



Guide for Bloodborne Pathogen Injury Management Protocol

April 2019

© Copyright 2023 by the College of Dental Surgeons of Alberta
All rights reserved. No part of this publication may be reproduced without the prior permission of the
publisher.

The Alberta Dental Association and College is now operating under the name College of Dental Surgeons of
Alberta. This name will become official when Alberta's *Health Professions Act* is amended.

BLOODBORNE PATHOGEN INJURY MANAGEMENT PROTOCOL

BLOODBORNE PATHOGEN (ABBREVIATED) POST-EXPOSURE "INTEGRATED PROTOCOL"

This protocol is specific to dental health care workers and has been developed in consultation with Alberta Health Services Zone Medical Officers of Health.

It is the responsibility of the dentist to advise his or her staff members to report all workplace sustained injuries to the dentist or their employer to effect proper management. As employers, dentists in the province of Alberta have a legal and ethical obligation to correctly manage occupational injuries which may occur in the workplace.

The document in this format is suitable for posting in an office or clinic setting where it can be easily accessible to all dental health care workers. Documentation of the management of the exposure is a very critical part of this process. Therefore, the two pages entitled "IN-OFFICE INFECTION CONTROL COORDINATOR INCIDENT ASSESSMENT FORM" can also be laminated and kept readily available for reference. It is recommended that offices make photocopies of these two pages (double-sided) for future use.

Dental health care worker injuries may include, among others, those which involve exposure to and possible subsequent infection with bloodborne pathogens. These may fall under the following categories:

- 1) needlestick/sharp instrument (percutaneous injury: puncture or cut into the tissue under the skin) or
- 2) any "splash" of a source-patient's body fluids (saliva and/or blood) to mucous membranes (eyes, mouth and nose) or non-intact (cut, chafed or abraded skin).

If a bloodborne pathogen injury to yourself or a staff member occurs in your office, please remember to administer first aid immediately followed by prompt consultation with Healthlink AB (8-1-1) is recommended to determine, amongst other things:

- 1) If the injury is "significant":
 - a. What is the nature of the injury?
 - b. What body fluids may be involved?
- 2) If the source-patient and dental health care worker require testing for bloodborne pathogens: HIV, HBV and HCV.
- 3) How the injury may best be managed.

If the injury occurs with a known HIV patient, a time-sensitive chemo-prophylactic treatment of the injured dental health care worker must be started, ideally within 1 to 4 hours and no longer than 72 hours after exposure. Contact Healthlink AB (8-1-1) immediately if such an injury occurs in your office.

An expanded "Bloodborne Pathogen Post-Exposure "Integrated Protocol"" is provided in Appendix 1. This expanded protocol provides more detail regarding the bloodborne pathogen testing protocols, post-exposure prophylaxis and counselling recommendations.



BLOODBORNE PATHOGEN POST-EXPOSURE "INTEGRATED PROTOCOL" (ABBREVIATED)

"INTEGRATED PROTOCOL" TO MANAGE DENTAL HEALTH CARE WORKERS EXPOSED TO BLOODBORNE PATHOGENS IN-OFFICE INFECTION CONTROL COORDINATOR INCIDENT ASSESSMENT FORM

NOTE: IN THE EVENT OF AN INJURY/EXPOSURE OF A DENTAL HEALTH CARE WORKER AND IF THE EMPLOYER SUBSCRIBES TO WORKERS' COMPENSATION BOARD OF ALBERTA FOR WORKERS' COVERAGE: THE WORKERS' COMPENSATION BOARD OF ALBERTA REQUIRES COMPLETION OF THE FORM ENTITLED "EMPLOYER'S REPORT OF INJURY OR OCCUPATIONAL DISEASE". PLEASE REFER TO THE DOCUMENT ENCLOSED IN THE WORKERS' COMPENSATION BOARD OF ALBERTA EMPLOYER HANDBOOK. AN INJURED/EXPOSED DENTAL HEALTH CARE WORKER IS ALSO REQUIRED TO COMPLETE THE "WORKER'S REPORT OF INJURY OR OCCUPATIONAL DISEASE". PLEASE REFER TO THE DOCUMENT ENCLOSED IN THE WORKERS' COMPENSATION BOARD OF ALBERTA WORKER HANDBOOK.

NAME OF INJURED/EXPOSED DENTAL HEALTH CARE WORKER (DHCW):

OCCUPATION OF INJURED/EXPOSED DENTAL HEALTH CARE WORKER: _____

NAME OF SOURCE-PATIENT: _____
(IF KNOWN)

DATE/TIME OF INCIDENT: _____

HOURS OF EMPLOYMENT ON THE DAY OF THE INJURY/EXPOSURE: _____

WAS THE INJURY/EXPOSURE REPORTED TO THE EMPLOYER? _____ WHEN? _____

HOW DID THE EXPOSURE OCCUR?

- NEEDLESTICK/PUNCTURED BY A SHARP OBJECT
- LACERATION OF SKIN BY _____
- MUCOUS MEMBRANE (eyes, nose, mouth) EXPOSURE BY_(BLOOD AND/OR SALIVA CONTAINING BLOOD?)
- NON-INTACT SKIN EXPOSED TO _____(BLOOD AND/OR SALIVA CONTAINING BLOOD?)

DESCRIBE FULLY, BASED ON THE INFORMATION YOU HAVE, WHAT HAPPENED TO CAUSE THIS INJURY/EXPOSURE. DESCRIBE WHAT THE WORKER WAS DOING, INCLUDING DETAILS ABOUT ANY INSTRUMENTS, EQUIPMENT, MATERIALS, ETC. THE DHCW WAS USING.

WHAT PART OF THE BODY WAS INJURED/EXPOSED? _____



HAS DHCW RECEIVED A FULL COURSE OF HEPATITIS B VACCINE? ()YES ()NO

WHEN DID THEY RECEIVE THE LAST DOSE OF HEPATITIS B VACCINE? _____

WAS POST-TESTING PERFORMED TO DETERMINE IF DENTAL HEALTH CARE WORKER RESPONDED TO VACCINE? ()YES ()NO

WHAT WAS RESPONSE? _____ WHEN WAS LAST TEST FOR ANTI-HBV? _____ WHAT WAS RESPONSE?

WHAT BARRIER PRECAUTIONS DID THE DHCW WEAR OR USE DURING THE INCIDENT? _____

IF THE WORKER DID NOT USE BARRIER PROCEDURES, WHY NOT? _____

HOW LONG WAS THE CONTACT/EXPOSURE TO BLOOD AND/OR SALIVA? _____

IS THIS EXPOSURE CONSIDERED "SIGNIFICANT" IN THE OPINION OF THE IN-OFFICE INFECTION CONTROL COORDINATOR? ()YES ()NO
DETAILS _____

IF YES:
WAS POST EXPOSURE "INTEGRATED PROTOCOL" INITIATED? ()YES ()NO

WAS THE "SOURCE-PATIENT" ADVISED OF THE INCIDENT AND TESTED FOR BLOODBORNE PATHOGENS? PROVIDE DETAILS/RESULTS:

WAS THE INJURED/EXPOSED DENTAL HEALTH CARE WORKER TESTED FOR BLOODBORNE PATHOGENS? PROVIDE DETAILS/RESULTS:

WAS POST-EXPOSURE PROPHYLAXIS OF THE DHCW REQUIRED? PROVIDE DETAILS:

WAS POST-EXPOSURE COUNSELLING OF THE DHCW PROVIDED?

DETAIL ANY FURTHER ACTION TAKEN:

BLOODBORNE PATHOGEN POST-EXPOSURE “INTEGRATED PROTOCOL” (EXPANDED)

Guidelines and recommendations regarding an “INTEGRATED PROTOCOL” TO MANAGE DENTAL HEALTH CARE WORKERS (DHCWs) EXPOSED TO BLOODBORNE PATHOGENS have been developed by the Health Protection Branch of the Laboratory Centre for Disease Control in Canada.

PLEASE CONSIDER HEALTHLINK AB (8-1-1) YOUR FIRST-LINE OF CONTACT TO ASSIST YOU IN THE EVALUATION AND MANAGEMENT OF AN EXPOSURE OF EITHER YOURSELF OR AN EMPLOYEE TO BLOOD-BORNE PATHOGENS.

**HEALTHLINK AB
(8-1-1)**

OUR DESIGNATED IN-OFFICE INFECTION CONTROL COORDINATOR IS: _____

A dental health care worker who experiences an injury or exposure involving blood or saliva in a dental clinical setting should carefully adhere to the following “INTEGRATED PROTOCOL” which will address

6 KEY POINTS:

1. Address immediate post-exposure requirements and ADMINISTER FIRST-AID:
 - a) Remove gloves
 - b) Allow for immediate bleeding of the wound and
 - c) Wash the injured area well with an antimicrobial soap and water and
 - d) Apply an antiseptic (if feasible)
 - e) If eyes, nose, and/or mouth are involved, flush well with large amounts of water or saline.

2. REPORT TO A DESIGNATED IN-OFFICE INFECTION CONTROL COORDINATOR: CONTACT WITH HEALTHLINK (8-1-1) FOR ASSESSMENT AT THIS TIME IS ADVISED.
 - a) for assessment of the type of body fluid and injury and to determine if it is “SIGNIFICANT”:

A “SIGNIFICANT EXPOSURE” in a dental procedure is defined as: ANY:

 - i. percutaneous injury (puncture or cut into tissue under the skin)
 - ii. splash of blood and/or saliva containing blood on intact or non-intact mucous membranes (onto eyes, nose or mouth) and/or
 - iii. splash of blood and/or saliva containing blood on non-intact skin (cut, chafed or abraded skin)

 - A “SALIVA CONTAMINATED WITH BLOOD” exposure as above will initiate a testing protocol for HIV, HBV, and HCV

 - b) for initiation of the DOCUMENTATION PROCESS (see IN-OFFICE INFECTION CONTROL COORDINATOR INCIDENT ASSESSMENT FORM: PAGE 2)

IN LIGHT OF CURRENT CHEMO-PROPHYLAXIS RECOMMENDATIONS FOR KNOWN HIV EXPOSURE, THE DHCW MUST BE ASSESSED AS SOON AS POSSIBLE AFTER INJURY/EXPOSURE.

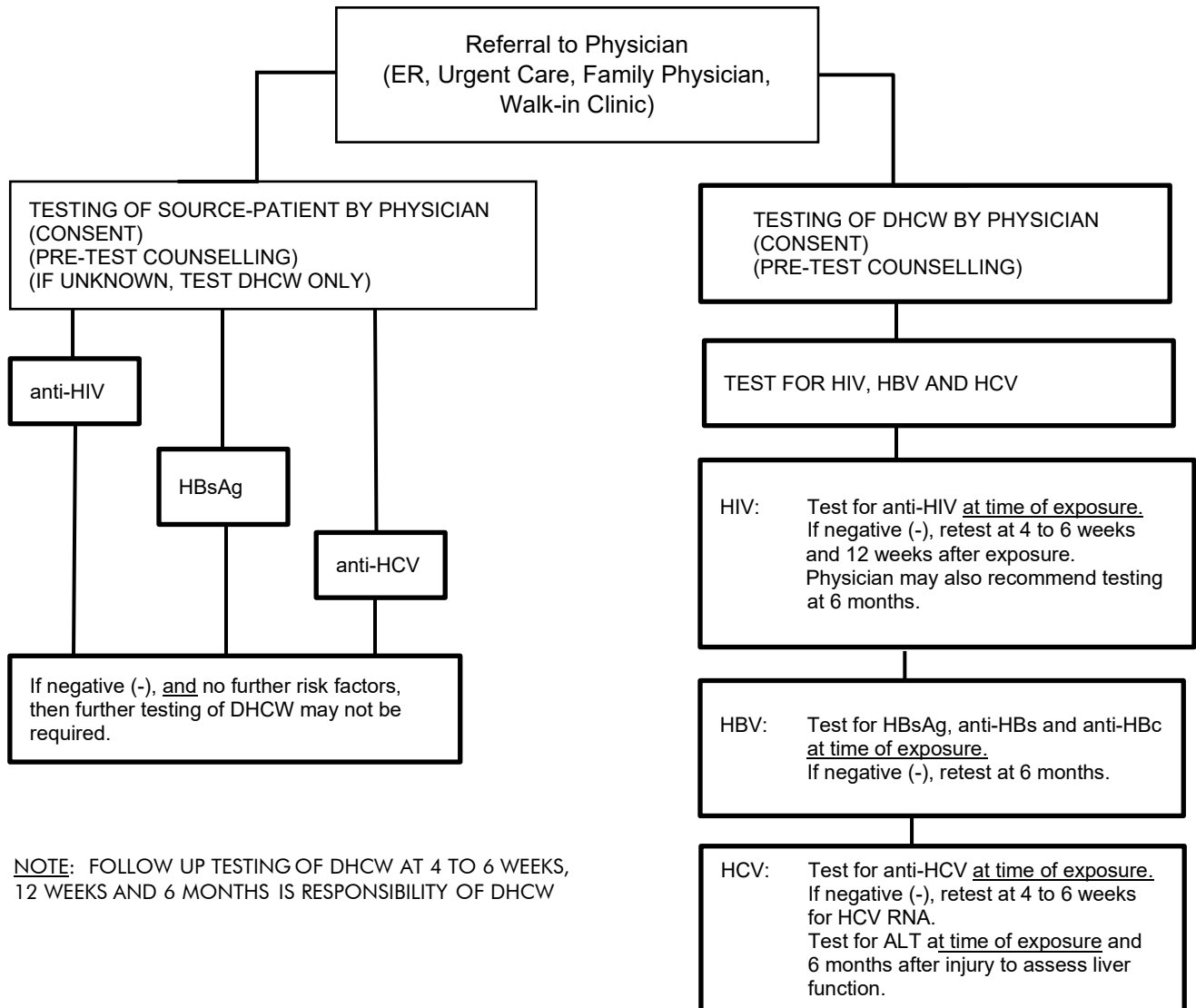
3. COUNSELLING of the exposed dental health care worker is required:

- a) Obtain CONSENT from dental health care worker for testing and ensure confidentiality
- b) COMPREHENSIVE TESTING for the exposed dental health care worker provides for TESTING of the dental health care worker and "SOURCE-PATIENT" (with consent) in a parallel manner for all 3 bloodborne pathogens – HIV, HBV, and HCV.
- c) Continuation of the DOCUMENTATION PROCESS
NB: DOCUMENTATION OF THE TEST RESULTS ARE CRITICAL IN THIS PROCESS.

TESTING PROTOCOL FOR DENTAL HEALTH CARE WORKER AND SOURCE-PATIENT:

NB: "SOURCE-PATIENT" AND "DENTAL HEALTH CARE WORKER" SHOULD IDEALLY BE TESTED IN A PARALLEL MANNER. RESULTS OF TESTING OF THE DENTAL HEALTH CARE WORKER WILL BE REQUIRED FOR DOCUMENTATION.

CONTACT HEALTHLINK AB (8-1-1) FOR ASSESSMENT AND TRIAGE. HEALTHLINK WILL SUBSEQUENTLY REFER TO AHS ZONE MEDICAL OFFICER OF HEALTH OR DESIGNATE AS APPROPRIATE.



NOTE: FOLLOW UP TESTING OF DHCW AT 4 TO 6 WEEKS, 12 WEEKS AND 6 MONTHS IS RESPONSIBILITY OF DHCW

4. Determine if the SOURCE-PATIENT is KNOWN HIV POSITIVE: IF SO, IMMEDIATE CHEMOPROPHYLAXIS FOR EXPOSED DENTAL HEALTH CARE WORKER IS INDICATED UNDER GUIDANCE OF THE ATTENDING PHYSICIAN IN CONSULTATION WITH THE ZONE MEDICAL OFFICER OF HEALTH.

5. POST-EXPOSURE PROPHYLAXIS OF THE DENTAL HEALTH CARE WORKER

may be necessary if:

- a) the SOURCE-PATIENT is positive to HIV, HBV and/or HCV
- b) SOURCE-PATIENT is unknown or refuses testing, or
- c) the SOURCE-PATIENT is negative but has risk factors

This can be done under the direction of the attending physician in consultation with the Zone Medical Officer of Health.

6. POST-EXPOSURE COUNSELLING RECOMMENDATIONS for a DENTAL HEALTH CARE WORKER who has been exposed and is susceptible to bloodborne pathogens must be provided. Considerations include safe sex recommendations and restrictions on blood, organ or tissue donations. Precautions are also important regarding pregnancy, breastfeeding and the sharing of personal items such as razors or toothbrushes.



402-7609 109 ST NW
Edmonton, AB T6G 1C3

Phone: 780-432-1012
Fax: 780-433-4864
Email: reception@cdsab.ca
www.cdsab.ca