1. Introduction

1.1. Dental Health Care Workers are at risk of contracting 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 generated a review of infection control policies and procedures, and publication of Australian National Guidelines for the Management of Health Care Workers Known to be infected with Blood-borne Viruses, published by the Communicable Disease Network of Australia.

1.2. Transmission of blood-borne viruses from DHCWs to patients in the provision of dental health care is extremely rare.

1.3. The Board requires that registrants must practise in a way that maintains and enhances public health and safety by ensuring that the risk of the spread of infectious diseases is prevented or minimised.

Definitions

1.4. ALLIED DENTAL PERSONELL are those, other than dentists, working in the provision of dental services - namely dental assistants, dental therapists, dental hygienists, dental prosthetists, dental laboratory assistants, dental technicians and master dental technicians.

1.5. BOARD is the Dental Board of Australia.

1.6. DENTAL HEALTH CARE WORKERS (DHCWS) are defined as dentists, dental students and allied dental personnel.

1.7. EXPOSURE PRONE PROCEDURE is a term usually characterised by the potential for direct contact between the skin (usually finger or thumb) of the DHCWs 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 an exposure prone procedure is considered to be any situation where there is a potentially high risk of transmission of blood-borne disease during dental procedures.

2. Principles

2.1. DHCWs have a duty of care to patients and are, therefore, responsible for the protection of patients and other DHCWs against infection.

2.2. DHCWs have the same rights to confidential testing, counseling and treatment as the general population.

2.3. DHCWs known to be infected with a blood-borne virus may require supervision and support and retraining.

2.4. DHCWs status and rights under anti-discrimination, privacy, equal opportunity and industrial relations legislations must be safeguarded.

3. Policy

3.1. All DHCWs should be vaccinated against blood-borne viruses as appropriate for their health status.

3.2. DHCWs performing exposure prone procedures should monitor their infection status for blood-borne viruses.

3.3. DHCWs that perform exposure prone procedures or are at risk following a sharps accident or for any other reason should have easily accessible and confidential testing and counselling.

3.4. Any DHCWs who are infected with a blood borne virus that have no recordable viral load and are on stable treatment should be permitted to perform exposure prone procedures. In the case of students, infection with a blood borne virus should not preclude them from ongoing training and completion of studies, provided that they have no recordable viral load and are on stable treatment.
3.5. The DHCWs should seek medical advice from an infectious diseases specialist familiar with the exposure prone procedures in dentistry, and practise in accordance with advice from that physician or a convened expert panel. This process should be confidential and each case assessed on an individual basis.

3.6. In the event of the Board requiring a medical report about a DHCW, any advice to the Board should take note of such factors as: the practitioner’s skills, compliance with risk reduction procedures, mental and physical state, and current viral load.

3.7. 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 DHCWs.

3.8. Management work practices in regard to exposure prone procedures for DHCWs infected with blood-borne viruses should consider the published guidelines.

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**Policy Statement 6.3**

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