As a Dental Assisting student, you will be exposed to radiation, bloodborne pathogens and communicable diseases.

OCCUPATIONAL EXPOSURE TO IONIZING RADIATION

Dental personnel work with ionizing radiation daily. The State of South Dakota requires that all dental assistants must be educationally trained in the proper use of radiographic equipment and techniques for exposing radiographs safely. Students will follow mandated instructions regarding patient exposure and radiation asepsis for operators.

OCCUPATIONAL EXPOSURE TO COMMUNICABLE DISEASES

Dental Assistants need to make sure they fully understand the risk of communicable diseases. A communicable disease is one that is transmitted by saliva, blood, and other bodily fluids. Dental Assistants are at a very high risk because their hands come into contact with patients' mouths all day long. This exposes them to saliva and often blood. While patients are asked to disclose information about communicable diseases including HIV, many choose not to. Some communicable diseases such as herpes form sores in the mouth and Dental Assistants need to be able to identify them. A Dental Assistant should assume every patient is contagious and take all precautions against infection.

OCCUPATIONAL EXPOSURES TO BLOOD

Dental healthcare personnel are at risk for occupational exposure to blood-borne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Exposures occur through needle sticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. Important factors that influence the overall risk for occupational exposures to blood-borne pathogens include the number of infected individuals in the patient population and the type and number of blood contacts. Most exposures do not result in infection.

Employers and clinical sites should have in place a system for reporting exposures in order to quickly evaluate the risk of infection, inform you about treatments available to help prevent infection, monitor you for side effects of treatments, and determine if infection occurs. This may involve testing your blood and that of the source patient and offering appropriate post-exposure treatment. (See the following pages for reporting to program)

HOW CAN OCCUPATIONAL EXPOSURES BE PREVENTED?

Many needle sticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth, or skin.

Source Information and Consent Form
After Bloodborne Exposure

Exposed Person _____ Phone number _____ Date of report _____

Date of exposure _____ Time of exposure ____ Supervisor/Faculty _____

Source Information

Name of Source _____ Date Source Notified _____

Perform the tests listed below immediately.

Date Source Specimen Drawn _____

Source Results:

HIV 1/2:	☐positive	☐negative	☐ not tested
Anti-HCV:	☐positive	☐negative	☐not tested
HBsAg:	☐positive	☐negative	☐not tested

Date Source Results Reported _____

Source Consent

I have been notified that a blood borne exposure occurred with my blood. As the source of this exposure, I consent to have my blood drawn for the following tests: HIV 1/2, Anti-HCV and HBsAg. I realize the importance for the results of these tests to be shared with the clinician as well as the faculty of LATC in order to determine further testing requirements of the exposed person. Therefore, I consent to release the information for these lab tests to _____ a member of the Faculty of the _____ program at Lake Area Technical College.

I am aware that the cost of the testing will be paid for by Lake Area Tech College.

_____ _____ _____

Source Name Source Signature Date

_____ _____ _____

LATC Faculty Name LATC Faculty Signature Date

Post Exposure Form

Name _____ Phone number _____Date of report _____

Date of exposure _____ Time of exposure _____ Supervisor/Faculty _____

Program: ☐DA ☐ MFR ☐ MA ☐ MLT ☐ Nursing ☐ OTA ☐ PTA ☐ HST ☐ Staff

Site (building) where exposure occurred _____ City/State _____

Was this a clinical site? _____ (if yes, clinical facility's post exposure plan must be followed)

Details of Exposure: To be Completed by the Student/Staff

Type of Body Fluid Exposure (check all that apply) ☐ Unable to identify ☐Component: (prbc, plasma, platelets)
☐Blood ☐Bloody nasal secretions ☐ Wound drainage ☐Peritoneal/pleural/pericardial/synovial
☐Bloody saliva/vomit ☐Bloody urine/stool/tears ☐Vaginal secretions ☐ CSF/Amniotic Fluid/Semen

Details of the procedure being performed; including where and how the exposure occurred / types of sharps involved, etc._

_____

Extent of exposure (type and amount of blood/body fluid/material, severity of exposure including depth and whether fluid was injected, etc.)

_____

Personal Protective Equipment worn: ☐gloves ☐gown ☐mask ☐protective eyewear ☐face shield

other PPE (describe): _____

Decontamination utilized (i.e. hand washing, flushing mucous membrane eye, nose, mouth, etc.) _____

_____

Description of first aid administered _____

Route/Type(s) of Exposure (check all that apply)	
Type 1: Splash to mucous membranes	☐eye ☐nose ☐mouth ☐other:
Type 2: Contaminated skin penetration other than needlestick	☐puncture ☐human bite _____ ☐Open/healing sore, wound or lesion (location) _____ ☐eczema, skin rash, non-intact skin (location) _____ ☐pierced ears ☐other _____
Type 3: Needlestick	☐contaminated ☐non-contaminated
Type 4: Contact with intact skin or clothing	☐wet drops/spray on clothing, no skin contact ☐fluids soaked through clothing with skin contact ☐clothing contact with dried/caked blood, no skin contact ☐skin contact with dried/caked blood ☐other:

Interpretation – Follow-Up Activities	
Type 1 or 2 exposure	▪ Send worker for medical evaluation
Type 3 exposure (needlestick):	▪ Contaminated needle, handle as a Type 1 and send for medical evaluation ▪ Non-contaminated needle, fill out form for tracking only – considered a non-exposure
Type 4 exposure	▪ If occurs with Type 1/2/3/ exposure: handle as the more serious type ▪ **With NO type 1/2/3 exposure**: Have exposed person change contaminated clothes / wash up immediately. Fill out form / maintain on file. Counsel/review work practices to prevent re-occurrence. Modify written exposure control plan and/or train others with similar exposure potential if indicated

I consent to the release of information such as immunization and immunity status to the LATC program, the clinical facility and the site providing my post-exposure counseling and management. I also consent to the release of the post-exposure serology test results to LATC and the clinical facility. I realize that I must follow the testing interval guidelines set forth in this document or as required by my clinical facility site (if currently on clinical during the time of exposure). If I fail to do so, I will be required to pay for my own medical bills related to this exposure.

Signature: _____ Date: _____

Post Exposure Form, con't

These page(s) to be completed by program faculty or supervisor

_____ _____

Name of Exposed Person Program Faculty / Supervisor Name

All student exposures occurring at LATC must be referred to one of the physicians below for consultation (this form is to accompany the student and a copy should be returned to the program after they are seen)

☐ Brown Clinic Physician: Dr Aaron Shives ☐ Sanford Clinic Physician: Dr. William Devine

☐ After clinic hours: Acute care or PLH

Source Patient:

Was the source patient identifiable? yes ☐ no ☐ (if no, it is not necessary to answer the remaining questions in this section but please continue to the post-exposure Student Baseline section below)

Did the source complete the SOURCE CONSENT FORM? ☐ yes ☐no
Did the source sign the medical release portion? ☐yes ☐no

Perform the following tests immediately on the source:

HIV 1/2:	date drawn _____	☐positive	☐negative	☐ not tested
Anti-HCV:	date drawn _____	☐positive	☐negative	☐not tested
HBsAg:	date drawn _____	☐positive	☐negative	☐not tested

IF SOURCE IS NEGATIVE FOR THE TESTS ABOVE, *NO FURTHER TESTING IS REQUIRED*

Post Exposure Baseline:

Hepatitis B immunity status: Date of last tetanus booster: _____

Series completed: ☐yes ☐no ☐unknown
Post immunization titer (HBsAb): ☐protected ☐negative ☐unknown

IF EXPOSED PERSON IS KNOWN TO HAVE HBsAb PROTECTIVE TITER, THE HBsAg, HBcAB and HBsAb tests ARE NOT REQUIRED

Date Baseline Testing Drawn _____ Facility _____
Test Instructions:☐save specimen until source testing results are known ☐ test immediately (source unknown)

HIV 1/2 :	☐yes	☐no	
Anti-HCV:	☐yes	☐no	
Hepatitis B core antibody	☐yes	☐no	☐ ***not tested –has known protective immunity (HBsAb)***
Hepatitis B surface antigen	☐yes	☐no	☐ ***not tested –has known protective immunity (HBsAb)***
HBsAb	☐yes	☐no	☐ ***not tested –has known protective immunity (HBsAb)***

Other tests ordered/performed _____ DateResults received _____

Post-exposure Management After Baseline Testing:

Hepatitis B:
Recommendations: ☐No further follow up required ☐HBIG (date; dose) _____

☐ Additional recommendations _____

Hepatitis C:
Recommendations: ☐No further follow up required ☐HCV 6 mo

☐ Additional recommendations _____

HIV:
Recommendations: ☐No further follow up ☐HIV testing at 6 wks and 6 months

Further recommendations for post-exposure management and follow-up _____

_____

Counseling included topics of: _____

_____

Post-exposure consultation by: _____ Date: _____
(Signature)

_____
(Please Print Name)

Facility name and city:_____Phone: _____