

ALLIED HEALTH BLOODBORNE PATHOGEN POLICY

STANDARD PRECAUTIONS

Standard precautions are in place in all laboratory or clinical areas. The precautions provide guidelines for safe practice of health care students and should be adhered to at all times. They include:

- Treatment of all human bodily substances as “contaminated” materials.
- The use of personal protective equipment such as gloves, masks, safety eyewear and lab coat or gown where contamination with blood or other bodily products is likely (e.g. clinical treatment areas, school clinic, school laboratory or externship site).
- Safe handling of needles and other sharps, with a one-way disposal device.
- General “safe housekeeping techniques practiced by all students, faculty and staff.

Students are expected to comply with the safety regulations in place at each clinical site, school clinic and lab, as well as that of patients and co-workers, and follow regulations as set by the Center for Disease Control. Students may come in contact with patients carrying communicable disease pathogens, and are expected to use standard precautions to reduce the risk of exposure. Students are expected to give equitable, adequate, and ethical care to all patients, regardless of diagnosis.

All students must have completed health forms submitted to the Nurse’s Office on Campus at beginning of program. Proof of updated immunization included.

SAFETY EYEWEAR

Students must purchase OSHA recommended safety eyewear for the school clinic, lab and all clinical sites.

The eyewear should be considered part of the student’s uniform; therefore, they should be accessible to the student at all times. Eyewear should be worn in compliance with OSHA standards for the treatment of all human bodily substances (Refer to above for STANDARD PRECAUTIONS STATEMENT).

INCIDENT/ACCIDENT REPORT

Name: _____ Date: _____

Location: _____

Name of Incident /Accident: _____

Type of Injury: _____

Condition of Accident: _____

If student, was the student under supervision at time of the accident? _____

Name of Supervisor: _____

Has student been indoctrinated on safety hazards of the area? _____

Describe incident or accident in detail.

What actions have been taken? _____

Signature of Person Reporting

Signature of Supervisor

All student, faculty, staff, etc. should be made aware that all accidents regardless of severity must be reported and recorded. This is necessary if school insurance is to cover any claim justified under their policy. This is also mandated under current Hazard Communication Policy for the Dental Assistant Program.

Never take incidents into your own hands. Report them immediately to the instructor.

HIPAA

Health Insurance Portability and Accountability Act

- COLLEGE acknowledges that in the performance of this Agreement, COLLEGE may acquire and/or have access to Protected Health Information (“PHI”). COLLEGE shall comply with applicable MEDICAL CENTER policies and procedures, the requirements of all applicable Massachusetts laws and regulations, and the requirements of all applicable federal laws and regulations, including the Health Insurance Portability and Accountability Act (“HIPAA”) with regard to PHI.
- The use or disclosure of any PHI concerning a patient of MEDICAL CENTER for any purpose not directly concerned with performance of clinical activities under this Agreement is prohibited. COLLEGE shall notify MEDICAL CENTER orally and in writing within 24 hours of its discovery that any PHI in its possession or control has been improperly used, copied or removed. COLLEGE shall cooperate with MEDICAL CENTER in taking appropriate action to stop any misuse and/or regain possession of the PHI, or otherwise protect MEDICAL CENTER and the patient’s rights and privacy. COLLEGE shall take all reasonable steps to assure the security and integrity of PHI and other confidential information in its possession. COLLEGE is responsible for either returning or destroying all PHI in its possession when the purpose under this Agreement has been fulfilled. COLLEGE shall instruct each of its employees, agents and subcontractors of COLLEGE’S obligations under this Agreement.
- The parties hereby mutually agree that each is an independent contractor and that no student or employee of the COLLEGE shall be considered an employee of MEDICAL CENTER for the purposes of this Agreement. Notwithstanding the above, MEDICAL CENTER agrees that the students of COLLEGE placed at MEDICAL CENTER under this Agreement are “members of MEDICAL CENTER’S workforce” as that term is defined under the applicable provisions of HIPAA, though not for any other purpose. Each party agrees that it will give prompt notice to the other party of any claims made or threatened against it, which could result in a claim for or right to indemnification.

MASSASOIT COMMUNITY COLLEGE

DENTAL ASSISTING PROGRAM

CONFIDENTIALITY STATEMENT

CLINICAL

The Dental Assisting Program at Massasoit Community College requires that students safeguard the confidentiality of health care information as it relates to individual patients while cooperating with all parties that have a legitimate interest in health care records. It is the responsibility of the student to protect the confidentiality of health care information and the rights of the patient.

DEFINITIONS

Confidential Health Care Information – All information (verbal, written or in electronic media format), relating to a patient’s health care history, diagnosis, condition, treatment or evaluation, obtained from a respiratory student who has treated the patient.

CONFIDENTIALITY OF HEALTH CARE INFORMATION

Personal data regarding a patient is absolutely confidential and must never be discussed with anyone other than those who are directly responsible for the patient’s treatment. All requests for confidential health care information outside of the normal exchange of information which occurs in the daily line of duty necessary for patient care must be referred immediately to the Clinical Instructor or Supervisor.

Students failing to uphold the confidentiality of health care information will be subject to Disciplinary actions and/or subject to withdrawal from the Dental Assisting Program.

CONFIDENTIALITY OF STUDENT/EMPLOYEE INFORMATION

Personal data regarding a student/employee is absolutely confidential and must never be discussed with anyone.

HEALTH CARE INFORMATION SYSTEM: CONFIDENTIALITY OF PASSWORDS

To maintain security and confidentiality of the computer information systems, passwords are confidential and the sharing or use of another student/employees password is prohibited.

MASSASOIT COMMUNITY COLLEGE
DENTAL ASSISTING PROGRAM
STATEMENT OF CONFIDENTIALITY

I. INFORMATION ABOUT INDIVIDUALS, FAMILIES, AND/OR IDENTIFIABLE GROUPS COMING TO MY ATTENTION IN THE COURSE OF THE CLINICAL EXPERIENCE WILL REMAIN CONFIDENTIAL.

Information regarding the patient/client, their illness, or their personal lives will be shared only at such time and place as deemed necessary to provide appropriate care. Such information will not be discussed in any setting outside the clinical area.

II. DISCUSSION WITH PATIENTS, FAMILIES, OR IDENTIFIABLE GROUPS WILL BE CONDUCTED IN A LOCATION WHICH WILL ASSURE ON GOING PRIVACY AND CONFIDENTIALITY.

Selection of settings for discussion and/or conversations with or about the patient/client will take place behind closed doors or in a section of the facility conducive to quiet, uninterrupted verbal exchange and where such exchange is not likely to be overheard by others not involved with client communications, but not so loud as to easily be overheard.

III. WRITTEN MATERIALS WILL BE SAFEGUARDED AT ALL TIMES TO MAINTAIN ITS CONFIDENTIAL NATURE AND RESTRICT ITS CONTENT FROM VIEW BY INDIVIDUALS NOT DIRECTLY INVOLVED WITH THE PATIENT/CLIENT.

All written materials related to the client/patient will be handled in the same confidential manner to restrict access to individuals who have a need to know its content.

IV. PATIENT/CLIENT CONCERNS PERTINENT TO INDIVIDUAL DIAGNOSIS AND/OR CARE IS TO BE REFERRED TO THE PHYSICIAN/PRIMARY CARE PROVIDER.

V. CONFIDENTIALITY OF THE COLLEGE- to maintain secure and confidentiality of computer information systems within the college, passwords are confidential and the use of sharing or use of another student's password is strictly prohibited.

I, _____, have read the above statement and agree to adhere to its guidelines. I understand that failure to adhere to these standards shall negatively affect my status in this course and may have impact on my completion of this program.

Signature of Student / Date

Print Name

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

As a patient at our campus dental clinic, you have the right to know what services we offer patients, and your rights and responsibilities.

- A written copy of your fights and responsibilities on admittance
- Be treated without discrimination or race, religion, country of origin, sex or age
- Confidentiality of all records (HIPPA Regulations)
- The name of the student and faculty member in charge of your care
- Participate in decision regarding your treatment along with faculty and students performing those services
- Voice concerns or provide a written comment regarding your treatment while in our clinic
- Be provided with access to your patient record and documentation of treatment i.e.: copies of radiographs will be provided to your dentist of choice
- Your permission will be requested before any photographs will be taken of you during your visit in our campus dental clinic

As a patient at our campus dental clinic, your responsibilities include:

- Complete to the best of your abilities and knowledge, a patient medical and dental history prior to treatment by a student and understanding what this information and your patient record will be retained in confidence by the Dental Assistant Program
- When recommended to a dentist for treatment, your responsibilities include obtaining said dental treatment within your means

As a teaching institution where students are the sole provider source, Massasoit reserves the right to decline to provide services of treatment when:

- The patient is unable to keep appointments
- The patient exhibits disruptive behavior

Conduct:

As practice in a clinical agency is designed to be a rehearsal for the professional role, the student is expected to meet the same standards of conduct required when joining the workforce. These include punctuality, satisfactory attendance, completion of assignment, honesty, responsibility of one's actions, and acceptance of agency policies. A professional respects and protects the rights of others and maintains confidentiality with respect to information acquired while providing services.

Lastly, patient information is **CONFIDENTIAL**. Do not discuss your cases with anyone. Do not talk about the patients in the lobby, cafeteria or elevators. You never know who may know the patient you are talking about.

EXPOSURE INCIDENT MANAGEMENT PROTOCOL

POLICY:

All occupational, accidental exposures of faculty/staff/students to chemicals, airborne particulate, blood and other infectious body fluids are reportable and necessitate the initiation of the protocol. An incident report must be completed. The involved party will be referred to the most appropriate service provider.

PURPOSE:

To ensure the safety of all Massasoit Community College students/faculty/staff.

DEFINITION:

Exposure is contact with a chemical, airborne, or blood borne pathogens by any person. This exposure may be chemical, active (needle stick only), or passive (any other exposure other than chemical or needle stick) and may be categorized as actual (source patient has a definitive diagnosis) or potential (source patient does not have a definitive diagnosis). The four routes of potential exposure are indirect contact, direct contact, ingestion and inhalation.

- If exposure is bloodborne, wash/irrigate the exposed area immediately. If chemical, flush with continuous water flow for 15 minutes. If exposure is airborne (fumes, vapors, sprays, or particulate matter), immediately remove self from area to source of fresh air.
- Notify the instructor on site and then the Program Director immediately.
- Complete incident report and areas as defined.

PROTOCOL:

All MCC Programs have the responsibility to ensure the safety of their students, faculty and staff.

Student and Faculty Responsibilities

- If exposure is bloodborne, wash/irrigate the exposed area immediately, if chemical, flush with continuous water flow for 15 minutes. If exposure is airborne (fumes vapors, spray, or particulate matter), immediately remove self from area to source of fresh air.
- Notify the instructor on site and then the Program Director immediately.
- Complete incident report and areas as defined.

CLINICAL EMERGENCY PROTOCOL

In the event of an emergency, illness or accident involving a student, the program instructor, the clinical instructor or designee should make sure the student is stabilized and then brought to the hospital emergency department for appropriate evaluation. The program, hospital, or clinical facility will provide access to emergency care for students, but bears no responsibility for costs incurred. The student must provide appropriate health insurance information. The College also bears no responsibility for cost incurred.

- Notify the Program Director immediately – Judith Shannon, 781-821-2222, Ext. 2754.
- Students under the age of 18 must provide the name and phone number of a parent or guardian to be notified. Students over the age of 18 should provide a designated contact person to be notified.
- Complete an incident report for such event.
- Students discharged by the emergency room will be advised as to whether or not a designated driver is required.
- If a student refuses medical treatment or insists on driving against medical advice, this should be documented and signed by the student.
- All records of such incidents will be kept on file by the Dental Assistant Program, with copies provided to instructors and clinical supervisors, where incident took place.

GUIDELINES FOR PREVENTION OF HIV TRANSMISSION

To prevent the accidental transmission of HIV and other blood-borne diseases in the health care settings, institutions which operate health services, laboratories, or clinics for students or staff are recommended to implement current recommendations from the Center of Disease Control. Schools of nursing should also adopt safety guidelines for the handling of blood and body fluids containing visible blood or to which universal precautions apply.

The following measures preventing HIV transmission in health care settings are recommended by the Centers for Disease Control (MMWR 1987 Aug 21: 36: 1-18S; MMWR 1988, June 24:37: 377-382, 387-388; MMWR, 1991, July 23; 40: 1-9)

- Use of precautions for blood, for body fluids containing visible blood, and for certain other body fluids for all patients, since medical history and examination cannot reliably identify all patients infected by HIV and other fluid or blood-borne pathogens.

- ❑ Use of appropriate barrier precautions for handling items or surfaces soiled with blood or body fluids containing visible blood, and certain body fluids to which universal precautions apply, or performing venipuncture and other vascular access procedures.
- ❑ Gloves should be worn when in contact with bloody, body fluids containing visible blood, body fluids to which universal precautions apply, tissues, and mucous membranes and for handling items or soiled surfaces soiled with the above, or for the performing venipuncture or other vascular access.
- ❑ Masks and protective eyewear or face shields should be worn during procedures that are likely to generate air-borne droplets of blood or body fluids to which universal precautions apply to prevent exposure of the mucous membranes of the mouth, nose, and eyes.
- ❑ Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or the body fluids to which universal precautions apply.
- ❑ Resuscitation bags, mouthpieces, and ventilation devices should be available in areas where the need is predictable.
- ❑ Used equipment should be disposed of in a manner to prevent transmission of disease and to prevent injury to personnel with potential contact with the equipment, i.e., health care workers, housekeeping, and laundry personnel.
- ❑ Particular attention should be given to prevent injuries caused by needles, scalpels and other sharp instruments. To prevent needle sticks, needles should not be recapped or purposely bent or broken by hand. In particularly high-risk situations such as during resuscitation, prevention of needle-stick injury to oneself and/or other health care workers from exposed needles or sharps requires special attention regarding the use and safe disposal of needles and sharps.

Risk reduction to prevent sharp injuries include the use of engineering controls such as needle-free intravenous access systems, needle disposal containers as near as is practical to the point of use, and self-sheathing needle/syringe units. When recapping is necessary due to the lack of a readily accessible disposal container or due to the nature of the task (e.g., some situations for drawing arterial blood gases), the use of work practice modifications such as a one-handed scoop method or a passive recapping device is recommended. Recapping of needles using two hands is prohibited by the Occupational Safety and Health Administration (OSHA) and will not be permitted where students are assigned for clinical rotations.

Universal precautions apply to blood, semen, vaginal secretions, as well as tissues, cerebral spinal fluid, synovial fluid, pleural fluid, pericardial fluid, and amniotic fluid. These body fluids have been epidemiological associated with transmission of HIV and or HBV.

The use of barrier precautions does not obviate the need for health care workers to:

- ❑ Wash hands prior to and immediately after each patient contact.
- ❑ Change gloves after caring for each patient as glove integrity cannot be assured with washing and repeated use and gloves may serve as a vehicle for indirect contact transmission of organisms between patients.
- ❑ Due to the nature of the immune dysfunction associated with HIV disease and AIDS, patients may be at particular risk of infectious diseases such as TB, CMV, herpes simplex, varicella, etc. The CDC recommends that the implementation of universal precautions does not eliminate the need for precautions that reduce risks for other diseases that are not transmitted by the blood-borne route.

Decisions about admission to health programs or clinical assignments for students should not be predicted on serological status for HBV, HIV, or other blood-borne disease but rather should be based on the individual's capacity to perform functions (CIS 1992, 14:14: Tri-Council 1992).

All health care workers, including students, need to assess their functional capacity to provide safe care to patients. Conditions which may impair this capacity include:

- ❑ acute respiratory infections
- ❑ open lesions or weeping dermatitis

CDC recommendations adopted as regulations by OSHA for employers of health care workers included:

- ❑ Initial orientation and continuing education and training of all health care workers, including students and trainees on epidemiology; modes of transmissions and prevention of HBV, HIV and other blood-borne infections, and the need for routine use of universal precautions for all patients.

- ❑ The provision of equipment and supplies necessary to minimize the risk of infections with HBV, HIV and blood-borne infections
- ❑ The provision of HB vaccine at employer expense for all employees with potential blood and body fluid contact. Although not specifically mandated for students at employer expense, it is clear that HB vaccine prevents serious disease and possibly death and should be required for all students prior to entry in the clinical practice setting.
- ❑ Monitoring of adherence to recommended protection measure.

RECOMMENDATION TO ALL HEALTH CARE PROVIDERS

TIMELINESS:

Due to the significant time constraints, persons being treated for exposure should be treated through CALL FIRST or EMERGENCY DEPARTMENT and triaged immediately to a Health Care Provider.

ALL EXPOSURES:

Inform all exposed persons that there is a two hour window for starting prophylaxis treatment.

EXPOSURES TO BLOODBORNE:

Offer HIV testing and discuss post exposure prophylaxis (PEP) with party. At present, AZT should be considered for all PEP regimes because AZT is the only agent for which data supports the efficacy of PEP in the clinical setting. Lamivudine (3TC) (Epiver) should usually be added to AZT for increased anti-retroviral activity and activity against AZT-resistant strains. A protease inhibitor, preferable Idinavir (IDV) (Crixivan) should be added for exposures with the highest risk for HIV transmission. PEP should be initiated promptly, preferable within 1-2 hours. If the source patient of the exposed student/faculty/staff's HIV status is unknown, initiating PEP should be done on a case-to-case basis, based on the exposure risk and likelihood of HIV infection unknown or possible source patients. Remind student/faculty/staff with 1 ½ hour post exposure, the availability of the medication and the option to take the first dose then reconsider continuing treatment.

Laboratory test for the following should be considered:

- Hepatitis B C or Antibody
- Hepatitis B Surface Antigen
- Hepatitis B Surface Antibody
- Hepatitis C Virus Antibody
- HIV testing, only after consent form is signed

TREATMENT:

Depending upon the results of the medical evaluation and blood test, prescribed immune globulin, Hepatitis B Vaccine, Hepatitis B Immune globulin as needed and/or anti-retroviral drugs as desired may be required. If anti-retroviral drugs are prescribed, the student/faculty/staff may need additional blood work and testing. If PEP is used, drug toxicity monitoring should include a CBC and renal and Hepatic chemical function tests at baseline and 2 weeks follow-up after starting PEP.

EXPOSURE IS AIRBORNE

Dependent upon the specific type of airborne exposure, testing and/or referrals will be ordered as deemed necessary by the Health Care Provider.

EXPOSURE IS CHEMICAL

Dependent upon the specific chemical and the route of exposure, testing and/or referrals will be ordered as deemed necessary by the Health Care Provider.

ALL EXPOSURES

- Provide appropriate counseling/medical advisement regarding exposure.
- Instruct student/faculty/staff to follow-up with Health Care Provider as soon as possible. This appointment is imperative to maintain medical management and counseling.
- Record all details of counseling and treatment information given, medication received, student/faculty/staff's consent or refusal in writing and include date and time.

FOLLOW UP RECOMMENDATIONS

- If the student/faculty/staff have opted to take HIV PEP, he/she will be followed every 2 weeks for development of any adverse drug reactions and appropriate lab tests should be drawn at scheduled intervals.

- If the source patient is seronegative for Hepatitis B and C, no further follow-up of the student/faculty/staff is necessary. All exposed student/faculty/ staff are encouraged to be tested for seroconversion of HIV as recommended by the CDC.
- HIV testing should be performed at 6 weeks, 12 weeks, 6 months, and 12 month intervals. It is the student/faculty/staff's responsibility to schedule these follow-up appointments with their primary care provider.
- If the source patient is Hepatitis C Positive, the student/faculty/staff will be advised to consult with their primary care provider.

COMMUNICABLE DISEASE REPORTING

Despite routine practice of standard precautions, students will occasionally be exposed to communicable disease. "Exposure" in the context means an actual risk of contracting the pathogen due to inadequate protection. In order to best maintain the health and safety of students, staff, and patients, students are required to report immediately any untoward exposure to communicable disease (Hepatitis, Tuberculosis, Acquired Immune Deficiency Syndrome, etc.) to the clinical instructor and the program director. Students are expected to observe infection control protocols established by the program and the clinical affiliate facilities.

REPORTABLE

Patient coughs in student's face; later found to have Tuberculosis

NON-REPORTABLE

Known TB patient, wearing mask has spoken with student in hospital or clinical site

Latex Sensitivity & Allergy Policy

Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life threatening anaphylactic shock. Guidelines have been established at Massasoit Community College to provide information to potential allied health and nursing program applicants/students who are sensitive to latex.

Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in the equipment, models and mannequins.

Although latex gloves are the most prominent source of latex allergen, many other products contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drains
- Stethoscopes, catheters, respirators, and goggles
- Oral and nasal airways, surgical masks, and electrode pads
- Endotracheal tubes, syringes, IV tubing, and tourniquets

Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to enrollment in the Dental Assisting Program. If a student is already admitted to a health science program, he/she must consult a qualified allergist for evaluation of latex allergies should signs and symptoms develop. All such evaluations are at the student's expense. If it is determined that a student suffers from a latex sensitivity/allergy and the student desires an academic adjustment, including auxiliary aids or service, or reasonable accommodation due to this condition, the student must contact the College's Disability Counselor.

As with all matters related to one's health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epi-pen by the individual or other precautions as advised by the student's health care provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to latex during a clinical education, fieldwork, and healthcare career, even when reasonable accommodations are made and to regularly consult with his/her health care provider.

In an effort to minimize the presence of latex in the lab facilities, Massasoit Community College will provide latex-free and powder-free gloves in all College lab facilities. Should a clinical agency site NOT provide latex-free gloves, the College will provide latex-free gloves for clinical use. Additionally, the College is taking the following steps to minimize latex in its lab facilities: *1) replacement of all gloves in use by faculty and students with nitrile or vinyl gloves; 2) maintaining an inventory of products/equipment and supplies in the radiology program that contain or could contain latex; and 3) future purchasing of latex-safe supplies and equipment whenever possible.*

As with all students in the Dental Assisting Program, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted.