

DENTAL HEALTHCARE WORKER EXPOSURE CATEGORY

The following categories describe the potential risk of occupational exposure to infectious agents carried in blood, other body fluids, or tissues. According to OSHA Guidelines, all job classifications in the health care field must be placed in one of these categories.

CATEGORY I: The job classification includes tasks that involve exposure to blood, body fluids, or tissues placed in one of these categories.

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of these fluids are Category I. Use of appropriate protective measures are required for all employees engaged in Category I tasks.

CATEGORY II: The job classification includes tasks that routinely involve no exposure to blood, body fluid, or tissues, but includes tasks or work assignment such that unplanned exposure may occur, as a condition of employment.

The normal work routine involves no exposure to blood, body fluids, or tissues but unplanned exposure or potential exposure may be occur when performing required duties. Appropriate protective measures should be readily available to every employee engaged in Category II tasks.

CATEGORY III: The job classification includes tasks that involve no exposure to blood, body fluids, or tissues, and Category I tasks are not a condition of employment.

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, and personal contacts such as handshaking are Category III tasks.

Employee Name: _____

Job Classification: _____

Exposure Category: _____

Employee Signature: _____ Date: _____

Witness Signature: _____:

Copy 1: Employee's File

Copy 2: Employee