoms may include:

- Headache
- Anxiety/feeling of impending doom
- Difficult breathing/tightness in throat and chest, wheezing
- Feeling faint
- Localized or generalized pruritis
- Swelling of hands, feet, face and tongue

OBJECTIVE

- Weak, irregular, and rapid pulse (above 100 beats per minute)
- Rapid and shallow respirations
- Fall in blood pressure
- Patient apprehensive and perspiring heavily
- Lips, tongue, and eyelids are frequently swollen
- Hives, rash, erythema present on the upper chest and face
- Cyanosis of the lips and nail beds
- Labored breathing and wheezing (wheezes are heard throughout chest)

ASSESSMENT

Anaphylactic reaction

PLAN

There are **NO** absolute contraindications to epinephrine use in anaphylaxis:

- Initiate emergency response system
- Assure adequate airway - administer CPR if indicated
- Question regarding most recent weigh
- Administer aqueous epinephrine 1:1000 **INTRAMUSCULAR** according to Emergency Drug chart
- May repeat epinephrine dosage every 5-15 minutes, if necessary
- Administer Benadryl IM according to Emergency Drug Chart
- Observe closely for signs of continuing shock, airway obstruction, convulsions, and coma
- Administer oxygen, 4-6 liters per minute by nasal catheter or cannula, or 6-12 liters by mask
- Transport via ambulance as soon as possible and send report of care given

ANAPHYLAXIS EMERGENCY DRUG CHART

Epinephrine Dose

Recommended dose is 0.01 mg/kg body weight up to 0.5 mg maximum dose.

May be repeated every 5–15 minutes for a total of 3 doses.

Age group	Range of weight (kg)*	Range of weight (lb)	1 mg/mL injectable (1:1000 dilution); <u>Intramuscular</u> Minimum dose: 0.05 mL
1–6 months	4–8.5 kg	9–19 lb	0.05 mL (or mg)
7–36 months	9–14.5 kg	20–32 lb	0.1 mL (or mg)
37–59 months	15–17.5 kg	33–39 lb	0.15 mL (or mg)
5–7 years	18–25.5 kg	40–56 lb	0.2–0.25 mL (or mg)
8–10 years	26–34.5 kg	57–76 lb	0.25–0.3 mL (or mg)
11–12 years	35–45 kg	77–99 lb	0.35–0.4 mL (or mg)
13 years & older	46+ kg	100+ lb	0.5 mL (or mg) – max.

NOTE: If body weight is known, then dosing by weight is preferred.

If weight is not known or not readily available, dosing by age is appropriate.
Rounded weight at the 50th percentile

Diphenhydramine (commonly known as Benadryl)

Recommended dose is 1–2 mg/kg body weight every 4–6 hrs

Age group	Range of weight (kg)*	Range of weight (lb)
7–36 months	9–14.5 kg	20–32 lb
37–59 months	15–17.5 kg	33–39 lb
5–7 years	18–25.5 kg	40–56 lb
8–12 years	26–45 kg	57–99 lb
13 years & older	46+ kg	100+ lb

NOTE: If body weight is known, then dosing by weight is preferred.

If weight is not known or not readily available, dosing by age is appropriate.

†According to AAP's *Red Book*, for children age ≥12 years, the diphenhydramine maximum single dose is 100 mg.**nt: Epinephrine**

WEIGHT CONVERSION:

1 kg = 2.2 lbs

1 lb = 0.45 kg

References

Community Health Services Policy #3.4A

Simons, F., MD, FRCPC. Anaphylaxis: Rapid Recognition and Treatment. In: UpToDate, Feldweg, A., (Ed), UpToDate, Waltham, MA, 2016

SEIZURES

SUBJECTIVE

History of:

- Previous seizures or "fits" or positive family history
- Ingestion of drugs or poisons
- Previous head trauma
- High fever - infections
- CNS congenital abnormalities or neonatal insult
- Recent alcohol cessation

Symptoms may include:

- Sensory or motor disturbances, "Aura" Nausea

OBJECTIVE

- Localized or generalized rhythmic muscle jerking, clenched jaws
- Confusion, drowsiness (postictal state), unconsciousness;
- Eyes rolled upward or to one side
- Cyanosis of lips and nailbeds
- Urinary and fecal incontinence, vomiting

ASSESSMENT

Seizure

PLAN

During Seizure:

- Call 911
- Maintain an open airway by turning patient on side with head low; DO NOT try to pry clenched jaws apart; loosen clothing around neck
- Use oxygen if needed
- Place patient in a position to prevent injury; avoid physical restraint unless absolutely necessary to protect patient
- Note and record length of seizure and activity

After Seizure:

- Reorient patient and examine for associated injuries
- Refer to medical facility for evaluation and further treatment as appropriate

Reference

Ferri's Clinical Advisor 2008

SYNCOPE/VASOVAGAL REACTION/COMMON FAINT

GENERAL INFORMATION

Syncope is a transient loss of consciousness and postural tone due to inadequate cerebral blood flow with prompt recovery that does not require resuscitation.

Vasovagal reactions (referred to as common fainting) are autonomic nervous system responses to stressful, painful, fearful, or claustrophobic experiences.

Syncope may also be caused by cardiac disorders, cerebrovascular disorders, orthostatic hypotension, hypovolemia secondary to hemorrhage or dehydration, chronic diseases such as diabetes-related hypoglycemia or fasting for tests, and neurologic disorders such as transient ischemic attacks (TIAs).

SUBJECTIVE

Symptoms may include:

- Nausea
- Lightheadedness
- Roaring in ears sensation
- Dimming vision

History to establish cause:

- Gather as much information as possible from patient, family/friend(s), or bystanders
- What was the person doing prior to the episode?
- What were the prodromal symptoms (i.e., nausea, lightheadedness etc.)?
- Are there any predisposing factors (i.e., age, chronic disease, fasting, IUD insertion etc.)? Are there any precipitating factors (i.e., a painful or fearful procedure)?
- What did the passersby witness? Were there any signs of seizure?

OBJECTIVE

- Diaphoresis
- Loss of color (pale/ashen)
- Loss of consciousness and postural tone

ASSESSMENT

- Syncope – Possible Vasovagal Reaction

PLAN

- Assure airway, breathing, circulation
- Remove any inciting stimuli (stress, pain, fear etc.) Elevate legs, loosen tight clothing such as a tie or belt
- Monitor vital signs

When there is immediate recovery, review history and refer patients with any significant findings to a primary care provider
Give high flow oxygen if recovery is not immediate
Initiate emergency response (call EMT/911) if recovery is not complete within minutes
Continue to check vitals signs, assure airway, breathing, and circulation until EMT arrives
Give report to EMT team

References

Current Medical Diagnosis and Treatment, 2000
Handbook of Signs and Symptoms, 2006
Rosen and Barkin's 5-Minute Emergency Medicine Consult, 2003
Tennessee Pre-hospital Protocols and Standing Orders, TN Emergency Medical Services, 2004

**PREVENTION OF INFECTIVE ENDOCARDITIS (IE)
RECOMMENDATIONS OF THE AMERICAN HEART ASSOCIATION**

Current American Heart Association (AHA) recommendations for the prevention of Infective Endocarditis must be used when determining the need for prophylactic coverage during dental procedures.

American Heart Association (AHA) information is available at [AHA - Infective Endocarditis](#)

Section 6

Infection Control Manual

INFECTION CONTROL POLICIES and PROCEDURES

For Infection Control Policies and Procedures for the Tennessee Department of Health, access the manual: [TDH - Infection Control Manual - 2015](#).

TENNESSEE DEPARTMENT OF HEALTH

INFECTION CONTROL MANUAL



2015

INFECTION CONTROL
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OSHA Regulations

1. **Definitions:**

Antiseptic - a substance that will inhibit the growth and development of microorganisms without necessarily destroying them.

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

Bloodborne pathogens - pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and hepatitis C virus (HCV).

Clinical Laboratory - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

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

Contaminated Sharps - 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 - 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.

Disinfectant - a chemical that kills infectious agents outside the body by direct exposure to chemical or physical agents.

Engineering Controls - controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident - 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.

Germicide - an agent that kills pathogenic microorganisms.

Handwashing Facilities - a facility providing an adequate supply of running potable water, soap, and single use towels

Microorganisms - a minute living microscopic organism such as bacteria, viruses, molds, yeast, and protozoa.

Occupational Exposure - 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:

- (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 - piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Pathogenic microorganism - a microorganism that can cause disease.

Percutaneous - through the skin. Infectious materials may enter the body through compromised skin surfaces (i.e. needle sticks, acne, cuts, lesions, etc.)

Personal Protective Equipment - 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. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Regulated Waste - 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.

Source Individual - 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.

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

Universal Precautions - 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, HCV, and other bloodborne pathogens. Universal precautions apply to blood and other potentially infectious material defined above. Impervious barrier clothing, gloves, face shields, eyewear, must be worn for procedures or with clinical contacts in which blood or potentially infectious materials are present.

Work Practice Controls - 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).

2. Exposure Control Plan

PURPOSE:

A written Exposure Control Plan shall be established to eliminate or minimize employee exposure. The following elements shall be included:

- A. EXPOSURE DETERMINATION:** means the identification of those individuals whose classification includes tasks which may include skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials.

Employees whose activities place them at risk are:

Physicians - routine patient assessment - taking of specimens

Nurses - patient assessment, blood tests, family planning and prenatal assessment, home health medical procedures (i.e. infusion or changing dressing, etc.) and specimen gathering.

Nurse Assistants - nurse assistants who bathe persons with non-intact skin (open skin lesions) or medical devices used in the home (catheters, etc.) and those who provide laboratory services in clinics.

Dental Healthcare Workers (Dentists/Dental Assistants/Dental Hygienists) - saliva (all saliva during dental procedures is considered infectious) during invasive procedures (which nearly always contains blood). Any personnel who cleans equipment, supplies after health assessments.

Housekeeping or custodians - who clean or decontaminate bins or cans in which regulated wastes are gathered in health departments.

Laboratory Workers - any employees who collect, process or perform testing on human specimens in laboratories including the local health department laboratories.

Sexually Transmitted Diseases and Tuberculosis Representatives - who must provide services for and take specimens from individuals with HIV, HBV, HCV or Tuberculosis.

Employees of any classification - performing tasks with an exposure risk (e.g. clerk performing nurse assistant duties).

B. METHODS OF COMPLIANCE -

the written Exposure Control Plan shall include a description of how protection will be achieved.

1. General, universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. (See Section III) **UNDER CIRCUMSTANCES IN WHICH DIFFERENTIATION BETWEEN BODY FLUID TYPES IS DIFFICULT OR IMPOSSIBLE, ALL BODY FLUIDS SHALL BE**

CONSIDERED POTENTIALLY INFECTIOUS MATERIALS. Employees shall be trained in Universal Precautions.

2. **In accordance with TCA 50-3-203 (e) (1) (e) (4) evaluate on a continuing basis available sharps injury prevention devices and use those that are more effective in preventing exposure. To facilitate this effort, each region has appointed a Safer Sharps Work Group to meet on a continuing basis and evaluate the newer devices as they become available. The work group is made up of medical, dental and nursing professionals. This group is charged with obtaining information on the newer protective devices and deciding those that will be evaluated by means of pilot projects in the local health department clinics. An evaluation form will be filled out by the clinic providers performing the evaluation, and these evaluations will be used by the Safer Sharps Work Group and central office infection control nurse in determining which devices will be used in state-wide clinics and subsequently placed on the state contract. These reports will be kept on file.**

Locations making use of the newer sharps will provide onsite training for the health care providers who will be expected to utilize the devices.

3. Work practice controls used to prevent exposure shall be described. A schedule for infection control maintenance of engineering and work place controls shall be established in each clinic.
 - a. Handwashing facilities shall be readily accessible in clinical settings. Where this is not feasible (such as in a home visit), other handwashing cleansers and towels must be made available. The employees will wash hands with soap under running potable water as soon as possible after leaving the home.
 - Handwashing is to take place following removal of protective clothing or gloves.
 - Hands and any other exposed areas must be washed with soap and water after exposure to body areas with blood or other infectious body fluids.

*If a mucous membrane is splashed or sprayed by an infectious material, the mucous membrane must be flushed with running water immediately.
 - b. Contaminated needles and other used sharps must not be bent, broken, sheared, recapped or removed from syringes. The only exception will be dental procedures requiring multiple injections of an anesthetic. In this case resheathing instruments, self-sheathing needles, or forceps are to be used to prevent recapping by hand.

Contaminated sharps (needles, scalpels, lancets, lancet platforms, microglass tubes, etc.) shall be discarded immediately into biohazard containers.

CONTAINERS ARE NOT TO BE FILLED ABOVE THE FULL LINE. These waste containers shall be placed out of reach of children.

- ❖ Containers of used sharps will be closed before removing from the clinic site to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
 - ❖ Filled sharps containers are to be stored in the designated biohazardous area.
 - ❖ Patients who use syringes and needles in the home may use hard plastic containers such as liquid detergent or fabric softener for disposal. Lids are to be taped and container labeled as biohazard before disposing into garbage.
 - ❖ **Note:** No food container shall be used for hazardous wastes.
- c. Contaminated laundry shall be handled as little as possible with minimal agitation. Contaminated laundry shall be placed in biohazard bags. All employees handling contaminated laundry must wear protective clothing. An impervious apron and gloves are appropriate. (See Appendix E for further instructions.)
 - d. Blood or other potentially infectious specimen shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping. After labeling properly (color-coded or biohazard sticker), all specimen are to be placed in the appropriate, hard impervious containers. If the outside of the specimen container becomes contaminated, the specimen must be placed within a second hard, impervious container with the color-coded or biohazard label before transporting or mailing.
 - e. Eating, drinking, applying cosmetics, and handling contact lenses are prohibited in areas where there is reasonable likelihood of occupational exposure.
 - f. Food and drink must not be kept in refrigerators, freezers, shelves, and cabinets, nor on countertops or benches where blood or other potentially infectious materials are present. These freezers, refrigerators, cabinets, etc. must be labeled with biohazard labels. No food, drink or personal items are to be kept in the clinic or laboratory areas.
 - g. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing or spraying of these substances.
4. Protective devices or barrier protection will be provided for staff to prevent exposure to contamination during exposure prone procedures.
- a. Disposable gloves, latex or nitrile, shall be worn (vinyl gloves are too porous to protect from bloodborne pathogens):
 - *Whenever a blood or other potentially infectious specimen is taken, or an invasive procedure is performed,
 - *Whenever the HCW has cuts, dermatitis or open skin lesions.
 - *If a HCW has seeping skin lesions or multiple open wounds they should not participate in invasion prone procedures until healed
 - *Whenever the patient has open skin lesions to clean
 - *To handle specimen containers.
- Wash hands under running water with detergent soap before putting on gloves and wash carefully after removal of gloves.
 Disposable gloves shall be used only once and disposed of in waste containers.
 Gloves shall be changed after each patient contact.
 Utility gloves may be worn when cleaning instruments, examining tables, cans, bins or other receptacles used for wastes.
 These gloves may be washed with soap under running water and

thoroughly rinsed in 10% bleach solution. They must be carefully inspected each time used to assure their integrity. Gloves are to be discarded if contaminated with blood or other infectious waste.

- b. Masks, Eye Protection, Face Shields, and impervious clothing must be worn whenever the possibility of splashes, spray or splatter of infectious materials is possible. Contaminated face shields, goggles and other devices must be cleaned after use with 10% bleach solution or equivalent decontaminant. Disposable masks or barriers, must be disposed in contaminated waste.
 - c. Laboratory coats or aprons made of impervious material must be worn over clothing whenever occupational exposure is possible. The apron or lab coat is not to be worn outside the risk area. Ex. Bathroom, breakroom. Disposable coats or aprons contaminated by infectious materials must be disposed of into biohazard waste containers.
 - d. Dental engineering and work practice controls: Examples of engineering controls that might be used in a dental clinic are needleless devices, shielded needle devices, self-sheathing anesthetic needles, and dental units designed to shield burs in handpieces. Work practice control examples are needles, scalers, laboratory utility knives, burs, explorers, and endodontic files. These controls can include removing burs before disassembling the handpiece from the dental unit, restricting use of fingers in tissue retraction or palpation during suturing, administration of anesthesia and minimizing uncontrolled movements of such instruments as scalers or laboratory knives. Work-practice controls for needles and other sharps including placing used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers located as close to possible to where the items were used.
5. Employees must ensure that the worksite is maintained in a clean and sanitary condition and must establish a schedule for cleaning and decontamination necessary in clinical work areas.
- a. Equipment and work surfaces must be decontaminated with an appropriate decontaminant following spillage of infectious material and at the end of each work shift. (Freshly made bleach solution shall be used) Always make fresh daily as it loses strength if it sits too long)*
**To make a 10% disinfecting Bleach Solution:
Mix one part commercially available straight bleach to nine parts water.*
 - b. 1. Clinical examination tables will be covered with a clean paper barrier between each patient. If the paper becomes wet or otherwise contaminated, the table must be washed with a germicidal detergent and a decontaminant (10% bleach solution). Paper visibly contaminated with potentially infectious materials must be disposed of as biohazard waste. Otherwise paper may be put into regular waste containers.
2. Reusable receptacles which may become contaminated, must be inspected and decontaminated as often as necessary (at least once a week) with a 10% bleach solution.
3. Broken glass must be picked up with forceps, tongs, or a dustpan with brush.
4. Filled sharps containers must be closed, removed and replaced with new disposable containers. Used sharps containers must be disposed of as infectious waste. **These containers must not be overfilled.**

C. HEPATITIS B VACCINATION:

Hepatitis B vaccination series will be made available, at no cost to the employees, to every employee who may have occupational exposure to blood or other potentially infectious material. For new at risk employees the vaccine should be made available within 10 working days of initial assignment. Post vaccination testing for HB titers shall be performed 1-2 months after completion of the series.

Non-responders shall have the 3 series vaccine repeated. The employee shall then be retested and if found again to be a non-responder no further vaccine is administered. For an exposure incident to a source known to be infected with HBV, follow the most current recommendations of CDC.

Employees, who decline to accept the Hepatitis B vaccination series, must sign the PH form indicating their refusal. (See Appendix E) Should a routine booster dose(s) be recommend by the U.S. Public Health Service at a future date, such booster(s) will be made available to the employee at no cost.

Also see Appendix A for **other** indications for post exposure vaccine and/or HBIG administration.

D. COMMUNICATION OF HAZARDS:

Warning labels and biohazard stickers or signs must be affixed to all regulated wastes, refrigerators and freezers containing blood or other infectious or hazardous waste materials. Containers used to store, transport or ship blood or other potentially infectious materials must also be labeled.

The biohazard label may be fluorescent orange or orange-red or predominately red with lettering symbols in a contrasting color.

Labels should be affixed in such a manner that they will not be lost or removed.

Red bags or red containers may be substituted for labels.

Containers of blood or other potentially infectious materials must be placed in a biohazard labeled container during storage, transport, shipment or disposal.

Equipment that may become contaminated shall be labeled with a biohazard label.

Regulated wastes that have been decontaminated do not need to be labeled or color-coded and may be disposed of in regular wastes.

All employees will be made aware of hazardous chemicals, the Safety Data Sheets (SDS), and how to clean up or contain spills without jeopardizing themselves.

E. ORIENTATION AND TRAINING WILL BE PROVIDED FOR ALL STAFF:

1. Who may be exposed to biohazardous materials at no cost to them during work hours.
 - ❖ As soon as assigned to risk taking tasks
 - ❖ At least annually thereafter

- ❖ Whenever significant changes in practice or procedural updates are made.
2. Training must include
- ❖ Copy of the Federal OSHA Bloodborne Pathogen Standard with explanation of its contents.
 - ❖ General explanation of the epidemiology and symptoms of bloodborne diseases
Modes of transmission
 - ❖ An explanation and a copy of the Exposure Control Plan for each employee
 - ❖ Explanation of those tasks or activities which may put the employee at risk
 - ❖ Explanation of engineering controls, work practices and personal protective devices (barriers) that will prevent or reduce exposure
 - ❖ Proper handling, use, location, removal decontamination and disposal
 - ❖ An explanation of when and what protective device should be used.
 - ❖ Information on Hepatitis B (HBV) vaccine to include "efficacy, safety, how administered and the benefits and that HBV vaccine will be given free of charge to the employee
 - ❖ Information on what to do and who to notify in an emergency in which an incident involving bloodborne pathogens occurs
 - ❖ Clear explanation of procedure and follow-up of an exposure incident, including forms to complete.
 - ❖ Post exposure follow-up evaluation and counseling to be provided by employer
 - ❖ Explanations of signs, labels and color-coding required
 - ❖ Time for questions and answers allowed
 - ❖ The instructor should be efficient and demonstrate proficiency in infection control practice
 - ❖ Employers will assure that employees are able to demonstrate proficiency in standard microbiological practices before working with HIV, HBV or HCV.

F. RECORD KEEPING SHALL BE MAINTAINED ON EACH EMPLOYEE WHO IS AT RISK FOR OCCUPATIONAL EXPOSURE AND SHOULD INCLUDE:

1. Name and social security number
Hepatitis B vaccination status
Copies of all results of examinations, medical testing and follow-up procedures.
A copy of the incident report.
2. All medical records are kept confidential and are not divulged without written consent by the employee.
3. Employee records shall be kept while employee remains in the system plus 30 years.
4. Training records shall be kept to include:
 - ❖ Dates of training
 - ❖ Content summary
 - ❖ Names and qualifications of instructor(s)
 - ❖ Records shall be kept for 3 years from time of first training
 - ❖ Annual training plus update when new procedures or preventive input becomes available

II. Universal Precautions

1. Assume ALL human blood, plasma, serum, body fluids (semen, saliva in dental procedures, cerebrospinal and amniotic fluid, breast milk, vaginal secretions and any fluid contaminated with blood) and tissues to be contaminated with Human Immunodeficiency Virus (HIV) Hepatitis B Viruses (e.g., HBV), or Hepatitis C (HCV). Handle them with appropriate care!
2. All employees with occupational exposure to blood and other potentially infectious body fluids are to be offered Hepatitis B vaccine at no cost to the employee.
3. Remember: The most susceptible route of laboratory infection for HIV, HBV, and HCV is by accidental needle sticks, contamination of the mucous membranes, or through broken, abraded or irritated skin. Use appropriate caution and maximum protection to prevent such contact.
4. Avoid spilling, splashing or open aerosolization of human blood or body fluids. Wear latex or nitrile gloves and protective garments when handling human materials. If danger of splash or spills exists, use a face shield.
5. Understand the principles of good microbiological practice before working with biohazardous materials. Examples include use of aseptic technique, proper decontamination procedure, emergency biohazard spill management and proper use of biosafety equipment. Develop proficiency before beginning work.
6. Use aseptic technique. Thorough hand washing is essential after patient contact and after handling blood and body fluids and after wearing gloves and prior to exiting the clinic area. Handwashing facilities must be readily accessible to employees.
7. Use great care and caution when handling syringes and needles, sharps or glassware. Never attempt to recap or remove a used needle. Dispose of syringe-needle assemblies in sharp proof, autoclavable containers or disposable biohazard containers.
8. All contaminated liquid or solid wastes are decontaminated before disposal or disposed of in regulated color coded, labeled waste containers.
9. A spill kit (Bleach, leak proof container, paper towels, gloves, forceps, spray bottle) is to be used to clean up infectious material spills. Large spills are cleaned up by donning gloves and lab coats or aprons then pouring 10% bleach solution around edges of spill or alternately paper towels soaked in bleach can be placed over the spill area. Approximately 20 minutes of contact time should be allowed to ensure germicidal action. All materials are then gathered into containers and soaked in bleach for 30 minutes further and then discarded. Small spills can be wiped up with paper towels and sprayed with freshly made 10% bleach solution (1 part bleach, 9 parts water).
10. Clean all work areas and equipment used in handling human biohazardous materials with proven disinfectant (e.g., 10% bleach solution) when concluding work to protect personnel from accidental infection.
11. Mechanical pipetting devices are used; mouth pipetting is prohibited.

12. Eating, drinking, smoking, and applying cosmetics are not permitted in the clinic or laboratory. Food may be stored in cabinets or refrigerators designated and used for this purpose only. Food storage cabinets or refrigerators should be located outside of the work area.
13. All procedures are performed carefully to minimize the creation of aerosols.
14. Laboratory coats, gowns, or uniforms are to be worn to prevent contamination of clothing that will be worn on the street.
15. Report all accidents, untoward occurrences and unexplained illness to your supervisor and the work physician immediately.
16. Caution must be exercised to prevent used, contaminated gloves from cross-contaminating lab surfaces, lab coats, doorknobs, wall switches, phones or lab notebooks. Remove contaminated gloves after each operation and dispose of them as biohazardous waste.
17. Understand the department's post exposure follow-up program and be familiar with the appropriate standard operating procedures for accidental exposure to human materials. The specimens involved must be identified and tested for HIV, HBV, and HCV, and proper procedures followed.

III. Occupational Exposure/Post-Exposure Management

<http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

I. Definition of Occupational Exposure

An *occupational exposure* is defined as 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. For the purposes of this section occupational exposure is specifically defined as:

- A. Percutaneous or parenteral exposures (i.e. needlestick or other penetrating sharps-related injury).
- B. Mucous membrane exposures.
- C. Non-intact skin exposures.
- D. Direct contact with concentrated virus in a research laboratory.
- E. Human bites resulting in blood exposure to either person involved.

Note: The exposure should be evaluated for potential to transmit HIV based on the type of body substance involved and the route and severity of the exposure. See the CDC, [“Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis,” MMWR, Sept. 2005.](#)

In this section these guidelines will be referred to as the CDC Occupational Exposure Management Guidelines.

II. Immediate Treatment of the Exposure Site

An employee who has had an occupational exposure must immediately:

- A. Wash exposed areas, needle stick sites, and cuts, with soap and water.
- B. Flush the nose, mouth or skin with water, if exposed.
- C. Irrigate exposed eyes with clean water, saline, or sterile solutions for 15-30 minutes
- D. Report exposure to supervisor or designee **as soon as possible.**

III. Exposure Report/Sharps Injury Log

Region/County must ensure that:

- A. When an occupational exposure occurs, the following information is recorded on an Incident/Accident Report (see Appendices F for report form) and maintained as a Sharps Injury Log.
 1. Date and time of exposure.
 2. Details about the exposed person.
 - a. Job classification of the exposed employee.
 - b. Hepatitis B vaccination and vaccine-response status.
 3. Details about the exposure source.
 - a. Whether or not the source person is infected with HBV, HCV, and/or HIV.
 - b. If the source person is HIV-infected, the stage of disease, history of antiretroviral therapy, viral load and antiretroviral resistance information, if known.
 4. Description of the exposure incident including the following:
 - a. Type and amount of fluid or material, and the severity of the exposure.
 - b. Body part involved in the incident.
 - c. Use of relevant personal protective equipment.
 - d. Procedure that the exposed worker was performing at the time of the incident.
 - e. Where (i.e., work area where the incident occurred) and how the incident happened including any unusual situation (e.g., violent client).
 5. Type and brand of the device (i.e., sharp) involved in the exposure incident.
 6. If the sharp had engineered sharps injury protection (ESIP):
 - a. Whether the protective mechanism was activated.
 - b. Whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable.
 7. If the sharp had no ESIP, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury, as well as the basis for the opinion.
 8. The employees' opinion about whether any other engineering, administrative, or work practice control could have prevented the injury, as well as the basis for the opinion.
 9. Details about counseling, post exposure management and follow-up, which must be kept in the employee's medical file, not personnel file.

Completion of the Incident/Accident Form (PH-1765)

1. The employee and/or supervisor must complete the report as soon as possible following the exposure incident Notify Workman's Compensation by telephone or complete the Workman's Compensation form (TR-0231) if incident involves a state employee. If county or DGA employee,

the county director would file with the appropriate claims person in the county executive's office.

3. The original completed Incident/Accident Form must be kept locally.
 4. The Personnel Officer must receive a copy of the completed report within 72 hours of incident. (Reference Policy 3.4)
 5. The report shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee and kept on file for 30 years after termination of employment.
- C. The Tennessee Workers' Compensation and Special Injury Policy is followed. After ensuring proper medical care for the employee, the supervisor or designee must report the exposure to workers compensation.
- D. The procedure for completing and submitting exposure reports is included in the manual.

IV. Evaluation of Exposure and Exposure Source

Region/County must ensure that:

- A. The exposure is evaluated for potential to transmit HBV, HCV, and HIV based on the type of body substance involved and the route and severity of the exposure. The following exposures to blood or other potentially infectious body fluids require further evaluation:
1. Percutaneous or parenteral exposures (i.e. needlestick or other penetrating sharps-related injury).
 2. Mucous membrane exposures.
 3. Non-intact skin exposures.
 4. Direct contact with concentrated virus in a research laboratory.
 5. Human bites resulting in blood exposure to either person involved.
- B. The exposure source is evaluated for evidence of HBV, HCV, and HIV infections.
1. Review information available in the source client's medical record at the time of exposure to determine HBV, HCV, and/or HIV status.
 2. Inform the source client or his/her legal guardian/authorized representative of the incident.
 3. Interview the source client or his/her legal guardian/authorized representative for information that might confirm or exclude HBV, HCV, and HIV infections.
 4. If the HBV, HCV, and/or HIV status of the source client is unknown, ensure that the source client or his/her legal guardian/authorized representative is:
 - a. Given the opportunity to voluntarily consent to test(s).
 - b. Provided pretest counseling.
 - c. Informed that his/her test result(s) will be disclosed to the exposed health care worker and, if positive, will be placed in his/her medical file.

- d. Tested, with consent, for HBs-Ag, anti-HCV, and HIV antibody.
- e. Provided post-test counseling when test results are available.

Note: According to the [CDC Occupational Exposure Management Guidelines](#), an FDA-approved rapid HIV antibody test kit should be considered for use in the HIV antibody testing of an exposure source, particularly if the testing of enzyme immunoassay (EIA) cannot be completed within 24-48 hours. Repeatedly reactive results by EIA or rapid HIV-antibody tests are considered to be highly suggestive of infection, whereas a negative result is an excellent indicator of the absence of HIV antibody. Confirmation of a reactive result is not necessary for making initial decisions about post-exposure management, but should be done to complete the testing process and before informing the source client.

5. The source client is not charged for testing.
6. The client's care is not discontinued or adversely affected, even if the client refuses to cooperate.
7. If the exposure source is unknown or cannot be tested, information about where and under what circumstances the exposure occurred should be assessed for the likelihood of transmission of HBV, HCV, or HIV. Consider the source client's medical diagnoses, clinical symptoms, and history of risk behaviors.

Note: If the source client is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person is not necessary.

V. Post-Exposure Management

A. General Management

Region/County must ensure that:

1. The latest [CDC Occupational Exposure Management Guidelines](#) are followed.
2. A confidential medical evaluation and follow-up is immediately available to the exposed employee. A plan for medical evaluation must be established and well known to employees. **Note:** According to the CDC, to assure timely access to HIV post-exposure prophylaxis, an occupational exposure should be regarded as an urgent medical concern and PEP started as soon as possible after the exposure (i.e., **preferably within one to two hours post-exposure**).
3. A medical file is established for the exposed employee.
 - a. Medical files must include:
 - 1) A copy of the exposure report.
 - 2) Laboratory results.
 - 3) Post-exposure counseling/education.
 - 4) Medical evaluation(s).
 - 5) Follow-up plans.
 - 6) Immunizations and PEP provided.
 - 7) Other records related to the exposure.

- b. Confidentiality of all employee medical files must be maintained.
 - c. Medical files must be kept in a locked cabinet and separated from personnel files. **Note:** OSHA requires employers to maintain employee medical records for at least the duration of employment plus 30 years.
4. All hepatitis B unvaccinated employees exposed to any blood or body fluid must be encouraged to initiate the hepatitis B vaccine series.
 5. The physician evaluating the employee after an exposure is provided with the following information:
 - a. A copy of the exposure control plan.
 - b. A copy of the exposure report as soon as available.
 - c. HBV, HCV, and HIV status of the source client and other relevant health information about the source when available.
 - d. If the source client is known to have HIV infection, information about the person's stage of infection, CD4 count, HIV viral load results, current and previous antiretroviral therapy, and results of any genotypic or phenotypic viral resistance testing if/when available.
 - e. All medical records relevant to the appropriate treatment of the employee including hepatitis vaccination and anti-HBs response status, any current or underlying medical conditions or circumstances, and pregnancy status, which may influence post-exposure prophylaxis and counseling.
 6. The prophylactic treatment or immunizations ordered by the physician are provided to the employee at no charge.

IV. Cleaning, Disinfecting, and Sterilizing

http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf

Cleaning, Disinfecting, & Sterilizing

Introduction

FDA recommends that facilities using liquid chemical sterilants should:

- ❖ Adhere to the label instructions regarding concentrations and application times when soaking devices for disinfection.
- ❖ Use disposable sterile equipment and supplies when possible.
- ❖ Do not reuse equipment and supplies intended for single use since these products have not been manufactured to withstand additional sterilization.
- ❖ Use heat sterilization methods for heat-stable instruments and supplies.

For quality control of autoclaves used for steam sterilizer, spore tests should be performed. Frequency of spore testing should be based on the number of loads run, from once a week to once a month.

UNDERSTANDING THE LABELS OF GERMICIDES

Under the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA), the Environmental Protection Agency (EPA) is responsible for the registration and regulation of germicides. In exercising this responsibility, the EPA requires that label claims be truthful, meaningful and practical for safe and effective use of the product.

When a germicide is being considered for purchase, the label should be checked for:

1. The EPA registration number
2. An ingredient statement
3. Direction for use
4. Adequate safety and precautionary information
5. The name and address of the manufacturer or distributor

Additionally, examine the label for the tabulation of benefits. The claims that appear on the label are established by testing the product against a uniform set of official standards of the Association of Official Analytical Chemists, which are used by the EPA. Under these standards a HOSPITAL DISINFECTANT must be effective against the test organisms *Staphylococcus aureus*, *Salmonella cholerasuis* and *Pseudomonas aeruginosa*. A TUBERCULOCIDAL LABEL means the chemical has been tested against *Mycobacterium tuberculosis var bovia*. Labels may also include a fungicidal, virucidal and sporocidal claims.

The label on a germicide is a legal document and is a guarantee that the product will perform as stated on the label. An informed examination of the label will result in purchase of a germicide that will perform the desired functions effectively.

For general disinfecting procedures in health department clinics and laboratories, a chemical should have an EPA registration number cited on the label and also a tuberculocidal claim on the label. The only exception to this is household bleach, as described throughout this manual. *

See the following pages and Appendix C for Cleaning, Disinfecting, and Disposal of Equipment and Supplies, and Appendix D for General Housekeeping. Please note that custodial employees handling or cleaning contaminated equipment, material, or rooms come under OSHA regulations and must be offered Hepatitis B vaccine and receive training as specified in the OSHA Bloodborne Pathogen standard. Also, a cleaning schedule should be posted for each individual facility. Any disinfectant used in cleaning should bear a label showing EPA approval and tuberculocidal activity.

STERILIZATION OR DISINFECTION OF DENTAL INSTRUMENTS

Dental instruments are classified into three categories – critical, semicritical, or noncritical – depending on their potential risk for infection associated with their intended use. Each dental clinic should classify all instruments as follows:

- **Critical.** Instruments which penetrate soft tissue, contact bone, enters into or contacts the bloodstream or other normally sterile tissue. Examples of these instruments are surgical instruments, periodontal scalers, scalpel blades, and surgical dental burs. The instruments must be sterilized by heat
- **Semicritical.** Instruments which contact mucous membranes or non-intact skin; will not penetrate soft tissue, contact bone, enter into or contact the bloodstream or other normally sterile tissue. Examples of these instruments are dental mouth mirrors, amalgam condensers, reusable impression trays and dental handpieces. *Although dental handpieces are considered semicritical, they should **always** be heat-sterilized between uses and not disinfected, this includes low speed motors and attachments.
- **Noncritical.** Instruments which contact intact skin. Examples of these instruments are radiograph head/cones, BP cuff, facebow and pulse oximeter. Because these noncritical surfaces pose the least risk of transmission of infection, cleaning followed by disinfection with an EPA-registered hospital disinfectant is adequate. If the item is visibly contaminated with blood or OPIM, and EPA-registered hospital disinfectant with a tuberculocidal claim (intermediate-level disinfectant) should be used. Cleaning or disinfecting of these surfaces can be difficult or damage the surfaces, so use of disposable barrier protection is recommended.

All instruments should be processed in a designated central processing area to control quality and ensure safety. It should be divided into sections for cleaning, preparation & packaging, sterilization and storage.

Before sterilization or high-level disinfection, instruments should be cleaned thoroughly to remove debris. Persons involved in cleaning and reprocessing instruments should wear heavy-duty (reusable utility) gloves to lessen the risk of hand injuries. Employees should not reach into trays or containers holding sharp instruments that cannot be seen. Cleaning may be accomplished with a mechanical device (e.g., an ultrasonic cleaner). The use of **covered** ultrasonic cleaners does not require presoaking or scrubbing of instruments and is recommended to increase productivity, improve effectiveness of cleaning and to reduce exposure to blood and bodily fluids. After cleaning, instruments should be rinsed with water to remove chemical or detergent residue.

All critical and semicritical dental instruments that are heat stable should be sterilized routinely between uses by steam under pressure (autoclaving). An internal chemical indicator

should be placed in every package. Critical and semicritical instruments that will not be used immediately should be packaged before sterilization.

Single-use disposable instruments (e.g., prophylaxis angles, prophylaxis cups and brushes, tips for high-speed air evacuators, saliva ejectors, and air/water syringes) should be used for one patient only and discarded appropriately. These items are neither designed nor intended to be cleaned, disinfected, or sterilized for reuse.

Proper functioning of sterilization cycles should be verified by the period use (at least weekly) of biologic indicators (i.e., spore tests). Results of tests should be kept in a log at each clinic site. Heat-sensitive chemical indicators (e.g., those that change color after exposure to heat) do not ensure adequacy of a sterilization cycle but may be used on the outside of each pack to identify packs that have been processed through the heating cycle. A simple and inexpensive method to confirm heat penetration to all instruments during each cycle is the use of a chemical indicator inside and the center of either a load of unwrapped instruments of dental instruments and sterilization devices should be followed closely.

Use of liquid chemical germicides, (Cold Sterile), for sterilization is not recommended due to the amount of time required for sterilization (immersion for 12 hours) and the fact that the sterilization process cannot be verified with biological indicators.

Disinfection of Laboratory Materials

Laboratory materials and other items that have been used in the mouth (i.e., impressions, bit registrations, fixed and removable prostheses, orthodontic appliances) should be cleaned and disinfected before being manipulated in the laboratory, whether the laboratory ins on-site or a remote location.

When a laboratory case is sent off-site, DHCP should provide written information regarding the methods (i.e. type of disinfectant and exposure time) used to clean and disinfect the material, such as impression, stone model or appliance. If the dental laboratory provides the final disinfection, an EPA-registered hospital disinfectant (low to intermediate) should be used, written documentation of the disinfection method is provided, and the item is placed in a tamper-evident container before returning to the dental office.

Because of the increasing variety of dental materials used intraorally, DHCWs are advised to consult with manufacturers regarding the stability of specific materials relative to disinfection procedures. A chemical germicide having at least an intermediate level of activity (i.e., “tuberculocidal hospital disinfectant”) is appropriate for such disinfection. Communication between dental office and dental laboratory personnel regarding the handling and decontamination of supplies and materials is important.

CLEANING AND STERILIZING Reusable Instruments

PURPOSE

To provide clinical equipment that is free of pathogenic organisms.

SUPPLIES

Gloves
Paper towels
Detergent
Running water
10% bleach solution or EPA approved disinfectant
Autoclave wrapping
Autoclave

PROCEDURE

Instruments that must be sterile for reuse will be autoclaved.

Observe handwashing and glove procedure
Clean used instruments with a detergent making certain that all secretions and/or debris are removed.
Wrap cleaned, dried instruments and autoclave following manufacturer's recommendations regarding proper temperature, length of cycle, loading and use.
Date package

All disposable devices that have been used in such a manner that they become contaminated with blood or other potentially infectious body fluids must be disposed of into contaminated waste bins.

* Note: Forceps, tongs, pick-ups, etc. shall not be stored in containers with liquid soap or alcohol.

NEEDLES, SYRINGES, CAPILLARY TUBES AND SHARPS

PURPOSE

To prevent needle stick and/or sharp injuries to HCW or patient. The most common cause of HIV, HBV, and HCV infection in HCW's without risk behaviors is needle stick injuries.

SUPPLIES

Hard plastic puncture-proof containers in every clinic room or worksite, placed conveniently near HCW using needles, syringes or sharps. Sharps containers must be kept out of reach of children.

PROCEDURE

After use and activation of safety device, sharps are to be dropped immediately into biohazard sharps container.

Vacutainer holders, lancets, scalpel blades, capillary tubes and all other sharps shall be dropped into the sharps container.

PRECAUTIONS

Needles shall not be clipped, bent, broken or removed from the syringe.

Sharps, lancets, scalpel blades, capillary tubes put directly into sharps container prevents injury and possible contamination of the HCW.

Sharps containers **must not be overfilled.**

Filled sharps containers shall be securely closed and stored in designated area for biohazard waste pickup. These containers will be picked up and transported by the state contracted biohazard waste company. Sharps containers shall be placed out of the reach of children.

BLOOD AND INFECTIOUS MATERIAL SPILLS PRECAUTIONS

PURPOSE

To prevent transmission of pathogenic microorganisms by appropriate cleaning of any spill of blood or body fluids contaminated with blood or other potentially infectious body fluids.

SUPPLIES

A spill kit should be available in each clinic or laboratory setting.

Bleach – 10% solution
Bucket or other leak proof container
Paper towels
Utility, latex or nitrile gloves
Forceps or tongs
Spray bottle

PROCEDURE

Don gloves and lab coat or apron.

Small spills:

Wipe up with paper towels, spray with freshly made 10% bleach solution.

Large spills:

Pour 10% bleach solution around edges of spill and over spill or use paper towels soaked in bleach.

If feasible allow 20 minutes of contact time to ensure germicidal action.

Gather all materials into bucket and soak in bleach for 30 minutes further and then discard.

Disinfect all materials to be placed back in spill kit with 10% bleach solution for 30 minutes.

STERILIZATION: AUTOCLAVES

DEFINITION

Sterilization is a process with the objective of removal and destruction of all living microorganisms including spores that may exist on the surface of an article or in a fluid.

PURPOSE

To assure the sterility of instruments and supplies.

PROCEDURE

All autoclaves should be inspected annually by manufacturer's representative or other individual trained to service and/or inspect autoclave.

Follow manufacturer's recommendations regarding proper temperature, length of cycle, loading and use.

All employees operating the autoclave must be instructed in the correct operating procedures.

Place a spore capsule in the center of a package to determine if autoclave is reaching the required temperature. Keep a log to record findings. Spore testing should be done based on number of load runs (once a week to once a month). Follow the directions specific to spore test used.

If spores are not killed in routine spore tests, the sterilizer should immediately be checked for proper use and function and the spore test repeated. Instruments autoclaved during this cycle should be re-autoclaved once the repeat spore test is negative. IF SPORE TEST REMAINS POSITIVE, use of the sterilizer should be discontinued until it is serviced.

ANY POSITIVE SPORE TEST RESULTS SHOULD BE REPORTED TO THE IMMEDIATE SUPERVISOR.

STORAGE OF SUPPLIES

PURPOSE

To maintain the integrity of the sterile or non-sterile supplies.

EQUIPMENT/SUPPLIES

A dry, clean shelf, drawer or cabinet

Wrapped supplies clearly labeled with content and expiration date

PROCEDURE

All sterile supplies should be kept wrapped, labeled, dated with expiration date and stored on the shelf or in a drawer.

Non-sterile supplies and sterile supplies should be separated.

All supplies should be checked for package integrity and expiration dates before use.

Muslin and paper wrapped sterile supplies have an expiration date of 30 days if kept dry and the integrity of the package is maintained.

Heat-sealed supplies are considered sterile for one year from the date sterilized.

Commercially prepared sterile supplies may have an expiration date for more than one year.

If a sterile package is punctured, torn or wet, the sterility is questioned. The package should be considered non-sterile, re-cleaned, re-wrapped and re-autoclaved, if not a commercially prepared, disposable item.

V. Infection Control Training Plan

Infection Control Training Plan Tennessee Department of Health

Federal Register Vol. 56 No. 235, December 6, 1991
Biohazard B(2)

"Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during work hours."

- Purpose:
- (1) To provide all employees who during their routine work assignment, are subject to contact with blood and body fluids, with the information necessary to protect themselves against exposure to disease, injury or other hazardous materials.
 - (2) To provide the above stated employees with the information necessary to take appropriate action in the event exposure does occur.

- Activities:
- (1) Provide initial training in accordance with Federal regulations.
 - (2) Provide training at least annually consisting of review and update of pertinent information.
 - (3) Provide all new employees who are at risk of occupational exposure with an orientation consisting of information contained in these guidelines before the employee enters the clinical setting.
 - (4) Conduct an evaluation or testing to ascertain the employees understanding of the information given during the training or orientation session.

All employees must be able to answer the following questions.

These five basic questions will be asked to employees by a TOSHA inspector when determining if a facility is in compliance with the training section of the Bloodborne Pathogen Standard, 29 CFR 1910.1030.

Q. (a.) What does "Universal Precautions" mean?

Q. (b.) What do you do when there is a blood spill?

- a. personal protection
- b. clean-up and disposal
- c. disinfection (apply hazard communication standard)

Q. (c.) What do you do with contaminated sharps and laundry?

Q. (d.) Have you been offered the hepatitis vaccination free of charge?

Q. (e.) Where is the "Exposure Control Plan" and has it been explained to you, and have you been trained?

- (5) Provide additional training when changes involving occupational exposure such as modification of task, adding new procedures or, adding new tasks.

Training material must be of appropriate content, vocabulary and literary level and language.

Persons conducting the training shall be knowledgeable of the training content as it relates to the workplace that is being addressed.

A. Training Content

The training program shall contain the following:

1. Provide accessible copy of the regulatory text and explanation of its contents.
2. General explanation of the epidemiology and symptoms of bloodborne diseases.
3. Explanation of mode of transmission for bloodborne pathogens.
4. Explanation of the employers Infection Control Plan and written statement of how the employee can obtain a copy.
5. Explanation regarding the recognition of tasks that may involve the employee with blood and other potentially infectious or hazardous materials.
6. Explanation of universal precautions; the use and limitation of methods that will prevent or reduce exposure. These methods include engineering controls, work practice and personal protection equipment. (See Section III)
7. Provide information on the types, proper use, location, handling, removal, decontamination and disposal of personal protective equipment.
8. Explanation of basis for selection of personal equipment: i.e. what equipment, when.
9. Provide information on Hepatitis B vaccine including:
 - (a.) efficacy
 - (b.) safety
 - (c.) method of administration
 - (d.) benefitsThe vaccine is to be offered by the employer to the employee free of charge.
10. Explain guidelines regarding appropriate action to take and the person to call in the event of an emergency involving blood and other potentially infectious waste.
11. Explain guidelines to be followed in case of an exposure incident. Discuss the medical follow-up that will be available.
12. Discuss post exposure evaluation and follow-up that the employer is required to provide for the employee following exposure.
13. Explanation of signs, labels or color codes required by TOSHA.
14. Offer opportunity during training session for participant participation, i.e. questions during the training session

B. Record Keeping - Training

Training records shall include the following information:

1. Dates of the training sessions.
2. Contents or summary of material presented.
3. Name and qualifications of person conducting the training.
4. Name and job title of persons attending the training.

Training records shall be maintained for 3 years from the date that the training occurred.

C. Availability of Records

The employer shall ensure that all records required by this section records be made available upon the request to the Assistant Secretary of Labor and the Director of OSHA for examination and copying.

D. Training

Employee training records shall be made available upon request for examinations and copying to the employee, the employee's representative, Director of OSHA and the Assistant Secretary of Labor.

E. Transfer of Records

The employer shall comply with requirements involving transfers of record as set forth in 29 CSR. If employee ceases business and there is no successor for a prescribed period the employers shall notify the Director of OSHA at least 3 months prior to their disposal and transmit them to the Director.

F. Evaluation of Training

An evaluation of the employee's training and understanding of infection control and hazardous waste management will include the following:

1. Documentation of appropriate orientation and training on file including an update at least annually.
2. Evidence that employees have been given the opportunity to ask questions.
3. Documented evidence that the employee demonstrated understanding of material that was presented during the training.
4. Upon observation, the employee demonstrates appropriate understanding of infection control and hazardous waste management.

Appendices

Appendix A Table

22

MMWR

June 29, 2001

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed workers*	Treatment		
	Source HBsAg [†] positive	Source HBsAg [†] negative	Source unknown or not available for testing
Unvaccinated	HBIG [‡] x 1 and initiate HB vaccine series [†]	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder ^{††}	HBIG x 1 and initiate revaccination or HBIG x 2 ^{‡‡}	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs ^{¶¶} 1. If adequate,** no treatment is necessary 2. If inadequate, ^{††} administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate, [†] no treatment is necessary 2. If inadequate, [†] administer vaccine booster and recheck titer in 1–2 months

* Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

[†] Hepatitis B surface antigen.

[‡] Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

[†] Hepatitis B vaccine.

** A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥ 10 mIU/mL).

^{††} A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

^{‡‡} The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

^{¶¶} Antibody to HBsAg.

Appendix B

TENNESSEE DEPARTMENT OF HEALTH OCCUPATIONAL EXPOSURE FORM

SOURCE PATIENT CONSENT

TESTING for HIV, HEPATITIS B AND HEPATITIS C

I am being tested for antibodies to Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and for antibodies to Hepatitis B, the virus that causes Hepatitis B, and for antibodies to Hepatitis C, the virus that causes Hepatitis C. These tests are being run because a health care employee received an exposure to my blood or other potentially infectious material.

INFORMATION ON HIV:

I understand that a true positive test result indicates infection with the HIV virus, but it does not predict when or if a person will become ill with AIDS. I have been told that if I have a positive HIV test, the process of notifying my sex and/or needle sharing partner(s) should begin.

It has been explained to me that a negative test does NOT guarantee that a person is not infected with the virus. A period of time (6 weeks to 6 months) is required between infection and when antibodies appear. If I have been infected recently, antibodies may not be present yet and the test may show negative.

I have received recommendations on how to avoid the spread of the virus. I further understand that the medical records with my test results are kept confidential. These results will not be released, except with a court order or as outlined in the accompanying consent for release of medical information. In the consent for release of medical information, information is provided only to physician who is treating the person who sustained exposure to my blood or other infectious material and will be maintained in a completely confidential manner.

I hereby consent to have a HIV test performed. I UNDERSTAND THAT I WILL BE GIVEN MY TEST RESULTS ONLY IN PERSON AND THAT FURTHER COUNSELING WILL BE AVAILABLE AT THAT TIME. The results of my test will be made available to the exposed employee above. This employee has been informed of laws concerning disclosure of this information.

Signature

Date

INFORMATION ON HEPATITIS B:

Hepatitis B is a virus associated with several different types of liver disease, the most common being acute hepatitis. This disorder can produce either no symptoms at all (carrier state) or minor flu-like symptoms to severe liver disease with dark urine and jaundice or in some cases death. Spread of the virus can be by exposure to blood or other human material, by sexual contact, or through needle sharing. The presence of the virus in the blood can be detected by blood tests for both the virus itself or for antibodies produced by the virus.

I hereby give consent to have a Hepatitis B test performed. I UNDERSTAND THAT I WILL BE GIVEN MY TEST RESULTS ONLY IN PERSON AND THAT FURTHER COUNSELING WILL BE AVAILABLE AT THAT TIME.

Signature

Date

INFORMATION ON HEPATITIS C:

Hepatitis C is a virus associated with liver disease, either acute or chronic liver disease. Hepatitis C (HCV) is transmitted primarily through large or repeated direct percutaneous exposure to blood, often by intravenous drug use. Other methods of transmission are by sexual contact. The presence of the virus in the blood can be detected by blood tests for an antibody to hepatitis C virus. A test for liver disease (alanine aminotransferase or ALT) and a supplemental anti-test will also be done if indicated.

I hereby give consent to have a Hepatitis C test or tests performed. I UNDERSTAND THAT I WILL BE GIVEN MY TEST RESULTS ONLY IN PERSON AND THAT FURTHER COUNSELING WILL BE AVAILABLE AT THAT TIME.

Signature

Date

Appendix C

TENNESSEE DEPARTMENT OF HEALTH OCCUPATIONAL EXPOSURE FORM

EMPLOYEE CONSENT

TESTING for HIV, HEPATITIS B, and HEPATITIS C

I am being tested for antibodies to Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and for Hepatitis B, the virus that causes Hepatitis B and for Hepatitis C, the virus that causes Hepatitis C. These tests are being run because of my occupational exposure to material possibly infected with these viruses. If I am found to be infected with any of these viruses, I will be referred for proper and confidential medical care.

INFORMATION ON HIV

I understand that a true positive test result indicates infection with the HIV virus, but it does not predict when or if a person will become ill with AIDS. I have been told that if I have a positive HIV test, the process of notifying my sex and/or needle sharing partner(s) should begin.

It has been explained to me that a negative test does NOT guarantee that a person is not infected with the virus. A period of time (6 weeks to 6 months) is required between infection and when antibodies appear.

I have received recommendations on how to avoid the spread of the virus. I further understand that I should report to the physician managing my post exposure follow-up if I develop any illness associated with fever or flu-like symptoms, swollen glands, and fatigue or sore throat.

I further understand that the medical records with my test results are kept confidential.

INFORMATION ON HEPATITIS B

The virus causing Hepatitis B can cause anything from no symptoms to mild flu-like illness to severe liver disease with jaundice and death. Some persons can be carriers of the disease and not be aware they have the virus. Hepatitis B can be spread by contact with blood or other human infectious material, by sexual contact, and by needle sharing. The presence of the virus in the blood can be detected by blood test for the virus and for antibodies to the virus.

INFORMATION ON HEPATITIS C

Hepatitis C is a virus associated with either acute or chronic liver disease. Hepatitis C virus (HCV) is transmitted primarily through large or repeated direct percutaneous exposure to blood, often by intravenous drug use. Other methods of transmission are sexual contacts.

I hereby consent to have tests for HIV, Hepatitis B, and Hepatitis C. I understand that I will be given my test results only in person and that further counseling will be available at that time. The results of my tests will be kept strictly confidential and will be limited to the physician managing my post exposure follow-up, to the CDC representative, and to the supervisory nurse. The records of any test results and other medical information will be kept in a confidential file in a sealed envelope in my personnel file.

Signature

Date

Appendix D



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

Hepatitis B Vaccine Declination Form

I, _____, understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination serious at no charge to me.

Signature

Witness

Date

APPENDIX E



**TENNESSEE DEPARTMENT OF HEALTH
Incident/Accident Investigation Report**

Date Report Initiated: _____ Region: _____ County: _____	<input type="checkbox"/> Incident <input type="checkbox"/> Accident <input type="checkbox"/> Hazardous/Infectious Substance (e.g., Needle Sticks)	<input type="checkbox"/> Employee, Title _____ <input type="checkbox"/> Patient <input type="checkbox"/> Visitor	
Date and Time of Occurrence:	Exact Location of Occurrence:		
Name of Involved Individual:	Address:	Phone #:	Date of Birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Name of Parent or Guardian (if Child):	Address:	Phone #:	
Detailed description of occurrence - include influencing factors, e.g., people, equipment, objects, physical and social environment, extent of damage, names of persons involved (use additional paper if needed): _____ _____ _____ _____ _____			
Name of Other People Present:	Address:	Phone #	
1.			
2.			
3.			
Was the involved person informed of the occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No or N/A, explain _____			
Was involved person referred for evaluation, treatment, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information			
Referred to:	Date/Time:	Address:	Phone #
If exposed to blood/other potential infectious material: Type/brand of device _____ Source tested? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Status - Include Hepatitis B vaccine status and date series completed: _____			
What action was necessary? (include return date if any): _____ _____			

Signature of Person Completing Form, Title, Date

Signature of Supervisor, Title, Date

The following section is to be completed by First Line Supervisor:

Report of Investigation:

Follow-up Plan:

Plan of Correction (if applicable):

Supervisor's Signature, Title, and Date

Signature of RO Reviewer, Title, and Date

The following section is to be completed at the time of each follow-up:

Record of follow-up - include signature, title and date of each entry

1. _____

2. _____

3. _____

**APPENDIX F
CLEANING, DISINFECTING AND DISPOSAL
EQUIPMENT AND SUPPLIES**

Personal Protective Equipment	Use	Maintenance	Disposal
Gloves* - latex or nitrile disposable *HCWs allergic to gloves must report to supervisor who can order non allergenic gloves from local procurement person.	During any invasive procedure - dental care, phlebotomy, changing dressings, assessments involving potentially infectious body fluids	Use only once, discard	Gloves used during invasive procedures should be put into contaminated wastes. Gloves not contaminated by blood or other infectious body fluids may be put into regular wastes.
Gloves utility	For cleaning instruments, housekeeping (blood or other possibly infectious spills) and during handling of contaminated laundry.	May be cleaned under running water using a liquid detergent. Rinse in 10% freshly made bleach solution. Dry and put away.	Gloves should be inspected before and after use. Those with holes, cracking, peeling must be discarded. If contaminated with possible infectious waste, discard in biohazard container.
Plastic eye wear (wrap around goggles) Face shields	Worn when aerosolization, splatter or spray of potentially infectious body fluids is possible (dental procedures, irrigation of wounds, etc.)	Clean under running water with detergent. Rinse in 10% freshly made bleach solution. Dry and put away.	May be reused. May be disposed of in regular waste (after careful cleaning) if discolored or broken.
Disposable impervious laboratory coats or aprons.	To be worn over uniforms or lab coats to protect from exposure to blood or infectious fluids are possible.	Use only once	Disposed of in contaminated waste when blood or body fluids have gotten on surface of coats or aprons.
Disposable foot and head covers may also be (rarely) necessary.	Used in home care where infectious fluids may contaminate clothing especially when blood or body fluids may be projectile. During patient care, assessments, securing specimens.	Use only once	Place in plastic bag, Pour 1 cup 10% bleach solution into bag, Seal and place into another plastic bag. Put into patient's garbage.
Laundry (Sheets cover for sterile supplies, towels, etc.)		Washable laundry should be placed into leakproof bags for laundering. When visibly contaminated with blood etc. do not agitate before or during bagging. Individuals who do laundry shall be oriented to handling contaminated laundry (i.e. laundry workers will wear utility gloves and impervious aprons to handle contaminated laundry.	
		Hot soapy water plus drying in a dryer is usually sufficient.	The laundry may wish to presoak.
Ambu bags	To assist with emergency resuscitation.	To be kept in a plastic or protective cover. After use, wash outside of bag with soap and water, rinse, dry and put away.	Plastic facemasks of ambu bags shall be thrown away after each use.
Pocket masks	To assist with emergency resuscitation.	Use only once.	Discard in regular waste.

APPENDIX G GENERAL HOUSEKEEPING

To provide a biosafe environment for HCW's and their patients, a cleaning schedule shall be established.

Items to be cleaned	Barriers to be used	Solutions Necessary	Procedural Activities	Time Line
Patient assessment tables	Utility, latex or nitrile gloves		A new paper barrier shall be used for each patient. Dispose in regular waste.	Replace after each patient.
		10% bleach solution	When paper becomes wet with <u>blood</u> or other infectious body fluids the paper should be removed to contaminated wastes.	Whenever visibly soiled.
			The table shall be washed with soapy water, rinsed with 10% bleach solution, dried and fresh paper barrier applied.	At the end of each clinic day.
Work tables, counter top	Utility, latex or nitrile gloves	10% bleach solution Wash with detergent first if visibly soiled	Clean surfaces with detergent solutions if visibly soiled. Rinse with 10% bleach solution and allow to dry	Daily after clinic day.
Autoclave	Utility, latex or nitrile gloves	Follow manufacturer's instructions	Follow manufacturer's instructions. Rinse with 10% bleach solution.	Follow manufacturer's instructions.
Centrifuges	Utility, latex or nitrile gloves	10% bleach solution	Whenever soiled or when there is a spill or breakage. Rinse with 10% bleach solution and allow to dry.	Whenever visibly soiled.
Hemocue	Utility, latex or nitrile gloves	Follow manufacturer's instructions	Whenever there is a spill or breakage and at the end of the day. Rinse with 10% bleach solution.	Following manufacturer's instructions.
Regulated waste	Utility, latex or nitrile gloves	Soapy water Bleach Red bags or biohazard label for can and plastic bag.	Empty regulated waste can, securing bag carefully. Place bags into regulated waste pick up area. Wash and rinse can with 10% bleach solution as needed. Replace red plastic bag in can. Replace red plastic bag.	When visibly soiled.
Sharps containers			Check sharps containers. Must not be overfilled. When full, closed container shall be stored in biohazard area for pickup.	Check at end of each clinic day. Transport whenever full.
Broken glassware	Utility gloves, Tongs or pick ups	Blood or body fluid spills must be cleaned according to Section IV cleaning, disinfecting, and sterilizing.	Pick up glassware with tongs or pick up device. Place in regular waste, if contaminated put into biohazard waste.	Whenever glass is broken.

APPENDIX H

LABELING REQUIREMENTS

Item	No Label Needed if Universal Precautions Are Used and Specific Use of Container or Item is Known to All Employees	Biohazard Label	Red Container	Date Implemented
Regulated waste container (e.g. contaminated sharps containers)		Yes or biohazard container	Yes	
Reusable contaminated sharps container (e.g. surgical instruments soaking in tray)		Yes or biohazard container	Yes	
Refrigerator/freezer holding blood or other potentially infectious material		Yes		
Containers used in storage, transport or shipping of blood		Yes	Yes	
Blood products for clinical use	No labels required			
Individual specimen containers of blood or other potentially infectious materials remaining in health center	Yes or biohazard container	Yes or biohazard container	Yes	
Contaminated equipment needing service (e.g. dialysis equipment, suction apparatus)		Yes plus a label specifying where the contamination exists		
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal		Yes	Yes	
Contaminated laundry	Yes or biohazard bag	Yes	Yes	
Contaminated laundry sent to another facility that does not use Universal Precautions		Yes	yes	

Appendix I

SAFETY FEATURE EVALUATION FORM SAMPLE SYRINGES, LANCETS, BLOOD COLLECTION SETS

Date: _____ Name: _____ Occupation: _____

Product: Name, brand, company: _____

Number of times used: _____

Please circle the most appropriate answer for each question.

Criteria	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The safety feature can be activated using a one-handed technique	1	2	3	4	5
2. The weight of the device was similar to that of a conventional syringe	1	2	3	4	5
3. Use of this product requires you to use the safety feature.	1	2	3	4	5
4. This product does not require more time to use than a non-safety device.	1	2	3	4	5
5. The device is easy to handle while wearing gloves.	1	2	3	4	5
6. The device is easy to handle when wet.	1	2	3	4	5
7. The device performed reliably.	1	2	3	4	5
8. I used the device for all the same purposes for which I use the conventional device.	1	2	3	4	5
9. Activating the safety feature was easy.	1	2	3	4	5
10. The safety feature functioned as intended.	1	2	3	4	5
11. The safety feature operates reliably	1	2	3	4	5
12. There is a clear and unmistakable change (either visible or audible) that occurs when the safety feature is activated.	1	2	3	4	5
13. The user does not need extensive training to operate the product correctly.	1	2	3	4	5

Appendix

SAFETY FEATURE EVALUATION FORM DENTAL SAFETY SYRINGES

Date: _____ Name: _____ Occupation: _____

Product: Name, brand, company: _____

Number of times used: _____

Please circle the most appropriate answer for each question.

Criteria	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The safety feature can be activated using a one-handed technique	1	2	3	4	5
2. The weight of the device was similar to that of a conventional dental syringe	1	2	3	4	5
3. Use of this product requires you to use the safety feature.	1	2	3	4	5
4. This product does not require more time to use than a non-safety device.	1	2	3	4	5
5. The device is easy to handle while wearing gloves.	1	2	3	4	5
6. The device is easy to handle when wet.	1	2	3	4	5
7. The device accepts standard anesthetic cartridges were easy to change	1	2	3	4	5
8. Aspiration of blood into the anesthetic cartridge was clearly visible.	1	2	3	4	5
9. The device accepts standard dental needles of all common lengths and gauges, and does not interfere with needle changing.	1	2	3	4	5
10. The device performed reliably.	1	2	3	4	5
11. I was able to give injections in all mouth sizes and all areas of the mouth.	1	2	3	4	5
12. I used the device for all the same purposes for which I use the conventional device.	1	2	3	4	5
13. Activating the safety feature was easy.	1	2	3	4	5
14. The safety feature functioned as intended.	1	2	3	4	5
15. Sterilization of this device is as easy as a standard dental syringe.	1	2	3	4	5
16. The device is no more difficult to break down after use for sterilization than a standard dental syringe.	1	2	3	4	5

Criteria	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
17. The safety feature operates reliably	1	2	3	4	5
18. The exposed sharp is permanently blunted or covered after use and prior to disposal.	1	2	3	4	5
19. There is a clear and unmistakable change (either visible or audible) that occurs when the safety feature is activated.	1	2	3	4	5
20. The user does not need extensive training to operate the product correctly.	1	2	3	4	5
21. The design of the device allows for easy removal of the needle and carpule from the syringe.	1	2	3	4	5
22. The device provides a better alternative than traditional recapping.	1	2	3	4	5

APPENDIX K
WEBSITES

[Exposure Control Plan - Occupational Safety and Health ...](#)

<https://www.osha.gov/SLTC/etools/hospital/hazards/tb/sampleexposurecontrolplan.html>

Policies and Program Administration (company name) maintains, reviews and updates the Exposure Control Plan (ECP) at least annually, and whenever ...

[PDF][OSHA publishes a model exposure control plan for ...](#)

<https://www.osha.gov/Publications/osha3186.pdf>

Part 1 Bloodborne Pathogens Standard The following model for an Exposure Control Plan includes all elements required by the OSHA bloodborne pathogens ...

[PDF][APPENDIX D MODEL EXPOSURE CONTROL PLAN](#)

https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf

D-1 APPENDIX D MODEL EXPOSURE CONTROL PLAN The Model Exposure Control Plan is intended to serve employers as an example exposure control plan which is ...

[CPL 02-02-060 - CPL 2-2.60 - Exposure Control Plan for ...](#)

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES...

CPL 02-02-060 - CPL 2-2.60 - Exposure Control Plan for OSHA Personnel with Occupational Exposure to Bloodborne Pathogens

[Bloodborne pathogens. - 1910.1030](#)

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards...

The Exposure Control Plan shall be reviewed and updated at least ... Reflect changes in technology that eliminate or reduce exposure to bloodborne ...

[03/25/1992 - Sample Bloodborne Pathogens Exposure Control Plan](#)

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS...

NOTICE: This is an OSHA Archive Document, and may no longer represent OSHA Policy. It is presented here as historical content, for research and review ...



Section 7

Hazard Communications Manual

WRITTEN HAZARD COMMUNICATION PROGRAM FOR PUBLIC HEALTH DENTAL SETTINGS

(Note: This written hazard communication program has been developed in accordance with OSHA Standard 29 CFR 1910.1200, *Hazard Communications*.)

F. INTRODUCTION

The OSHA Hazard Communication Standard was published on August 24, 1987, and took effect on May 23, 1988. The basic goal of the standard is to ensure that employers and employees know about chemical hazards in the workplace and how to protect themselves through proper handling of the chemicals. The rule is designed to help reduce the incidence of illnesses and injuries. OSHA rules require all employers to instruct all employees about the dangers of hazardous chemicals present in the workplace and train them on how to handle these products safely.

The person responsible for implementing, communicating, reviewing, and updating the contents of this plan to the dental staff is:

Name

Title

Location

Telephone Number

TOSHA Poster Location(s):

On February 9, 1994, OSHA published a modified final rule on hazard communication. The rule took effect March 11, 1994. The modified rule makes no changes in the employer's obligations. It contains a number of minor changes and technical amendments, some of which are helpful in clarifying the employer's obligations. The changes are:

- Employers have always been required to ensure that each container of hazardous chemicals is labeled with the identity of the hazardous chemical and appropriate hazard warnings. Employers are not required to create the label only to ensure that the label is on the container received from the original container and transferred to

a secondary container, unless it's for the immediate use of the person who made the transfer.

- The revised standard states that the hazard warning may be comprised of words, pictures, symbols, or any combination of these, as long as they convey general information about the hazard of the chemical and specific information is immediately available to the employee (i.e., ready access to the material safety data sheet).
- Employers may maintain copies of safety data sheets (SDSs) in languages other than English as long as they are maintained in English as well.
- The standard permits electronic access, microfiche, and other alternatives to maintaining paper copies of SDSs as long as these options do not prevent employees from accessing the information immediately.
- The standard states that information and training of employees may cover either categories of hazard or specific chemicals. Chemical specific information must always be available to employees on the labels and SDSs.
- Retraining is only required when a new hazard is introduced into the workplace, not a new chemical.
- OSHA has adopted a new Appendix E that provides practical advice on how to comply with the standard (e.g., a lot of things that an OSHA inspector would look for in the cause of an inspection).

I. GENERAL POLICY

The dental staff at the _____ County Health Department share responsibility with the regional dental director for developing, implementing, and maintaining a hazard communication program. Since each staff member has a unique point of view and different expertise, all personnel at this public health dental clinic are included in the hazard communication program team.

The success of a hazard communication program depends, to a great extent, upon the cooperation of every member of the health department staff. Employees should be alert to the potential hazard of all the chemicals and materials in the dental clinic, consult the safety data sheets (SDSs) for specific information concerning the hazardous chemicals in the products with they work, and follow the appropriate work practices that have been established to protect their health and safety.

Standard 29 CFR 1910.1200 of the Federal Occupational Safety and Health Act, entitled Hazard Communications, requires that all nonmanufacturing employees implement a program that protects their employees from possible dangers of hazardous chemicals used in the workplace. To assist the staff in understanding and implementing these statutes, the following requirements apply:

- A. Posting of *State of Tennessee Hazardous Chemical Right-to-Know* and *State of Tennessee Public Employee Safety and Health Protection on the Job* posters.
- B. Maintaining and making available to employees the most current SDSs for supplies and products that contain hazardous chemicals used in the public health dental clinic.
- C. If the SDS is not available as required, and after the compliance procedure is exhausted, the employee may refuse to work with the hazardous chemical/material without penalty.
- D. Labels must be maintained on containers, and if the hazardous chemical/material is transferred to another container, the transfer container must be appropriately labeled if not for immediate use. Employees are not required to work with a hazardous chemical/material if the container is not properly labeled.
- E. An education and training program for employees must be provided pursuant to standards established by regulation.
- F. Employees must be informed of exposure to hazardous chemicals and provided access to the written hazard communication program and copies of all applicable SDSs.
- G. Employers may not retaliate against any employee for exercising his/her rights under the standard. Employers may not require prospective employees to waive any right under the act as a condition of employment.
- H. When employees are required to perform nonrouting tasks that involve hazardous chemicals, a special training session will be conducted to provide information about the chemicals to which they may be exposed and the precautions they must take to reduce or avoid exposure.

III. HAZARD DETERMINATION

- A. Any substance listed in 29 CFR 1910, Subpart Z, Tox and Hazardous Substances, OSHA; the *Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment*, published by the American Conference of Governmental Industrial Hygienists (ACGIH); the *Annual Report of Carcinogens*, published by the National Toxicology Program (NTP); or *Monographs*, published by the International Agency for Research on Cancer (IARC), will be considered a health or physical hazard and, therefore, hazardous.
- B. Furthermore, any human epidemiological study, individual case report, or animal toxicological testing which indicates that a material represents a health hazard will be considered hazardous, provided that the study indicated an adverse health effect

that is likely to occur, that the results are statistically significant, and that the study was conducted in accordance with scientific principles.

- C. Principal responsibility for determining whether a chemical is hazardous or a product contains hazardous chemicals lies with the manufacturer or supplier. As a user of the product, the staff should rely on the information on the label and/or SDS. If there is any question about whether or not a chemical or product is potentially hazardous, it should be included in the *List of Hazardous Chemicals* and the *Inventory of Chemicals, Materials, and Supplies*.
- D. OSHA requires that a list of hazardous chemicals be developed for each work location (i.e., dental clinic). The information needed for this list should be taken from the SDS on file in the clinic.
- E. Every hazardous substance known to be present in the workplace will be listed by label identity on the *Inventory of Chemicals, Materials, and Supplies*.
- F. The *Inventory of Chemicals, Materials, and Supplies* will be placed in subsection VI. Of the written hazard communication program to serve as an index to the SDS that follow it.
- G. The *Inventory of Chemicals, Materials, and Supplies* and the *List of Hazardous Chemicals* will be updated whenever necessary to accurately reflect all the hazardous chemicals and hazardous products that are present in the dental clinic.
- H. A material is considered to be hazardous if it is a combustible fluid, compressed gas, explosive flammable, organic peroxide, pyrophoric material, or an unstable or water-reactive material.

IV. LIST OF HAZARDOUS CHEMICALS

In order to be in compliance with the Hazard Communication Standard, it is recommended that staff take the following steps.

- A. Make a list (by label identity) of all chemicals, materials, and supplies in the dental clinic. Use the inventory worksheet located on the following page in this written hazard communication program.
- B. Determine if you have an SDS specific for each product that you have in your dental clinic. If you do not, request one from the manufacturer without delay. Keep a copy of the written request on file until the appropriate SDS is obtained from the manufacturer or supplier. Ideally, you should have an SDS for each product used in the dental clinic in order to make an accurate determination as to whether the product contains hazardous chemicals.

- C. OSHA requires that you develop your own list of hazardous chemicals used in your dental clinic. The information needed for your own list should be taken from the SDSs in your files.
- D. Consider a material to be hazardous if there is an entry in the hazardous ingredient section of the SDSs. A chemical is considered hazardous if there is an exposure limit (PEL, TLV, or other exposure limit) for the chemical listed on the SDS.
- E. The “List of Hazardous Chemicals” should contain the following information: chemical name, trade name (label identity) of product, manufacturer, and generic area of use.
- F. The identity of the material appearing on the “List of Hazardous Chemicals” will be the same name that appears on the manufacturer’s label and the SDS for that material.
- G. If you are unable to get an SDS from the manufacturer or supplier, contact your local TOSHA office or the regional dental director for assistance.
- H. If a chemical or material is not hazardous as defined by the standard or if an SDS is not necessary, a written statement to this effect must be provided by the manufacturer or supplier. Mark it accordingly on the inventory worksheet.

V. LABELING

- A. Most manufacturers supply a proper label on the chemical/material delivered to the public health dental clinics. The supplier should be notified in writing quickly if the label is not present. Products and materials that are subject to Food and Drug Administration (FDA) or Environmental Protection Agency (EPA) labeling are not included in this statute, though they must have the proper FDA or EPA labeling.
- B. No chemical, product, or material will be accepted for use in any public health dental clinic unless labeled with at least the following information:
 - 1. Name of hazardous chemical as indicated on the SDS
 - 2. Appropriate hazard i.e. the specific organ affected (e.g. damages lungs, irritates skin, causes dizziness)
 - 3. Name & addresses of the chemical manufacturer, importer or responsible third party
- C. Containers labeled by the manufacturers do not require additional labels. The manufacturer is responsible for properly labeling the original container. All labels should be legible and prominently displayed on the container.
- D. The staff at the dental clinic is responsible for ensuring that all incoming containers are labeled.
- E. If a product is transferred to a new container for immediate use by one employee, the container need not be labeled. If the transfer is for later use or by another employee, it must be labeled with hazard information. Copies of the original labels can be used to label these containers. An appropriate in-house label will include the following information:
 - 1. Product name
 - 2. Chemical identity of the material
 - 3. Appropriate hazard warnings
- F. All in-house labels will be reviewed whenever necessary to update the label information and to determine whether the label conveys the appropriate hazard warnings for the material identified on the label.
- G. No employee should remove or alter a label on any container. Any container without a label should be reported immediately to the dentist or the regional dental director.
- H. The identity of the product that appears on the manufacturer's label or the in-house label will be the same name to identify the product on the "Inventory of Chemicals, Materials, and Supplies", the "List of Hazardous Chemicals", and the SDS for the product.

VI. SAFETY DATA SHEETS (SDSs)

- A. A safety data sheet containing information required by the Hazard Communication Standard will be kept for each product listed on the “Inventory of Chemicals, Materials, and Supplies” list that contains a hazardous chemical. The SDS should be the most current one supplied by the manufacturer, distributor, or supplier. Each material safety data sheet shall be in English. The dental staff members share responsibility for obtaining and maintaining the file of SDS in compliance with this policy.
- B. The SDSs are to be filed behind the corresponding “Inventory of Chemicals, Materials, and Supplies” in the written hazard communication program.
- C. The written hazard communication program will be readily accessible to any employee in the dental clinic at any time during the work schedule. Safety data sheets will also be made readily available, upon request, to the employee’s designated representatives, the Assistant Secretary of Labor for Occupational Safety and health, in accordance to the requirements of 29 CFR 1910.20(e).
- D. In order for the dental staff to acquire the appropriate SDS, staff should request, when ordering, that the supplier provide the appropriate SDS with each chemical or material delivered to the dental clinic. If members of the dental staff are unable to obtain the SDS from the supplier/dealer, the manufacturer must be written. Noncompliance by the manufacturer to a written SDS request should be reported to the local TOSHA office and the regional dental director for assistance.
- E. The SDS consists of the following sections. Particular attention is to be paid to Section II where the hazardous ingredients are listed. Some SDSs may vary slightly in their order.

Section I	Chemical Product and Company Identification
Section II	Hazardous Ingredients/Identity Information
Section III	Composition/Information on Ingredients
Section IV	First-Aid Measures
Section V	Fire Fighting Measures
Section VI	Accidental Release Measures
Section VII	Handling and Storage
Section VIII	Exposure Control and Personal Protective Equipment (PPE)
Section IX	Physical and Chemical Properties
Section X	Stability and Reactivity
Section XI	Toxicological Properties
Section XII	Ecological Information
Section XIII	Disposal Considerations
Section XIV	Transport Information
Section XV	Regulatory Information
Section XVI	Other

- F. If a safety data sheet is not available because the material is not hazardous, the supplier or manufacturer must provide a statement to that effect.

IX. SAFETY DATA SHEET INFORMATION

Safety data sheets (SDSs) are designed to provide you with the information you need to establish proper work procedures and to handle chemical substances safely. SDSs provide a comprehensive source of information and are valuable components to the hazard communication program.

Section 1 – Product Identification

Will also contain the manufacturer's name, address, and a telephone number to call in the event of an emergency.

Section 2 – Chemical Ingredients

Lists the chemical ingredients of the material, and whether the chemicals are known or suspected to be hazardous. Also included in this section are the exposure limits for the hazardous chemicals.

Section 3 – Physical Data

This section contains information on health hazard data, to include principle routes of exposure (i.e. oral, eye contact, ingestion, etc.), properties affecting health, hazard information (i.e. target organ effects, reproductive effects, mutagenic effects, etc.). It also lists the carcinogenicity rating, the signs and symptoms and any medical conditions that could be aggravated by exposure to this material.

Section 4 – First Aid Measures

This section contains information on what to do if the material comes into contact with skin or eyes. It also explains what to do if the chemical is ingested or inhaled.

Section 5 – Fire-Fighting Measures

Contains fire and explosion hazard information and procedures that are especially useful for local fire departments and first responders.

Section 6 – Accidental Release Measures

Describes what to do if the chemicals/materials are spilled. It lists personal precautions, environmental precautions and methods for cleaning up the spill.

Section 7 – Handling and Storage

Explains handling and storage procedures for the material. It also lists products that would be incompatible for storage with this chemical.

Section 8 – Exposure Controls/Personal Protection

This section lists what engineering controls are required when using this material.

Section 9 – Physical and Chemical Properties

This section provides physical data about the product that can be used to identify the product.

Section 10 – Stability and Reactivity

This section contains information on the reactivity of the product, and it lists other chemicals which, when mixed with the product, will result in a chemical reaction.

Section 11 – Toxicological Information

This section explains the acute, chronic and subchronic toxicity effects this chemical can have on your body.

Section 12 – Ecological Information

This section contains information on how this chemical can affect the environment.

Section 13 – Disposal Considerations

Appropriate waste disposal methods for the product are listed to ensure that waste material is disposed of in accordance with federal, state, and local regulations.

Section 14 – Transport Information

This section contains information regarding proper transportation of this product to and from the manufacturer.

Section 15 – Regulatory Information

This section contains information on U.S. Federal Regulations regarding use of this product.

Section 16 – Other Information

This section contains information on label statements, precautions, or any other aspect of safety or health not covered in the other sections.

X. HAZARD COMMUNICATION TRAINING FOR EMPLOYEES

Employers shall provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new physical or health hazard the employees have not previously been trained about is introduced into their work area. Information and training may be designed to cover categories of hazards (e.g. flammability, carcinogenicity) or specific chemicals. Chemical-specific information must always be available through labels and data sheets.

G. Employee information and notifications includes:

1. The requirements of this section;
2. Any operations in your work area where hazardous chemicals are present; and
3. The location and availability of the written Hazard Communication program, including the required list(s) of hazard chemicals and safety data sheets required by this section.

H. Employee training includes:

1. Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (e.g., monitoring, visual appearance, odor);
2. The physical and health hazards of the chemicals and materials in the work area;
3. The measures employees can take to protect themselves from these hazards, including specific procedures implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and
4. The details of the hazard communication program, including an explanation of the safety data sheets, labeling system, and how to obtain, interpret, and use the available hazard information.

All public health dental staff members are required to complete a hazard communication training program. Employee information and training will be provided at the time of initial employment in a public health dental clinic or whenever a new type of hazard is introduced at the workplace. The regional dental director or public health dental staff from the Oral Health Services Section will conduct periodic updates, reinforcements, and evaluations.

The training program will consist of:

1. A copy of the standard, an explanation of its contents, and location of the copy at the worksite;

2. An explanation of the worksite's Hazard Communication Program and location of the manual at the worksite;
3. Information on operations in the work area involving hazardous chemicals;
4. How to detect the presence or release of hazardous chemicals in the work area;
5. Physical and health hazards of chemicals in the work area;
6. How employees can protect themselves against chemical hazards by using engineering and work practice controls, emergency procedures, and PPE;
7. How to read and use an SDS and where they are kept in the workplace; and
8. An explanation of the labeling system used to warn against chemical hazards.

It is not sufficient to either just read to the workers, or simply hand them material to read.

TOSHA will expect employees to verbally recall the following questions in simple language to inspectors:

1. What are the requirements of the hazard communication standard?
2. What hazardous chemical(s) are you exposed or may be exposed to during normal use or in a foreseeable emergency?
3. Where is this chemical present?
4. What are the short and long term effects on the body?
5. How can you detect if you are overexposed to the chemical(s)?
6. Where are the SDS, chemical list, and written program located?
 - The Tennessee Right-To-Know Law requires that training be repeated annually and that records of the training be kept. Record all training dates, identify each employee trained, and provide a short description of the training given.
 - You may use the SDS for training. Additional information and help may be obtained from TOSHA or other sources, such as www.osha.gov.
 - Employees (e.g. maintenance personnel) who are exposed to many chemicals (multi-chemical exposure) may verbally recall the short and long term effects of chemicals on the body to comply with the requirements of number 4.

Contractors who may be exposed to hazardous chemicals will be informed both verbally and by means of an information sheet as to the hazards involved at a meeting before any work is accomplished. Furthermore, prior to beginning of work, all contractors will be given a copy of the written hazard communication program for the location. The particular hazards associated with the work area(s) will be identified. The SDS for the relevant hazardous chemicals will be provided to the contractor. The administrator of the health department will be responsible for implementing this policy.

XI. DENTAL OFFICE SAFETY

The hazard potential of chemicals that may be found in products handled in the dental clinic is dependent on the amount of exposure and individual variability. In most dental clinics, the amounts of chemicals are small and therefore risks should be small as well. The risks can be further minimized if recommended procedures and precautions are followed. For information on specific products, always refer to the SDS. Rely on the SDS first and foremost.

GENERAL PRECAUTIONS

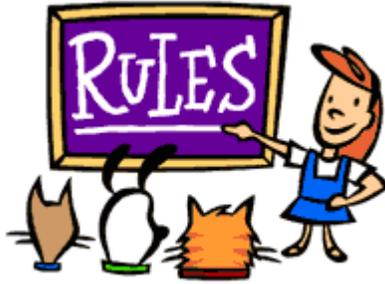
- Handle chemicals properly in accordance with manufacturer or supplier's instructions.
- Avoid contact with chemicals.
- Minimize chemical vapor in the air.
- Do not leave chemical bottles open.
- Keep dust generation to a minimum.
- Do not use a flame near flammable chemicals.
- Do not eat or smoke in areas where chemicals are used.
- When appropriate, wear personal protective equipment.
- Know proper cleanup procedures.
- Dispose of all hazardous chemicals in accordance with the SDS instructions and applicable local, state, and federal regulations.

The most effective way to avoid accidents and spills involving hazardous materials is to minimize the amount of chemicals present in the dental clinic. Properly discard those products that are past their expiration dates or you no longer use.



Section 8

SDS Sheets, Chemical Inventory and
Hazardous/Non-Hazardous List



Section 9

Hyperlinks to the Rules of the Tennessee
Board of Dentistry

RULES of the Tennessee Board of Dentistry:

1. [Rules of the Board of Dentistry](#) – Title 63; Chapter 5 Dentists (all professions)
2. [Governing the Practice of Dentistry - General Rules](#)
3. [Rules Governing the Practice of Dental Hygienists](#)
4. [Rules Governing the Practice of Dental Assistants](#)

Section 10

SBDPP Operations Handbook

School-Based Dental Prevention Program



SBDPP Operations Handbook

- Equipment maintenance schedules
- Spore testing
- Water and Waterline guidance
- Autoclave usage and Maintenance



Equipment Maintenance Schedules

Annually

1. Annual inspection/certification of autoclaves
2. Change Dentapure 365 water line treatment cartridges on each chair

Biannually

1. Waterline testing

Monthly

1. Clean Autoclave monthly or every 30 loads
2. Change suction traps on unit

Weekly

1. Run Attest spore test for each sterilizer in use
2. Assess light output intensity of curing lights with appropriate radiometer
3. High volume evacuator (HVE) should be cleaned with approved cleaner
4. Saliva Ejector traps changed, run suction cleaner through

Daily use items

1. Inspect all hand instruments and handpieces .
2. Handpieces
 - a. Follow manufacturer's instructions.
 - b. Autoclave all handpiece parts prior to each use.
 - c. Lubricate and run prior to sterilization if indicated.
 - d. Never run handpieces without a bur in place.
 - e. Run water through lines 2 minutes at the beginning of the day and 20-30 seconds between patients.
3. Ultrasonic cleaner should be emptied and cleaned on a daily basis. Enzymatic cleaner should be placed in the ultrasonic for proper cleaning of instruments. Instruments should be placed in ultrasonic using utility gloves. Hand scrubbing of instruments is not recommended.

SPORE TESTING

1. Done weekly if instruments are run. (Do not do test if there is no clinic)
2. Follow manufacturer's instructions.
3. Use a control vial each time a test is done.
4. Conduct 3 consecutive spore tests if an autoclave is serviced.
5. Record results in Autoclave log.

If a Spore Test Result is Positive

1. If the mechanical (e.g., time, temperature, pressure) and chemical (internal or external) indicators suggest that the sterilizer is functioning properly, a single positive spore test result probably does not indicate sterilizer malfunction.
2. Items other than implantable items do not necessarily need to be recalled; however, sterilizer operators should repeat the spore test immediately using the same cycle that produced the positive spore test.
3. If the result of the repeat spore test is negative and operating procedures were correct, then the sterilizer can be returned to service. If the repeat spore test result is positive, do not use the sterilizer until it has been inspected or repaired and rechallenged with spore tests in three consecutive empty-chamber sterilization cycles.
4. When possible, items from suspect loads dating back to the last negative spore test should be recalled, rewrapped, and re-sterilized.
5. Results of biological monitoring and sterilization monitoring reports should be recorded.

Water Protocol

Waterline Care and Maintenance

1. Run water through each handpiece and 3 way syringe 2 minutes at the beginning of each clinic session and 20-30 seconds between each patient.
2. Install Dentapure 365 cartridge every 12 months
3. Follow Manufacturer's instructions.
4. Inspect cartridge each time a water bottle is filled.
5. Test each waterline every 6 months per manufacturer's instructions.
6. Document waterline testing in Autoclave/ waterline testing log.
7. Maintain results for 2 years.
8. If a test fails, retest lines that have failed ASAP.

Distilled and Sterile Water Usage

- I. **Sterile water**
 - a. Sterile water should be used for irrigation in oral surgery.
 - b. Sterile water should be discarded after opening.
- II. **Distilled water**
 - a. Distilled water should be used 30 days after opening or distilling on site.
 - b. Distilled water should be used for all autoclaves.
 - c. Distilled water should be used in self-contained water bottles on each chair.

AUTOCLAVE USAGE AND MAINTENANCE

USAGE:

1. Autoclave should be operated per manufacturer's guidelines.
2. Inspect seals and chamber prior to use.
3. Insure the water level is correct.
4. Use only distilled water.(See water protocol guidelines)
5. Drain water weekly and discard drained water.
6. Package items to be sterilized.
7. Clean and heat sterilize intraoral devices that can be removed from air and waterlines, including all handpieces, motors and attachments.
8. Do not overload the chamber/ cassette.
9. Run the cycle.
10. Allow instruments to dry.
11. Store in cabinets or covered containers.
12. **Package protocol**- Use date shelf life practices
 - a. Package wrapped instruments with the date (month date and year) of sterilization clearly noted on the package.
 - b. Use pouches or tape with a steam indicator on the packaging.
 - c. Unpackaged items should be used immediately after sterilization.
 - d. Inspect packages prior to storing. When packaging of sterile items is damaged, re-clean, re-wrap, and re-sterilize.
 - e. Re-sterilize any stored items that have been autoclaved longer than one calendar year.
13. **Sterilization monitoring**
 - a. Mechanical
 - a. Measure time, temperature, pressure
 - b. Observe gauges/displays on the sterilizer
 - b. Chemical
 - a. Chemicals change color when parameter is reached
 - b. Must be an internal indicator within all packages
 - c. Biological
 - a. Biological spores are used to assess sterilization
 - b. Spore test logs should be kept for 2 years
14. TDH Policy- Transportation of non-sterile autoclavable dental instruments is not permitted.



Section 11

New Data System
Coming Summer 2017!

