

OSHA/CDC CORNER

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Managing Exposure Incidents

Do you know what to do in the event of an incident or accident with a contaminated instrument or needle? Proper post-protocol is outlined by the OSHA Bloodborne Pathogen Standard and Center for Disease Control (CDC), but it is often confusing, especially because these injuries are infrequent. These exposure incidents include contamination with not just visible blood, but saliva in dental procedures.

EXPOSURE INCIDENTS ARE DEFINED AS:

- Puncture or cut with contaminated item (e.g. instrument, needle)
- Blood or saliva splashing on mucous membranes (e.g. nose, mouth, eyes)
- Abraded/chapped/non-intact skin splashed with saliva or blood

WHEN ANY OF THESE INCIDENTS OCCUR HERE ARE THE STEPS TO TAKE:

1. First aid to the injured area by washing skin with soap and water, flushing mucous membranes with water. DO NOT SQUEEZE WOUND.

2. Report to your office's designated person.

3. Complete incident report form* (from your required written Exposure Control Plan).

4. Call the health care provider or facility that will provide post-exposure management to explain the incident. This call needs to occur ASAP. They will advise the necessity for medical evaluation.

- This evaluation includes a blood test for Hepatitis B, C and HIV determining the employee's "baseline" at the time of the exposure. Employee may refuse post-treatment, and will be required to sign a statement attesting they have been advised of the risks of exposure to Hepatitis B, C, and HIV.
- Obtain worker's compensation information of the practice (needed for the evaluation of employee).
- Counseling may also be provided to the exposed employee.

5. If you know the patient whose contaminated item was involved in the incident, they are asked to have their blood tested for Bloodborne diseases. This is NOT mandatory and if they refuse, no statement needs to be signed. They are called the "source patient" and when explaining what happened, assure them they are NOT at risk for transmission, but the testing would be helpful to allay any concerns for the employee. All results are kept confidential.

- If the patient is a child, you would talk with the parent or guardian.
- Payment of the tests for the patient are not under OSHA's authority. I highly recommend the practice offer to pay for these tests to maintain good patient relations and provide encouragement (you can request that it be filed with their insurance.)
- If the patient is known to be HIV-positive or has AIDS the health care provider may recommend the employee take antiretroviral drugs to help fight off an infection.

6. If the patient is unknown, the health care provider will determine the extent of additional follow up testing for the employee. These tests are often one month after the baseline, then at 3, 6, and 12 months.

7. More information for facilities or you: CDC Post-Exposure Prophylaxis (PEP) Hotline: 1-888-448-4911.

8. Finally, a review of the incident and implementation of any changes to avoid its reoccurrence should occur.

Most of these incidents are accidental and may be prevented, but others, such as a patient moving during an anesthetic procedure, cannot. Good reminders include taking your time when completing dental procedures, wear appropriate personal protective equipment, and recap needles appropriately.

*Includes date/time of exposure, details of procedure being performed, type and amount of fluid/material present, severity of wound, exposure source/exposed person details.