

West Virginia University

School of Dentistry

**Policy on Dental Health Care Workers and Patients
Infected with Bloodborne Infectious Diseases**

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This policy supersedes all previous policies regarding infected dental health care workers (HCW's) and patients at the West Virginia University School of Dentistry.

Policy Purpose

- Enhances the safety of patients and dental health care workers,
- Provides the management and guidance for dental health care workers with infectious disease, and,
- Acknowledges and supports a patient's right to informed consent which must outweigh the dental health care worker's right to privacy in the event a disease transmission risk develops.

Risk determination is made on scientific evidence and current legal and policy precedence.

Introduction

Dental health care workers have an obligation to provide care to all members of the public who present for treatment, regardless of each patient's infectious disease status. Standard precautions are adopted to prevent the transmission of infectious diseases from patient to dental health care worker, dental health care worker to patient, and/or from patient to patient. It is the policy of the West Virginia University School of Dentistry that no patient shall be denied treatment based solely on his/her infectious disease status, with the exception of those conditions which the US Public Health Service has determined to be carried out in special settings (i.e. treatment of patients with active tuberculosis). All efforts will be made to accommodate these patients or refer them to the appropriate health care provider or facility in a timely manner.

Current scientific evidence supports the fact that the risk of transmission of bloodborne infectious diseases from dental health care worker to patient is small to negligible if the dental practitioner adheres to the Center for Disease Control Infection Control Guidelines, avoids invasive procedures, and adheres to the highest standards of professional behavior and conduct. The following West Virginia University School of

Dentistry Policy is used in conjunction with the West Virginia University Policy on AIDS as stated in the WVU Student Handbook.

Dental Health Care Workers Infected with Bloodborne Infectious Diseases

All dental health care workers have the ethical obligation to their patients to know their own infectious disease status and are encouraged to discuss their health status with their personal physicians. As a necessary part of their training, faculty, students, and staff are required to perform procedures which have been determined to have increase risk of bloodborne disease transmission; therefore, these dental health care workers cannot always avoid providing patient care that may involve invasive procedures. Consequently, the performance of invasive procedures places individuals at an increased risk of bloodborne disease transmission.

The West Virginia University School of Dentistry encourages HIV, HCV, or HbeAg-infected faculty, students, and staff with direct patient contact to discuss their situation with a designated official. The designated official for the West Virginia University School of Dentistry is the Associate Dean of Clinical Education and Patient Care.

Information shared with the Associate Dean of Clinical Education and Patient Care will be held in strict confidence, and the identity of the individual will not be disclosed without his/her permission. However, if an individual wishes institutional intervention, or if the Associate Dean of Clinical Education and Patient Care deems intervention necessary, strict confidentiality simply cannot be maintained. At a minimum, it would be necessary for the Associate Dean of Clinical Education and Patient Care to discuss the situation with the person's immediate supervisor, department supervisor, or course director. However, this WILL be done with the individual's full knowledge prior to disclosure. The Associate Dean of Clinical Education and Patient Care will assist infected faculty, staff, students, or residents in managing occupational risks and obtaining education and career counseling, and may suggest sources for appropriate medical care.

Per recommendations from the Centers for Disease Control and Prevention (CDC), the following protocol will be followed:

"HCW's who are infected with HIV or HBV (and are HBeAg positive) should not perform exposure-prone procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may continue to perform these procedures.* Such circumstances would include notifying prospective patients of the HCW's seropositivity before they undergo exposure-prone invasive procedures.

Mandatory testing of HCW's for HIV antibody, HBsAg, or HBeAg is not recommended. The current assessment of the risk that infected HCW's will transmit HIV or HBV to patients during exposure-prone procedures does not support the diversion of resources that would be required to implement mandatory testing programs. Compliance by HCW's with recommendations can be increased through education, training, and appropriate confidentiality safeguards." (Centers for Disease Control and Prevention, 1989).

Additionally:

"HCW's whose practices are modified because of their HIV or HBV infection status should, whenever possible, be provided opportunities to continue appropriate patient-care activities. Career counseling and job retraining should be encouraged to promote the continued use of the HCW's talents, knowledge, and skills. HCW's whose practices are modified because of HBV infection should be reevaluated periodically to determine whether their HBeAg status changes due to resolution of infection or as a result of treatment." (Centers for Disease Control and Prevention, 1989).

And, furthermore:

"The public health benefit of notifications of patients who have had exposure-prone procedures performed by HCW's infected with HIV or positive HBeAg should be considered on a case-by-case basis, taking into consideration an assessment of specific risks, confidentiality issues, and available resources. Carefully designed and implemented follow-up studies are necessary to determine more precisely the risk of transmission during such procedures. Decisions regarding notification and follow-up studies should be made in consultation with state and local public health officials" (Center for Disease Control and Prevention, 1989).

The composition and realm of the **expert review panel** is as follows, as defined by the CDC:

"*The review panel should include experts who represent a balanced perspective. Such experts might include all of the following: a) the HCW's personal physician(s), b) an infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission, c) a health professional with expertise in the procedures performed by the HCW, and d) state or local public health official(s). If the HCW's practice is institutionally based, the expert review panel might also include a member of the infection-control committee, preferably a hospital epidemiologist. HCW's who perform exposure-prone procedures outside the hospital-institutional setting should seek advice from appropriate state and local public health officials regarding the review process. Panels must recognize the importance of confidentiality and the privacy rights of infected HCW's." (Centers for Disease Control and Prevention, 1989).

Any modification of the HIV, HC, or HbeAg-infected dental health care worker's clinical training, working conditions, or privileges will be determined on a case-by-case basis. The technical expertise of the infected person, the nature of the clinical activity, and all other risks posed by the infection will be considered. The West Virginia University School of Dentistry may legitimately monitor the clinical activities of infected dental health care workers who may pose a risk to patients or others.

Dental Health Care Workers Responsibilities Providing Care for Patients with Bloodborne Infectious Diseases

All dental health care workers are responsible for the compassionate and humane treatment for all patients with or without bloodborne infectious diseases. Within their realm of competency, dental health care workers engaged in patient contact at the West Virginia University School of Dentistry facilities may not refuse to provide the full range of treatment to a patient solely because of the patient's bloodborne infectious disease status. Every dental health care worker in West Virginia is required by law to protect each patient's rights to privacy and confidentiality regarding that patient's bloodborne infectious disease status. If a bloodborne infectious disease patient presents for treatment outside of the realm of competency, it is the responsibility of the dental health care worker to refer this patient to a dental health care worker with appropriate training and equipment, supplies, and facilities for proper care to be completed.

The West Virginia University School of Dentistry shall provide instruction regarding bloodborne infectious disease infection and transmission to all faculty, staff, and students. In addition, the relevance of how such infection pertains to their personal health, dental health care practice, the public health, and their professional careers will be stressed. To minimize the risk of transmission of infection, all who are engaged in patient contact shall follow standard precautions in all patient care. The West Virginia University School of Dentistry shall make available essential supplies and equipment to allow compliance with these precautions.

As defined by the Robert C Byrd Health Sciences Center of West Virginia University's Policy, refusal of health care and allied health care faculty, staff, students (except as noted for those with medical conditions that place the health care worker at a higher risk) to perform assigned clinical responsibilities for patients with bloodborne infectious diseases may be grounds for academic or disciplinary action including dismissal in accordance with West Virginia University and University of West Virginia Board of Trustees policies.

References

Arthur A. Dugoni School of Dentistry(UOP). Policy on Infectious Diseases. 2001.

Centers for Disease Control and Prevention. *Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures*. 1989.

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