



HEALTH PROFESSIONS LICENSING AUTHORITY	
TITLE: Dental Practitioner with Blood Borne Virus–Position Statement	
EFFECTIVE DATE: September 2005	REVIEW DATE: September 2006
BOARD: Dental Board of the Northern Territory	

1. Objective

This Position Statement has been developed to ensure that the Dental Board of the Northern Territory is satisfied that:

- The Dental Practitioner has sufficient competence and capacity to practise prior to being issued with a practising certificate. The Dental Practitioner is required pursuant to Section 22 (c) of the Act to make a declaration, which will satisfy the Board that, they have “sufficient physical and mental capacity to practise”.
- Dental Practitioners 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.

The Position Statement applies to all dental practitioners who are registered under the *Health Practitioners Act 2004* and who are practising in the Northern Territory. Registered Dental Practitioners include;

- Dentists;
- Dental Specialists;
- Dental Hygienists;
- Dental Prosthetists; and
- Dental Therapists.

2. Summary of key points

- It is your responsibility to know your infection status
- You must always adhere to standard infection control procedures
- An infected dental practitioner who continues to undertake exposure prone procedures may be guilty of professional conduct.

3. Introduction

Transmission of blood borne viruses from health care workers to patients in the health care setting is extremely rare. However, all reasonable measures must be taken to ensure that patients are protected from the risk of acquiring life-threatening infections as a consequence of their treatment, and that health care workers have a safe working environment.



4. Purpose

The following Position Statement has therefore been produced to assist Dental Practitioners in managing the risk of transmission of a blood borne virus from themselves to patients or others.

5. Principles

The Position Statement takes account of the following:

- The Dental Board of the Northern Territory is responsible for providing for safe and competent dental practice in the Northern Territory.
- Successful infection control involves a two-tiered approach of 'standard' and 'additional' precautions that provide a high-level of protection to patients, health care workers and other people in health care establishments.
- All employers have a responsibility to have appropriate policies in place to respond to occupational exposure.
- Individual Dental Practitioners owe a duty of care to their patients;
- All employees and employers have a legal obligation under the *Work Health Act 1986 (NT)* to contribute to the maintenance of workplace health and safety, and not to place others at risk;
- anti-discrimination legislation prohibits discrimination on the grounds of impairment, which includes the presence of a blood borne virus;
- Dental Practitioners who become infected with blood borne viruses are entitled to the same level of confidentiality and support as is provided to other persons. Only in the most exceptional circumstances, when a patient's health or safety must be protected, would the infection status be disclosed to others without the consent of the Dental Practitioner involved; and
- future developments in treatment of blood borne viruses may occur that will have an impact on the relevance of this position statement. The statement will therefore be regularly reviewed.

6. Definitions

6.1 Blood Borne Virus

For the purposes of this Position Statement the term blood borne virus includes human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and Human T-cell Lymphotropic Virus (HTLV I).

6.2 Invasive procedure

Any procedure that pierces skin or mucous membrane or enters a body cavity or organ. This includes surgical entry into tissues, cavities or organs, or repair of traumatic injuries.

6.3 Exposure prone procedure

A subset of invasive procedures characterised by the potential for direct contact between the skin of the Dental Practitioner and sharp instruments, needles,



sharp tissues (splinters of bone or teeth) in body cavities or in poorly visualised or confined spaces (including the mouth).

Procedures where the hands and fingertips of the Dental Practitioner are visible and outside the body at all times, and examinations/procedures that do not require the use of sharp or cutting instruments are not considered to be exposure prone. These procedures are unlikely to pose a risk of transmission of HIV, HBV or HCV from infected Dental Practitioners to a patient. *However* exposure prone procedures have been associated with the transmission of blood borne viruses from infected Dental Practitioners to patients *despite* the dental health care worker's adherence to infection control procedures.

6.4 RNA

A polymeric constituent of all living cells and many viruses.

6.5 PCR

A sensitive technique for detecting viral RNA – HCV PCR is a marker of viral replication and infectivity if positive.

6.6 HBeAG positive

Hepatitis B e antigen – marker of high level of infectiousness.

6.7 HBV DNA

Hepatitis B virus genetic material – marker of high level of infectiousness

6.8 HTLV I

Human T-cell Lymphotropic Virus is associated with at least 2 kinds of disease manifestation; adult T-cell leukaemia and tropical spastic paraparesis.

6.9 Standard Precautions

Are work practices required for the basic level of infection control and are recommended for the treatment and care of all patients. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognised and unrecognised sources of infection to a susceptible host. Standard Precautions include:

- handwashing,
- use of personal protective equipment (PPE),
- aseptic practices,
- appropriate reprocessing of instruments and equipment following use,
- safe handling and disposal of potentially infectious material and
- environmental controls.



7. POSITIONS STATEMENT

7.1 Immunisation

The Dental Board of the Northern Territory recommends that:

- All Dental Practitioners involved in patient contact or contact with patient contaminated material should be immunised against HBV.
- post immunisation serological testing should occur to confirm response;
- those who do not respond to the immunisation and those who are immunosuppressed should seek medical advice about appropriate management, including actions to be taken after occupational exposure.

7.2 Responsibilities of ascertaining HIV/HBV/HCV status

It is the responsibility of individual Dental Practitioners to be aware of their infection status for HIV, HBV and HCV.

Dental Practitioners who engage in exposure-prone procedures should be encouraged to seek routine testing if they believe they are at risk of occupational or other exposures. In particular Dental Practitioners who perform exposure-prone procedures should be encouraged to have voluntary testing if they are:

- untested and presently performing exposure-prone procedures;
- about to begin performing exposure-prone procedures;
- involved in a significant occupational exposure to blood or body substances;
- involved in a significant non occupational exposure to blood or body substances (including needle sharing or unprotected sexual intercourse with an individual infected with HIV or HBV, or with a person at increased risk of HIV); or
- untested for 12 months.

HTLV I

HTLV I antibody serology should be included as part of the above testing for Dental Practitioners following significant occupational or non-occupational exposure with people from areas with a higher incidence of HTLV I ie. Katherine and areas extending south to Alice Springs. Dental Practitioners regularly undertaking exposure prone procedures with a group at high risk of HTLV I should also include this in their yearly routine testing.

A significant exposure includes needlestick injuries with deep penetration through skin or mucous membrane and/or injection of blood and/or penetration with large-bore hollow needles. Other exposure, such as superficial needlestick injuries, mucosal exposure and contamination of nonintact skin, should be assessed by a clinician to determine if the exposure is considered significant.

If there is any uncertainty about the level of risk involved, the matter should be referred and assessed by a specialist in the field of infectious diseases.



Dental Practitioners who fail to be aware of their infection status may be guilty of professional misconduct.

7.3 Responsibilities of HIV/HTLV I/HBV/HCV infected Dental Practitioners

Dental Practitioners must not perform exposure-prone procedures if they are:

- HIV antibody positive;
- HTLV I antibody positive;
- HCV antibody positive and HCV RNA positive (by PCR or similar test); or
- Hepatitis B 'e' antigen (HBeAg) positive and/or HBV DNA positive at high titres.

Dental Practitioners who test positive for HBV surface antigen (HBsAg) should seek appropriate medical advice before they perform exposure prone procedures.

Dental Practitioners who do not immediately cease to perform exposure prone procedures may be guilty of professional misconduct.

7.4 Risk assessment/management and role of the board

Dental Practitioners who carry a blood borne virus have a professional and ethical responsibility to review the way they practice dentistry to ensure that they minimise the likelihood of transmission of infection to their patients.

They should:

- obtain and follow the advice of their treating specialist physician;
- know their infectious status;
- follow the treatment recommended by the medical practitioner; and
- advise the Board. Practitioners with a blood borne virus have a responsibility to review their work practices and this is most effectively done in co-operation with the Board and, where appropriate, their treating physician. The Dental Board and the practitioner may determine by mutual agreement, a condition, limitation or restriction on the individual's registration that will protect the public while enabling the practitioner to remain in the profession.

Modification of work practices through risk reduction techniques, such as using instruments rather than fingers for retraction during local anaesthesia, can reduce the number of potential exposure-prone procedures.

The Dental Board has a responsibility to protect the public from the following risks:

- the risk of transmission of the virus to others; and
- the risk that the virus will impair the professional performance of the Dental Practitioner.



7.5 Disclosure

The Dental Board of the Northern Territory does not recommend that infected Dental Practitioner inform patients of their HIV, HTLV I, HBV, or HCV status. The reasons for this are:

- patients are best protected by consistent use of infection control practices;
- patients are not bound by any confidentiality requirements; and
- informing patients may send inappropriate messages regarding the level of risk of such transmission.

7.6 Responsibilities of all dental health care workers

All Practitioners must adhere to standard infection control procedures outlined in the Department of health and Ageing 'Infection Control Guidelines' 2004. There is no requirement for notification to the Dental Board by any party, of the infection status of a Dental Practitioner, unless there are concerns that an individual is not complying with this Position Statement, or if there are complications that may be affecting professional practice.

However, dental health care workers who fail to notify the Dental Board of the Northern Territory of a colleague infected with a blood borne virus who is continuing to undertake exposure prone procedures or in whom there are complications affecting performance, may be guilty of professional misconduct.

7.7 Dental Students

The Dental Board of the Northern Territory encourages Dental Students to recognise and comply with the principles and requirements of this policy.

References:

Dental Practice Board of Victoria "Infection Control Information" November 2004
<http://www.dentprac.vic.gov.au/>

Infection Control Guidelines (ICG) for the prevention of transmission of infectious diseases in the health care setting. Endorsed by the Communicable Diseases Network Australia, the National Public Health Partnership and the Australian Health Ministers' Advisory Council January 2004. <http://www.icg.health.gov.au>

Queensland Nursing Council position statement "Nurses infected with blood borne viruses" Revised 2003. <http://www.qnc.qld.gov.au/home/index.aspx>

The Dental Board of Queensland policy #9 "Dental health care worker Infected with Blood Borne Viruses" Amended 2003. <http://www.dentalboard.qld.gov.au>



The National Health and Medical Research Council (NHMRC) The Australian Immunisation Handbook 8th Edition 2003.

<http://immunise.health.gov.au/handbook.htm>

Acknowledgments:

Professor Bart Currie, Infectious Diseases and Public Health Physician, Senior Staff Specialist at Royal Darwin Hospital and Professor in Medicine at the Northern Territory Clinical School, Flinders University.