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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 INFECTIOUS DISEASE CONTROL COORDINATOR INCIDENT ASSESSMENT FORM

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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.

<table>
<thead>
<tr>
<th>NAME OF INJURED/EXPOSED DENTAL HEALTH CARE WORKER (DHCW):</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICERATION OF INJURED/EXPOSED DENTAL HEALTH CARE WORKER: ________________________________</td>
</tr>
<tr>
<td>NAME OF SOURCE-PATIENT: ________________________________</td>
</tr>
<tr>
<td>(IF KNOWN)</td>
</tr>
<tr>
<td>DATE/TIME OF INCIDENT: ________________________________</td>
</tr>
<tr>
<td>HOURS OF EMPLOYMENT ON THE DAY OF THE INJURY/EXPOSURE: ________________________________</td>
</tr>
<tr>
<td>WAS THE INJURY/EXPOSURE REPORTED TO THE EMPLOYER? ____________ WHEN? ____________</td>
</tr>
<tr>
<td>HOW DID THE EXPOSURE OCCUR?</td>
</tr>
<tr>
<td>( ) NEEDLESTICK/PUNCTURED BY A SHARP OBJECT</td>
</tr>
<tr>
<td>( ) LACERATION OF SKIN BY</td>
</tr>
<tr>
<td>( ) MUCOUS MEMBRANE (eyes, nose, mouth) EXPOSURE BY (BLOOD AND/OR SALIVA CONTAINING BLOOD?</td>
</tr>
<tr>
<td>( ) NON-INTEACT SKIN EXPOSED TO ___________ (BLOOD AND/OR SALIVA CONTAINING BLOOD?</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>________________________________________________</td>
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<tr>
<td>________________________________________________</td>
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<tr>
<td>________________________________________________</td>
</tr>
<tr>
<td>WHAT PART OF THE BODY WAS INJURED/EXPOSED? ________________________________</td>
</tr>
</tbody>
</table>
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?

______________________________________________________________________________

DETAILED 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.

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.

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**Referral to Physician**
(ER, Urgent Care, Family Physician, Walk-in Clinic)

**TESTING OF SOURCE-PATIENT BY PHYSICIAN**
(CONSENT)
(PRE-TEST COUNSELLING)
(IF UNKNOWN, TEST DHOW ONLY)

- **anti-HIV**
- **HBsAg**
- **anti-HCV**

If negative (-), and no further risk factors, then further testing of DHOW may not be required.

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**TESTING OF DHOW BY PHYSICIAN**
(CONSENT)
(PRE-TEST COUNSELLING)

**TEST FOR HIV, HBV AND HCV**

- **HIV:** Test for anti-HIV at time of exposure.
  - If negative (-), retest at 4 to 6 weeks and 12 weeks after exposure.
  - Physician may also recommend testing at 6 months.

- **HBV:** Test for HBsAg, anti-HBs and anti-HBc at time of exposure.
  - If negative (-), retest at 6 months.

- **HCV:** Test for anti-HCV at time of exposure.
  - If negative (-), retest at 4 to 6 weeks for HCV RNA.
  - Test for ALT at time of exposure and 6 months after injury to assess liver function.

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