I have an employee who stuck herself with an explorer after it was run through the Ultrasonic and rinsed with water. So I had her fill out an incident report and am looking for a clinic so she can see a physician to fill out her health-care provider written opinion, which will tell her exactly what the necessary blood tests are, etc. Do you guys recommend any particular type of clinic?

I feel like I should know the standard blood test protocol that is expected so I can see if what the physician recommends is reasonable. Does anyone know where I can find this regimen? I have them sending the bill to me, but what if the employee has insurance, should I just advise her to see her regular physician and have her insurance pay for it? Is this something that dentist ever have their workers comp insurance pay for? Sorry, I’m new to these kinds of things.

The best place to send the employee is to a hospital or outpatient occupational center. The cost will have to be either out of your pocket or your workers comp insurance. I’m posting an exposure incident protocol here: actions you must take after every exposure incident. OSHA defines an exposure incident as a specific incident involving contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, other mucous membrane, non-intact skin, or parenteral under the skin (e.g., needlestick) that occurs during the performance of an employee’s duties. When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA blood borne pathogen standard and to expedite medical treatment for the exposed employee.

1. Provide immediate care to the exposure site. Wash wounds and skin with soap and water. Flush mucous membranes with water. Do not use instrument involved on patient! Employee must report incident immediately to supervisor or employer.
2. Determine risk associated with exposure by type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue). Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure)
3. Evaluate exposure source. Assess the risk of infection using available information. The source individual (patient) must be asked if they know their HBV, HBC and HIV status, if not known, ask if they will consent to testing.
4. The exposed employee is referred as soon as possible to a health-care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.
5. Send all of the following with the exposed employee to the health-care provider:
   - A copy of the blood borne pathogen standard.
   - A description of the exposed employee’s duties as they relate to the exposure incident (accidental bodily fluid exposure form).
   - Documentation of the route(s) of exposure and circumstances under which exposure occurred.

The Needle Stick Protocol protocol is available for further reading.
• All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual’s HBV/HCV/HIV status, if known.

• Name, address and policy number of worker’s compensation carrier.

6. Health-care provider evaluates exposure incident. Arranges for testing of employee and source individual (if status not already known). Notifies employee of results of all testing. Provides counseling and post-exposure prophylaxis. Evaluates reported illnesses. Health-care provider sends written opinion to employer. Documentation that employee was informed of evaluation results and the need for further follow-up. Whether Hepatitis B vaccine is indicated and if vaccine was received.

7. Employer receives health-care provider’s written opinion. Provides copy of health-care provider’s written opinion to employee (within 15 days of completed evaluation). Documents events on OSHA 300 Form (required if more than 10 employees) for accident or body fluid exposure and follow up form and employee medical record form. If the exposure incident involved a sharp, a sharps injury log is completed within 14 days. Treat all blood test results for employee and source individual as confidential.
If someone happened to grab a piece of porcelain from a crown being removed with a crown remover and cut themself, is all of the above necessary?

Yes. Often when the first incident happens, it’s a wake up call to get you to drag out your OSHA binder and to have someone in charge of setting up your protocol. You need to find the nearest hospital or ambulatory care center, call them and ask how a needlestick would be handled: where to direct the staff member (and sometimes the patient, if it’s an HIV patient.) That gets written down in your manual and your staff is informed of where to go in the event of an incident.

Make copies of the incident reports and have them handy in your binder. You must keep copies for several years.

Here are some other needlestick resources from www.drotterholt.com.

[Editor’s note: Visit Dentaltown.com to view these links.]

Post-Exposure Prophylaxis Hotline (PEPline) is a national toll-free hotline (24 hours a day) for clinicians treating exposure to bloodborne pathogens: 1-888-448-4911

- CDC: Management of Occupational Blood Exposures
- CDC: US Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis; September 30, 2005
- CDC: US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis; June 29, 2001
- CDC: Practice Recommendations for Health Care Facilities Implementing the US Public Health Service Guidelines for Management of Occupational Exposures to Bloodborne Pathogens
- CDC: Basic and Expanded HIV Postexposure Prophylaxis Regimens

It is interesting that even though you’re the employer, the testing for the employee and any diagnosis, treatment or consulting is confidential. You don’t get to decide what is reasonable in this regard. It is between the exposed employee and the health-care provider. Another thing is that the patient’s blood draw (if patient agrees to be tested) is confidential. Even though you are the patient’s dentist. My recommendation is use an outpatient occupational center, there should be several in Ventura.

Have you conducted OSHA blood borne pathogen training for your clinical staff? This must be conducted once per year and the training records maintained for at least three years. If you need someone to do this for you, I’ll be in your area in early February and again in March.