Position Statement

February 2005

Bloodborne Infections and Public Protection
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Given the current questions and concerns about bloodborne infections, the Ordre des dentistes du Québec considers it advisable to remind its members of certain principles. The Order invites any dentists with such an infection to take advantage of the Service d’évaluation des risques de transmission d’infections hématogènes (Assessment service for the risk of transmission of bloodborne infections), established by the Institut national de santé publique du Québec (INSPQ). The service is intended to support infected doctors, nurses and dentists whose professional practice may involve a risk of transmitting bloodborne infections. A committee of at least three experts will advise them on the risk of infecting their patients.

Dentists, like all health professionals, must be careful not only to protect themselves from bloodborne infections, but also to protect their staff and patients.

The most widespread infectious pathogens are hepatitis B and C viruses (HBV and HCV) and human immunodeficiency virus (HIV). The risk of transmitting these viruses varies from one to another. As far as we know at present, the risk of transmission is higher for HBV than for HCV, which in turn is higher than the risk of transmitting HIV. There are effective immunization agents for HBV that can be administered before or after exposure, and prophylactic protocols for HIV, but no effective means of prevention specifically for HCV.

This position statement follows up on major initiatives by a number of organizations, including the Collège des médecins du Québec, the Ordre des infirmières et infirmiers du Québec, the ministère de la Santé et des Services sociaux du Québec and the Institut de recherche en santé publique du Québec, as well as the Ordre des dentistes du Québec. The guidelines it sets are based on those adopted by the Collège des médecins and the Ordre des infirmières et infirmiers du Québec.
Assessment service for the risk of transmission of bloodborne infections

Dentists must be aware of their own state of health. The ministère de la Santé et des Services sociaux and the Ordre des dentistes du Québec encourage all dentists who know they are carrying a bloodborne infection and who are performing procedures involving a risk of transmitting the infection to have themselves monitored regularly by a health professional. This is in their own interest and that of their patients. They should also have the Assessment service for the risk of transmission of bloodborne infections assess their professional practice. This service can be reached by calling 1 866 680-1856 from anywhere in Quebec.

The Institut national de santé publique du Québec provides information on the assessment service on their Website at www.inspq.qc.ca (French only). This information includes a description of the service and of situations involving a risk of transmitting an infection, the management mechanisms, including the processing of requests and confidentiality of information, the role of the steering committee and the toll-free line to reach the service.
Situations involving a risk of transmission of bloodborne infections

According to current scientific findings, the following conditions must apply for a bloodborne infection to be transmitted:

- an individual must be carrying the infection;
- the infection must be in its infectious stage;
- an individual must be receptive, i.e. capable of being infected;
- there must be contact between the blood of the carrier and the blood or a mucous membrane of the receiver.

In its *Proceedings of the Consensus Conference on Infected Health Care Workers: Risk for Transmission of Bloodborne Pathogens*, published in 1998, Health Canada describes the following as exposure-prone procedures:

- digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the healthcare worker’s fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site, e.g. during major abdominal, cardiothoracic, vaginal and/or orthopedic operations, or
- repair of major traumatic injuries, or
- major cutting or removal of any oral or perioral tissue, including tooth structures, during which there is a potential for the patient’s open tissues to be exposed to the blood of an injured healthcare worker.

According to Health Canada, the protection afforded by gloves can be insufficient in these situations, since the patient’s tissues are being handled in the presence of a sharp and hard-to-see object. It is not the intent to include all invasive dental procedures as exposure-prone, although this is theoretically possible; rather, the goal is to identify those procedures involving a major opening in the oral or perioral tissue.

The above definition may not be precise enough. Nonetheless, it is a basis on which a dentist, or any other person called upon to determine the dentist’s state of health, can make an informed decision in specific cases.

In keeping with this definition, the following are considered particularly exposure-prone procedures:

- multiple removals;
- impacted tooth extractions;
- any surgery involving significant loss of blood.
Acts and regulations

Section 54 of the Professional Code clearly states that “Every professional must refrain from practising his profession or performing certain professional acts to the extent that his state of health is an obstacle thereto.”

It should be noted that the Code of Ethics of Dentists also governs dentists’ conduct with respect to bloodborne infections. Some provisions are very explicit in this regard:

3.01.06 A dentist shall observe the generally accepted rules of hygiene and asepsis.

3.02.02 A dentist shall avoid any misrepresentation with respect to his level of competence or the efficacy of his own services and of those generally provided by the members of his profession. If the good of the patient so requires, he must, with the latter’s authorization, consult a colleague, a member of another professional corporation or another competent person, or refer him to one of these persons.

3.04.01 A dentist must, in the practice of his profession, fully commit his personal civil liability. He is thus prohibited from inserting in a contract for professional services a clause excluding such liability, directly or indirectly, in whole or in part.

4.02.01 In addition to the derogatory acts referred to in sections 57 and 58 of the Professional Code (R.S.Q., c. C-26), the following are derogatory to the dignity of the profession:

i) practising in states liable to jeopardize the quality of his professional services and the dignity of the profession.

Furthermore, the Regulation respecting the keeping of dental offices and records and the cessation of practice of a member of the Ordre des dentistes du Québec deals specifically with preventing infections:

6. In arranging his office, a dentist shall ensure that standards of asepsis, cleanliness and safety are applied in accordance with generally recognized scientific standards in the profession, in order to avoid any danger of contamination or transmission of infection.

8. A dentist shall have, in his office, the equipment and products required to ensure the sterilization of his instruments and the disinfection of his equipment and premises.

9. A dentist shall have, in his office, in a place that is accessible to and known by all persons working for him, the materials, including medications, required to provide appropriate treatment in an emergency. He shall also ensure that the materials are in perfect working order, and shall renew the medications periodically.

10. A dentist shall see to the maintenance of any equipment he uses to ensure that it is in perfect working order.

11. Any piece of equipment that may be inspected, calibrated or tested, including sterilization, X-ray and sedation equipment, shall be checked as often as its optimum efficiency requires, taking into account equipment specifications and generally recognized scientific standards.
Dentists must apply recognized aseptic and sterilization measures to prevent the transmission of infections.

The strict application of aseptic and sterilization measures is the best way of protecting patients, dentists and their staff from infection by bloodborne pathogens. In practice, everyone involved in performing dental procedures must take universal precautions to prevent infections, at all times and for every patient.

Universal precautions are an integral part of the disinfection and sterilization measures adopted by the Ordre des dentistes du Québec and overseen by the professional inspection committee, among others.

Dentists exposed to bloodborne infections must be aware of their state of health with regard to these pathogens.

All dentists are responsible for remaining aware of and periodically verifying their state of health. They must take account of the risk of infection and, at least after any documented exposure, undergo the appropriate screening tests so as to be able to make the necessary decisions to protect the patients and staff for whom they are responsible.

Dentists must consult a physician if they are infected.

All infected dentists must consult a physician in order to receive the care and follow-up required by their state of health.

Physicians play an essential role in assessing dentists’ clinical situations. They have the skills required to support, advise and guide dentists and inform them of the personal and professional consequences of their state of health. Physicians are ethically obliged to consider the patient’s environment and the risk of infection. In addition, they are responsible for considering third parties who could be exposed to the patient. Consequently, in some cases a physician may be required to inform the Ordre des dentistes du Québec of the health of a patient who is a dentist, if the physician considers that there is a health risk to the dentist’s patients.

It is important to emphasize that every dental office must post the protocol to be applied in an accident and take measures to ensure rapid access to post-exposure prophylaxis. This means that accidental exposures must be properly reported and managed in care settings. By having patients sign a pre-operative consent form for the necessary blood tests in the event of accidental exposure, dentists can ensure that they have the information they need to make informed decisions.

All dentists are responsible for remaining aware of and periodically verifying their state of health. They must take account of the risk of infection and, at least after any documented exposure, undergo the appropriate screening tests so as to be able to make the necessary decisions to protect the patients and staff for whom they are responsible.

Documents available at www.odq.qc.ca, “Members” section.
Dentists must have their practices assessed by an expert panel initially and periodically thereafter, if they are infected and are performing dental procedures that involve a risk of transmission. They must comply with the panel’s recommendations.

All infected dentists who perform dental procedures involving a risk of transmission must have their professional situation assessed by the Assessment service for the risk of transmission of bloodborne infections by healthcare workers and comply with the panel’s recommendations, in particular regarding the re-assessment of the dentist’s situation if there is a significant change in his or her state of health or professional situation.

If the dentist does not voluntarily do so, the attending physician will be entitled to proceed as he or she deems fit in contacting the Ordre des dentistes du Québec so as to protect the public, after informing the dentist.

The Ordre des dentistes du Québec supports the mandate of the Assessment service for the risk of transmission of bloodborne infections.
Assessment and management mechanisms

The Ordre des dentistes du Québec will appoint dentists to take part in the work of the expert and assessment panels set up by the Assessment service for the risk of transmission of bloodborne infections by healthcare workers. The Order will follow up on recommendations made to it, with respect for its members and the public it is responsible for protecting.

Endnotes

Code of ethics of dentists, c. D-3, r.4.


Dental Act, R.S.Q., c. D-3


Regulation respecting the keeping of dental offices and records and the cessation of practice of a membre of the Ordre des dentistes du Québec, R.S.Q., c. C-26.