

EAST CAROLINA UNIVERSITY
INFECTION CONTROL PLAN

ECU School of Dental Medicine - Ross Hall and CSLCs

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**ECU School of Dental Medicine
Infection Control Manual**

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The ECU School of Dental Medicine Infection Control Manual

1.0 Introduction and Purpose

- A. Goals of the SoDM Infection Control Program are to:
- Protect the health of all patients and employees
 - Comply with applicable federal, state, local and ECU regulations governing infection control, job safety, and management of hazardous wastes

This document provides guidance for the ECU School of Dental Medicine (SoDM) to develop and implement an infection control program that can be adopted or modified to ensure reasonable precautions are being taken to prevent, control, and contain infectious processes in patients, staff, students, and visitors in the dental services environment.

- B. Guidelines contained in this manual are designed to comply with current federal requirements including those issued by the following regulatory agencies:
- Occupational Safety and Health Administration (OSHA)
 - Food and Drug Administration (FDA)
 - Environmental Protection Agency (EPA)

Other guidelines and recommendations may also be used as references in the development of dental service infection control and employee protection programs. These are best practices and advisements issued by non-regulatory agencies including, but not limited to, the American Dental Association (ADA), the Organization for Safety, Asepsis and Prevention (OSAP), which focuses exclusively on dental infection prevention along with patient and provider safety in the dental setting, the US Public Health Centers for Disease Control and Prevention (CDC) and other reputable organizations or entities. Background information and supporting references for specific recommendations are provided the CDC Prevention Guidelines for Infection Control in Dental Healthcare Settings – 2003, available on the CDC website. More stringent and/or current regulatory guidance takes precedence over non-regulatory practices.

- C. Infection Control protocols and procedures apply to all SoDM dental healthcare personnel (DHCP) in the dental setting who may be exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians, students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents, including administrative and clerical roles.
- D. SoDM Infection Control Leadership and Responsibilities
Department of Clinical Affairs:

- Appoints an Infection Control Coordinator to lead infection prevention efforts for the organization
- Advises SoDM on current issues relevant to dental infection control and occupational health and safety
- Functions as liaison with the ECU Office of Environmental Health and Safety (OEHS) and the Office of Prospective Health (OPH) along with local Health Departments
- Maintains lines of communication with federal regulatory and advisory agencies including OSAP, OSHA, FDA, EPA, and CDC, as well as with other recognized authorities in the fields of dental infection control and occupational safety
- Develops and distributes SoDM-approved guidelines and standard operating procedures (SOPs), as needed to augment the Infection Control Manual policies
- Reviews and updates the infection control program based on changes in regulations, recommendations, and ECU infection control and waste management policies
- Disseminates infection control and safety information, as needed, through effective communication routes

Policies, protocols, and guidelines in the SoDM Infection Control Manual are developed, implemented, monitored, and evaluated on an ongoing basis by the SoDM Clinical Affairs Committee and the QAQIC, with final SoDM approval coming from the SoDM Dean's Executive Council, supplanted in review and approval only by the ECU Infection Control Committee.

E. SoDM Infection Control Coordinator

- Completion of required infection control training according to NC Administrative Code (NCAC) 10A 41A.0206
- Implementation and/or direction of SoDM infection control and occupational health/safety programs as follow:
 - Provision of waste management training to ensure distribution of initial, annual, and periodic information for DHCP related to dental infection control and occupational safety
 - Compliance with OSHA requirements, and current SoDM policies for protection of dental healthcare personnel (DHCH) from bloodborne pathogen (BBP) exposures
 - Coordination of post-exposure BBP event management when and where required
 - Reporting of all matters related to dental infection control to the QAQIC Program Director, accompanied by presentation at QAQIC meetings, upon request
 - Coordination of infection control communications with CSLC Directors and Infection Control designees, as needed, or upon request

- Surveillance of all SoDM environments affected by potential for infection control in accordance with the SoDM, OPH, and the ECU OEHS guidelines
- Oversight of waste management in clinical areas for compliance with federal, state, and local regulations
- Assistance with maintenance and updates of the SoDM Infection Control Manual and the SoDM BBP Event Management Plan for changes such as inclusion of new regulations or additions of new potentially hazardous substance

Per NC Statute, each SoDM CSLC Director must appoint an Infection Control Designee for their facility. This role functions in the same capacity related to location-specific Infection prevention responsibilities as the Infection Control Coordinator assumes for Ross Hall.

F. SoDM Immunization Requirements for all clinical staff, which includes faculty, staff residents and students, on hire for employees or prior to matriculation for students, are as follow:

- MMR (Measles, Mumps, Rubella)
- Tdap (Tetanus, Diphtheria, Pertussis)
- Polio
- Hepatitis B (3-dose series) or positive titer
- Varicella (2-doses of vaccine) or positive titer
- PPD with negative test result or clear chest x-ray with positive test result

Influenza vaccines are required annually per the ECU Comprehensive Influenza Protection Plan. The SoDM SOP CAFF.028-Immunization Requirements for Clinical Staff and Faculty at Ross Hall and CSLCs provides additional details including annual vaccine requirements and associated disciplinary action. (See **Appendix B**)

2.0 ECU OPH Infection Control Policy (content provided by OPH and included by OPH request)

The SoDM complies with the ECU OPH Infection Control Policy. The CSLCs are to comply with the OPH Infection Control Policy, with modification of certain practice elements to meet local clinic needs. Each CSLC may contract with a local medical partner through a Memorandum of Understanding (MOU) to provide services consistent with the ECU OPH Infection Control Policy unavailable from the OPH due to geographic location.

I. Purpose:

The Infection Control policy is established to help safeguard patients and personnel from the transmission of infection between patient and personnel during patient care. All ECU SoDM personnel, students, and other healthcare workers are to comply with all ECU infection control policies.

II. Personnel:

- A. All new and current employees, students, and residents will comply with employment screening as outlined in the Prospective Health Policy. Employee Health records will be maintained by the OPH.
- B. Employees who have potential for blood or other potentially infectious material exposure will be offered hepatitis B vaccine at no charge to the employee. Dental faculty, residents, students, and employees who have potential for exposure to *Mycobacterium Tuberculosis* (MTB) will be given TB surveillance by PPD skin testing with follow-up per Prospective Health protocol.

Other health care students with clinical rotations through ECU clinics, non-employee healthcare workers, and any others who may have patient contact will have documentation of Infection Control training, required vaccines administered, and PPD skin testing results according to BSOM policy for students/visitors.

- C. Any ECU staff (including physicians and dentists) or student who has an exposure to a communicable disease through a needle stick or other means will report that exposure to the appropriate supervisor or instructor and follow-up will be done per Bloodborne Pathogen Exposure Control Plan, Tuberculosis Exposure Plan or Prospective Health Policy depending on exposure. Residents, faculty, staff, and ECU students who have a potential exposure to a communicable disease in ECU clinics are to notify ECU Prospective Health for testing of the source patient, who should not be discharged or dismissed until blood draws have been completed. ECU personnel will follow-up with ECU Prospective Health for monitoring/treatment. Non-ECU students will follow their institutional policy.
- D. Clinical employees will receive education on infection control, standard precautions, OSHA, TB and Bloodborne pathogen, and radiation safety standards upon employment and yearly thereafter. Clinical employees will complete an Employee Health Update annually.
- E. Health Record Management
An accurate employee health record for each employee, subject to medical surveillance under this document, will be maintained by Prospective Health and/or contracted medical provider and will include:
 - The name and banner access number of the employee.
 - Employee Hepatitis B status including the dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.

- All results of examinations, medical testing, follow-up, and written opinions as they relate to the employee's ability to wear protective clothing and equipment or receive vaccination or to post-exposure evaluation following an occupational exposure incident is completed within 15 days
- A copy of the information will be sent to the involved provider along with the treating provider's written opinions
- Employee Medical Records are retained for duration of employment plus 30 years

F. Hepatitis B Immunization Requirements

- Employees in positions having occupational contact with blood or other potentially infectious materials will be offered the Hepatitis B vaccine within ten (10) working days of initial assignment
- If an employee for whom the Hepatitis B Vaccine is indicated declines HBV vaccine, a declination form will be signed and retained in the Employee Health Record. An employee may subsequently request vaccination, and it shall be provided at that time.
- Currently booster doses are not recommended. Should booster doses become recommended in the future, such booster doses shall also be provided. After receiving the 3 doses of Hepatitis B Vaccine, a post vaccination titer shall be drawn to document immunity or the need for booster vaccinations.

G. Respiratory Fit Testing

THIS TESTING WILL BE CONDUCTED DURING THE INITIAL HEALTH ASSESSMENT FOR NEW CLINICAL STAFF, PREDOCTORAL STUDENTS AND RESIDENTS. SoDM will comply with OPH guidelines for periodic testing.

H. ECU/OPH Training Requirements for Employees and Students

Employees will participate in General Orientation provided by the OPH which includes an overview of Infection Control principles, the ECU Bloodborne Pathogen Exposure Control Plan and Protocol, Standard Precautions, Hand Hygiene, Chemical Hazard Communication, Laboratory Safety, Radiation Safety, and other relevant OSHA topics related to patient safety and prevention of employee injury or exposure to bloodborne pathogens or other potentially infectious material.

Required annual training for employees, based on both regulatory and local standards according to job positions and requirements, is available online and through attendance at live orientation sessions. Failure to comply with training and health screening deadlines will result in removal from the clinic until compliance is achieved.

Training to comply with OSHA, ECU and OPH/SoDM standards associated with Occupational Exposure to BBPs shall contain the following:

- Online reference and link to OSHA Standard 29CR part 1910.1030, Occupational Exposure to Bloodborne Pathogens, and general explanation of its contents which serve as the basis for the ECU Bloodborne Pathogen Exposure Control Plan
- General explanation of the epidemiology and symptoms of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- Reference to the ECU Bloodborne Pathogen Exposure Control Plan and how to obtain both a hardcopy and digital versions of the plan.
- Appropriate methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials (OPIM).
- Use and limitation of practices that will prevent and reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, and decontamination or disposal of personal protective equipment.
- Basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on efficacy, safety, method of administration, and benefits of being vaccinated.
- Information on appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- Procedures to follow if an exposure incident occurs, including the method of reporting the incident and medical follow-up that will be made available.
- Opportunity for incentive questions and answers.
- Review of standard operating procedures, safe equipment use and disinfection specific to designated equipment.

Employee training records content and maintenance:

- Dates training completed
- Contents or title of training sessions
- Name and qualifications of trainer(s) for live sessions
- Roster of training attendees for either live or online sessions
- OPH maintenance of training records including initial sessions per policy) for a 5-year minimum
(CSLC attendee records may be maintained by the CSLC's designated medical partner)
- SoDM annual training records maintained by the Office of Clinical Affairs

3.0 SoDM Bloodborne Pathogen Exposure Control Plan and Post-Exposure Event Management

The SoDM is committed to providing a safe and healthful work environment for employees and students. The ECU Bloodborne Pathogen Exposure Control Plan is used as the foundational means to eliminate or minimize occupational exposure to human blood and other potentially infectious materials (OPIM) or fluids. It is designed to comply with OSHA Standard 29 CFR 1910, 1030, Occupational Exposure to Bloodborne Pathogens. ECU's compliance program for the OSHA Bloodborne Pathogen Standard is administered by OPH and incorporated into ECU Control Practices for clinical and biological research employees and students. The SoDM adheres to these ECU/OPH standards, creating a program to guide all SoDM locations in post-exposure event management in the dental setting

The full SoDM SOP #CAFF.048-Post-Exposure Event Management for Ross Hall and CSLCs including all associated SOP Appendices can be found in the following locations:

- In digital format as an appendix of the SoDM Infection Control Manual within Sharepoint on the SoDM intranet
- In hardcopy as part of the SoDM Infection Control Manual in numerous Ross Hall locations and at each CSLC readily accessible to clinical care areas
(See **Appendices C-1, C-2, and C-3**)

SoDM Post-Exposure Event Management SOP excerpts and select related documents suitable for quick reference in real-time situations are located as follow:

- Workflows, quick reference guides, scripts, and event management forms for Ross Hall within SoDM Ross Hall Clinic Emergency Manuals on each Crash Cart
- Workflows, quick reference guides, scripts, and event management forms for CSLCs within the SoDM CSLC Clinic Emergency Manuals found with each facility Emergency Kit

The SoDM BBP Post-Exposure Management Procedures is reviewed as part of the routine SoDM SOP review cycle and/or whenever best practice or technology changes affect content.

Synoptic review of the SoDM Post-Exposure Management Procedure materials is provided as an instruction topic in the following scenarios or reference material:

- Infection Control and PPE Student/Resident Pre-Clinical Orientation Sessions
- Lab Specific Training Sessions
- ECU SoDM Clinic Handbook – Infection Control Section

Annual SoDM BBP Post-Exposure Event Management online review is required of all SoDM personnel determined to have direct contact, potentially minimal contact, and indirect patient contact through the exposure risk associated with their job title.

A. BBP Exposure Risk by Job Title

SoDM positions listed below have **direct contact** with patient secretions including saliva or mucous, which may contain blood, including spatter and spray affecting Personal Protective Equipment (PPE), dental instruments and work surfaces:

- Director of Clinics (dental faculty-direct contact during patient treatment or oversight)
- Dental Faculty (direct contact during patient treatment)
- Dental Assistant (direct contact during patient treatment assistance, when handling sharps, when relocating sharps containers, or moving biohazard waste bags to collection site)
- Dental Assistant Supervisor (direct contact during chairside patient assistance, when handling sharps, relocating sharps containers, or relocating biohazard waste bags to collection site)
- Dental Hygienist (direct contact during patient treatment)
- Housekeeper (housekeeping tasks in the patient-care areas where blood and OPIM may be present)
- Instrument Management Supply Technician (direct contact with contaminated dental instruments)
- Instrument Management Supply Manager (direct contact with contaminated dental instruments)
- Laboratory Technician (direct contact with potentially contaminated items- impressions, removable prosthodontics-bridges, partial and complete dentures)
- Radiologic Technologist (direct contact during patient treatment)
- Professional Nurse (direct contact during medication administration, starting/removing IVs, changing bloody gauze or assisting with sedation during dental treatment)
- Research Faculty, Student, Assistant (handling patient blood, saliva, tissue samples)
- Dental Resident (direct contact during patient treatment, handling sharps)
- QA/QI/RM Program Director (conducting clinical monitoring, managing clinical activities, assisting with medical emergency management)

The following positions have potentially minimal contact with contaminated dental equipment during repairs, such as suction trams and dental units:

- Facilities Manager
- Facilities Technician

Administrative positions listed below work near the patient care area in which occupational exposure may occur via **indirect patient contact** (spills of blood and other potentially infectious materials, patient coughing, sneezing):

- Administrative Support Associate
- Administrative Support specialist (Front Desk Staff)

- Cashier
- Clinic Manager
- Patient Care Coordinator (administrative duties)

B. Designated Responsibilities Associated with BBP Exposure Control

Each clinical area shall evaluate its routine practices, reasonably anticipated tasks, and procedures to determine where there is actual or potential exposure to blood or OPIM. The employees who perform these tasks or procedures will receive the training and immunizations described below as described in the Exposure Control Plan.

The SoDM Infection Control Coordinator for a designated facility must ensure:

- Exposure control planning and strategy is accessible to all affected employees.
- Exposure control education is provided within 10 scheduled working days for new employees and annually thereafter.
- Staff compliance is monitored.
- Appropriate PPE is available and maintained.
- Equipment and environmental surfaces are properly cleaned and decontaminated.

Each Department Chairman, faculty dentist, lab supervisor, or other responsible administrators, managers, or supervisors are responsible for implementing exposure control by ensuring DCHP, students, or residents in their departments, labs or facilities are educated and adhere to policies and procedures to minimize, eliminate, and protect against bloodborne pathogen exposure.

ECU Employees and SoDM students are required to comply with ECU's policy and the State of North Carolina's requirement for work restrictions for infected healthcare workers. Employees report illness to their immediate supervisor for advisement on the process to follow for next step guidelines and students report to SoDM Student Affairs for illness reporting guidelines and procedures.

Supervisors, managers, and administrators will notify the SoDM Infection Control Coordinator or ECU Biological Safety when changes occur in personnel assignments, equipment, or responsibilities increasing employee exposure to bloodborne pathogens.

4.0 Standard Precautions

Standard Precautions are the minimum infection prevention practices applying to all patient care, regardless of suspected or confirmed patient infection status in any setting where health care is delivered. These practices are designed to protect DHCP as well as preventing DHCP from spreading infections.

Standard Precautions include, but may not be limited to:

1. Hand hygiene

2. Use of PPE (e.g., gloves, masks, eyewear)
3. Sharps safety with engineering controls
4. General work practices

Standard Precautions should be consistently used for work with human blood and OPIM. To prevent contact with blood or OPIM, faculty, staff, students, residents, and other healthcare workers shall observe Standard Precautions. All blood/body fluids should be considered potentially infectious materials.

Aseptic techniques and procedures are equally as important as Standard Precautions and vital skills that must be learned, practiced, and performed with every patient encounter. Patients often do not know they carry life-threatening diseases, which is the basis for Standard Precautions (formerly Universal Precautions). Each patient must be treated as if they have a communicable disease.

4.0.1 Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections among patients and DHCP by breaking the chain of infection. Appropriate and effective hand hygiene depends on the type of procedure and/or potential exposure risk to blood or OPIM.

- A. Handwashing with soap and water - acceptable for routine, non-surgical dental clinic procedures.
 1. Apply friction through rubbing all hand surfaces for at least 20 seconds
 2. Rinse thoroughly with running water
 3. Dry hands with a paper towel
 4. Should be used for first and last hand hygiene of the clinic day rather than an alcohol-based hand sanitizer (ABHS)
 5. Must be used if hands visibly soiled
- B. Hand sanitizing with a product containing at least 60% alcohol content is equally effective as washing with soap and water for routine hygiene. Use enough sanitizing product to thoroughly wet all hand surfaces.
 1. Apply friction through rubbing all hand surfaces for at least 20 seconds
 2. Allow hands to air dry
 3. Continue to apply friction until hands are fully dry even if 20 seconds has expired
- C. Hand sanitizing IS NOT as effective as washing with soap and water and should NOT be used when:
 1. Hands are visibly soiled
 2. Any time hands come into direct contact with blood or OPIM - stop immediately and wash hands thoroughly

3. Known or suspected contact with spore-forming bacteria, such as *Clostridioides difficile* (*C.diff*), or a patient infected with spore-forming bacteria occurs
- D. Perform hand hygiene, as appropriate to the situation, in these scenarios:
- When hands are visibly soiled (e.g., dirt, blood, body fluids)
 - Before and after work or clinic session
 - After barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated with blood, saliva, or respiratory secretions
 - Immediately after contact with blood or OPIM, especially when accompanied by percutaneous injury
 - Before and after each patient contact
 - Before and after each procedure performed on a patient
 - Before donning gloves and again immediately after glove removal
 - As part of donning and doffing PPE
 - Before eating and after using the restroom
 - Before and after entering a laboratory

4.0.2 Personal Protective Equipment (PPE)

Use of appropriate PPE is required both legally and by established protocols for all preclinical, clinical and/or laboratory work. PPE is provided for all clinic personnel, students, and residents at no cost, is easily accessible, and available in appropriate sizes.

A. Types of Approved PPE

1. Gowns
 - Reusable Clinical Gown
 - Disposable Clinical Gown
2. Masks
 - Disposable ASTM Certified Clinical/Surgical Mask
 - N95 or KN95 Respirator
3. Eye Protection
 - Safety Glasses
 - Safety Goggles
 - Disposable Side Shields
 - Disposable Face Shield
4. Gloves
 - Disposable/Treatment Gloves
 - Utility Gloves
5. Protective Head Cap (Optional)[^]
 - Reusable Head Covering[^]
 - Disposable Head Covering[^]

6. Disposable Shoe Covers (Optional)^

^Items are not provided by SoDM but may be provided by DHCP for personal use

- B. PPE Requirements per Patient Circumstance(s) and/or SoDM Work Area
Different procedures or patient states of readiness/treatment require different types of PPE, with the most common circumstances listed below.

Rules of thumb for assurance of acceptable PPE compliance:

- ***If the patient is seated in an operatory Full PPE should be worn.***
- NO PPE (**EXCEPT** Protective Head Cover) to be worn outside the clinical areas, including dispensaries!

[The term "gown*" in the following scenarios may refer to either a reusable or a disposable clinical gown.]

- **Patient in Operatory and Masked**

- Gown* - must be worn in operatory
- Disposable ASTM Clinical/Surgical Mask or N95/KN95 Respirator
- Disposable side shields on Rx Glasses

Rationale: No splatter, aerosols, or touching of patient involved

- **Patient UNMASKED in Operatory - Prior to Treatment**

- Gown*- must be worn in operatory
- N95 or KN95 Mask
- Disposable side shields on Rx Glasses
- Gloves - must be worn if touching patient

Rationale: Always wearing Full PPE is simpler than recalling PPE requirements for slightly different situations. UNMASKED patients generate/release pathogens/aerosols

- **Intra-Oral Examinations and/or Procedures**

Any procedure producing debris, spatter, or aerosols, including, but not limited to oral cancer screening, prophylaxis, operative dental procedures, and surgical dental procedures

- FULL PPE required for providers – gown*, gloves, N95 or KN 95 respirator, protective eyewear
- Safety glasses for patient

Rationale: Aerosol production requires FULL PPE protection

- **Radiographs: Intra-Oral and Extra-Oral**

- Gown*, gloves, N95 or KN 95 respirator, protective eyewear

Rationale: Necessary close patient contact requires wearing PPE.

- **Instrument Processing**
 - Gown*, gloves, N95 or KN 95 respirator, protective eyewear when working directly with contaminated instruments

- **Laboratory (Clinical Dental Labs and Non-Clinical Lab Spaces)**
 - Mask
 - Gloves
 - Protective Eye Wear

- **ACCEPTABLE Areas for PPE**
 - Clinics
 - Patient Care Areas
 - Laboratories

- **UNACCEPTABLE Areas for PPE**
 - Dispensaries
 - Waiting Areas
 - Hallways/Stairwells
 - Restrooms
 - Common Areas (Atrium, Break Rooms, Lounges)
 - Elevators

C. PPE Specifications

Requirements for gowns, masks and eye protection are subject to change, based on CDC recommendations and presence of outstanding communicable disease

1. Gowns

- Reusable gowns may be worn for successive patient visits and successive clinic sessions (AM session and PM session on the same day)
- If reusable gown becomes wet or soiled, remove and place in a marked laundry bin; if disposable, discard in a marked biohazard waste receptacle
- Turn in damaged reusable gowns to Central Supply for Laundry Service replacement
- Start each clinic day with a fresh gown

2. Masks

- Disposable - ASTM certified clinical/surgical
- Must fully cover nose, mouth, and chin
- Change when wet or visibly soiled
- N95 or KN95 respirator - required for any clinical procedure involving generation of aerosols or spatter to protect the mouth and nose from

- infectious airborne agents
- Guidelines apply to provider, assisting personnel, persons providing direct patient care, and visitors in the operatory
- 3. Eye Protection: Loupes, Glasses, and Goggles for caregivers
 - Safety glasses, Rx glasses/loupes with disposal side shields, loupes with solid side shields
 - Secure to the head by earpieces or headband, fitting snugly over and around eyes
 - Required with generation/potential generation, of spatter and/or aerosols
 - Safety glasses – patient requirement when in dental chair; may be placed over Rx glasses if proper fit accommodated
 - Patient Rx glasses – unsuitable for safety glasses substitute
 - Disinfect protective eyewear used by clinicians and patients during treatment after each visit using following steps:
 - a) Rinse with water to remove debris
 - b) Wipe with disinfectant and allow to sit and dry for at least one (1) minute
 - c) Rinse again with water
 - d) Dry with clean paper towel
 - Disinfect loupes per manufacturer’s recommendation after each patient encounter producing spatter or aerosols
 - a) Most loupe manufacturers replace lost or broken side shields at no cost
 - b) Responsibility for manufacturer contact rests with loupe owner
- 4. Face shields – Disposable
 - Available on request to protect the entire face from hazards
 - Extend from forehead down, protecting eyes, nose, and mouth from splatter, not from aerosols
 - Proper fit - covers forehead, extends below the chin, and wraps around both sides of the face
 - Disinfect between patients If used for multiple cases
- 5. Gloves
 - Wear when potential exists for direct skin contact with blood or OPIM, or when handling items or surfaces contaminated with blood or OPIM, mucous membranes or non-intact patient skin
 - Remove used gloves (considered contaminated/dirty) before reaching for clean items or into spaces where clean items are stored (“No Glove Zones”)
 - Use Nitrile gloves during routine dental treatment
 - Use non-sterile examination gloves for procedures involving contact with mucous membranes, for other patient care, or diagnostic

procedures

- Remove and replace single-use gloves when visibly soiled, torn, punctured, or their ability to function as a barrier is compromised
- DO NOT wash or disinfect for reuse
- DO NOT use procedural gloves to handle items in the environment following procedure completion, except for contaminated instrument management/transport or environmental surface management
- Use utility gloves (e.g., rubber or heavy vinyl household gloves) for housekeeping chores involving potential blood contact or for instrument cleaning/decontamination procedures
- May disinfect and reuse utility gloves
- Discard reused utility gloves when function as a barrier is compromised

D. Donning and Doffing PPE (See **Appendix D**)

E. PPE Training

Training on selection, use and location of PPE is provided through specific area clinical orientation for faculty, staff, and students.

Additional training may be needed in the following situations:

1. Workplace changes render prior training obsolete
2. Availability of specific PPE changes rendering prior training obsolete
3. Inadequacies observed in knowledge or use of assigned PPE indicate the user has not retained an understanding of prior PPE training

4.0.3 Sharps Safety

All employees should take precautions to prevent injuries caused by needles, scalpels, burs, and other sharp dental instruments or devices when handling used sharp instruments before, during, or after dental procedures. Engineering controls isolate or remove hazards from the workplace.

A. Disposable Sharps – Engineering Controls and Workflows

- Use fluid infusion or administration sets with needleless connections
- DO NOT bend, recap, remove or otherwise manipulate by hand contaminated needles and other sharps except when such action is required by a specific dental procedure
- Recap or remove contaminated sharps by use of a mechanical device or by a one-handed scoop technique
- Immediately discard contaminated sharps, disposable syringes and needles, scalpel blades and other sharp items
 - Deposit used sharps as soon as possible into closable, puncture-resistant, side-and-bottom leak-proof containers, labeled or color-coded appropriately and placed as close as practical to the use area

- If immediate disposal into a sharps container is not possible, pre-establish a disposable sharps area on a nearby tray/surface to keep sharps segregated from non-sharps for enhanced clean up recognition
 - Place sharps containers in each operatory, treatment room, or clinic laboratory, wherever sharps are used, for placement of used needles, blades (removed with needle forceps), wire, cartridges, disposable burs, and other sharp items that could puncture a garbage bag
 - DO NOT store or process sharps containers in a manner that requires employees to reach inside of them by hand
 - Close containers and seal according to manufacturer instructions; remove and replace containers when three-quarters full or before the fill line is met, whichever comes first
 - Relocate sealed and replaced sharps containers to a designated location for pick up by Biohazardous Waste Collection Technician for incineration
- B. Reusable Sharps – Engineering Controls and Workflows
- Practice safe positioning of all sharps to be reused during procedures
 - Shield burs remaining in handpieces through cradle placement pointing the bur toward the cradle or cover with a cup
 - Determine a “Sharps Safe Zone” on trays where instruments will be placed together with all points facing the same direction for easier recognition and safer pickup
 - Place contaminated reusable sharps into appropriate sterilization containers, cassettes and/or impermeable transport bins, for safe transport to designated contaminated waste location
 - Check all instruments in cassettes to assure blades removed from handles and scissor tips pointing in correct direction
 - Sterilization Techs or other designated staff retrieve containers and transport to sterilization area(s)

4.0.4 General Work Practices

Work practices reduce the likelihood of exposure by altering the way a task is performed.

1. Barriers

- Remove all clutter and items non-essential to patient care from environmental surfaces
- Apply barriers to cover all difficult to clean surfaces, especially in clinical treatment areas, with high potential for microbe and fomite spread
- Cover dental unit, dental chair, assistant tray, and x-ray tube head with plastic barrier
- Place barrier tape on light handles, switch controls, unit control panels, x-ray unit activation switches and control panel
- Drape and cover laptops as follow:

- Drape laptop screens with a non-adhesive, transparent barrier such as Glad or Saran Wrap, avoiding cooling air vents adjacent to screen surfaces
 - Cover laptop keyboards with barrier film, avoiding cooling vents on either end of keyboard adjacent to the keyboard surface
 - Cover workstation keyboards with commercial covers that can be wiped down with alcohol, if available, or drape with a transparent barrier, such as Glad, Saran Wrap or barrier tape
 - Cover signature pads with a barrier film, a transparent barrier, or a small plastic bag when not in use and store on an operatory shelf. Wipe down after use and replace cover.
 - Remove, dispose, and replace all barriers between patients in treatment care areas
2. Personal Hygiene Practices
- NO eating, drinking, smoking, application of cosmetics or lip balm, and handling of contact lenses in clinic, research, or work areas where blood or OPIM, including aerosols, are likely to be present
 - NO FOOD of any kind allowed in any clinical area
 - NO food and drink storage in refrigerators, freezers, or cabinets where blood, OPIM, or medications are stored, or in any other potentially contaminated areas such as on clinic or laboratory countertops
 - Presence of exudative lesions, weeping open wounds, or sores on hands, precluding effective handwashing, may require DCHP removal from patient contact. Other lesions or skin breaks may be covered with a protective dressing if adequate hand hygiene is not affected.
 - Disclosure of a bloodborne infectious illness to OPH is require; OPH will determine risk and advise of restrictions imposed on work practices. OPH will follow the State of NC's procedure for reporting communicable diseases.
3. Refrigeration Guidelines
- Store medications and dental products requiring refrigeration separately; Clearly label refrigerators accordingly
 - Establish and maintain refrigerator temperature ranges based on product manufacturer recommendations; maintain 42-45 degrees Fahrenheit for medications
 - Measure refrigerator temperatures daily and record on a designated temperature log; report temperature issues to ECU EHS for assistance
 - Disinfect refrigerators with an approved disinfectant at least monthly and, as needed, for spills; update the cleaning log accordingly
4. Environmental Infection Prevention (See **Appendix E**)
- Consider every environmental surface "contaminated"
 - Clean visibly soiled clinical contact surfaces prior to disinfection with a

disinfectant product appropriate for pathogens currently identified as contamination threats

- Use “Spray-Wipe-Spray” cleaning technique if using a disinfectant spray
- Use “Wipe-Discard-Wipe” cleaning technique if using disinfectant-containing wipes
- Perform cleaning wearing gloves, gown, face mask and protective eyewear whenever aerosol effects or contamination is anticipated
- Clean and disinfect all clinical contact surfaces:
 - Prior to beginning workday activities, unless known to be cleaned with barrier applied following the last use
 - Between patient treatment sessions
 - At the end of the workday
 - Any time workspace personnel occupancy changes during the workday
- Practice contamination avoidance and exposure reduction during all treatment phases in clinical treatment areas
 - Limit room and/or procedure setup to items only certain to be requested or used during anticipated procedure(s)
 - Drape any setups completed ahead of procedure start if other treatments in the same clinical space already underway
 - Remove drapes just prior to treatment start
- Housekeeping surfaces will generally be addressed by environmental staff or through collaboration with clinical personnel
- Call environmental staff for immediate response if mops/buckets required to manage larger decontamination needs or to assist with controlling larger spills or issues when safety considerations arise

5.0 Hazardous Waste Management

All types and categories of hazardous wastes have properties rendering them dangerous or capable of causing harmful effects to human health or the environment. Hazardous waste properties and undesirable effects are closely regulated by federal agencies such as the Environmental Protection Agency (EPA) and the Occupational Safety and Health Administration (OSHA). Other guidelines and recommendations issued and referenced in the development of dental service infection control and employee protection programs include, but may not be limited to, the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC).

The ECU Office of Environmental Health and Safety (OEHS) offers expertise and services related to management, control, and disposal of hazardous waste. OEHS oversees the ECU Office of Prospective Health (OPH) and Biological Safety, including Biological Waste Management. OEHS also maintains the Chemical Hygiene Plan and associated training sessions, provides Laboratory Safety supervision and services, and administers the Hazard Communication Program. The SoDM collaborates closely with the ECU OEHS in sharing

resources and collective expertise to effectively manage all categories of hazardous waste control and disposal at the SoDM.

Hazardous wastes are subdivided into two categories of waste materials, non-biohazardous and biohazardous wastes.

5.0.1 Non-Biohazardous Waste

Non-Biohazardous wastes are typically identified as liquids, solids, and gases, the forms commonly encountered in dentistry. These wastes create an immediate health hazard when contacted, and if not properly disposed, can easily enter the environment at an undesirable rate.

The greatest risk of encountering non-biohazardous waste products at the SoDM is found within laboratory spaces where non-biohazardous products are used and/or stored. Oxygen and nitrous oxide used in dental procedures, amalgam scrap and some housekeeping products are the most common exceptions found outside the laboratories.

1. Laboratories/Chemical Storage Areas – Training, Engineering Controls, and Work Practices

- Attend all training sessions required for laboratory users prior to gaining lab access
 - Lab Specific Training provided by SoDM for each category of lab to be used
 - Chemical Hygiene Plan Training offered by ECU OEHS and/or included as part of Lab Specific Training, tailored for each lab category
- Consult lab reference materials located in each lab or a location named in lab specific training for relevant questions or to review material covered in training, including the following:
 - ECU Chemical Hygiene Plan
 - OSHA Safety Data Sheets (SDSs)
 - ECU SoDM Lab Compliance Manual
 - Referenced SOPs and/or SoDM Infection Control Manual sections
- Develop familiarity with use and location of common engineering controls
 - Lab Appropriate PPE – See Section 4.0.2-PPE-Item B
 - Sharps Containers – See Section 4.0.3-Sharps Safety – Item B
 - Eyewash Stations
 - 1) Rinse for chemical exposures according to SDS guidelines
 - 2) Rinse for biohazardous exposure (most commonly splatter secondary to potential BBP exposure) for at least 15 minutes
 - 3) Check eye wash stations daily and record check results (working or not work properly) in the Eye Wash station log book
 - Broken Glass Management protocol
 - 1) DO NOT use hands for glass fragment removal

- 2) Use mechanical means only for cleanup – Forceps, tongs, brush, and dustpan
2. Clinical Treatment Area Non-biohazardous waste
 - Amalgam Scrap – Follow SoDM SOP CAFF.027 – Amalgam Waste and Recycling (See **Appendix F**)

5.0.2 Biohazard Controls and Biohazardous Waste Management

Waste involving infectious substances or OPIM is biohazardous waste.

Biohazardous waste management and proper disposal are based on differentiating regulated from general medical or nonregulated waste, such as used gloves, masks, disposable gowns, lightly soiled gauze or cotton rolls and environmental barriers used to cover equipment during treatment. Nonregulated waste items may be placed in regular garbage containers.

Regulated waste consists of liquid or semi-liquid blood or OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items caked with dried blood or OPIM during handling, contaminated sharps, and pathological or microbiological wastes containing blood or OPIM.

Biohazardous risks commonly found in dentistry are grouped into 4 basic categories:

- A. Body fluids (e.g., particularly blood or saliva)
- B. Pathological waste (e.g., tissue specimen or extracted teeth)
- C. Sharps and associated percutaneous injury permitting infectious contamination via blood/body fluid exchange
- D. Agents entering the body via natural portals (e.g., pathogenic aerosol ingestion through the nose, mouth, or eyes, such as *mycobacterium tuberculosis* and SARS-COV-2)

A. Body fluids

1) Engineering Controls and Work Practices

- Perform all procedures involving blood or OPIM in such a manner to minimize splashing, spraying, aerosolization, or plume formation
 - NO electrosurgery
 - Replace Cavitron use with manual protocols when suspicious of potential infectious material spread
 - Use dental rubber dams
 - Proper Saliva Ejector use – DO NOT advise patient to close and hold lips tightly around tip to avoid backflow
- Follow appropriate Standard Precautions
 - Hand hygiene – Section 4.0.1
 - PPE – Section 4.0.2
 - Sharps Safety – Section 4.0.3

- General Work Practices – Section 4.0.4-Items 1, 2, 4
- 2) Regulated Waste Management
 - Firmly affix OSHA acceptable Biohazard Labels to all containers used to store or transport blood, blood-soaked materials or OPIM – red bags or red containers may be substituted for or used in conjunction with labels
 - Ensure use of impermeable plastic bags
 - Place primary containers with potential outside contamination or potential leakage into a second container to prevent leakage during handling, processing, storage, transport, or shipping
 - Assure secondary container labeled and/or appropriately color-coded
 - Manage blood or OPIM spills according to spill volume following regulatory and ECU procedures – See SoDM SOP CAFF.024-Blood Spills and Infectious Waste Cleanup (See **Appendix G**)
 - Dispose of fluid-contaminated PPE and cleaning, spill, or completely blood/fluid-soaked trash as follows:
 - Place in covered receptacle lined with red bag, labeled with Biohazard Label
 - Place container in designated Contaminated Waste area
 - Move Biohazard Containers, as needed, to designated location(s) for pickup by contracted Biohazardous Waste Technician
- B. Pathological Waste
 - 1) Tissue specimen management
 - Follow appropriate Standard Precautions
 - Hand hygiene – Section 4.0.1
 - PPE – Section 4.0.2
 - Sharps Safety – Section 4.0.3
 - General Work Practices – Section 4.0.4-Items 1, 2, 4
 - SoDM collected specimens
 - Place in closeable, leak-proof primary container provided by Path Lab
 - Mark container with Biohazard Label
 - Place primary container in leak-proof, puncture-resistant secondary container with a Biohazard Label, sealed for transport
 - 2) Extracted teeth management
 - Follow appropriate Standard Precautions
 - Hand hygiene – Section 4.0.1
 - PPE – Section 4.0.2
 - Sharps Safety – Section 4.0.3
 - General Work Practices – Section 4.0.4-Items 1, 2, 4
 - Teeth WITHOUT Amalgam
 - Returned to patient or for educational use
 - Teeth WITH Amalgam
 - Disposal requirements (See **Appendix H**)

- C. Sharps
 - 1) Contaminated instruments management
 - Follow appropriate Standard Precautions
 - Hand hygiene – Section 4.0.1
 - PPE – Section 4.0.)
 - Sharps Safety – Section 4.0.3
 - General Work Practices – Section 4.0.4-Items 1, 2, 4
 - 2) Disposable instruments
 - Follow engineering controls and workflows – Section 4.0.3-Item A
 - 3) Reusable instruments
 - Follow engineering controls and workflows – Section 4.0.3-Item B
- D. Body portal pathogenic exposure – via natural portals or percutaneous injury
 - 1) Employ engineering controls to isolate or remove pathogens from the workplace
 - PPE appropriate to work area or circumstance
 - Eyewash station use
 - Sharps container use for disposals
 - 2) Practice proven work controls and workflows to reduce likelihood of exposure by altering the manner in which a task is performed
 - Follow infection control employee work restrictions
 - Adhere to vaccination requirements
 - Comply with Standard Precautions
 - Take care in handling/managing sharps
 - Attend hazardous waste management training and apply best practices in waste management

6.0 Sterilization and Disinfection of Patient Care Items

Disinfection is the destruction of pathogenic and other kinds of organisms by physical or chemical means. Because disinfection destroys most recognized pathogenic microorganisms, but not necessarily all microbial forms, specifically bacterial spores, it is less lethal than sterilization and does not ensure the degree of safety associated with sterilization processes. Sterilization destroys **all** microbial life including highly resistant bacterial endospores.

In dentistry, patient care items are divided into 3 categories, depending on the potential risk for infection associated with their intended use: 1) critical; 2) semi-critical; and, 3) noncritical.

- Critical items – used to penetrate soft tissue or bone with greatest potential for transmitting infection
 - Greatest potential for transmitting infection
 - Require heat sterilization

- Semi-critical items – touch mucous membranes or nonintact skin
 - Lower transmission risk
 - Most items are heat-tolerant and should be heat sterilized
 - Heat-sensitive items require high-level disinfection
- Noncritical items – contact only skin, which serves as an effective microorganism barrier
 - Least transmission risk
 - Adequate disinfection achieved with cleaning followed by EPA-registered hospital disinfectant use

Many oral surgical procedures present opportunities for microorganism entry into the vascular system via incisions, excisions, or reflection of tissue exposing normally sterile areas of the oral cavity. Likely procedures include but are not limited to:

- Biopsy
- Periodontal surgery
- Apical surgery
- Implant surgery
- Surgical extractions of teeth

Critical category instruments and items are required to perform these procedures. The SoDM employs steam-heat sterilization as the primary sterilization methodology provided by centralized large-scale, free-standing equipment, and various table-top units. Sterilization activities follow the ANSI/AAMI/ST79:2017 Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities, functioning under the guidance of the SoDM Sterilization Department.

Follow all sterilization equipment manufacturer’s guidelines for checking each sterilization process throughout the day and recording Pass or Fail results in a log.

7.0 Dental Unit Water Lines (DUWL) and Water Quality

Dental unit waterlines are susceptible and can become colonized with microorganisms, including bacteria, fungi, and protozoa, due to the small diameter of the tubing, low fluid flow rates, potential for fluid retraction, and frequent periods of stagnant water retained in the tubing. These organisms, protected by a polysaccharide layer, replicate on the interior surfaces of the tubing, and grow into biofilms, sticky, slimy colonies that adhere to moist surfaces and serve as a reservoir to amplify the number of free-floating microorganisms in the water used for dental treatment. These common water bacteria can be found in high numbers in untreated dental unit water output.

The CDC has adopted the EPA potable water standard of ≤ 500 CFU/mL of water as the recommended minimum standard for acceptable dental unit water quality. 500

represents the count of heterotrophic colony forming units (CFUs) found when a water sample is plated on a growth medium and incubated for 7 days.

Reports have documented confirmed infections in dental patients caused by waterborne pathogens transmitted through exposure to contaminated dental unit water. To prevent buildup of biofilm and eliminate infectious disease exposure, waterline maintenance requires adherence to service and upkeep protocols combined with a system for periodically monitoring water quality through quantitative measurements of cultured heterotrophic bacteria growth.

7.0.1 Dental Chair Unit (DCU) Source Water Supply System

SoDM produces distilled water by reverse osmosis from water supply systems located in every facility for use in all DCUs. Only system water is used to fill water bottle(s) on each DCU, as needed.

- A. Test supply system source water each quarter
 - Collect water sample directly from water supply system faucet
 - Submit sample to certified professional water testing laboratory
 - If heterotrophic plate count (HPC) values within normal limits (WNL \leq 500 CFU/mL), repeat test next quarter
 - IF HCP exceeds normal limits (NL), discontinue use of supply system water, shock system per established protocol and retest
 - Continue shock/test cycle until system sample receives a PASS result
- B. Perform monthly water supply system diagnostic check collecting readings from built-in system monitors
 - Investigate any abnormal readings
 - Correct issue(s) identified by monitor readings
- C. Perform periodic system maintenance per supply system manufacturer's guidelines

7.0.2 DCU Waterline Maintenance

- A. Perform daily waterline flushing protocols
 - Flush every line, every chair, every day (See **Appendix I**)
 - Conduct AM flushing protocol - Every chair-Every line for 2 minutes
 - Between patients-Flush Every line for 30 seconds
 - Conduct PM protocol prior to clinic closure – Every chair-Every line for 30 seconds
- B. Clean every DCU water bottle(s) at least quarterly
 - Follow SoDM/manufacturer water bottle cleaning process (See **Appendix J**)
 - Clean more often if bottle or contents observed to change color
- C. Test every chair – every line according to testing schedule
 - Collect water samples from every DCU line and submit to certified professional water testing laboratory

- If HPC values within normal limits ($WNL \leq 500$ CFU/mL), retest according to SoDM published testing cycle
 - IF HCP exceeds NL, close chair to patient use, shock DCU per manufacturer's guidelines and shock product established protocol, then retest
 - Continue shock/test cycle until DCU receives a PASS result
 - Reopen DCU following receipt of PASS result from retest
- D. Replace continuous-release disinfectant "treatment straw" in each DCU water bottle per established procedure according to annual schedule or per any change in manufacturer's recommendation

8.0 Vacuum System Component Care

Each DCU is equipped with chair-side vacuum capability, a component of the central vacuum system serving each SoDM facility.

8.0.1 Vacuum line care consists of:

- Treatment with an FDA approved disinfectant at least bi-weekly; or,
- Following a surgical procedure, whichever comes first

8.0.2 Traps care consists of:

- Weekly removal, disposal as biohazardous waste and replacement; or,
- Removal and cleaning per manufacturer guidelines each week

8.0.3 Evacuation material practices include:

- Replacement of disposable air/water syringe tips between each patient or if otherwise contaminated
- Replacement of high-volume evacuation (HVE tips and saliva ejectors between each patient or if otherwise contaminated
- Change of HVE adapters containing a disposable component between each patient
- Appropriate cleaning, disinfection, and sterilization of all certified reusable vacuum line attachments according to manufacturer's instructions prior to reuse

9.0 Service Animals in Dental Clinics

The Americans with Disabilities Act stipulates that persons requiring the use of a service dog which is NOT pet will have access to care and be treated without discrimination. The State of NC also reinforces this patient right in general statute. (See **Appendix K**)

**ECU School of Dental Medicine
Infection Control Manual**

Key Resources – Revision November 2022

Occupational Safety and Health Administration

<https://www.osha.gov/>

US Food and Drug Administration

<https://www.fda.gov/>

US Environmental Protection Agency

<https://www.epa.gov/>

American Dental Association

<https://www.ada.org/>

Organization for Safety, Asepsis and Prevention

<https://www.osap.org/>

Centers for Disease Control and Prevention – US Public Health Services

<https://www.cdc.gov/>

ECU Office of Prospective Health (Biological Safety, Employee Health, Infection Control)

<https://prospective-health.ecu.edu/>

ANSI/AAMI/ST79:2017

American National Standards Institute and the Association for the Advancement of Medical Instrumentation

Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities – Standard 79:2017

Published by AAMI, 4301 N Fairfax Dr, Suite 301, Arlington, VA. ISDN 978-1-57020-675-7

Issued By: Office of Clinical Affairs Effective Date: 10/7/15 Revised: 12/7/22

Approved: Dr. D. Gregory Chadwick, Dean

Title: Immunization Requirements for Clinical Staff and Faculty at Ross Hall and Community Service Learning Centers

Reference: ECU Comprehensive Influenza Protection Program
<http://www.ecu.edu/cipp/> ECU Infection Control Manual Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (2017). Retrieved from
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#table-age> for Disease Control and Prevention Vaccines and Immunizations for Healthcare Workers (2019). Retrieved from
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm> (2011)

Purpose: This procedure describes the necessary immunization requirements for staff and faculty that participate in the clinical setting. The purpose of this policy is to prevent the transmission of infectious diseases in the dental care setting. The requirements in this policy are based on the guidelines established by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices. The requirements are further supported by the guidelines set forth by the Office of Prospective Health, ECU Health, and the ECU Physicians.

Policy: n/a

Definitions: n/a

Procedure:

- 1.0 All newly hired clinical staff, residents and faculty must present documentation of past immunizations to the ECU Office of Prospective Health prior to starting work in the dental clinics. Clinical staff, residents and faculty are required to update immunizations as recommended by the CDC and the Office of Prospective Health. Prior to enrollment, students must meet the following requirements:
 - 1.1 Submit records of immunizations to Student Health Services (SHS) by:
 - 1.1.1 Bringing records to SHS Office
 - 1.1.2 Uploading into myPIRATEchart
 - 1.1.3 Faxing records to 252-328-4007
 - 1.1.4 E-mail scanned records to immunizations@ecu.edu
 - 1.1.5 Mail records: East Carolina University Student Health Services 1000 East 5th Street Greenville, NC 27858

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- 2.0 Unless an exemption is granted by the Office of Prospective Health or Student Health Services, all clinical staff, students, residents and faculty will comply with the immunization requirements or have provided evidence of immunity against:
 - 2.1 Measles
 - 2.2 Mumps
 - 2.3 Rubella
 - 2.4 Diphtheria
 - 2.5 Tetanus
 - 2.6 Pertussis
 - 2.7 Polio
 - 2.8 Hepatitis B (series of three) or positive titer
 - 2.9 Varicella titer of positive immunity or two doses of Varicella vaccine
 - 2.10 BBP/TB training as directed by the ECU Office of Prospective Health

- 3.0 East Carolina University expects all faculty, staff and learners across ECU's Health Sciences Campus to be vaccinated against the flu by November 1 each year. Influenza vaccination is mandatory for all credentialed health care providers and CSS employees. Those individuals who fail to meet the designated vaccination deadline and do not have an approved exemption may face disciplinary action.

- 4.0 All health-care employees who are at risk for exposure (as defined by current OSHA regulations) to pulmonary tuberculosis through official university duties will receive TB mandatory training upon new hire and complete the TB signs/symptoms review annually as directed by ECU Office of Prospective Health.

- 5.0 Failure to comply with the immunization policy by either not receiving the immunizations, supplying documentation of past immunizations, and/or not receiving an approved exemption may result in disciplinary action up to and including termination.

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Title: Bloodborne Pathogen (BBP) Post-Exposure Management for Ross Hall and Community-Service Learning Centers (CSLCs)

Purpose: To provide immediate, efficient, and effective management for any exposure to human blood or other potentially infectious materials (OPIM) through defined guidelines, processes and workflows, adopted from regulatory agencies as proven to facilitate the most optimal outcomes following an exposure incident

Policy: The East Carolina University (ECU) School of Dental Medicine (SoDM) is committed to providing a safe and healthful workplace environment for faculty, staff, residents, and students. East Carolina University's compliance program for the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard, 29 CFR 1910. 1030, "Occupational Exposure to Bloodborne Pathogens" is administered by the ECU Infection Control Committee for clinical employees and ECU Biological Safety for research employees or their delegates.

The SoDM uses the ECU Infection Control Policy Bloodborne Pathogen Exposure Control Plan, created by the Office of Prospective Health (OPH) in accordance with OSHA Standards, as a foundational guideline for development of event management processes specific to the dental setting.

Procedures:

- 1.0 Employ Standard Precautions
 - 1.1 Since medical history and examination cannot reliably identify all patients infected with HIV or other bloodborne pathogens, standard precautions should be consistently used for work with human blood and other potentially infectious materials (OPIM).
 - 1.2 Standard/Universal Precautions shall be observed by faculty, staff, residents, students and other healthcare workers to prevent contact with blood or OPIM. All blood/body fluids should be considered potentially infectious materials.
 - 1.3 Standard/Universal Precautions include the routine use of appropriate barrier precautions to prevent skin and mucous membrane exposure with the blood or OPIM of any patient or specimen.

- 2.0 Post-exposure event-management - Core processes common to all physical locations and event occurrence times of day
 - 2.1 Core Process 1: Render first aid to accomplish decontamination
 - 2.1.1 Remove any PPE preventing decontamination of BBP entry point
 - 2.1.2 Wash skin or wound with soap and running water
 - 2.1.3 Apply pressure to control bleeding, as needed
 - 2.1.4 Flush mucous membranes with running water
 - 2.1.5 Remove any remaining contaminated clothing

School of Dental Medicine policies do not supersede any university policies.

East Carolina University manuals, policies, procedures, and forms are located at <http://www.ecu.edu/cs-ecu/policies.cfm>

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- 2.2 Core Process 2: Notify Attending Faculty or staff supervisor – If delivering patient care/treatment at time of exposure:
 - 2.2.1 Do not begin patient treatment if not already underway
 - 2.2.2 Suspend care, if treatment underway, and/or suspension is feasible
 - 2.2.3 Secure replacement provider/staff, if available
- 2.3 Core Process 3: Notify or request Attending Faculty or supervisor notify Event Manager, if exposure occurs during normal business hours
- 2.4 Core Process 4: Providers determine whether dental treatment can or should be completed by either Attending Faculty or On-Call Faculty – Base decision on:
 - 2.4.1 Time of exposure occurrence during treatment session
 - 2.4.2 Provider capability to continue care, if provider is exposed/injured party
 - 2.4.3 Availability of another provider to assume care, if continued treatment required
- 2.5 Core Process 5: Confirm event as potential exposure
 - 2.5.1 During normal business hours - exposed party calls OPH, with assistance, as needed, by Event Manager, (252-744-2070 or 252-744-2074)
 - 2.5.1.1 If determined potential exposure, request Lab Orders for designated lab facility and provide the following information:
 - 2.5.1.1.1 Name and DOB of Source Patient (SP)
 - 2.5.1.1.2 Name and DOB of Exposed Party (EP)
 - 2.5.1.1.3 Request Lab Orders be scanned and emailed to designated Event Manager (provide correct email address)
 - 2.5.2 Any exposure occurrences while working on a cadaver NOT considered an exposure per ECU OPH

3.0 Ross Hall Post-Exposure Workflow – Normal Business Hours-Monday through Friday – 7:45AM-4:30PM

- 3.1 Core Process 6: Faculty and/or other Event Manager communicates with EP and SP (See ***“Explanation of BBP Protocol by Faculty” – Appendix[A]***)
 - 3.1.1 Review Section 1 and Section 2 with EP and SP
 - 3.1.2 ***Decision Point:*** Potential SP scenarios affecting workflow
 - 3.1.2.1 SP known but has left the treatment site
 - 3.1.2.1.1 Event Manager calls to instruct follow up per process guidelines
 - 3.1.2.1.2 Continue call attempts for 72 hours, as frequently as time allows
 - 3.1.2.1.3 Notify OPH Provider of failure to contact SP, if call attempts unsuccessful
 - 3.1.2.2 SP known but refuses to follow recommended instructions
 - 3.1.2.2.1 Event Manager notifies OPH Provider of refusal
 - 3.1.2.3 SP unknown
 - 3.1.2.3.1 Follow full post-exposure management protocol for EP

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3.1.2.3.2

- 3.2 Core Process 7: Instruct EP to call OPH for post-event management consultation appointment
 - 3.2.1 Assure EP of cooperation from faculty and/or scheduling for patient coverage arrangements to accommodate OPH appointment visit as the EP's top priority
 - 3.2.2 **Decision Point**: EP post-event follow up choices
 - 3.2.2.1 Agrees to clinical referrals and treatment management
 - 3.2.2.2 Declines clinical referrals and treatment management
 - 3.2.2.2.1 Declination Form obtained by OPH and signed by EP
 - 3.2.2.2.2 Copy of Declination Form forwarded to Event Manager
 - 3.2.3 Document EP referral to OPH for evaluation in SoDM Event Report Information
- 3.3 Core Process 8: Refer SP for blood specimen collection
 - 3.3.1 Verify requested lab orders sent by OPH to Event Manager or designee for appropriate specimen draws and lab tests
 - 3.3.2 **Decision Point**: Availability of SoDM Nurse to perform blood draws
 - 3.3.2.1 Nurse available
 - 3.3.2.1.1 Specimen collection at Ross Hall per OPH Lab Orders
 - 3.3.2.1.2 Specimen and Orders transported to Brody Outpatient Lab (BOPL) by Nurse or designee
 - 3.3.2.1.3 SP released following collection and advised results to be called
 - 3.3.2.1.4 Document blood drawn at Ross Hall and specimen delivered to BOPL in SoDM Event Report Information
 - 3.3.2.2 Nurse unavailable
 - 3.3.2.2.1 Escort SP to BOPL – Event Manager, Nurse or designee
 - 3.3.2.2.2 Assist SP with lab registration – request service be expedited, as needed, based on SP condition following dental treatment
 - 3.3.2.2.3 Wait in lab with SP to assure specimen collection complete
 - 3.3.2.2.4 Document SP escorted to BOPL in SoDM Event Report Information
- 3.4 Core Process 9: Complete required event forms per instructions in packet (See ***“ECU SoDM Incident/Event Reporting Packet” – Appendix. [J]***)
 - 3.4.1 Document all available information requested in Event Report Packet
 - 3.4.2 Scan all forms, including Declination if received, and distribute via email using ECU network to SODM-CAEVENT
 - 3.4.3 Email only “ECU Non-Patient Incident Report” form to OPH Provider using ECU network to assure encryption for HIPAA compliance
- 3.5 OPH Event Management Process Responsibilities
 - 3.5.1 OPH receives and routes EP and SP lab results
 - 3.5.1.1 Advises EP of lab results and treatment options

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3.5.1.2 Advises SoDM-Ross Hall of SP lab results

3.5.2 All follow up and treatment for consenting, exposed ECU-associated personnel (faculty/staff/student/residents) conducted by OPH Provider

3.6 Core Process 10: SP contacted by SoDM-Ross Hall Faculty (Associate Dean of Clinical Affairs or Faculty designee)

3.6.1 Advises SP of lab results

3.6.2 Recommends follow up by primary care physician or seeking other medical assistance for positive findings

4.0 **Ross Hall Post-Exposure Workflow – After Normal Business Hours - Monday through Friday after 4:30PM and Weekends**

4.1 Core Process 6: Faculty and/or Event Manager communicates with EP and SP
(See ***“Explanation of BBP Protocol by Faculty” – Appendix[A]***)

4.1.1 Review exposure protocol Appendix Section 1 with EP and SP

4.1.2 Review exposure protocol Appendix Sections 2 and 3 with SP

4.1.3 ***Decision Point***: Potential SP scenarios affecting workflow

4.1.3.1 SP known but has left the treatment site

4.1.3.1.1 Event Manager calls to instruct follow up per process guidelines

4.1.3.1.2 Continue call attempts for 72 hours, as frequently as time allows

4.1.3.1.3 Notify OPH Provider of failure to contact SP, if call attempts unsuccessful

4.1.3.2 SP known but refuses to follow recommended instructions

4.1.3.2.1 Event Manager notifies OPH Provider of refusal

4.1.3.3 SP unknown

4.1.3.3.1 Follow full post-exposure management protocol for EP

4.2 SubProcess 6A: Perform Rapid HIV Test on SP to immediately identify need for providing post-exposure prophylaxis per CDC Guidelines for optimal efficacy
(See ***“Rapid HIV Test Instructions”-Appendix [B-RH 4.0]***)

4.2.1 Carefully follow instructions provided in Appendix B

4.2.2 Document Rapid HIV Test performed in SoDM Event Report Information

4.3 SubProcess 6B: Report Rapid HIV Test results to EP and SP

4.3.1 ***SubProcess Result***: Rapid HIV Test preliminarily NEGATIVE

4.3.1.1 Notify EP and SP using scripts provided in Appendices C and D, respectively

(See ***Appendices [C-RH 4.0] and [D-RH 4.0]***)

4.3.2 ***SubProcess Result***: Rapid HIV Test preliminarily POSITIVE

4.3.2.1 Notify EP and SP using scripts provided in Appendices E and F, respectively

(See ***Appendices [E-RH 4.0] and [F-RH 4.0]***)

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- 4.3.2.2 Prepare to dispense PEP Meds by reviewing Appendix G before beginning
 - 4.3.2.3 dispensing process – contains all steps relevant to the dispensing decision, medication location, dispensing steps, dosing instructions and required documentation
(See ***“PEP Meds Dispensing and Documentation Quick Reference” – Appendix [G-RH 4.0]***)
 - 4.4 **Core Process 7:** Instruct EP to call OPH for post-event management consultation, whether Rapid HIV Test result NEG or POS
 - 4.4.1 **Decision Point:** EP post-event follow up choices
 - 4.4.1.1 Agrees to clinical referrals and treatment management
 - 4.4.1.2 Declines clinical referrals and treatment management
 - 4.4.1.2.1 Declination Form obtained by OPH and signed by EP
 - 4.4.1.2.2 Copy of Declination Form forwarded to SoDM – Event Manager by OPH
 - 4.5 **SubProcess 7A:** Dispense PEP Meds to EP if SP HIV Test result POS
(See ***“PEP Meds Dispensing and Documentation Quick Reference” – Appendix [G-RH 4.0]***)
 - 4.5.1 Explain rationale for dispensing PEP Meds to EP using script in Appendix H
 - 4.5.2 Review PEP Meds dosing instruction per script and referring to vial labels on prepackaged medications
 - 4.5.3 Provide 72 hours (one 3-day supply) of meds to cover the time until OPH follow up occurs
 - 4.5.4 Enter PEP Meds dispensing information on sign-out log stored with the medication and replace the log sheet in the storage receptacle/area
 - 4.5.5 Document PEP Meds provided to EP in SoDM Event Report Information
 - 4.6 **Core Process 8:** Refer EP and SP to main ED-Vidant Health for blood specimen collection, whether Rapid HIV Test result NEG or POS, to confirm/refute EP’s exposure and needs for treatment
 - 4.6.1 Provide letter for BBP specimen collections and billing instructions
(See ***“ECU SoDM BBP Orders and Billing Letter” – Appendix [I]***)
 - 4.6.2 Document SP referral to Vidant ED for blood draws in SoDM Event Report Information
 - 4.7 **Core Process 9:** Complete required event forms per instructions in Event Report Packet
(See ***“ECU SoDM Incident/Event Reporting Packet” – Appendix. [J]***)
 - 4.7.1 Document all available information requested in Event Report Packet
 - 4.7.2 Scan all forms, including any Declination received, and send via email using ECU network to SODM-CAEVENT
 - 4.7.3 Email only “ECU Non-Patient Incident Report” form to OPH Provider using ECU network to assure encryption for HIPAA compliance

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- 4.8 OPH Event Management Process Responsibilities
 - 4.8.1 OPH receives and routes all EP and SP lab results
 - 4.8.1.1 Advises EP of lab results and treatment options
 - 4.8.1.2 Advises SoDM Ross Hall of SP lab results
 - 4.8.2 All follow up and treatment for consenting, exposed ECU-associated personnel (faculty/staff/student/residents) conducted by OPH Provider
- 4.9 Core Process 10: SP contacted by SoDM Ross Hall Faculty (Associate Dean of Clinical Affairs or Faculty designee) following receipt of lab findings from OPH
 - 4.9.1 Advises SP of lab results
 - 4.9.2 Recommends follow up by primary care physician or seeking other medical assistance for positive labs results

5.0 CSLC Post-Exposure Workflow – Normal Business Hours and After Normal Business Hours Normal Business Hours

- 5.1 Core Process 6: Attending faculty, serving as Event Manager, communicates with EP and SP
(See ***“Explanation of BBP Protocol by Faculty” – Appendix[A]***)
 - 5.1.1 Review exposure protocol Appendix A Section 1 with EP and SP
 - 5.1.2 Review exposure protocol Appendix A Section 3 with SP
 - 5.1.3 ***Decision Point***: Potential SP scenarios affecting workflow
 - 5.1.3.1 SP known but has left the treatment site
 - 5.1.3.1.1 Event Manager calls to instruct follow up per process guidelines
 - 5.1.3.1.2 Continue call attempts for 72 hours, as frequently as time allows
 - 5.1.3.1.3 Notify OPH Provider of failure to contact SP, if call attempts unsuccessful
 - 5.1.3.2 SP known but refuses to follow recommended instructions
 - 5.1.3.2.1 Event Manger notifies OPH Provider of refusal
 - 5.1.3.3 SP unknown
 - 5.1.3.3.1 EP follows full post-exposure management protocol
- 5.2 SubProcess 6A: Perform Rapid HIV Test on SP according to guidelines provided by each CSLC’s designated facility for referred lab testing to immediately identify need for providing post-exposure prophylaxis per CDC Guidelines for optimal efficacy
(See ***“Rapid HIV Test Instructions”- Appendix [B-CSLC 5.0]***)
 - 5.2.1 Carefully follow instructions provided in Appendix B
 - 5.2.2 Document Rapid HIV Test performed in SoDM Event Report Information
- 5.3 SubProcess 6B: Report Rapid HIV Test results to EP and SP
 - 5.3.1 ***SubProcess Result***: HIV Test result preliminarily NEGATIVE
 - 5.3.1.1 Notify EP and SP using scripts provided in Appendices C and D,

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respectively

(See **Appendices [C-CSLC 5.0] and [D-CSLC 5.0]**)

5.3.2 **SubProcess Result:** HIV Test preliminarily POSITIVE

5.3.2.1 Notify EP and SP using scripts provided in Appendices E and F, respectively

(See **Appendices [E-CSLC 5.0] and [F-CSLC 5.0]**)

5.3.2.2 Prepare to dispense PEP Meds by reviewing Appendix G before beginning dispensing process - contains all steps relevant to dispensing decision, medication location, dispensing steps, dosing instructions and required documentation

(See **"PEP Meds Dispensing and Documentation Quick Reference" – Appendix [G-CSLC 5.0]**)

5.4 **Core Process 7:** Instruct EP to call OPH for post-event management consultation, whether Rapid HIV Test result NEG or POS

5.4.1 **Decision Point:** EP post-event follow up choices

5.4.1.1 Agrees to clinical referrals and treatment management

5.4.1.2 Declines clinical referrals and treatment management

5.4.1.2.1 Declination Form obtained by OPH and signed by EP

5.4.1.2.2 Copy of Declination Form forwarded to CSLC Director by OPH

5.5. **SubProcess 7A:** Dispense PEP Meds to EP if SP HIV Test result POS

(See **"PEP Meds Dispensing Explanation for Exposed Party" – Appendix [H]**)

5.5.1 Explain rationale for dispensing PEP Meds to EP using script in Appendix H

5.5.2 Review the PEP Meds dosing instructions per script, referring to the vial labels on the prepackaged medications

5.5.3 Provide 72 hours (one 3-day supply) of meds to cover the time until OPH follow up occurs

5.5.4 Enter PEP Meds dispensing information on sign-out log stored with the medication and replace the log sheet in the storage receptacle/area

5.5.4 Document PEP Meds provided to EP in SoDM Event Report Information

5.6 **Core Process 8:** Refer EP and SP to CSLC designated lab testing facility for blood specimen collections, whether Rapid HIV Test result NEG or POS, to confirm/refute EP's exposure and needs for any treatment

5.6.1 Provide letter for BBP specimen collections and billing instructions

(See **"ECU SoDM BBP Orders and Billing Letter" – Appendix [I]**)

5.6.2 Document EP and SP referrals to designated lab facility, including facility name in SoDM Event Report Information

5.7 **Core Process 9:** Complete required event forms per instructions in packet

(See **"ECU SoDM Incident/Event Reporting Packet" – Appendix. [J]**)

5.7.1 Document all available information requested in Event Reporting Packet

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 - 5.9.1 Advises SP of lab results
 - 5.9.2 Recommends follow up by primary care physician or seeking other medical assistance for positive labs results

Definitions:

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; inclusive of but not limited to the following pathogens of concern: human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and Hepatitis C virus (HCV)
Contaminated:	the presence or reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface
Event Manager:	Faculty, Registered Nurse (RN), or other designated, trained SoDM staff acting as the primary coordinator to facilitate appropriate steps in documented incident/event process management
Exposed party:	individual at risk for BBP infection secondary to exposure incident
Exposed party follow up referrals and treatment management by OPH:	includes but not limited to blood specimen collections, lab result advisements, treatment option presentations based on findings, any long-term treatment or follow up required
Exposure incident:	a specific eye, mouth, other mucous membrane, non-intact skin, or

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parenteral contact with blood or OPIM

Faculty:	a fully-credentialed provider, holding an active NC Dental License with an appointment as a member of the SoDM faculty, whether full-time, part-time or adjunct
Other Potential Infectious Materials:	(OPIM) human body fluids such as pleural fluid, nasal and upper respiratory secretions and saliva, those most common in dental procedures; any bodily fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
Percutaneous injury:	disruption of skin integrity, most often the result of penetration by a sharp object, such as a needlestick or cut, but also attributed to abrasions and skin compromise secondary to any activity rendering the skin non-intact
Post-Exposure Prophylaxis:	(PEP) a combination of antiretroviral medicines given within a defined window following potential HIV exposure to prevent infection; non-controlled prescription medications
Source patient:	an individual, typically a patient, whose blood or OPIM may be a source of occupational exposure to an ECU-employed faculty or staff member or an SoDM resident or student
Standard precautions:	an approach to infection control according to the concept that all human blood and certain human body fluids are treated as if known to be infectious with HIV, HBV, HCV or other bloodborne pathogens

Resources: Center for Disease Control
<https://www.cdc.gov/hiv/basics/pep.html>

Cornell Law School Legal Information Institute
<https://www.law.cornell.edu/cfr/text/29/1910.1030>

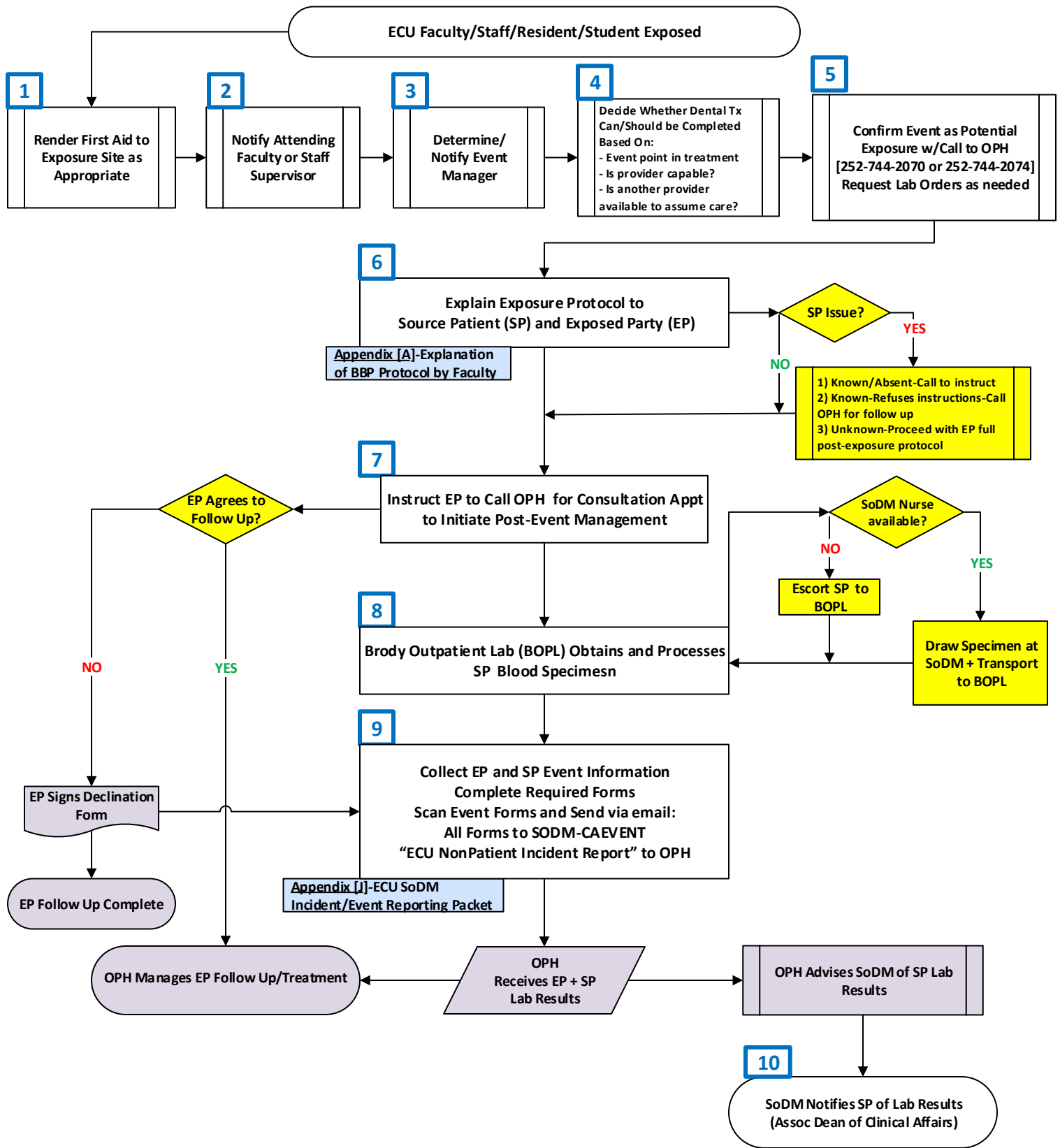
ECU Office of Prospective Health
<http://www.ecu.edu/cs-hs/prospectivehealth/infection.cfm>

OSHA Standard 29 CFR 1910. 1030, "Occupational Exposure to Bloodborne Pathogens"
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=S_TANDARDS

North Carolina Communicable Diseases Law
https://epi.publichealth.nc.gov/cd/lhds/manuals/cd/training/2014/NC_CD_Law_14.pdf

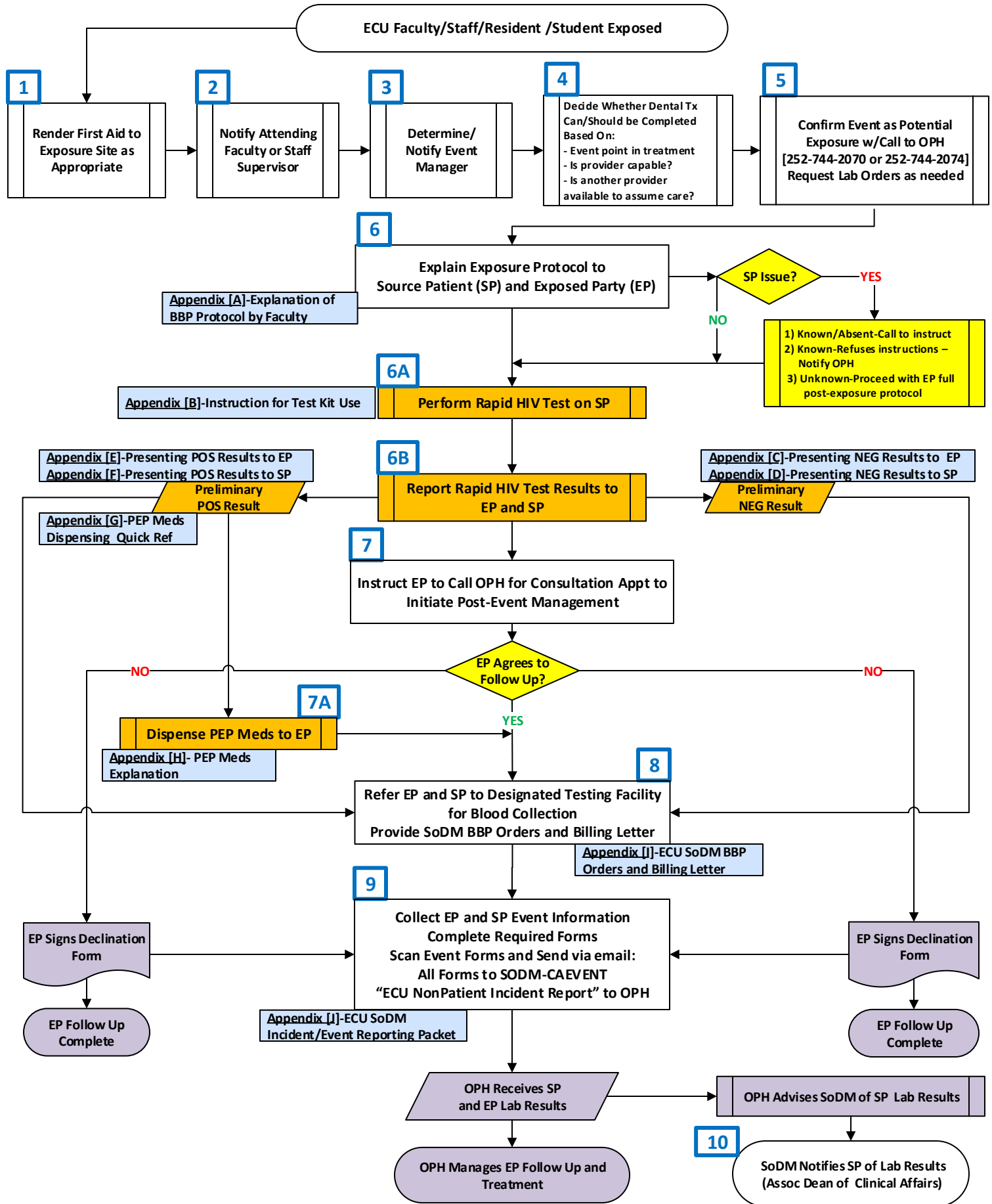
Ross Hall Bloodborne Pathogen Exposure Event Workflow

Normal Business Hours: Monday - Friday 7:45AM-4:30PM



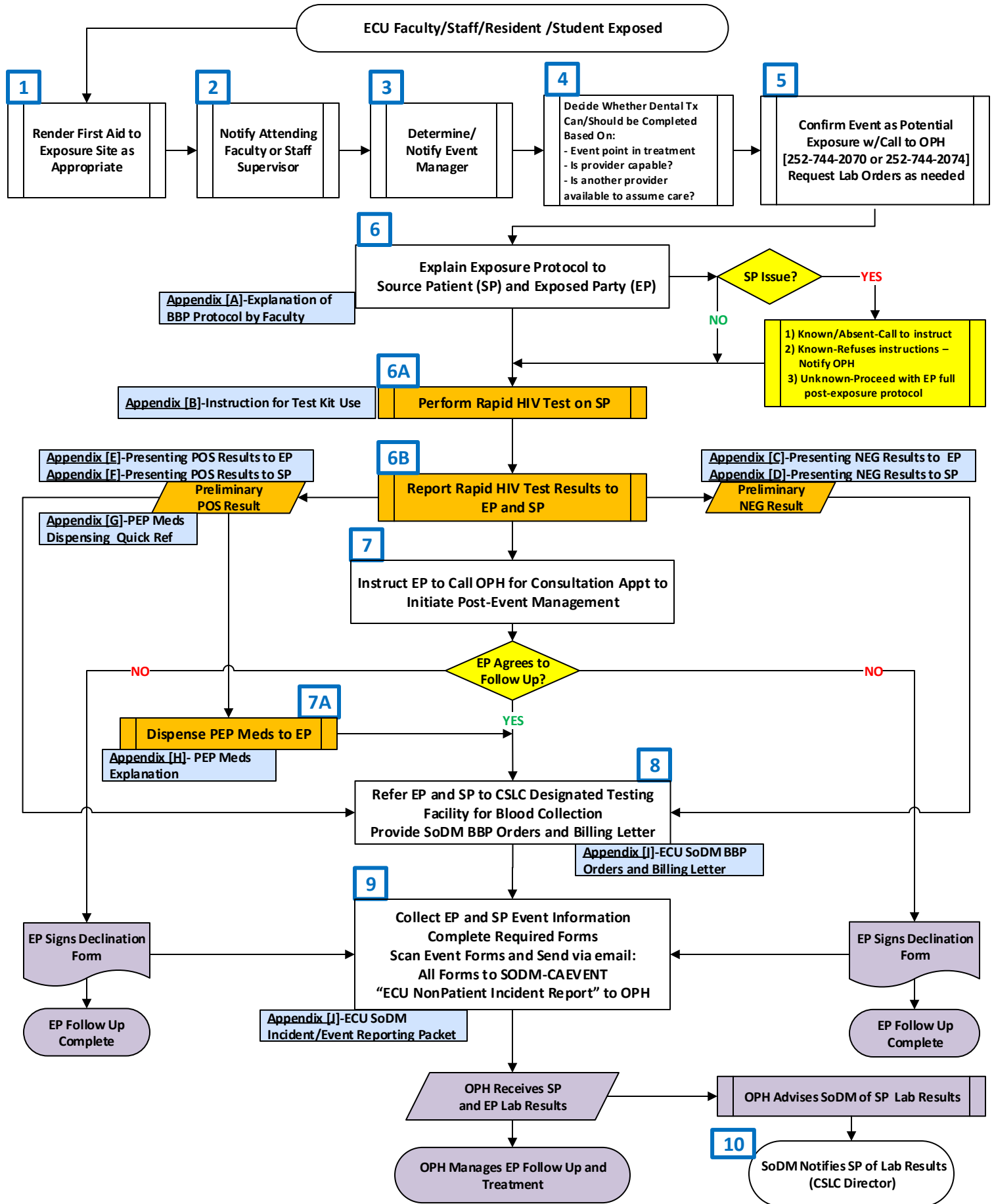
Ross Hall Bloodborne Pathogen Exposure Event Workflow

After Normal Business Hours: Mon-Fri after 4:30 and Weekends



CSLC Bloodborne Pathogen Exposure Event Workflow

Normal Business Hours and After Normal Business Hours



**SoDM SOP-CAFF.048 -Bloodborne Pathogen (BBP) Post-Exposure Management for Ross Hall
and Community-Service Learning Centers (CSLCs)**

**APPENDICES
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Appendix [A] - Explanation of BBP Protocol by Faculty: (Ross Hall and CSLCs)

Appendix [B-CSLC 5.0] - Rapid HIV Test Instructions for CSLC Use

Appendix [B-RH 4.0] - Rapid HIV Test Instructions for Ross Hall Use

Appendix [C-CSLC 5.0] - Script: Presenting NEGATIVE Results of Rapid HIV Test to Exposed Party
(CSLC-Normal Business Hours and After Hours)

Appendix [C-RH 4.0] - Script: Presenting NEGATIVE Results of Rapid HIV Test to Exposed Party
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Appendix [D-CSLC 5.0] - Script: Presenting NEGATIVE Results of Rapid HIV Test to Source Patient
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Appendix [E-CSLC 5.0] - Script: Presenting POSITIVE Results of Rapid HIV Test to Exposed Party
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(CSLC-Normal Business Hours and After Hours)

Appendix [F-RH 4.0] - Script: Presenting POSITIVE Results of Rapid HIV Test to Source Patient
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Appendix [G-CSLC 5.0] CSLC PEP Meds Dispensing and Documentation Quick Reference Guide

Appendix [G-RH 4.0] Ross Hall PEP Meds Dispensing and Documentation Quick Reference Guide

Appendix [H-CSLC 5.0] - Script: PEP Meds Dispensing Explanation for Exposed Party
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Appendix [H-RH 4.0] - Script: PEP Meds Dispensing Explanation for Exposed Party
(Ross Hall-After 4:30 and Weekends)

Appendix[I] - BPP Lab Orders and Billing Information Letter

(Ross Hall After 4:30 and Weekends - CSLCs -Normal Business Hours and After Hours)

Appendix [J] - SoDM Event Reporting Packet - Required Incident Forms

[A] Explanation of BBP Protocol by Faculty: (Ross Hall and CSLCs)

Section 1:

(START HERE: If Faculty has not been involved in patient care up to this point or is known by the patient)

Good morning/afternoon/evening,

I'm Dr _____, Faculty Dentist for the School of Dental Medicine.

(START HERE: If On-Call Faculty has already been involved in the patient's care or is known to the patient)

(Address both the Source Patient and Exposed Party)

The resident/student/assistant who has been involved in your care today has: Enter a) or b)

a) sustained an injury which has broken the skin; OR

b) had some of your blood/saliva from your treatment splash in their eye/mouth

When this type of occurrence involving blood or saliva takes place, we are required, by law, to perform a test at the time of the event to determine whether the patient has certain factors in their blood, which could have been transmitted to the injured party. This testing is to protect the safety of the patient and our team member, who is also required by our Office of Prospective Health (Occupational Health) to be tested.

Section 2:

Ross Hall – During Normal Business Hours 7:45AM-4:30PM

(Address Source Patient)

We are asking your cooperation in allowing us to collect blood specimens at this time. If our nurse is available, we will perform the draw here in Ross Hall. Otherwise, we will accompany you to the Brody Outpatient Lab to have your blood drawn and tested at No Charge to you. The results will be shared with you as soon as they are available.

Section 3:

Ross Hall - After Normal Business Hours Mon-Fri after 4:30 PM and Weekends

CSLC - Normal Business Hours and After Normal Business Hours

(Address Source Patient)

We are asking you to assist us with a very simple test at this time. You will use a swab to take a saliva sample from the gum areas of the mouth. The test result will be available to us here in the next 20-40 minutes. There is No Charge and the results will be shared as soon as they are available. May we collect the sample now?

May we collect the sample at this time?

(See Appendix [B]-Instructions for Rapid HIV Test Kit Use for RH or CSLC, according to location of use)

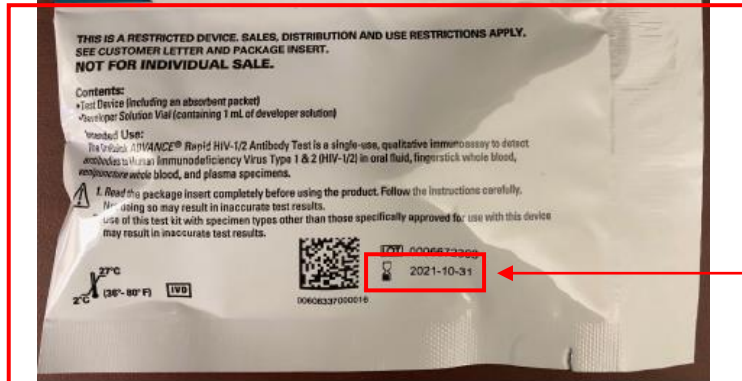
OraQuick ADVANCE Rapid HIV-1/2 Antibody Test

Instructions for Test Kit Use at CSLC

Kit Chamber #1



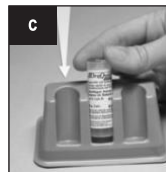
Kit Chamber #2



Expiration Date

General Test Preparation:

- 1) Retrieve Rapid HIV Antibody Test Kit
- 2) Check Expiration Date for active shelf life
- 3) Workspace setup and materials needed
 - a) Cover workspace with a clean, disposable, absorbent material (paper towel or drape)
 - b) Watch or clock capable of timing 20-40 minutes
 - c) Access to Biohazard waste container
 - d) Identify an area to safely prop the test fluid vial without tipping/spilling contents for duration of testing time (20-40 minutes)
 - e) Gloves for tester use during collection/testing processes
- 4) Open both chambers of the divided pouch
- 5) Kit should contain
 - a) 1 Flat Pad Test Device – illustrated Front and Back
 - (a) To prevent contamination, leave Test Device in the pouch until ready to use
 - (b) **DO NOT** cover the 2 holes in the back of the Device with label or any other material-may cause INVALID result)
 - b) 1 Vial of Test Solution – Stand **not** included



OraQuick *ADVANCE* Rapid HIV-1/2 Antibody Test

- c) 1 Absorbent Packet – absence in Test Device pouch requires discarding kit and obtaining new test



Collection Process:

- 6) Tester dons gloves
- 7) Ask Source Patient whether he/she has had and food, water or chewed gum within the past 15 minutes
(Delay testing for 15 minutes if any answer to food, water or gum is YES)
- 8) Delay testing for 30 minutes if an oral health care product (toothpaste, mouth rinse, etc) has been used prior to testing time
- 9) Open vial and place upright in safe location
- 10) Source Patient removes Test Device from pouch – **DO NOT** allow person to touch the FLAT PAD part or the Device
- 11) Direct Source Patient to place Flat Pad **above the teeth against the outer gum**
- 12) **DO NOT ALLOW swabbing of ROOF OF MOUTH, CHEEKS or TONGUE**
- 13) Gently swab completely around the outer gums once around only, both upper and lower – Both sides of pad may be used

Testing Process:

- 14) Wearing Gloves, take Test Device from patient
- 15) Insert Flat Pad in vial making sure to completely touch bottom of vial
- 16) Place vial in upright position with result window facing tester to allow reading results
- 17) Start timing – **DO NOT** remove Test Device from vial while test is running
- 18) Pinkish to purple colored fluid appears and travels up the result window and will gradually disappear as the test develops
- 19) Read results after 20 minutes but not longer than 40 minutes in a fully lighted area

Test Results:

- 20) Negative (Non-Reactive)
 - a) A reddish-purple line appears next to triangle labeled “C” **AND**
 - b) **NO** line appears next to triangle labeled “T”
 - c) Results mean: NO HIV-1 and/or HIV-2 antibodies detected in the specimen



OraQuick ADVANCE Rapid HIV-1/2 Antibody Test

21) Preliminary Positive (Reactive)

- a) A reddish-purple line appears next to triangle labeled “C” **AND**
- b) A reddish-purple line appears next to triangle labeled “T”
- c) One line may be darker than the other – NOTE: If both lines are complete, test is considered positive, no matter how faint the lines
- d) Results mean: HIV-1 and/or HIV-2 antibodies detected in the specimen



22) INVALID test if ANY of the follow occurs

- NO reddish-purple line appears next to triangle labeled “C” (Image “a”)
- A red Result Window background causes difficulty reading results after 20 minutes (Image “c”)
- If any lines are NOT inside the “C” or “T” triangle areas (Images “d1” and “d2”)
- If any partial lines appear on one side of “C” or “T” triangles (Image “e”)



- Results mean: A problem running the test, either related to the specimen or Test Device resulting in inability to interpret the results
- Repeat test with a new Test Kit and oral fluid specimen

General Test Clean-Up and Process Completion:

- 23) Dispose of used test materials in Biohazard Waste container
- 24) Place used gloves in Biohazard Waste container
- 25) Clean up any spills with 10% bleach solution
- 26) Notify SoDM Nurse or Quality Director when Test Kit used for Crash Cart replacement

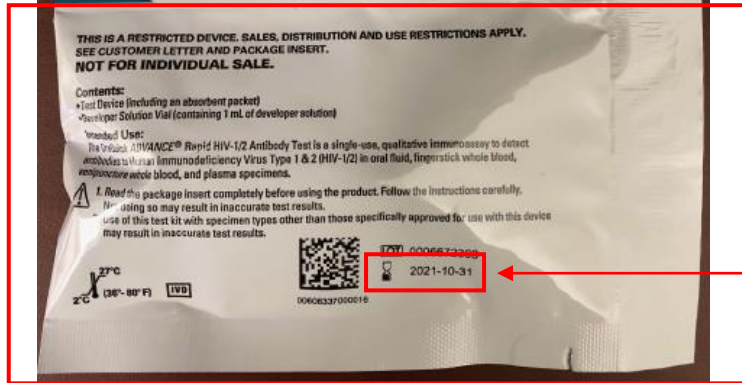
OraQuick ADVANCE Rapid HIV-1/2 Antibody Test

Instructions for Test Kit Use in Ross Hall

Kit Chamber #1



Kit Chamber #2



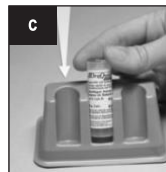
Expiration Date

General Test Preparation:

- 1) Retrieve Rapid HIV Antibody Test Kit from any Ross Hall Crash Cart – Top Drawer
- 2) Check Expiration Date for active shelf life
- 3) Workspace setup and materials needed
 - a) Cover workspace with a clean, disposable, absorbent material (paper towel or drape)
 - b) Watch or clock capable of timing 20-40 minutes
 - c) Access to Biohazard waste container
 - d) Identify an area to safely prop the test fluid vial without tipping/spilling contents for duration of testing time (20-40 minutes)
 - e) Gloves for tester use during collection/testing processes
- 4) Open both chambers of the divided pouch
- 5) Kit should contain
 - a) 1 Flat Pad Test Device – illustrated Front and Back
 - (a) To prevent contamination, leave Test Device in the pouch until ready to use
 - (b) **DO NOT** cover the 2 holes in the back of the Device with label or any other material-may cause INVALID result)
 - b) 1 Vial of Test Solution – Stand **not** included

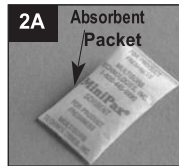


← 2 holes to avoid covering



OraQuick *ADVANCE* Rapid HIV-1/2 Antibody Test

- c) 1 Absorbent Packet – absence in Test Device pouch requires discarding kit and obtaining new test



Collection Process:

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- A red Result Window background causes difficulty reading results after 20 minutes (Image “c”)
- If any lines are NOT inside the “C” or “T” triangle areas (Images “d1” and “d2”)
- If any partial lines appear on one side of “C” or “T” triangles (Image “e”)



- Results mean: A problem running the test, either related to the specimen or Test Device resulting in inability to interpret the results
- Repeat test with a new Test Kit and oral fluid specimen

General Test Clean-Up and Process Competition:

- Dispose of used test materials in Biohazard Waste container
- Place used gloves in Biohazard Waste container
- Clean up any spills with 10% bleach solution
- Notify SoDM Nurse or Quality Director when Test Kit used for Crash Cart replacement

[C] Presenting **NEGATIVE Results of Rapid HIV Test to Exposed Party:**
(CSLC-Normal Business Hours and After Hours)

(Speak with Exposed Party in an area assuring confidentiality)

_____ (Exposed Party Title and Name)

We have the results of the patient's antibody screening. Preliminary findings are ***Negative***, indicating the absence of HIV antibodies.

You will need to consult with the Office of Prospective Health (OPH) by phone for further assessment and treatment management _____ (insert "tomorrow", if after 4:30PM Monday-Thursday OR "Monday", if after 4:30PM on Friday or over the weekend).

Please call OPH (252-744-2070) to arrange this appointment.

You will also need to provide blood samples to establish baselines to help monitor any changes attributed to the exposure. You are to go to _____ for blood draws.
(Fill in the blank with the name of your CSLC's designated facility)

The results from these blood tests will be sent to OPH who will share available lab results during your consultation and discuss any need for other treatment based on lab findings.

Please take this letter with you to explain the tests required and provide billing directions for the facility to send the associated charges for the lab work and visit to the ECU School of Dental Medicine.

(Provide "ECU SoDM BBP Incident Orders/Billing Letter-Appendix[1]")

[C] Presenting **NEGATIVE Results** of Rapid HIV Test to Exposed Party:
(Ross Hall-After 4:30 and Weekends)

(Speak with Exposed Party in an area assuring confidentiality)

_____ (Exposed Party Title and Name)

We have the results of the patient's antibody screening. Preliminary findings are ***Negative***, indicating the absence of HIV antibodies.

You will need to be seen at the Office of Prospective Health (OPH) for further assessment and treatment management _____ (insert "tomorrow", if after 4:30PM Monday-Thursday OR "Monday", if after 4:30PM on Friday or over the weekend).

Please call OPH (252-744-2070) to arrange this appointment.

OPH will share available lab results during the visit, confirming rapid HIV test result status, and discuss any need for other treatment based on their lab findings. You will also provide blood samples and receive instructions regarding where to obtain lab services.

[D] Presenting **NEGATIVE Results** of Rapid HIV Test to Source Patient:
(CSLC-Normal Business Hours and After Hours)

(Speak with Source Patient in an area assuring confidentiality)

(If patient is already aware of positive HIV status, will likely recognize the Rapid Testing Process and either divulge this knowledge or it may be documented as part of their EHR medical history.)

Mr/Ms _____, we have the results of your antibody screening which was preliminarily Negative for the presence of HIV.

In order **to confirm** this result and check for any additional organisms in your blood, we are requesting you now go to _____ for blood draws. We don't have any
(Fill in the blank with the name of your CSLC's designated facility)

laboratory screening available here to either confirm the Rapid Test or check for other potential disease-causing agents. It's important these specimens are collected today to move forward with your medical treatment and that of the injured party, if necessary.

When your blood test results are received, you will be notified by the School of Dental Medicine.

Please take this letter with you to explain the tests required and provide billing directions for the facility to send the associated charges for the lab work and visit to the ECU School of Dental Medicine.

(Provide "ECU SoDM BBP Incident Orders/Billing Letter-Appendix[1]")

[D] Presenting **NEGATIVE Results** of Rapid HIV Test to Source Patient:
(Ross Hall-After 4:30 and Weekends)

(Speak with Source Patient in an area assuring confidentiality)

(If patient is already aware of positive HIV status, will likely recognize the Rapid Testing Process and either divulge this knowledge or it may be documented as part of their EHR medical history.)

Mr/Ms _____, we have the results of your antibody screening which was preliminarily Negative for the presence of HIV.

In order **to confirm** this result and check for any additional organisms in your blood, we are requesting you now go to the Main ED at Vidant Medical Center for blood draws. We don't have any laboratory screening available here to either confirm the Rapid Test or check for other potential disease-causing agents. It's important these specimens are collected today to move forward with your medical treatment and that of the injured party, if necessary.

When your blood test results are received, you will be notified by the School of Dental Medicine.

Please take this letter with you to explain the tests required and provide billing directions for the ED to send the associated charges for the lab work and visit to the ECU School of Dental Medicine.

(Provide "ECU SoDM BBP Incident Orders/Billing Letter-Appendix[1]")

[E] Presenting **POSITIVE Results** of Rapid HIV Test to Exposed Party:
(CSLC-Normal Business Hours and After Hours)

(Speak with Exposed Party in an area assuring confidentiality)

_____ (Exposed Party Title and Name)

We have the results of the source patient’s antibody screening. It shows a “Preliminary” (Stress the term “PRELIMINARY”) **Positive** for the presence of HIV antibodies.

You will need to consult the Office of Prospective Health (OPH) by phone for assessment and treatment management consultation as soon as possible. I may be _____ (insert “tomorrow”, if after 4:30PM Monday-Thursday OR “Monday”, if after 4:30PM on Friday or over the weekend).

Please call OPH (252-744-2070) to arrange this consultation.

[E] Presenting **POSITIVE Results** of Rapid HIV Test to Exposed Party:
(Ross Hall-After 4:30 and Weekends)

(Speak with Exposed Party in an area assuring confidentiality)

_____ (Exposed Party Title and Name)

We have the results of the source patient's antibody screening. It shows a "Preliminary" (Stress the term "PRELIMINARY") **Positive** for the presence of HIV antibodies.

You will need to consult the Office of Prospective Health (OPH) for assessment and treatment management _____ (insert "tomorrow", if after 4:30PM Monday-Thursday OR "Monday", if after 4:30PM on Friday or over the weekend).

Please call OPH (252-744-2070) to arrange this appointment.

[F] Presenting **POSITIVE Results** of Rapid HIV Test to Source Patient:
(CSLC-Normal Business Hours and After Hours)

(Speak with Source Patient in an area assuring confidentiality)

(If patient is already aware of positive HIV status, will likely recognize the Rapid Testing Process and either divulge this knowledge or it may be documented as part of their EHR medical history. If unaware of potential HIV Positive status, follow script below):

Mr/Ms _____, we have the results of your antibody screening which show a "Preliminary" (Stress the term "PRELIMINARY") **Positive** for the presence of HIV.

In order **to confirm** this result and check for any additional organisms in your blood, we are requesting you now go to _____ for blood draws. We don't have any
(Fill in the blank with the name of your CSLC's designated facility)
laboratory screening available here to either confirm the Rapid Test or check for other potential disease-causing agents. It's important these specimens are collected today to move forward with your medical treatment and that of the injured party, if necessary.

When your blood test results are received, you will be notified by the School of Dental Medicine.

Please take this letter with you to explain the tests required and provide billing directions for the facility to send the associated charges for the lab work and visit to the ECU School of Dental Medicine.

(Provide "ECU SoDM BBP Incident Orders/Billing Letter-Appendix[1]")

[F] Presenting **POSITIVE Results of Rapid HIV Test to Source Patient:**
(Ross Hall-After 4:30 and Weekends)

(Speak with Source Patient in an area assuring confidentiality)

(If patient is already aware of positive HIV status, will likely recognize the Rapid Testing Process and either divulge this knowledge or it may be documented as part of their EHR medical history. If unaware of potential HIV Positive status, follow script below):

Mr/Ms _____, we have the results of your antibody screening which show a "Preliminary" (Stress the term "PRELIMINARY") **Positive** for the presence of HIV.

In order **to confirm** this result and check for any additional organisms in your blood, we are requesting you now go to the Main ED at Vidant Medical Center for blood draws. We don't have any laboratory screening available here to either confirm the Rapid Test or check for these other potential disease-causing agents. It's important these specimens are collected today to move forward with your medical treatment and that of the injured party, if necessary.

When your blood test results are received, you will be notified by the School of Dental Medicine.

Please take this letter with you to explain the tests required and provide billing directions for the ED to send the associated charges for the lab work and ED visit to the ECU School of Dental Medicine.

(Provide "ECU SoDM BBP Incident Orders/Billing Letter-Appendix[I])"

POST-EXPOSURE PROPHYLAXIS MEDICATIONS (PEP Meds)

CSLC Dispensing and Documentation Quick Reference Guide

Dispensing Decision:

- EXPOSED PARTY – ECU Employee Only (Faculty, Staff, Resident, Student)
- QUALIFYING EVENT – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potential infectious material
- WHEN –Exposed Party CANNOT be seen by designated facility the same day of exposure **AND** Rapid **HIV Test is POSITIVE** or Source Person has documented HIV history (Increased risk)
- DISPENSE DECISION -Faculty ONLY

Dispensing and Documentation Process:

- DISPENSING PROVIDER – ONLY Faculty, by law, can sign out and dispense meds
- DATE CHECK – Exp Date on med vials shows active shelf-life
- MED LABELS – Fill in Date and Provider Fields on both med vials with today’s date and Dispensing Faculty Name
- ALLERGY CHECK – Verbally check and confirm all patient allergies
- DISPENSE DOSAGE – Give Exposed Party:
TRUVADA – 3 Tabs (1 Vial) – 3-day supply
ISENTRESS – 6 Tabs (1 Vial) – 3-day supply
- SIGN OUT – Complete *Patient Post-Exposure Medication Dispensing Log* stored with meds (Follow Sample Form in notebook) and place form back in receptacle
- DOSING INSTRUCTIONS – Review instructions on labels of both vials with Exposed Party; Per CDC Guidelines, advise to start meds immediately
- DOCUMENTATION – Check box for “PEP Meds provided” on ECU SoDM Event Report Information found in Incident/Event Reporting Packet

POST-EXPOSURE PROPHYLAXIS MEDICATIONS (PEP Meds)

Ross Hall Dispensing and Documentation Quick Reference Guide

Dispensing Decision:

- EXPOSED PARTY – ECU Employee Only (Faculty, Staff, Resident, Student)
- QUALIFYING EVENT – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potential infectious material
- WHEN –Exposed Party CANNOT be seen by Office of Prospective Health the same day of exposure **AND** Rapid HIV Test is POSITIVE or Source Person has documented HIV history (Increased risk)
- DISPENSE DECISION -Faculty ONLY

Dispensing and Documentation Process:

- DISPENSING PROVIDER – ONLY Faculty, by law, can sign out and dispense meds
- MEDS RETRIEVAL – AEGD Clinic Dispensary (2nd Floor-Ross Hall); Use combination to open the Combination Lock box to left of the dispensary door opening from the AEGD Clinic side, below the side wall window. The larger key opens the door.
- MEDS LOCATION – First cabinet on the upper left wall just beyond the window, above refrigerator height when entering the door from the AEGD Clinic; Cabinet door key is also located in the Combination Lock Box, the smaller of the 2 keys in the box. Meds are in the pouch labeled PEP Meds inside the cabinet.
- DATE CHECK – Exp Date on med vials shows active shelf-life
- MED LABELS – Fill in Date and Provider Fields on both med vials with today's date and Dispensing Faculty Name
- ALLERGY CHECK – Verbally check and confirm all patient allergies
- DISPENSE DOSAGE – Give Exposed Party:
TRUVADA – 3 Tabs (1 Vial) – 3-day supply
ISENTRESS – 6 Tabs (1 Vial) – 3-day supply
- SIGN OUT – Complete *Patient Post-Exposure Medication Dispensing Log* stored with meds (Follow Sample Form in notebook) and place form back in receptacle
- DOSING INSTRUCTIONS – Review instructions on labels of both vials with Exposed Party; Per CDC Guidelines, advise to start meds immediately
- DOCUMENTATION – Check box for “PEP Meds provided” on ECU SoDM Event Report Information found in Incident/Event Reporting Packet

[H] PEP Meds Dispensing Explanation for Exposed Party:
(CSLC-Normal Business Hours and After Hours)

(Speak with Exposed Party in an area assuring confidentiality)

_____ (Exposed Party Title and Name)

Since you may be unable to consult with OPH today, we are following the CDC Guidelines for potential HIV exposure and providing you with Post-Exposure Prophylaxis Medications (PEP Meds). We are giving you enough to last 3-days, so be sure to notify OPH that you have started this medication during your consult. They will advise at that time how you should proceed with these meds and any other treatment based on any additional lab findings from the source patient.

(Review the following from the PEP Med Labels:)

Medication Name: TRUVADA

Dosing Instructions: Take one tablet by mouth once daily

Medication Name: ISENTRESS

Dosing Instructions: Take one tablet by mouth every 12 hours

You should take one of each medication starting now, then follow the label instructions until your follow up call or visit with the OPH Provider.

[H] PEP Meds Dispensing Explanation for Exposed Party:
(Ross Hall-After 4:30 and Weekends)

(Speak with Exposed Party in an area assuring confidentiality)

_____ (Exposed Party Title and Name)

Since you cannot be seen today, we are following the CDC Guidelines for potential HIV exposure and providing you with Post-Exposure Prophylaxis Medications (PEP Meds). We are giving you enough to last 3-days, so be sure to take your meds with you to your meeting with Prospective Health. They will advise at that time how you should proceed with these meds and any other treatment based on any additional lab findings from the source patient.

(Review the following from the PEP Med Labels:)

Medication Name: TRUVADA

Dosing Instructions: Take one tablet by mouth once daily

Medication Name: ISENTRESS

Dosing Instructions: Take one tablet by mouth every 12 hours

You should take one of each medication starting now, then follow the label instructions until seen at OPH.



An ECU employee, resident, dental student or clinic patient may have been exposed to a source patient's blood or other potentially infectious material. We are requesting and authorizing you to perform the following blood tests on samples drawn from the bearer of this letter. ***If post-exposure prophylaxis is indicated, please prescribe based on current CDC guidelines.***

Patient testing requests:

- HIV Serum Antigen/Antibody Combo
- HIV Viral Load **if** patient has **positive HIV history**
- Hepatitis B Surface Antibody
- Hepatitis B Core Antibody
- Hepatitis B Surface Antigen
- Hepatitis C Antibody

To facilitate optimal care, lab results, along with any treatment records and your contact information, must be sent within 24 hours of receipt of results to the ordering clinician:

Dr. Joseph Lane Wilson, MD
ECU Office of Prospective Health
Phone: (252) 744-2070
Fax: (252) 744-2417

**** If your facility requires patient consent to release results, please obtain consent at the time of specimen collection.****

NOTE: PLEASE DO NOT BILL THE PATIENT. ECU School of Dental Medicine is the guarantor.

Invoices with a claim statement should be sent to:
ECU School of Dental Medicine Office of Clinical Affairs
Clinic Administrator
1851 MacGregor Downs Rd, Mail Stop 701 Greenville,
NC 27834-4354
Phone: (252) 737-7740
Fax: (252) 737-7198

For questions, please call ECU School of Dental Medicine Office of Business and Finance: (252) 737-7088.

Sincerely,

Edwin R Connelly, DDS, MS
Interim Associate Dean for Clinical Affairs

ECU School of Dental Medicine Incident/Event Reporting Packet (Revision9: 27 May 2021)

Directions:

- 1) *Please read ALL instructions carefully and completely prior to completing forms*
- 2) Use this packet, completing both forms to report ALL incidents/events of any type occurring at Ross Hall or a CSLC
- 3) Complete the ECU Prospective Health Form entitled “Non-Patient” for every type of event. The form is ECU’s format and the title cannot be changed to avoid confusion
Apply the following guidelines to assist with appropriate date entry in designated fields:
 - a) NAME – name of the party involved or injured in the event
 - b) SSN# - DO NOT enter the social security number; field is for OPH use only
 - c) JOB TITLE – If involved party is affiliated with ECU (faculty, staff, resident, student), enter one of these categories in the field); if not ECU affiliated enter either “Patient” or “Visitor”
 - d) SUPERVISOR’S NAME – If involved party is ECU affiliated, enter their supervisor’s name; for students or residents, enter the supervising clinical faculty at the time of the event
 - e) SOURCE PATIENT – name of the party whose body fluid places the exposed party at risk for infection in the case of a BBP potential exposure
 - f) MR# - provide the Axium number, if the Source of potential exposure is a patient
 - g) Device/Instrument – name of any object, usually a sharp producing a break in the skin, involved in a potential exposure event (Examples: needle, blade, bur, scaler or other) **[Required by OSHA]**
 - h) Brand Name – device/instrument manufacturer **[Required by OSHA]**
 - i) Employee Signature - signature of the injured party; if not an ECU employee, strick through ~~Employee~~ and write in *Student* or *Resident*; if the injured party is a visitor or patient, no signature is required
 - j) Supervisor Signature – **Required** if the injured party is faculty, staff, student or resident
 - k) SIGNATURE DATE – **Required** for both Employee and Supervisor Signatures
- 4) NATURE OF INJURY – if not Blood or Body Fluid Exposure, select correct incident category form others on the form; write in any type of injury incurred if an existing category does not adequately describe the injury
- 5) SHARPS (Percutaneous) INJURY – In addition to other forms, complete page entitled **“SHARPs (Percutaneous) Injury Event Information” [REQUIRED]**
- 6) ECU Forms Sent to OPH for BBP Exposure – **DO NOT** complete any information in section below the Supervisor’s Signature

Specific Steps for BBP Exposure Events Related to Forms:

- Complete both forms ASAP following BBP Exposure event (Same day as event, if at all possible)
- Call OPH (252-744-2070) during Normal Business Hours to notify of exposure and form to be sent
- Scan and send via email over the ECU Network **ONLY** the “ECU Non-Patient Incident Report” form (to OPH-Same day as event, if at all possible, or no later than next Business Day if event occurrence After Normal Business Hours)

Form Completion Follow Up for ALL Forms, ANY Type Event:

- Scan all forms, including any Declination Forms received from OPH indicating the Exposed Party declined care
- Send all forms, no later than 24 hours post-event, via SECURE email through the ECU Network to SODM-CAEVENT@ecu.edu
- **Do NOT** email forms to any address other than SODM-CAEVENT or OPH-only those parties associated with those addresses should receive the forms
- **DO NOT** attach copies of either form to patient’s record or enter any form information into the chart

ECU School of Dental Medicine Incident/Event Reporting Packet (Revision9: 27 May 2021)

Event Reported/Forms Completed by: _____ Title: _____

SoDM Phone: _____ Event Location: _____
(Examples: Ross Hall-AEGD or CSLC Ahoskie – Front Lobby)

Involved or Exposed Individual: _____ DOB: _____ Chart#: _____
(Circle: *Exposed* for BBP Event OR *Involved*)

Involved/Exposed Individual was: Patient Faculty Staff Student D1 D2 D3 D4 Resident Visitor
Was a Family Member: Notified Present OnSite

Family Member/Other Name: _____ Relationship: _____ Phone: _____

Interventions provided to individual involved in the event: (Fields left Blank indicate N/A)

First Aid Administered (When indicated) Yes No Brief Description: _____

Pulse _____ Resp _____ BP _____/_____ Pulse Ox _____ % Blood Glucose _____ Repeat Glucose _____

Medications Administered/Time: 1) _____ 2) _____

Meds Administered by: _____ Title: _____

EMS Activated: Yes No Activation Time: _____ Arrival Time: _____ Transport Time: _____

Treatment Refused: Yes No Transport Refused: Yes No Transported To: _____

Foreign Body Aspiration/Ingestion: Yes No Sent for XRays: Yes No
Referred to: _____ (Facility Name)

Disposition(s) if Potential BBP Exposure:

ROSS HALL Exposure Event – Normal Business Hours

ECU Employee/Student: Referred to Prospective Health for Consultation/Evaluation
(Exposed Party–Includes Faculty, Staff, Residents)

Source Patient: Escorted to BSOM OP Lab for Blood Collection
 Blood Collected at Ross Hall/Specimen Transported to BOPL

ROSS HALL Exposure Event – After Normal Business Hours

ECU Employee/Student: Referred to Prospective Health for Consultation/Evaluation
 PEP Meds Dispensed Dispensed by: _____

Source Patient: Rapid HIV Test Performed Referred to Vidant ED for Blood Collection

CSLC Exposure Event – Normal Business Hours and After Normal Business Hours

ECU Employee/Student: Referred to Prospective Health for Phone Consultation
 Referred to Designated Facility for Blood Collection-Facility Name: _____
 PEP Meds Dispensed Dispensed by: _____

Source Patient: Rapid HIV Test Performed
 Referred to Designated Facility for Blood Collection-Facility Name: _____

OTHER COMMENTS: _____

ECU School of Dental Medicine Incident/Event Reporting Packet (Revision9: 27 May 2021)

Exposed Party: _____ Exposure Date: _____

SHARPs (Percutaneous) Injury Event Information [REQUIRED]

Enter injury occurrence information and the circumstances resulting in the injury:

Occurrence Category	Circumstances	Data Use Only	Ck for YES
1. While manipulating a patient, needle or other sharp	Patient's moving and jarring device	PMJD	
	Inserting or withdrawing a needle	INWDN	
2. While in the operative field	Suturing	SUTUR	
	Incising	INCIS	
	Palpating/Exploring	PLEXP	
3. While handling instruments	Passing or transferring instruments	PSTUI	
	Handling instruments on a tray	HIOT	
	Recapping	RECAP	
	Disassembling a device	DASMD	
	Activating a safety device	ACTSD	
	Decontaminating	DECON	
	During cleanup	DCLNP	
4. Result of a collision	In transit to disposal	ITNDP	
	Colliding with a sharp object	CWSOB	
5. Disposing of the sharp	Placing sharp in a container	PLSNC	
6. Sharp left in an unusual location	Sharps container overfilled	SCTOF	
	In trash	INTRS	
	Left on table or tray	LONTT	
	Left uncovered or exposed elsewhere (handpiece)	LUCEXP	
7. Other/Unknown	<i>Not applicable</i>	NA	

Timing of Injury:

(Ck for YES)

Before sharp use in treatment	BSUT	
During sharp use	DSU	
After use-Before disposal or processing	AUBDP	
During or After disposal or processing	DADP	

Dental Procedure during which injury occurs: (Ck for YES)

Oral Surgery	Simple Extraction	OSSIEXT	
	Surgical Extraction	OSSUEXT	
	Fracture Reduction	OSFXRED	
	Other	OSOTH	
Restorative		REST	
Hygiene		HYG	
Periodontal Surgery		PERIO	
Endodontic Therapy		ENDO	
Other		OTHER	

Device involved in the injury:

(Ck for YES)

Band/Wire	BNDWR	
Blade (Scalpel)	BLADE	
Bur	BUR	
Cavitron	CAVIT	
Elevator	ELVTR	
Explorer	EXPLR	
Other Instrument/Object	OBJOTH	
Scaler	SCLAR	
Suture Needle	NDSUT	
Unknown/Other	UNKOTH	
Hollow-Bore Needle	Anesthetic Syringe Needle	NDHBAS
	IV Start Needle	NDHBIV
	Other Hollow-Bore Needle	NDHBO

ECU PROSPECTIVE HEALTH

NON-PATIENT INCIDENT REPORT

NAME _____ DOB _____ SSN# _____
HOME ADDRESS _____
HOME PHONE _____ WORK PHONE _____
JOB TITLE _____ SUPERVISOR'S NAME _____
DATE OF INCIDENT _____ TIME OF INCIDENT _____
LOCATION OF INCIDENT _____

NATURE OF INCIDENT

Blood or Body Fluid Exposure

Source Pt: _____

MR#: _____

Stick Spray Cut Puncture

Bite Scratch Scrape/Abrasion

Other: _____

Device/Instrument: _____

Brand name: _____

Infectious Respiratory Exposure

Inhalation

Other: _____

Radiation Exposure

Internal External

Chemical Exposure

Inhalation Skin Absorption

Body Accident

Sprain Hit Strain Struck

Fall Other: _____

Electrical Injury

Other: _____

BRIEF NARRATIVE OF INCIDENT: _____

Protective equipment used? Yes ___ No ___ Appropriate work practices followed? Yes ___ No ___

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

This section to be completed by Prospective Health or Contracted Clinician

Nature of Injury

___ blood/body fluid exposure ___ laceration ___ chemical burn ___ contusion
___ puncture/needlestick ___ abrasion ___ thermal burn ___ sprain/strain
___ Other: _____ ___ dermatitis ___ electrical burn ___ fracture

Medical Evaluation (High risk factors for SP & Patient i.e. Hx of HIV, Hep C or Hep B)

Evaluation Results

___ First aid ___ Blood/body fluid exposure protocol ___ Hep B vaccine indicated Date Given: _____

___ Return to work Work restrictions: _____

___ Follow-up Care Plan: 6 wk ___ 3 mo ___ 6 mo ___ 12 mo ___ other ___ Declined (Declination signed) ___

Seen By: ___ Employee Health Nurse ___ Physician ___ Nurse Practitioner ___ Contracted Clinician (CSLC)

Provider: _____ **Date:** _____

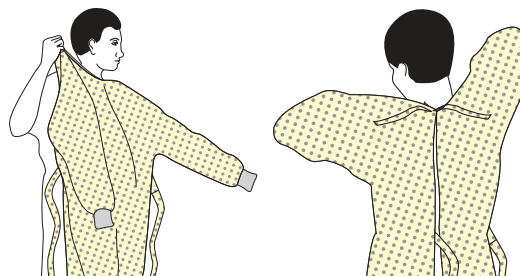
Blood/body fluid exposure: _____ The employee has been informed regarding medical conditions which may result from exposure to blood or other potentially infectious materials, educated regarding risk reduction practices and had the surveillance program explained in detail. The results of this evaluation have been discussed with the employee and employee has verbalized understanding of his/her plan of care.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



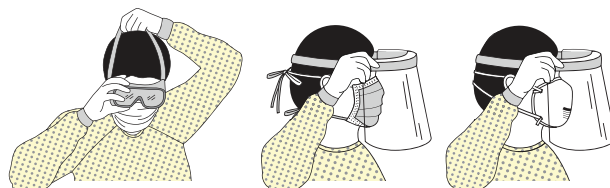
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



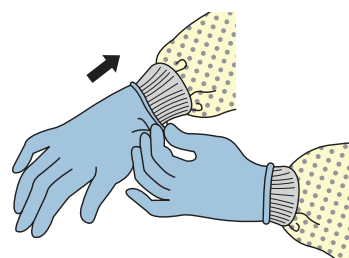
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



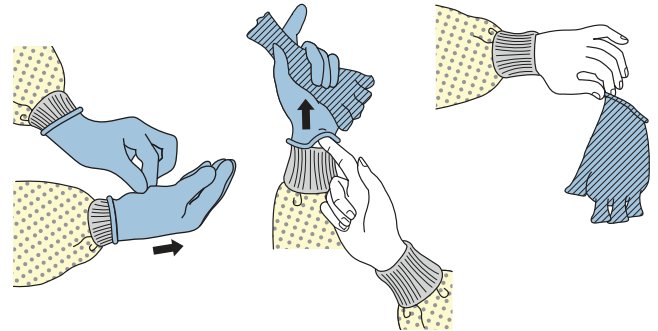
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



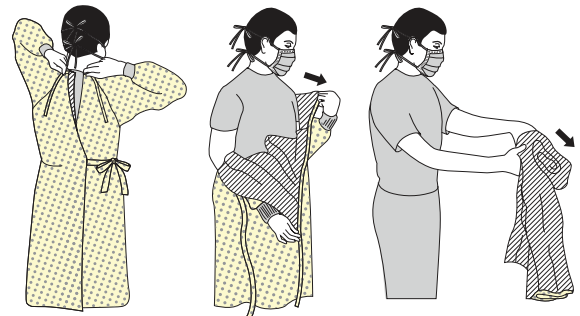
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



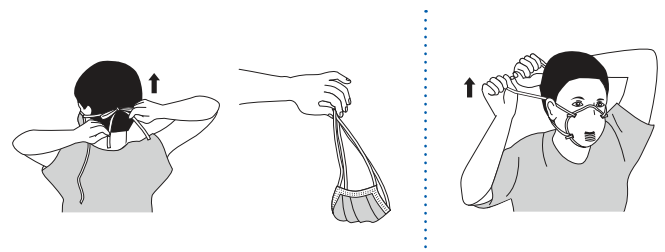
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

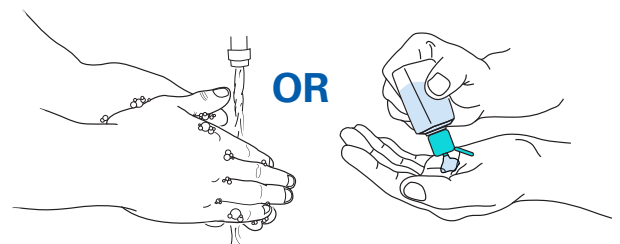


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

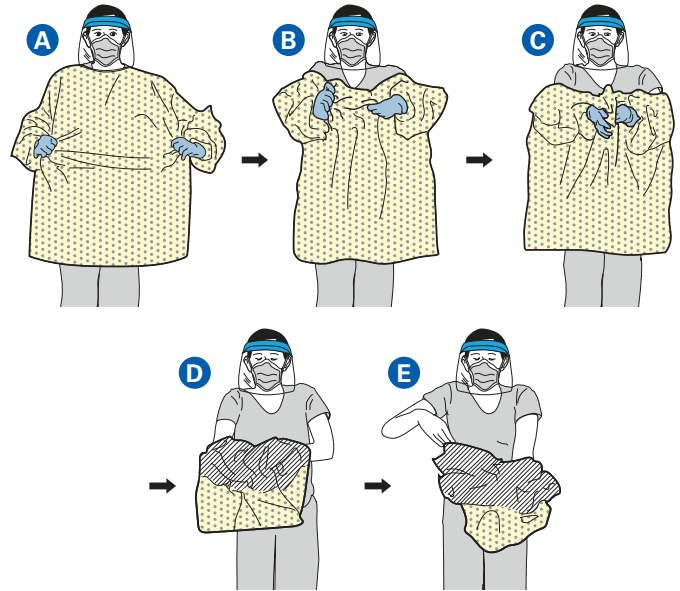


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



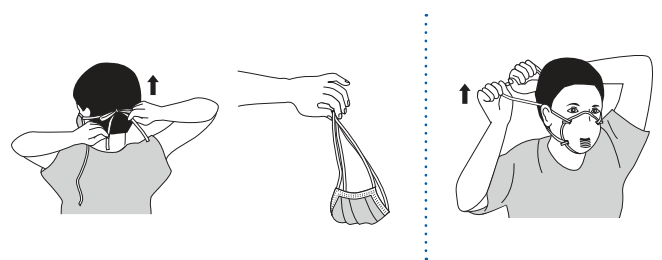
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

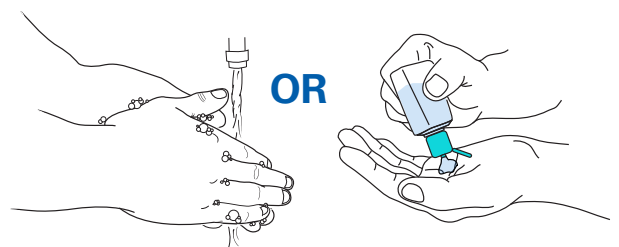


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Issued By:	Office of Clinical Affairs	Effective Date:	8/24/2020
Approved:	Dr. D. Gregory Chadwick, Dean	Reviewed/Revised:	8/24/2020

Title: Environmental Infection Prevention and Control for Ross Hall and the Community Services Learning Centers (CSLCs)

Purpose: To define and describe processes/procedures at the ECU School of Dental Medicine (SoDM) to ensure clinical and non-clinical areas are prepared and maintained through the use of aseptic/clean techniques to keep staff safe and prevent infectious transmissions inconsistent with delivery of quality patient care and outcomes.

Policy: Routine cleaning and disinfection of environmental surfaces should be a part of the infection prevention plan. Cleaning removes large numbers of microorganisms from surfaces and should always precede disinfection. It is the responsibility of all SoDM faculty, staff, residents and students to collaborate in maintaining a clean treatment area to prevent the transmission of disease to/from patient and dental healthcare personnel (DHCP) before, during and after dental treatment.

Definitions:

Cleaning: Removal of foreign matter, such as soil or organic matter, from objects or surfaces, normally accomplished by using water with detergents or a disinfect product, and applying manual friction

Clinical contact surfaces: Frequently touched surfaces such as counter tops, light handles, bracket trays, switches on dental units and computer equipment located within clinical treatment areas or adjacent to treatment areas, which may be exposed to potential contamination from any type of microorganism as well as visible soiling from physical contact

Contact time: Also known as wet time; the time required for a disinfectant to remain visibly wet on a surface to ensure efficacy; usually included on the manufacturer's label directions

Contamination: The presence of a substance where it should not be or at harmful concentrations; most common contamination categories include physical, chemical, microbial and allergenic

Disinfection: The process of cleaning something, especially with a chemical, in order to destroy bacteria

Environmental surfaces: Any type of surface located within a facility, whether classified as clinical contact or housekeeping, which is subject to physical soiling or contamination

Housekeeping surfaces: Floors, walls, door handles, sinks, and water fountains

Microorganism: an organism or microbe that is so small it is microscopic or invisible to the naked eye; the 3 basic organism groups most relevant to dentistry are bacteria, fungi (yeasts and molds), and viruses

Pathogenic: Of a bacterium, virus or other microorganism causing disease

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SoDM Personnel Designations:

Staff: Administrative support employees in addition to dental assistants, dental hygienists or other certified/licensed SoDM employees, such as a nurse (RN), who participate in patient care

Student: A pre-doctoral candidate in any year of dental school, supervised at all times by attending faculty

Resident: A graduate of an ADA-accredited dental school, seeking advanced dentistry training, and supervised at all times by attending faculty

Faculty: All employees with an appointment as a member of the SoDM faculty, whether full-time, part-time or adjunct

Procedure:

- 1.0 Cleaning and disinfection emphasis should be placed on all environmental surfaces likely to become contaminated with pathogens, including, but not limited to clinical contact surfaces in the patient-care area, to avoid microorganism transfer to other surfaces, instruments, or to the nose, mouth and eyes of DHCP or patients via touching.
- 2.0 Key recommendations for environmental infection prevention and control in dental settings are:
 - 2.1 Use surface barriers to protect clinical contact surfaces, particularly those difficult to clean (e.g., switches on dental chairs, computer equipment, handles, tubing) and change such barriers between patients.
 - 2.2 Clean and disinfect clinical contact surfaces, even those barrier-protected, with an EPA N-list registered disinfectant after each patient.
 - 2.3 Use a disinfectant indicating tuberculocidal claim, if surface visibly contaminated with blood.
 - 2.4 Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in health care settings which meet standards for destroying specific targeted organisms.
 - 2.5 Follow manufacturer instruction for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, disposal).
- 3.0 Housekeeping surfaces carry less risk of disease transmission than clinical contact surfaces but should be cleaned with approved cleaning solutions and disinfected if visibly contaminated.
- 4.0 Cleaning, decontamination and disinfection should be based on:
 - 4.1 Location within the facility,
 - 4.2 Type of surface to be cleaned,
 - 4.3 Type of soiled item,
 - 4.4 Treatment tasks and procedures, if any, in progress,
 - 4.5 Type and/or volume of any spill or contaminant to be addressed:
 - 4.5.1 Small blood spills or other potentially infectious material (OPIM) <20ml – proceed with this SOP.
 - 4.5.2 Large amounts of blood or OPIM (>100ml or approximately 1/ cup) – consult *Managing Blood and OPIM Spills-CAFF.024*.
- 5.0 All detergents and disinfectants used must be on the EPA N-list and approved by the ECU Infection Control Committee to effectively attack and inactivate microorganisms identified

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as known pathogenic threats to patients, faculty, students, residents and all other DHCP.

Types of microorganisms:

- 5.1 Bacteria, including, but not limited to Mycobacterium tuberculosis
 - 5.2 Fungi
 - 5.3 Viruses
- 6.0 Exercise prevention techniques, whenever possible, to avoid and/or control contamination.
- 6.1 Remove all clutter and non-essential items from environmental surfaces
 - 6.2 Place frequently used items in closed storage, such as cupboards and drawers, easily accessible and offering efficient retrieval, when required.
 - 6.3 Cover all difficult to clean surfaces, especially in clinical treatment areas, with high potential for microbe and fomite spread.
 - 6.3.1 Place barriers as follow:
 - 6.3.1.1 Cover laptop keyboards with barrier film, avoiding cooling air vents adjacent to the keyboard surface,
 - 6.3.1.2 Drape laptop screens with a non-adhesive, transparent barrier, such as Glad or Saran Wrap, avoiding cooling air vents adjacent to the screen surfaces,
 - 6.3.1.3 Cover workstation keyboards with commercial covers, if available or drape with a transparent barrier, such as Glad or Saran Wrap,
 - 6.3.1.4 Cover signature pads with barrier film, a transparent barrier or a small plastic bag. Wipe down after use and replace.
 - 6.3.1.5 Cover all handles, switches, chair lights, and control panels with barrier film.
 - 6.3.2 Eliminate non-essential items in clinical spaces, including, but not limited to, personal cell phones, purses, backpacks, lunch bags, notebooks, coats, etc.
 - 6.3.3 Remove, dispose, and replace all barriers between patients in treatment care areas
- 7.0 Personnel should follow these specified cleaning and disinfecting protocols
- 7.1 Consider every environmental surface “contaminated”.
 - 7.2 Clean visibly soiled clinical contact surfaces prior to disinfection with the appropriate disinfectant product for pathogens currently identified as contamination threats.
 - 7.3 Employ the following cleaning techniques if the disinfectant product is also used as the cleansing agent.
 - 7.3.1 “Spray – Wipe – Spray”, if using a disinfectant spray; OR
 - 7.3.2 “Wipe – Discard – Wipe”, if using disinfectant-containing wipes.
 - 7.3.3 Adhere to disinfectant manufacturer’s label directions for required contact/wet time to kill designated pathogens.
 - 7.4 Direct patient-care clinical treatment areas
 - 7.4.1 Perform cleaning wearing gloves, gown, face mask and protective eye wear whenever aerosol effects/contamination is anticipated.
 - 7.4.2 Clean and disinfect operatory clinical contact surfaces between patients
 - 7.5 Environmental surfaces adjacent to clinical treatment areas or subject to patient or high public traffic contact, including, but not limited to:
 - 7.5.1 Screening areas, registration desks, check-out areas, cashier desks, receptions/waiting areas

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- 7.5.2 Responsibility for cleaning/disinfecting rests with personnel assigned to a workspace
- 7.5.3 Recommendations for personal-protective equipment to be worn while cleaning includes mask, gloves and protective eye wear
- 7.5.4 Clean and disinfect surfaces using the following routine
 - 7.5.4.1 Prior to beginning workday activities
 - 7.5.4.2 Following lunch breaks
 - 7.5.4.3 At the end of the workday
 - 7.5.4.4 Any time workspace personnel occupancy changes during the workday
- 7.6 All other environmental surfaces beyond those specified above.
 - 7.6.1 Responsibility for cleaning/disinfecting rests with personnel assigned to a workspace
 - 7.6.2 Suggest mask, gloves and protective eyewear be worn while cleaning
 - 7.6.3 Clean and disinfect surfaces using the following routine
 - 7.6.3.1 Prior to beginning workday activities
 - 7.6.3.2 At the end of the workday
 - 7.6.3.3 Any time workspace personnel occupancy changes during the workday
- 7.7 Learning halls, conference rooms and break rooms:
 - 7.7.1 Responsibility for cleaning/disinfecting rests with those that use the space.
 - 7.7.2 Wipe down used areas when beginning the use of the area and again before leaving the area.
- 8.0 Housekeeping surfaces will generally be addressed by environmental staff or through collaboration with clinical personnel.
 - 8.1 Clinical staff should coordinate housekeeping surface cleaning needs occurring during patient encounters and assist as needed.
 - 8.2 Environmental staff may be called to respond to immediate situations if mops/buckets are required to manage larger decontamination needs or to assist with controlling larger spills or issues when safety considerations arise.
 - 8.3 Hand sanitizer stations are managed through several different entities.
 - 8.3.1 If there is a contact number on the unit, call that number for replacements.
 - 8.3.2 If the unit is in a clinic space, refill units can be retrieved from the dispensaries.
 - 8.3.3 If the unit is in a hallway or other non-clinical area, refill units can be requested for your department through Clinical Affairs.
- 9.0 Practice contamination avoidance and exposure reduction during all treatment phases in clinical treatment areas
 - 9.1 Limit room and/or procedure setup to items only certain to be requested or used during the anticipated procedure(s).
 - 9.1.1 Communicate with attending provider ahead of setup to determine essential procedure setup needs.
 - 9.1.2 Drape any setups completed ahead of procedure start if other treatments in the same clinical space are already underway.
 - 9.1.3 Remove drapes just prior to treatment start.

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- 9.2 Establish sharps management prior to treatment start through dental team communication.
 - 9.2.1 Designate/identify “sharps areas” and instrument passing zones for use by all.
 - 9.2.2 Determine individual accountability for sharps disposal in appropriate container.
 - 9.2.3 Periodically review Risk Assessment Tool for Sharps (See *SoDM SOP-CAFF.018 – Sharps Safety and Management*).

Resources: *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*, CDC, US Dept of Health and Human Services, October 2016

Guidelines for Environmental Infection Control in Health-Care Facilities (2003), CDC, US Dept of Health and Human Services

East Carolina University Infection Control Policy; Originated: July 25, 1990;
Approved: July 24, 2002, Last Date Reviewed: 12.4.18

School of Dental Medicine Policy and Procedure Manual SOP#: CAFF.027

Issued By:	Office of Clinical Affairs	Effective Date:	2/14/13
Approved:	Dr. D. Gregory Chadwick, Interim Dean	Reviewed/Revised:	

Title: Amalgam Waste/Recycling Best Practices:
 Ross Hall and Community Service Learning Center

Purpose: To safely dispose or recycle amalgam waste with minimal environmental impact.

Policy: n/a

Procedure:

- 1.0 Follow the American Dental Association's Best Management Practices for Amalgam Waste (attached).
- 2.0 Follow the American Dental Association's "Integrating Best Management Practices" into the clinic practice (attached).
- 3.0 Follow the manufacture's guidelines for amalgam filter placement, replacement, recycling and storage.

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Best Management Practices for Amalgam Waste

DO	DON'T
<i>Do</i> use precapsulated alloys and stock a variety of capsule sizes	<i>Don't</i> use bulk mercury
<i>Do</i> recycle used disposable amalgam capsules	<i>Don't</i> put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage
<i>Do</i> salvage, store and recycle non-contact amalgam (scrap amalgam)	<i>Don't</i> put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
<i>Do</i> salvage (contact) amalgam pieces from restorations after removal and recycle the amalgam waste	<i>Don't</i> put contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
<i>Do</i> use chair-side traps, vacuum pump filters and amalgam separators to retain amalgam and recycle their contents.	<i>Don't</i> rinse devices containing amalgam over drains or sinks
<i>Do</i> recycle teeth that contain amalgam restorations. (<i>Note:</i> Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection)	<i>Don't</i> dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage
<i>Do</i> manage amalgam waste through recycling as much as possible	<i>Don't</i> flush amalgam waste down the drain or toilet
<i>Do</i> use line cleaners that minimize dissolution of amalgam	<i>Don't</i> use bleach or chlorine-containing cleaners to flush wastewater lines

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East Carolina University manuals, policies, procedures, and forms are located at <http://www.ecu.edu/cs-ecu/policies.cfm>

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Practical Guide to Integrating BMPs Into Your Practice

<p>Non-contact (scrap) amalgam</p> <ul style="list-style-type: none"> Place non-contact, scrap amalgam in wide-mouthed, container that is marked "Non-contact Amalgam Waste for Recycling." Make sure the container lid is well sealed. When the container is full, send it to a recycler.
<p>Amalgam capsules</p> <ul style="list-style-type: none"> Stock amalgam capsules in a variety of sizes. After mixing amalgam, place the empty capsules in a wide-mouthed, airtight container that is marked "Amalgam Capsule Waste for Recycling." Capsules that cannot be emptied should likewise be placed in a wide-mouthed, airtight container that is marked "Amalgam Capsule Waste for Recycling." Make sure the container lid is well sealed. When the container is full, send it to a recycler.
<p>Disposable chair-side traps</p> <ul style="list-style-type: none"> Open the chair-side unit to expose the trap. Remove the trap and place it directly into a wide-mouthed, airtight container that is marked "Contact Amalgam Waste for Recycling." Make sure the container lid is well sealed. When the container is full, send it to a recycler. Traps from dental units dedicated strictly to hygiene may be placed in with the regular garbage.
<p>Reusable chair-side traps</p> <ul style="list-style-type: none"> Open the chair-side unit to expose the trap. Remove the trap and empty the contents into a wide-mouthed, airtight container that is marked "Contact Amalgam Waste for Recycling." Make sure the container lid is well sealed. When the container is full, send it to a recycler. Replace the trap into the chair-side unit (Do not rinse the trap under running water as this could introduce dental amalgam into the waste stream).
<p>Vacuum pump filters</p> <ul style="list-style-type: none"> Change the filter according to the manufacturer's recommended schedule. <i>Note:</i> The following instructions assume that your recycler will accept whole filters; some recyclers require different handling of this material, so check with your recycler first. Remove the filter. Put the lid on the filter and place the sealed container in the box in which it was originally shipped. When the box is full, the filters should be recycled.
<p>Amalgam separators</p> <ul style="list-style-type: none"> Select an amalgam separator that complies with ISO 11143. Follow the manufacturer's recommendations for maintenance and recycling procedures.
<p>Line cleaners</p> <ul style="list-style-type: none"> Use non-bleach, non-chlorine-containing line cleaners, which will minimize amalgam dissolution, such as those listed in the Additional Resources section of this document.

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School of Dental Medicine Policy and Procedure Manual SOP#: CAFF.024

Issued By:	Office of Clinical Affairs	Effective Date:	2/14/13
Approved:	Dr. D. Gregory Chadwick, Dean	Reviewed/Revised:	

Title: Cleaning Blood Spills and Other Potentially Infectious Waste:
Ross Hall and Community Service Learning Center

Purpose: To clearly describe the safest method to clean small and large blood spills to prevent bloodborne pathogen or other potentially infectious material exposure.

Policy: n/a

Procedure:

- 1.0 Use protective gloves and other personal protective equipment (PPE), gown, mask, and protective eyewear appropriate for the task. As a general guideline, spills larger than 100 ml (approximately 1/2 cup) are considered large. Those less than 20 ml (approximately 4 tablespoons) are considered small. For others, the pattern of the spill determines the cleaning approach.

- 2.0 To clean a small spill (<20 ml)
 - Don gloves
 - Use mechanical means such as forceps to pick up any contaminated sharps or broken glass and place in biohazard sharps containers.
 - Carefully remove visible blood or other potentially infectious material with paper towels or other absorbent paper and dispose in biohazard waste container.
 - Swab the area with a cloth or paper towel moderately wetted with a disinfectant (an EPA-registered sodium hypochlorite product such as Dispatch). Allow disinfectant to sit for 10 minutes.
 - Wipe with a clean paper towel or air dry.
 - Dispose of gloves and all contaminated items in a biohazard waste container.
 - Wash hands using soap and water for 20-30 seconds.

- 3.0 To clean large amounts of blood (>100ml) or more than can be absorbed by paper towels:
 - Secure the area to prevent employees or visitors from exposure.
 - Report spill to supervisor. Utilize Biohazard spill kit. Contact housekeeping if assistance is needed.
 - Community Service Learning Centers will contact the local phone number for Stericycle (located in the business manager's office) for extensive cleanup, e.g., exceeding 4x4 ft in area, trauma site, or crime scene (after police have investigated the crime).
 - Don PPE (gloves, gown, mask and eye protection).
 - Use mechanical means such as forceps to pick up any contaminated sharps or broken glass and place in biohazard sharps containers.
 - Remove visible blood or other organic material.

- Sprinkle the fluid control solidifier (designated absorbent powder) on the spill. Allow the absorbent powder to sit for 10-15 minutes as needed to absorb all liquid.
 - While using PPE, sweep contents and dispose in biohazard waste container.
 - Discard all cleaning materials in a biohazard waste container.
 - Apply disinfectant (an EPA-registered sodium hypochlorite product such as Dispatch) to the spill area, keeping the area wet for 10 minutes.
 - Wipe clean or air dry.
 - Remove personal protective equipment and place in the biohazard waste container.
 - Wash hands using soap and water for 20-30 seconds.
 - The Supervisor will replace contents of the spill kit.
- 4.0 For advice about spills that cannot be contained by using the Biohazard Spill Kit or which exceeds the cleaning capability of Housekeeping, contact Infection Control (252-744-2070) or Biological Safety (252-744-3437). The Community Service Learning Center will also call Stericycle if needed.
- 5.0 All bins, pails, cans, and similar receptacles intended for reuse which may become contaminated with blood or other infectious materials shall be inspected and cleaned and decontaminated on a regular basis by the users, or cleaned and decontaminated immediately or as soon as feasible after visible contamination occurs.

School of Dental Medicine Policy and Procedure Manual SOP#: CAFF.017

Issued By:	Office of Clinical Affairs	Effective Date:	2/14/13
Approved:	Dr. D. Gregory Chadwick, Interim Dean	Reviewed/Revised:	

Title: Handling Extracted Teeth: Ross Hall and Community Service Learning Centers

Purpose: To describe the procedure for handling extracted teeth for educational purposes.

Policy: n/a

Procedure:

- 1.0 OSHA considers extracted teeth to be potentially infectious material that should be handled as biohazardous waste. Extracted teeth used for educational purposes must be disinfected and sterilized prior to use. Extracted teeth may be returned to the patient after visible blood and tissue have been removed, the tooth thoroughly rinsed with disinfectant, dried, and placed in a sterilization pouch. Teeth with amalgam or gold are NOT to be placed in an autoclave.
- 2.0 Extracted teeth restored with **gold must be offered/returned** to the patient after disinfecting the teeth.
- 3.0 Extracted teeth may be used for educational purposes using the following protocol:
 - Clean the teeth of visible blood and gross debris
 - Store the teeth in a liquid chemical germicide, (e.g., 5.25% sodium hypochlorite). This will disinfect the teeth and keep them hydrated; however, the interior pulp tissues will not be disinfected
 - Autoclave the extracted teeth for 40 minutes (**only extracted teeth WITHOUT AMALGAM**), or immerse in 10% formalin solution for 7 days to disinfect both the internal and external structures of the teeth
 - Keep the extracted teeth in a well-constructed container with a secure lid to prevent leaking during transport
 - Label the container with the biohazard symbol.
- 4.0 Extracted teeth containing amalgam (for disposal) will be recycled consistent with the Amalgam Waste/Recycling standard operating procedure, or disposed of as biohazard waste per the waste management vendor's requirements.

General Waterline Management Synopsis

Rev: 17 June 2022

- General Guidelines
 - Sterisil water bottle silver ion disinfectant “Straws” are used at all times.
 - Replace straws annually or as directed per SoDM Waterline Management SOP or Infection Control.
 - Testing covers every waterline and bottle in each operatory, not a portion of that unit (i.e. each water bottle and every line). If any part of a unit is contaminated, the entire operatory unit fails.

- Mandatory Waterline Flushing Cycle
 - Quarterly testing, unless otherwise indicated or directed by QA/QI.
 - Flush **EVERY CHAIR** - chairs **Used** for patient care **AND** chairs **Not Used** for patient care on any day
 - **EVERY LINE** of each chair to be flushed, not just lines routinely used for patient care
 - **EVERY LINE** flushed **EVERY DAY** in **AM**
 - **EVERY LINE** flushed **EVERY DAY** in **PM**
 - **EVERY LINE** flushed between every patient use of operatory

- Waterline Flush Schedule and Flush Time Requirements
 - Flush **EVERY CHAIR - EVERY LINE - EVERY DAY**:
 - Each Morning - Before any patient care - **TWO (2) minutes**
 - Between EVERY patient use of operatory - **20-30 seconds**
 - To close out the clinic day - **30 seconds**

- Mandatory Quarterly Waterline Testing Cycle
 - Water Test Sampling - Suggested Process: Sample in 2 phases testing 1/2 of operatories in each phase
 - Water Sample Collections
 - Wash hands with soap and water before handling test vials
 - Each sample vial can contain water from more than one line
 - Chairs with 4 lines
 - ◇ Use 2 Test Vials (Vial #1 and Vial #2) - Collect water from 2 lines in each vial
 - ◇ Vial #1 - Collect first 1/2 vial from one line - Collect second 1/2 vial from the other line
 - ◇ Vial #2 - Collect first 1/2 vial from one line - Collect second 1/2 vial from the other line
 - ◇ End Result: 2 Full Test Vials with Water from 4 lines
 - Full Test Vials **MUST** be kept cold following sample collections
 - Collected samples **MUST** be shipped the same day as collection via FedEx Overnight Air
 - **NO TESTING/SHIPPING ON FRIDAY**

- Mandatory Shock Treatment Protocols
 - ALWAYS complete routine testing first - shock treatment follows testing, as needed, based on test results
 - Citrisil Tabs - primary SHOCK treatment product - may use with Sterisil Straws in place
 - Shock solution remains in all lines minimum of overnight (PM>>AM) - 2 nights (over a weekend) preferred
 - **DO NOT use Bleach** on A-dec Chairs for line shocks or cleaning bottles - **Violates A-dec warranties**
 - Increasing Citrisil tab numbers for shock treatment possible, if discussed with SoDM Infection Control
 - Infection Control discussion **REQUIRED** to use any other Shock Treatment, no matter who recommends

- Bonus Tips for Chair Bottle Management/Maintenance
 - Wash bottles **monthly** with warm soapy water and a soft brush
 - Tap water **OK** for **bottle washing ONLY**
 - **REQUIRED** final rinse with Sterisil/O-So-Pure System or distilled bottled water
 - **NO TAP WATER** for bottle fills/refills - Sterisil/OSoPure System or distilled bottled water **ONLY**

Process Steps for Cleaning ADEC Water Bottles for Ross Hall and CSLCs

- Step 1:** Remove bottle from ADEC Unit by loosening mounting screws with Allen Wrench– also remove
- Remove any associated removable bottle-mounting parts
 - Remove the Straw and associated tubing



Step 1



Step 1(a)



Step 1(b)



- Step 2:** Clean all removable parts with warm water
- Use a soft brush on the inside surface of the bottle
 - DO NOT use abrasive or chlorine-based cleaning products



Step 2

Step 3: Rinse and Drain

- Rinse all cleansed parts well with warm water
- Use only Sterisil or O-SO-Pure System treated water (or bottled distilled water, if system water is unavailable) for a final rinse (NO TAP WATER)
- Allow bottle to drain (DO NOT DRY OR ALLOW TO AIR DRY)

Step 4: Reassemble Bottle

CSLCs ONLY

- Tubing may be replaced, if needed
- Extra tubing included along with Sterisil Straws
- Remember to trim tubing to required length by using the tubing being replaced as a guide or by following instructions in the Sterisil video at this link: <https://www.youtube.com/watch?v=bQg0S4uZA30>

Ross Hall and CSLCs

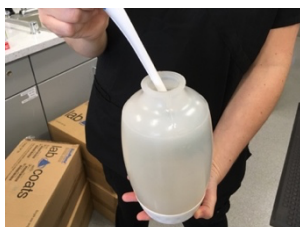
- Lubricate black "O-Ring" with approved lubricant provided by SoDM Building/Facilities Dept



Step 4(d)

(Contact Allen Waggoner [737-7167] or Brock Jones [737-7089] with lubricant questions/needs)

- Step 5:** Refill bottle with approved Sterisil or O-SO-Pure treated water from the dispensary (or bottled distilled water) ONLY.



Step 5

School of Dental Medicine Policy and Procedure Manual SOP#: CAFF.006

Issued By:	Office of Clinical Affairs	Effective Date:	7/00/12
Approved:	Dr. D. Gregory Chadwick, Interim Dean	Reviewed/Revised:	9/7/22

Title: Service Animals in the Dental Clinic: Ross Hall and Community Service Learning Centers

Purpose: To describe the regulations and procedures to follow regarding patients accompanied by a service dog in the dental clinic.

Policy: n/a

Procedure:

- 1.0 The American with Disabilities Act mandates that persons who require the use of a service dog (which is *NOT* a pet) shall have access to patient care and will be treated without discrimination. North Carolina General Statute follows:
 - a) *Every person with a disability has the right to be accompanied by a service animal trained to assist the person with his or her specific disability in any of the places listed in G.S. 1683, and has the right to keep the service animal on any premises the person leases, rents, or uses. The person qualifies for these rights upon the showing of a tag, issued by the Department of Health and Human Services, under G.S. 1684.3, stamped "NORTH CAROLINA SERVICE ANIMAL PERMANENT REGISTRATION" and stamped with a registration number, or upon a showing that the animal is being trained or has been trained as a service animal. The service animal may accompany a person in any of the places listed in G.S. 1683.*
 - b) *An animal in training to become a service animal may be taken into any of the places listed in G.S. 1683 for the purpose of training when the animal is accompanied by a person who is training the service animal and the animal wears a collar and leash, harness, or cape that identifies the animal as a service animal in training. The trainer shall be liable for any damage caused by the animal while using a public conveyance or on the premises of a public facility or other place listed in G.S. 1683. (1985, c. 514, s. 1; 1987, c. 401, s. 1; 1995, c. 276, s. 1; 1997443, s. 11A.118(a); 2004203, s. 62(a); 2005450, s. 1.)*
- 2.0 Only service dogs individually trained to provide service directly related to the functional limitation of the person's disability is allowed in the dental clinic. Service dog activities include, but are not limited to guiding or signaling individuals with impaired vision, alerting individuals with impaired hearing, providing minimal rescue or protection work, pulling a wheelchair, or retrieving dropped items.
- 3.0 A dog requested to provide a calming influence, affection, or emotional support does not meet the definition of service animal and will not be allowed in the clinic.
- 4.0 The service dog must wear a collar and leash, harness, or cape that identifies the dog as a service animal. If the handler is unable because of a disability to use a harness, leash or other tether, or the use of a harness, leash or other tether would interfere with the animal's safe, effective performance of work or tasks, in which case the animal must be otherwise under the handler's control (e.g., voice control, signals or other effective means).
- 5.0 If the service dog is perceived as a threat or disruptive at any location in the clinic or School of Dental Medicine, the patient's appointment will be rescheduled without the service dog, and the

service dog will be removed from the clinic (regardless of training or certification). Threatening or disruptive behaviors include:

- 5.1 The animal is out of control and the animal's handler does not take effective action to control it.
 - 5.2 The animal is not housebroken.
 - 5.3 The animal's presence or behavior fundamentally alters the nature of the programs, services, facilities, privileges, advantages or accommodations of the property.
- 6.0 Service dogs must be well groomed and current on rabies vaccination. Proof of current rabies vaccination will be required upon request.
- 7.0 For questions about service animals or other requirements of the ADA, call the East Carolina University Office of the ADA Coordinator 252-737-1018 or U.S. Department of Justice's toll-free ADA Information Line at 800-514-0301 (voice) or 800-514-0383 (TDD).