



POLICY AND PROCEDURE – POLICY #9

DENTAL PRACTITIONERS AND BLOOD BORNE VIRUSES

REFERENCES:

Health Practitioners (Professional Standards) Act 1999
Workplace Health and Safety Act 1995

POLICY:

1. Introduction

The *Health Practitioners (Professional Standards) Act 1999* confers on the Dental Board of Queensland the responsibility for protection of the public. Recent developments in treatment of infectious diseases mean that the issue of infection of patients by health care workers is a major consideration in health care risk management. Of particular concern are infections with blood borne viruses, such as HIV, Hepatitis B and Hepatitis C.

Historically, Dental Practitioners have always been at risk of succumbing to a disease acquired in the course of their duties. However, the possibility of long-term survival, with maintenance of professional activities, creates the potential for a pool of infected persons within the profession. The Dental Board of Queensland has the responsibility to protect the public against the risks presented by these persons.

Policy #4 recognises the NHMRC/ANCA document titled "Infection Control in the Health Care Setting". This Policy #9 complements the recommendations of that document.

2. Definitions

2.1 Blood Borne Virus

For the purpose of this Policy, the term "blood borne virus" includes human immunodeficiency virus (HIV) hepatitis B virus (HBV) and hepatitis C virus (HCV).

2.2 Health Care Workers

Persons (including students) involved in the delivery of health services in health facilities (particularly where those persons have regular contact with patients or any contact with blood or body substances from patients).



2.3 Invasive Procedures

Include any surgical entry into tissue, body cavities or organs, or repair of traumatic injury.

2.4 Exposure Prone Procedures

Are a subset of invasive procedures which are characterised by the potential for direct contact between the skin (usually finger or thumb) of the health care worker 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).

Procedures where the hands and fingertips of the worker are visible and outside the body at all times, and internal examinations/procedures that do not require the use of sharp or cutting instruments are not considered to be exposure prone and thus are unlikely to pose a risk of transmission of HIV HBV or HCV from infected health care worker to patient.

3. Principles

3.1 The Dental Board insists that all patients are entitled to good standards of practice and care from their Dental Practitioners and other health care workers (including Student Dental Practitioners) regardless of the nature of their disease or conditions.

3.2 Health care workers owe a duty of care to patients and are therefore responsible for the protection of patients against infection.

3.3 Under the general law and the Workplace Health and Safety Act 1995:

- (a) an employer has a legal obligation to ensure workplace health and safety of employees, patients and others at the workplace; and
- (b) Dental Practitioners as employees, have a legal obligation to comply with their employer's reasonable instructions, including instructions for workplace health and safety, and not to willfully place at risk the workplace health and safety of any other person in the workplace.

3.4 The Queensland *Anti-Discrimination Act 1991* prohibits discrimination on the grounds of impairment (which includes the presence of a blood borne virus).

3.5 Dental Practitioners who become infected with blood borne viruses are entitled to expect the confidentiality and support afforded to other patients. Only in the most exceptional circumstances, where the release of a Dental Practitioner's name is essential for the protection of patients, may a Dental Practitioner's infection status be disclosed without his or her consent.



3.6 The Board acknowledges that future developments in treatment of blood borne viruses may render most infected Dental Practitioners non-infectious. Until such developments occur, protection of the public must be provided through appropriate policy. For this reason, this policy will be reviewed from time to time.

4. Dental Practitioners who have become infected with a blood borne virus after registration as a Dental Practitioner was granted

4.1 The risks posed by Dental Practitioners in this category include:

- 4.1.1 the risk of transmission of the virus; and
- 4.1.2 the risk that the virus will impact on professional performance. This is particularly a concern in cases of HIV infection, where AIDS related dementia can occur.

4.2 The Board has the responsibility to protect the public from both of these risks. The risk of transmission can be almost completely eliminated by requiring that such Dental Practitioners do not undertake exposure-prone procedures. The categories of “infected Dental Practitioners” most at risk are those who are:

- 4.2.1 Hepatitis C antibody and PCR positive;
- 4.2.2 Hepatitis B e antigen or hepatitis B virus DNA positive; or
- 4.2.3 HIV antibody positive.

4.3 The Board will use existing procedures for assessment of fitness to practise if concerns are raised that a Dental Practitioner is infected with a blood borne virus.

5. Responsibility for ascertaining viral infection status

5.1 It is the responsibility of individual Dental Practitioners to be aware of their infection status for HIV, Hepatitis B and Hepatitis C. Testing is to be undertaken at the following times:

- 5.1.1 prior to commencement of work requiring the performance of exposure prone procedures; and
- 5.1.2 while continuing to perform exposure prone procedures, repeat testing every 12 months is required;
- 5.1.3 where risk of seroconversion for a blood borne virus exists either through involvement in a significant non-occupational exposure to blood or body substance (e.g., unprotected sexual intercourse with an individual infected with HIV or HBV) or through occupational exposure (e.g., needle stick injury) , more frequent testing is required

Failure by any Dental Practitioner to be aware of infection status may constitute unsatisfactory professional conduct leading to disciplinary action before the



Health Practitioners Tribunal.

5.2 A Dental Practitioner who discovers that he/she returns test results in any of the following categories:

5.2.1 Hepatitis C antibody and PCR positive;

5.2.2 Hepatitis B e antigen or hepatitis B virus DNA positive; or

5.2.3 HIV antibody positive.

must immediately cease to perform exposure prone procedures; and seek expert advice, from a specialist in the field of infectious diseases.

Failure by such a Dental Practitioner to cease performing exposure prone procedures may constitute unsatisfactory professional conduct leading to disciplinary action before the Health Practitioners Tribunal.

Dental Practitioners who meets the criteria of 5.2 have an obligation to notify the Board of their status.

Failure by such a Dental Practitioner to notify the Board immediately of their status may constitute unsatisfactory professional conduct leading to disciplinary action before the Health Practitioners Tribunal.

5.3 There is no requirement for notification to the Board by any party of infection status, unless there are concerns that an individual is failing to comply with the policy, or if there are complications which may be affecting professional performance.

Failure by any Dental Practitioner to notify the Board of a colleague who does not comply with the Board's policy, or in whom there are complications affecting professional performance, may constitute unsatisfactory professional conduct leading to disciplinary action before the Health Practitioners Tribunal.

6. Student Dental Practitioners

6.1 The Board encourages Student Dental Practitioners to recognise and comply with the principles and requirements of this policy.

Acknowledgement - The Dental Board of Queensland gratefully acknowledges the permission by the Medical Board of Queensland to adapt its policy document, Medical Practitioners Infected with Blood Borne Viruses, September 1999