



## Blood-Borne Pathogen Policy

### Overview

In October 2012, the Canadian Dental Regulatory Authorities Federation accepted a paper written by a panel of specialists which conducted a comprehensive literature review to create evidence-based recommendations for the management of dentists infected with hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

That paper is the basis for this policy, which applies to all CDSBC registrants.

The determining factor between what actions a registrant must take and whether s/he can safely practise is whether s/he is providing, or assisting with, “exposure prone” procedures (EPPs). Though many intra-oral procedures (e.g., injections or scaling) occur in a confined cavity and may lead to injury, only major oral or maxillofacial surgeries are considered to be EPPs. The majority of dental procedures that most registrants perform, or assist with, are therefore not exposure prone.

### Policy Requirements

1. All registrants who perform, or assist with, EPPs should be immunized for HBV and tested to confirm the presence of an effective antibody response.
2. Registrants who have a blood-borne (BBV) virus are required to notify the CDSBC Registrar in writing addressed to:

The Registrar  
Personal and Confidential  
College of Dental Surgeons of BC  
500 – 1765 West 8<sup>th</sup> Avenue  
Vancouver, BC  
V6J 5C6

3. If a registrant-to-patient blood exposure occurs,<sup>1</sup> the registrant and the patient should both be tested for BBVs, and the registrant must immediately file a critical incident report with CDSBC. Procedures for submitting a critical incident report are detailed below.
4. If a patient is exposed to blood from a BBV-infected/affected registrant, the patient must be told about the exposure, the specific BBV, and the estimated risk of transmission. Appropriate follow-up of the patient and registrant should be provided. Both the patient and the registrant should undertake baseline and follow-up testing,

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<sup>1</sup> The registrant does not know themselves to be infected/affected and does not know whether the patient is.



and where appropriate, post-exposure prophylaxis. Again, a critical incident report must be filed with the College immediately after such an exposure occurs.

5. To file a critical incident report, phone the College at 604-736-3621 and complete the critical incident report form available online at [www.cdsbc.org/critical-incident-report](http://www.cdsbc.org/critical-incident-report).

### **Policy for registrants infected/affected by Hepatitis B (HBV)**

If doing non-EPPs an infected/affected registrant:

- May practice so long as they:
  - Take Universal/Standard Precautions; and
  - Get tested no less than every six (6) months and provide the Registrar with a written report from their treating physician.

An infected/affected registrant:

- Cannot perform, or assist with, EPPs if their Plasma DNA is at or above 2000 IU/mL, except on patients who are HBV immune or HBV infected.
  - If at any time a registrant's Plasma DNA is above 2000 IU/mL, s/he must immediately report this to the CDSBC Registrar along with confirmation that s/he will refrain from performing, or assisting with, EPPs.
  - When a registrant's Plasma DNA drops back below 2000 IU/mL, s/he may perform, assist with, EPPs only after providing the College with medical evidence confirming their Plasma DNA level, along with a history indicating how long the count has remained below 2000 IU/mL and receiving authorization from the Registrar to do so.
- Must double glove and take Universal/Standard Precautions.
- Must get tested no less than every six (6) months and provide a written report from their treating physician to the Registrar.

### **Hepatitis C (HCV)**

A registrant who is HCV RNA positive must report this to the Registrar, and **may not** provide or assist with EPPs.

When providing, or assisting with, non-EPPs an infected/affected registrant:

- May practice so long as they:
  - Double glove and take Universal/Standard Precautions; and
  - Get tested no less than every six (6) months and provide a written report from their medical health care provider to the Registrar.

When the registrant has a sustained virologic response (defined as HCV RNA negativity in serum or plasma following completion of therapy), they may resume EPPs:

- Once an HCV RNA test done at least 12 weeks after completion of treatment is negative; and



- They have informed the Registrar, providing a written report from their treating physician, along with a copy of their test results and a statement of intent to return to providing, assisting with, EPPs.
- Only on condition that they continue to get tested no less than every six (6) months and provide the Registrar a written report from their medical health care provider confirming their HCV RNA negative status.

### **Human Immunodeficiency Virus (HIV)**

An HIV infected/affected registrant may not perform, or assist with, EPPS until they:

- Are on antiretroviral therapy (ART) and their pVL (HIV RNA in their plasma) is undetectable;
- Provide the Registrar a written report from their treating physician documenting the fact that they remain on ART, along with a copy of their test results showing that they have an undetectable pVL; and
- Continue to provide a written report from their treating physician along with test results showing an undetectable pVL level every six months.

HIV infected/affected registrants on ART and with undetectable pVL levels, may only perform EPPs using double gloves and while taking Standard/Universal precautions.

When performing, or assisting with, non-EPPs an infected/affected registrant:

- May practice so long as they:
  - Double glove and take Universal/Standard Precautions; and
  - Get tested no less than every six (6) months and provide a written report from their medical health care provider to the Registrar.

Board Approved: May 2013  
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Originating Committee: Quality Assurance