

HEALTH CARE WORKERS [INCL. STUDENTS] INFECTED WITH BLOOD-BORNE VIRUSES

1 Introduction

- 1.1 Historically dentists, dental students and allied dental personnel have been at risk of succumbing to a disease acquired in the course of their duties. Community concern about the risk of acquiring a blood-borne virus in a health care setting has generated a review of infection control policies and procedures, and has identified the need for national guidelines for health care workers [HCWs] who may be infected with HIV, hepatitis B [HBV], hepatitis C [HCV], or other blood-borne viruses.
- 1.2 Reports that there are other hepatitis viruses, e.g. hepatitis G [HGV], associated with persistent viraemia and needle-stick injury, suggest that blanket rules are likely to create numerous administrative and practical dilemmas. Individual case assessment by expert panels established by State/Territory health authorities is therefore recommended.
- 1.3 Transmission of blood-borne viruses from HCW to patient in the health care setting is extremely rare. However, all reasonable measures must be taken to ensure that patients in the health system are protected from the risk of acquiring life threatening infections as a consequence of their treatment, and that HCWs have a safe working environment.
- 1.4 Implementation of Standard Precautions and adoption of nationally recommended procedures for sterilisation and disinfection will minimise the risk of transmission of blood-borne viruses in the health care setting. Additional precautions may be required where there are complicating circumstances, such as HIV-positive patients with infectious pulmonary tuberculosis.

2 Definition of Terms

- 2.1 In the context of these guidelines, HCWs are defined as “persons, including students and trainees, involved in contact with patients or with blood or body substances from patients”.
- 2.2 The term, “blood-borne virus”, as used in these guidelines, includes HIV, HBV and HCV. It may also include new or emerging viruses which are considered to be transmissible by blood or other body fluids.
- 2.3 Invasive procedures include any surgical entry into tissue, body cavities or organs, or repair of traumatic injury. “Exposure prone procedure” is a term usually characterised by “the potential for direct contact between the skin [usually finger or thumb] of the HCW and sharp surgical instruments, needles, or sharp tissues [spicules of bone or teeth] in body cavities or in poorly visualised or confined body sites [including the mouth]”. In the broader sense, and for the purpose of these guidelines, an exposure prone procedure is considered to be any situation where there is a potentially high risk of transmission of blood-borne disease from HCW to patient, and vice versa, during dental procedures.

3 **Policy**

- 3.1 The ADA acknowledges that HCWs have a duty of care to patients and are, therefore, responsible for the protection of patients against infection.
- 3.2 It is an ethical obligation of all HCWs performing exposure prone procedures to know their infection status for testable blood-borne viruses.
- 3.3 Any HCW infected with a blood-borne virus should immediately cease to perform exposure prone procedures. It is noted that, in the case of students, this may preclude the student from ongoing training and completion of studies. However, it should be noted that in general dentistry, modifications can be made to practice so that risks are kept to a minimum. A combination of practice modification and utilisation of risk reduction procedures [such as retraction with an instrument during local anaesthetic administration, double gloving, blunt suturing, avoidance of surgical procedures where possible, correct use of luxators, and other measures] can ensure most practitioners with a blood-borne virus can continue to work under supervisory arrangements which adequately protect the public and meet the requirements of the relevant regulatory authority.
- 3.4 The practitioner should be managed by a panel similar to that outlined in the "Infection Control Guidelines for the prevention of transmission of infectious diseases in the health care setting" [2004] published by the Department of Health and Ageing. As a minimum, this should consist of the practitioner's treating specialist physician, a member of the Dental Board and a practitioner from the same branch of dentistry as the infected practitioner. This management should be confidential and each case assessed on an individual basis. The Panel's advice to the Dental Board would take note of factors including the practitioners skills, compliance with risk reduction procedures, mental and physical state, and current viral load.
- 3.5 Punitive measures may result in practitioner non-compliance and so are counter-productive in ensuring the best patient/practitioner outcome.
- 3.6 Employers should ensure that adequate processes are in place in the work environment to ensure that confidentiality is maintained and that appropriate counselling and treatment are available to infected HCWs.

Policy Statement 5.3.1

Adopted by ADA Federal Council, November 15/16, 2001.
Amended by ADA Federal Council, November 10/11, 2005.